

**SOCIJALNA PSIHIJATRIJA –  
ČASOPIS HRVATSKOGL PSIHIJATRIJSKOG DRUŠTVA  
SOCIJALNA PSIHIJATRIJA –  
THE JOURNAL OF THE CROATIAN PSYCHIATRIC SOCIETY**

Izдаваč/Publisher  
Medicinska naklada

**UREDNIČKI ODBOR/EDITORIAL BOARD**

**Glavni urednici/Editors in Chief**  
Dražen Begić (Zagreb), Miro Jakovljević (Zagreb)

**Počasni urednici/Honorary Editors**  
Vasko Muačević (Zagreb)

**Članovi Uredničkog odbora/Members of the Editorial Board**  
D. Begić (Zagreb), D. Beritić-Stahuljak (Zagreb), P. Brečić (Zagreb), I. Filipčić (Zagreb),  
M. Jakovljević (Zagreb), M. Kramarić (Zagreb), M. Kuzman (Zagreb), D. Marčinko (Zagreb),  
A. Mihaljević-Peleš (Zagreb), A. Raič (Zagreb)

**Adresa Uredničkog odbora/Address of the Editorial Board**  
SOCIJALNA PSIHIJATRIJA  
Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Kišpatičeva 12,  
10000 Zagreb, Hrvatska  
Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb,  
Kišpatičeva 12, 10000 Zagreb, Croatia

**Tehnička urednica/Technical Editor**  
Dunja Beritić-Stahuljak (Zagreb)

**Oblikovanje korica/Cover design**  
Andrea Knapić (Zagreb)

**Prijelom/Layout**  
Marko Habuš (Zagreb)

**Tisk/Printed by**  
Medicinska naklada d.o.o., Zagreb

Časopis je utemeljen 1973. u Klinici za psihijatriju Kliničkog bolničkog centra Zagreb i Medicinskog fakulteta Sveučilišta u Zagrebu, gdje je i sjedište Uredničkog odbora.

The journal was established in 1973. in Zagreb, in the Clinic for Psychiatry, University Hospital Centre Zagreb, School of Medicine, Zagreb and the Editorial board headquarters are situated there as well.

Socijalna psihijatrija indeksirana je u/Socijalna psihijatrija is indexed in: SCOPUS, PsychINFO, Excerpta Medica (EMBASE), Index Copernicus, Google Scholar, EBSCO, HRČAK, CiteFactor (<https://www.citefactor.org/impact-factor/impact-factor-of-journal-Socijalna-psihijatrija.php>).

Izlazi četiri puta godišnje.

Godišnja pretplata za ustanove iznosi **300,00 kn**; za pojedince **150,00 kn**. Cijena pojedinačnog broja **50 kn** (u cijenu su uključeni poštanski troškovi).  
IBAN: HR2223600001101226715, Medicinska naklada, Cankarova 13, 10000 Zagreb, Hrvatska (za časopis Socijalna psihijatrija).

The Journal is published four times a year. Orders can be made through our office-address above.

The annual subscription for foreign subscriber is: for institutions **40 €**, for individuals **20 €**, and per issue **10 €** (the prizes include postage).  
Payment by check at our foreign currency account:

Zagrebačka banka d.d., 10000 Zagreb, Croatia

IBAN: HR2223600001101226715, SWIFT: ZABAHR2X (for Socijalna psihijatrija).

**Kontakt/Contact**

kontakt@kbc-zagreb.hr  
<http://www.kbc-zagreb.hr/soc.psi>

## **SADRŽAJ / CONTENTS**

- D. Marčinko  
**103 Uvodnik**  
*/Editorial*  
M. Šagud, A. Mihaljević-Peleš, B. Vuksan Ćusa, M. Rojnić Kuzman
- 110 Zavod za kliničku psihijatriju: jučer, danas i sutra**  
*/Division of Clinical Psychiatry: Yesterday, Today and Tomorrow*  
V. Bilić, R. Gregurek, D. Marčinko
- 127 Psihološka medicina u Kliničkom bolničkom centru Zagreb kao klinički, edukativni i znanstveni temelj psihoterapije u Hrvatskoj**  
*/Psychological Medicine at the University Hospital Centre Zagreb as the Clinical, Educational and Scientific Foundation of Psychotherapy in Croatia*  
M. Bajs Janović, Š. Janović
- 140 Zavod za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju**  
*/The Emergency and Crisis Situations Division with the National Centre for Psychotraumatology*  
D. Marčinko, M. Šeparović Lisak, S. Radanović Ćorić, M. Božićević, D. Rudan, N. Jakšić
- 149 Razvoj personologije i tretmana poremećaja ličnosti i poremećaja hranjenja**  
*/Development of Personology and Treatment of Personality Disorders and Eating Disorders*  
I. Begovac
- 163 Zavod za dječju i adolescentnu psihijatriju i psihoterapiju pri KBC-u Zagreb – kratka povijest i sadašnje stanje**  
*/The Child and Adolescent Psychiatry and Psychotherapy Unit at the University Hospital Centre Zagreb - A Brief Historical Overview and Current Situation*  
M. Božićević, Z. Bradaš, Lj. Dragija, Z. Aurer
- 187 Razvoj sestrinstva na Klinici za psihijatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb**  
*/Development of Nursing at the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb*  
L. Akrap, N. Jakšić, A. Čima Franc, K. Oelsner, T. Jakovina, I. Šamanović, Z. Zarevski, A. Plavec, A.-S. Ratković Uršić
- 200 Psiholozi na Klinici za psihijatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb**  
*/Psychologists at the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb*  
T. Beinrauch, A. Šuker, K. Kain
- 206 Radna terapija za kvalitetniji svakodnevni život pacijenata**  
*/Occupational Therapy for a Better Everyday Life of Patients*  
D. Begić
- 215 Povezanost Katedre za psihijatriju i psihološku medicinu Medicinskog fakulteta s Klinikom za psihijatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb**  
*/Links between the Department of Psychiatry and Psychological Medicine of the School of Medicine with the Clinical Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb*  
A. Mihaljević-Peleš, M. Rojnić Kuzman, M. Grizelj Benussi
- 227 Aktivnosti Hrvatskog psihijatrijskog društva**  
*/Activities of the Croatian Psychiatric Association*  
M. Jakovljević
- 235 Psihijatrija pred izazovima našeg vremena: u potrazi za svojim autentičnim identitetom**  
*/Psychiatry Confronted with the Challenges of Our Time: in Search of Authentic Identity*
- 261 UPUTE AUTORIMA / INSTRUCTIONS TO AUTHORS**

# **Uvodnik**

## **/Editorial**

Velika mi je čast i zadovoljstvo da mogu predstaviti tekstove za tematski broj časopisa „Socijalna psihijatrija“, a povodom 50 godina osnutka Klinike za psihijatriju Kliničkog bolničkog centra Zagreb (Klinika za psihijatriju osnovana je 1971. god.). Prije tri godine su Klinika za psihijatriju i Klinika za psihološku medicinu objedinjene u današnju Kliniku za psihijatriju i psihološku medicinu KBC-a Zagreb. Klinika danas ima 5 zavoda (Zavod za kliničku psihijatriju; Zavod za personologiju, poremećaje ličnosti i poremećaje hranjenja; Zavod za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju; Zavod za psihološku medicinu; Zavod za dječju i adolescentnu psihijatriju). Kadrovski potencijali Klinike uključuju aktualno (2022. godine) 72 lječnika (specijalista psihijatrije ima 50, specijalista dječje i adolescentne psihijatrije 9, specijalizanata psihijatrije aktualno imamo 5, specijalizanata dječje i adolescentne psihijatrije 8). Među lječnicima ima 24 doktora znanosti i još 3 magistra, uz to su doktori znanosti 1 psiholog i 1 defektolog. Važno je naglasiti da je nekoliko doktora u fazi izrade. Ukupno imamo 14 lječnika u kumulativnom radnom odnosu s Medicinskim fakultetom Sveučilišta u Zagrebu (Begić, Marčinko, Mihaljević-Peleš, Rojnić Kuzman, Skočić-Hanžek, Šagud, Gregurek, Begovac, Kušević, Ražić Pavičić, Živković, Vuksan Čusa, Bajs Janović, Jevtović). Imamo 9 psihologa te 70 medicinskih sestara i tehničara (9 magistrica i magistara sestrinstva te 3 diplomirane medicinske sestre). U timu Klinike su i tri radna terapeuta, jedan defektolog te četiri osobe u okviru administrativnog osoblja. Na Klinici je aktivno 5 referentnih centara (Psihoterapija; Dječja i adolescentna psihijatrija; Psihosomska medicina i suradna psihijatrija; Racionalna psihofarmakoterapija i druge biološke metode liječenja u psihijatriji; Afektivni poremećaji) kao i nekoliko stručnih društava pri Hrvatskom lječničkom zboru te Hrvatskoj psihijatrijskoj društvu. Lječnici Klinike aktivni su i u Akademiji medicinskih znanosti Hrvatske (više lječnika su redoviti i suradni članovi) pri kojoj postoji i Kolegij za psihijatriju AMZH-a koji vodi doajen Klinike Miro Jakovljević, a uz troje zaposlenika Klinike (Begić, Marčinko, Mihaljević-Peleš) u kolegiju su i neki umirovljeni zaposlenici Klinike. Djelatnici Klinike su i u uredništvima časopisa „Psychiatria Danubina“ (indeksirana u Current Contents i drugim bazama) i „Socijalna psihijatrija“ (indeksirana

It is a great honour and pleasure to be able to present texts published in the thematic issue of the journal "Social Psychiatry" on the occasion of the 50th anniversary of the establishment of the Department of Psychiatry of the University Hospital Centre Zagreb (the Department of Psychiatry was founded in 1971). Three years ago, the Department of Psychiatry and the Department of Psychological Medicine merged into what is today the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb. Currently, the Department comprises 5 divisions (Clinical Psychiatry; Personology, Personality Disorders and Eating Disorders; Emergency and Crisis Conditions with the National Centre for Psychotraumatology; Psychological Medicine; Child and Adolescent Psychiatry). The Department's staff currently (2022) employs 72 medical doctors (50 specialists in psychiatry, 9 specialists in child and adolescent psychiatry, 5 psychiatry residents, and 8 child and adolescent psychiatry residents). Among our medical doctors, 24 hold PhDs and 3 have Masters of Science degrees. In addition to that, one psychologist and one special education teacher also hold PhDs in their respective fields. It is important to emphasize that several PhDs are in the preparation phase. We have 14 doctors in a cumulative employment relationship with the School of Medicine of the University of Zagreb (Begić, Marčinko, Mihaljević-Peleš, Rojnić Kuzman, Skočić Hanžek, Šagud, Gregurek, Begovac, Kušević, Ražić Pavičić, Živković, Vuksan Čusa, Bajs Janović, and Jevtović). We also have 9 psychologists and 70 nurses and medical technicians (9 Masters of Nursing and 3 graduate nurses). The Department's team includes three occupational therapists, one special education specialist and four members of administrative staff. There are 5 active reference centres at the Department (Psychotherapy; Child and Adolescent Psychiatry; Psychosomatic Medicine and Collaborative Psychiatry; Rational Psychopharmacotherapy and Other Biological Methods of Treatment in Psychiatry; Affective Disorders) as well as several professional associations within the Croatian Medical Association and the Croatian Psychiatric Society. The Department's doctors are also active in the Croatian Academy of Medical Sciences where several doctors are full or associate members. The Croatian Academy of Medical Sciences also holds the College of Psychiatry led by the doyen of the Department, Miro Jakovljević, and together with three employees of the Department (Begić, Marčinko, Mihaljević-Peleš) some of its retired employees are also members. Members of our staff are also on the editorial boards of the journals *Psychiatria Danubina* (indexed in Current Con-

u *Scopusu* i drugim bazama). Važno je naglasiti kako pod voditeljskom prof. Mire Jakovljevića, časopis „*Psychiatria Danubina*“ bilježi rast IF, koji aktualno (2022. godine) iznosi 2,69. „Socijalna psihijatrija“ je naš najdugovječniji psihijatrijski časopis koji je počeo izlaziti 1973. godine. Stručnjaci Klinike uključeni su i u Strategiju mentalnog zdravlja u RH, kao i brojna stručna povjerenstva više ministarstava. Djelatnici Klinike su u organizacijskom odboru više tradicionalnih stručnih skupova (Psihijatrijski kongres; Psihofarmakoterapijski kongres; INPC Pula; Hrvatski psihijatrijski dani; Psihoterapijski kongresi; Podunavski psihijatrijski simpoziji...), niza tečajeva te znanstvenih skupova stručne edukacije (Antidepresivi; Antipsihotici; Anksiozni poremećaji; Transseksualnost; niz psihodinamski orijentiranih skupova – u HAZU). Glavna smo nastavna baza Medicinskog fakulteta Sveučilišta u Zagrebu.

Tematski broj časopisa „Socijalna psihijatrija“ je prigoda da se u tekstovima autori osvrnu i na prošla vremena te dostignuća. Jedan od ciljeva ovog tematskog broja je uz povijesni osvrt opisati i aktualne trendove u struci te naglasiti važnost Klinike za psihijatriju i psihološku medicinu za KBC Zagreb, Medicinski fakultet (ali i druge fakultete) i psihijatriju kao bitan dio cjelokupne kliničke medicine. Važno je naglasiti da se u literaturi, nakon svakog poglavlja, može pronaći popis relevantnih radova i drugih publikacija autora s Klinike za psihijatriju i psihološku medicinu KBC-a Zagreb. Psihijatrija je kao struka zadnjih desetljeća dosta evoluirala, kako na dijagnostičkoj tako i na terapijskoj razini, a i društveno značenje psihijatrije sve je prisutnije. Psihijatrija je unutar KBC-a Zagreb postala sastavni i nezaobilazni dio ukupne kliničke medicine, stigma je sve manja, a stručnjaci s Klinike godinama sudjeluju u timskom interdisciplinarnom radu koji je odlika svake uspješne medicine.

Poglavlje „Zavod za kliničku psihijatriju: jučer, danas, sutra“, autora Marine Šagud (uspješne voditeljice Zavoda) i suradnica (Alma Mihaljević-Peleš, Bjanka Vuksan Ćusa, Martina Rojnić Kuzman) opisuje sveobuhvatnu skrb osoba oboljelih od poremećaja iz kruga shizofrenije, poremećaja raspoloženja i kognitivnih poremećaja, a koje uključuje akutno liječenje na intenzivnoj njezi, liječenje na otvorenom dijelu odjela, boravak u Dnevnoj bolnici te ambulantno liječenje na Zavodu. Zavod za Kliničku psihijatriju pod ovim imenom postoji od 2019. godine, međutim njegov razvoj pratimo od 70-ih godina prošlog stoljeća. Poseban naglasak je na optimalnoj primjeni psihofarmakoterapije, mjerenu koncentracije psihofarmaka, korištenju različitih psihometrijskih mjernih instrumenata, primjeni ostalih bioloških metoda: elektrokonvulzivne terapije (EKT), repeti-

tents and other databases) and *Social Psychiatry* (indexed in Scopus and other databases). It is important to emphasize that under the leadership of Professor Miro Jakovljević the journal *Psychiatria Danubina*'s impact factor has increased and it is currently 2.69 (2022). *Social Psychiatry*, first launched in 1973, is our longest-running psychiatric journal. The Department's experts are also involved in developing of the National Mental Health Strategy and participate in the work of numerous expert panels within several ministries. They are also sitting on organizing committees of several traditionally held professional events (Psychiatry Congress, psychopharmacotherapy congresses, INPC Pula, Croatian Psychiatric Days, psychotherapy congresses; Danube psychiatry symposiums...), a series of courses, professional trainings and scientific conferences (topics: antidepressants, antipsychotics, anxiety disorders, transsexuality, a series of psychodynamically oriented events at the Croatian Academy of Sciences and Arts - HAZU). In addition to that, we are the main teaching base for the School of Medicine of the University of Zagreb.

This thematic issue of *Social Psychiatry* is an opportunity for the authors to reflect on the past times and achievements. In addition to providing a historical overview, one of the goals of this thematic issue is to describe current trends in the profession and to emphasize the important role that the Department Psychiatry and Psychological Medicine plays in relation to the University Hospital Centre Zagreb, School of Medicine (as well as other branches of the University) and psychiatry as an essential part of overall clinical medicine. It is important to emphasize that the scientific literature often has many references to relevant papers and other publications published by authors from the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb. Psychiatry as a profession has evolved significantly in recent decades, both at the diagnostic and therapeutic levels, and its social significance is increasingly present. Within the University Hospital Centre Zagreb, psychiatry has become an integral and indispensable part of overall clinical medicine as stigma toward psychiatry is diminishing and for many years the experts from the Department have been participating in interdisciplinary teamwork, which is a hallmark of successful medicine.

The chapter titled “The Division of Clinical Psychiatry: Yesterday, Today and Tomorrow” by Marina Šagud (a very successful head of the Institute) and colleagues (Alma Mihaljević-Peleš, Bjanka Vuksan Ćusa, Martina Rojnić Kuzman) describes comprehensive care for patients with schizophrenia, mood disorders and cognitive disorders, including acute intensive care treatment, treatment in the open part of the unit, treatment in day hospital and outpatient treatment. The Division of Clinical Psychiatry has existed under this name since 2019, but we have been following its development since the 1970s. Special emphasis is placed on the optimal application of psychopharmacotherapy, measurement

tivne transkranijiske stimulacije (rTMS) te fototerapije, kao i na oporavku bolesnika i njihovoj integraciji u društvo. Jedna od bitnih aktivnosti Zavoda je i nastavni i znanstveni rad. Zavod ne postoji u izolaciji, nego se ostvaruje suradnjom s drugim zavodima naše Klinike, kao i drugim psihijatrijskim ustanovama, institutima, te brojnim drugim stručnjacima iz zemlje i svijeta. Ovaj tekst daje i detaljan popis radova bivših i sadašnjih djelatnika Zavoda, a koji su navedeni u literaturi.

„Psihološka medicina u Kliničkom bolničkom centru Zagreb kao klinički, edukativni i znanstveni temelj psihoterapije u regiji“ je poglavlje koje potpisuju Vedran Bilić, Rudolf Gregurek i Darko Marčinko. Psihoterapijski odjel Neuropsihijatrijske klinike bolnice Rebro (današnji KBC Zagreb) je povijesni temelj Centra za mentalno zdravlje, a kasnije Klinike za psihološku medicinu koja je sada integralni dio Klinike za psihijatriju i psihološku medicinu. Aktivnosti Klinike za psihološku medicinu se od integracije dviju Klinika provode u okviru Zavoda za psihoterapiju, koji od 2020. godine uspješno vodi Vedran Bilić. Centar za mentalno zdravlje, a kasnije Klinika za psihološku medicinu je godinama bio centar edukacije i provođenja psihoanalitički orientiranih psihoterapija (kao i drugih psihoterapijskih modaliteta) za sve dobne skupine. Klinika je razvijala edukativne programe kako u okviru dodiplomske nastave tako i u okviru poslijediplomske nastave i programe trajne edukacije za liječnike. U ovom poglavlju se prisjećamo niza važnih stručnjaka koji su svojim radom doprinijeli ugledu i prepoznatljivosti psihoterapije i psihološke medicine, ne samo unutar KBC-a Zagreb i Hrvatske, nego i šire. Opće je poznato da je Zavod (ranije Klinika) za psihološku medicinu jaki edukativni centar s posebnim naglaskom na edukaciju iz psihoanalitički orientiranih psihoterapija (individualna, grupna, obiteljska). Velik dio edukacije specijalizanta psihijatrije, ali i drugih specijalizanata provodi se na Zavodu za psihološku medicinu. Većina psihijatara na Zavodu za psihološku medicinu su i uži specijalisti iz psihoterapije. Djelatnici Zavoda sudjelovali su u pisanju više sveučilišnih udžbenika, stručnih i popularnih knjiga. Važno je naglasiti kako su stručnjaci psihološke medicine sudjelovali u ute-meljenju te uredovanju časopisa „Psihoterapija“. Djelatnici današnjeg Zavoda organizirali su i sudjelovali u desecima međunarodnih skupova, psihijatrijskih kongresa, ljetnih škola kao i drugih psihoterapijskih seminara.

Sljedeće poglavlje „Zavod za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju“ potpisuju bračni i profesionalni par, voditeljica Zavoda i Nacionalnog centra Maja Bajs Janović i Špiro Jano-vić, dugogodišnji voditelj Zavoda te aktualni državni

of psychopharmacological concentration, use of various psychometric measuring instruments, application of other biological methods, such as electroconvulsive therapy (ECT), repetitive transcranial stimulation (rTMS) and phototherapy, as well as on patient recovery and re-integration into society. Teaching and scientific work are very important activities of the Division. The Division does not exist in isolation but operates in cooperation with other divisions of our Department as well as other psychiatric institutions, institutes and numerous other national and international experts. The text also provides a detailed list of the publications by the former and current employees of the Division.

Vedran Bilić, Rudolf Gregurek and Darko Marčinko are the authors of the chapter titled Psychological Medicine at the University Hospital Centre Zagreb as the Clinical, Educational and Scientific Foundation of Psychotherapy in Croatia". The Department of Psychotherapy at the Neuropsychiatric Clinic of the University Hospital Centre Zagreb was the historical foundation of the Centre for Mental Health, and subsequently the Department of Psychological Medicine, which is currently an integral part of the Department of Psychiatry and Psychological Medicine. Following the integration, the activities of the Department of Psychological Medicine have been carried out within the Psychotherapy Division under the successful leadership of Vedran Bilić since 2020. The Centre for Mental Health, which later on became the Department of Psychological Medicine, had played a central role in organizing education and implementing psychoanalytic psychotherapy (as well as other psychotherapy modalities) for all age groups. The Department has been developing both undergraduate and postgraduate training programmes as well as continuous education programmes for medical doctors. In this chapter, we recall a number of important employees whose work has contributed to building reputation and recognition of the Department not only within the University Hospital Zagreb and Croatia, but worldwide. It is generally known that the Division (formerly the Clinic) of Psychological Medicine is an important educational centre focusing on education in psychoanalytically oriented psychotherapy (individual, group, family). A large part of the resident training is conducted at the Division of Psychological Medicine. Most of the psychiatrists at the Division of Psychological Medicine are also specialists in psychotherapy. Employees of the Division have participated in writing several university textbooks, professional and popular books. It is important to emphasize that experts in psychological medicine participated in founding and editing the journal titled *Psychotherapy*. Current employees of the Division have organized and participated in dozens of international conferences, psychiatric congresses, summer schools and other psychotherapy seminars.

The following chapter on “The Emergency and Crisis Situations Division with the National Centre for Psycho-traumatology” is signed by a married couple and co-workers, head of the Division and National Centre, Maja Bajs

tajnik u Ministarstvu hrvatskih branitelja. U poglavlju daju osvrt na taktički i strateški iznimno bitno područje hitnih i kriznih stanja s posebnim osrvtom na Nacionalni centar za psihotraumu kao i na bitnu suradnju s Ministarstvom hrvatskih branitelja. Zavod za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju od 2016. g. razvojno ujedinjuje nekoliko jedinica Klinike za psihiatriju i psihološku medicinu KBC-a Zagreb te Nacionalni centar za psihotraumatologiju. Povjesno, preteča ovog zavoda je Centar za krizna stanja (CKS), osnovan 1986. godine, u formacijskoj organizaciji Klinike za psihiatriju KBC-a Zagreb, kao zajednički projekt bolnice i grada Zagreba. U tekstu poglavlja autori su se prisjetili i ranijih djelatnika Zavoda među kojima je i naš prerano preminuli kolega, Mladen Lončar, a na kraju poglavlja navode se i radovi djelatnika Zavoda.

U poglavlju „Razvoj personologije i tretmana poremećaja ličnosti i poremećaja hranjenja“ moji prvi suradnici (Maja Šeparović Lisak, Sanda Radanović Čorić, Marija Božićević, Duško Rudan, Nenad Jakšić) i ja pokazali smo pionirski i entuzijastički angažman na području poremećaja ličnosti i poremećaja hranjenja sa željom da ovo područje dobije zasluženo mjesto u psihiatriji i kliničkoj medicini. Godine 2012. unutar tadašnje Klinike za psihiatriju KBC-a Zagreb, uz podršku tadašnjeg predstojnika Klinike prof.dr. sc. Mira Jakovljevića, formira se zasebna ustrojbena jedinica na Klinici, a čiji je cilj klinička obrada i tretman oboljelih od poremećaja ličnosti i poremećaja hranjenja. Navedena ustrojbena jedinica je koncipirana u formi odjela i dnevne bolnice, ustrojbeno prвtno kao specijalistički zavod unutar Klinike, a kasnije kao zasebni Zavod. U nazivu ustrojbene jedinice (Zavod za personologiju, poremećaje ličnosti i poremećaje hranjenja) prvi termin je personologija, koji smo izabrali upravo u cilju smanjenja stigmatizirajućeg prizvuka koji termin poremećajući ličnosti ima kod dijela ljudi. Personologija, koja se bazira na riječi *persona*, u prijevodu osoba, u fokusu ima upravo ličnost pojedinca, uključujući varijacije ličnosti koje u konačnici idu do razine poremećaja ličnosti. S obzirom da se i kod velikog dijela oboljelih od poremećaja hranjenja u osnovi radi upravo o problemu aberacija na planu ličnosti, naziv Zavoda povezuje sva tri termina nazivom Zavod za personologiju, poremećaje ličnosti i poremećaje hranjenja. Kapaciteti Zavoda uključujući tripartitni model rada, su u obliku stacionarnih kapaciteta (bolnički odjel), dnevne bolnice i ambulantnog rada. Pri tome primjenjujemo multidisciplinski pristup koji uključuje timski rad liječnika, psihologa i medicinske sestre kao i ostalih članova tima (radni terapeuti, socijalni radnici i dr.) s bolesnicima. Provodimo i

Janović and Špido Janović, longtime head of the Division and current state secretary in the Ministry of Croatian Veterans. The chapter provides an overview of emergency and crisis situations, as an extremely significant field, with a special reference to the National Centre for Psychotrauma and important cooperation with the Ministry of Croatian Veterans. Since 2016, then the Emergency and Crisis Situations Division with the National Centre for Psychotraumatology has been integrating several units of the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb and the National Centre for Psychotraumatology. Historically, the Centre for Crisis Situations (CKS) was founded in 1986 it is the forerunner of this Division of the Department of Psychiatry at the University Hospital Centre Zagreb, as a joint project of the hospital and the City of Zagreb. In the text, the authors also pay tribute to the former employees of the Division, including our colleague Mladen Lončar who passed away prematurely. At the end, the chapter also lists publications of the Division's employees.

In the chapter titled “Development of Personology and Treatment of Personality Disorders and Eating Disorders”, my closest collaborators (Maja Šeparović Lisak, Sanda Radanović Čorić, Marija Božićević, Duško Rudan, Nenad Jakšić) and I present pioneering and enthusiastic engagement in the field of personality and eating disorders with the aim to earn this field its deserved place in psychiatry and clinical medicine. In 2012, within the then Department of Psychiatry of the University Hospital Centre Zagreb with the support of the then Head of the Department, Professor Miro Jakovljević, MD, Ph.D., a separate organisational unit was formed at the Department. This organisational unit was conceived in the form of a clinical unit and day hospital, initially organised as a specialist division within the Department, and later as a separate Division. The name of the organisational unit (Division of Personology, Personality Disorders and Eating Disorders) contains the term personology in the first place, which we chose to reduce the stigmatizing connotation that some people have with the term “personality disorder”. Personology, which is based on the word *persona*, i.e., person, focuses precisely on the personality of the individual, including personality variations that ultimately extend to the level of personality disorders. Considering that in many patients with eating disorders we discern aberrations in personality, the name of the Division connects all three terms into the name ‘Division of Personology, Personality Disorders and Eating Disorders’. The capacities of the Division include a tripartite work model in the form of inpatient facilities (hospital ward), day hospital and outpatient work. In our work we apply a multidisciplinary approach that includes teamwork of doctors, psychologists, and nurses as well as other team members (occupational therapists, social workers, etc.) who all deal with patients. We also train residents in the field of personology and eating disorders. The list of references at the end of the chapter lists the papers and 13 books published under the editorship of Darko Marčinko (with the participation of several em-

edukaciju specijalizanata iz područja personologije i poremećaja hranjenja. U literaturi na kraju poglavlja navedeni su radovi kao i 13 objavljenih knjiga pod uredništvom Darka Marčinka (uz sudjelovanje više djelatnika Klinike) od kojih jedna ima status udžbenika („*Suicidologija*“). Važno je naglasiti značajan doprinos Vlaste Rudan, profesorice psihijatrije i psihanalitičarke koja je radni vijek provela na Klinici za psihološku medicinu te je bila i jest edukator mnogim generacijama psihijatara i drugih stručnjaka iz područja mentalnog zdravlja.

Iduće poglavlje „Dječja i adolescentna psihijatrija na Klinici za psihijatriju i psihološku medicinu KBC-a Zagreb“, potpisuju Ivan Begovac i suradnici. Pri KBC-u Zagreb postoje aktivnosti dječje psihijatrije već unatrag dulje od 70 godina, zaslugom prof. dr. sc. Maje Beck Dvoržak, kao i drugih eminentnih dječjih psihijatara. Danas Zavod uspješno vodi Ivan Begovac. Uz kliničku djelatnost vrlo je bitna nastavna, edukativna i znanstvena aktivnost stručnjaka ovog Zavoda. Najčešće dijagnostičke kategorije su anksiozni i depresivni poremećaji, kao i druge dijagnostičke kategorije: poremećaji jedenja, neurorazvojni poremećaji i drugo. Odlika kliničkog rada su multidisciplinarnost, primjena različitih vrsta psihoterapija, te rad s djecom i roditeljima. U znanstvenoj djelatnosti Zavod aktualno sudjeluje u nizu znanstvenih projekata povezanih s poremećajima jedenja, emocionalnom regulacijom te neuroznanosću. Zavod je voditelj referentnog centra za dječju i adolescentnu psihijatriju pri Ministarstvu zdravstva, kao centar izvrsnosti. Publikacije djelatnika su dostupne na kraju ovog poglavlja, a za spomenuti je i udžbenik „Dječja i adolescentna psihijatrija“ glavnog urednika Ivana Begovca, koji je izšao 2021. godine i koji je slobodno dostupan na web stranici Medicinskog fakulteta u Zagrebu.

Tekst poglavlja „Razvoj sestrinstva na Klinici“ potpisuje troje magistara sestrinstva – Zdenka Aurer (glavna sestra Klinike za psihijatriju i psihološku medicinu KBC-a Zagreb), Marija Božićević (glavna sestra Zavoda za personologiju, poremećaje ličnosti i poremećaje hranjenja) i Zoran Bradaš (glavni tehničar Zavoda za kliničku psihijatriju). Na Klinici za psihijatriju i psihološku medicinu trenutačno je zaposleno 70 medicinskih sestara i tehničara; 37 medicinskih sestara i tehničara srednje stručne spreme, 21 prvostupnik sestrinstva, 9 magistrica i magistara sestrinstva i 3 diplomirane medicinske sestre. Danas su kompetencije medicinskih sestara i tehničara u psihijatriji usmjerene na pružanje sigurne, kvalitetne i kreativne sestrinske skrbi, komunikaciju unutar multidisciplinskog tima te provođenje intervencija temeljenih na znanju i dokazima uskladijenih sa standardima sestrinske profesije.

ployees of the Department), one of which has the status of a textbook, i.e., *Suicidology*. It is important to emphasize the significant contribution of Vlasta Rudan, professor of psychiatry and psychoanalyst who spent her working life at the Department of Psychological Medicine and has been educating many generations of psychiatrists and other professionals in the field of mental health.

The next chapter is titled “The Child and Adolescent Psychiatry and Psychotherapy Unit at the University Hospital Centre Zagreb” and written by Ivan Begovac and associates. Child and adolescent psychiatry have been present at the University Hospital Centre Zagreb for more than seven decades thanks to the pioneering work of Prof. Maja Beck Dvoržak as well as other eminent child psychiatrists. Today, the Child and Adolescent Psychiatry and Psychotherapy Unit is successfully led by Ivan Begovac. In addition to clinical activity, the Unit organises important teaching, educational and scientific activities. The most common diagnostic categories are anxiety and depressive disorders, as well as eating disorders, neurodevelopmental disorders, and other. Clinical work is characterized by multidisciplinarity, application of different types of psychotherapy, and work with children and parents. In scientific activity, the Unit currently participates in a number of scientific projects related to eating disorders, emotional regulation and neuroscience. The Unit has been housing the reference centre for child and adolescent psychiatry and psychotherapy of the Ministry of Health, as a centre of excellence. The publications of the staff are available at the end of this chapter. It should be noted that the textbook titled *Child and Adolescent Psychiatry* edited by Ivan Begovac and published in 2021 is freely available on the website of the School of Medicine in Zagreb.

The chapter titled “Nursing Development at the Department” is signed by three Masters of Nursing: Zdenka Aurer (head nurse of the Department of Psychiatry and Psychological Medicine at the University Hospital Centre Zagreb), Marija Božićević (head nurse of the Department of Personology, Personality and Eating Disorders) and Zoran Bradaš (head medical technician of the Division of Clinical Psychiatry). The Department of Psychiatry and Psychological Medicine currently employs 70 nurses and medical technicians, 37 nurses and medical technicians with secondary education, 21 Bachelors of Nursing, 9 Masters of Nursing and 3 graduate nurses. Nowadays, the competencies of nurses and medical technicians in psychiatry are directed at providing safe, quality and creative nursing care, communicating within a multidisciplinary team and conducting knowledge- and evidence-based interventions aligned with the standards of the nursing profession.

The chapter titled “Psychologists at the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb” is edited by Leonida Akrap, Nenad Jakšić, Ana Čima Franc, Kornelija Oelsner, Trpimir Jakovina, Ida Šamanović, Zrinka Zarevski, Aleksandra Plavec and Ana-Strahinja Ratković Uršić. The chapter

Poglavlje „Psiholozi na Klinici za psihijatriju i psihološku medicinu KBC-a Zagreb“ uređuju Leonida Akrap, Nenad Jakšić, Ana Čima Franc, Kornelija Oelsner, Trpimir Jakovina, Ida Šamanović, Zrinka Zarevski, Aleksandra Plavec i Ana-Strahinja Ratković Uršić. U poglavlju su prikazani prošlost (uz povijesni osrv) te sadašnjost kliničke psihologije na Klinici. Također su date osnove psihodijagnostike, psihologijske obrade kao i psiholoških tretmana koji se provode na Klinici. Poglavlje završava opisom znanstveno-istraživačke djelatnosti uz popis bitnih publikacija psihologa Klinike. Interes za znanost i praćenje najnovijih znanstvenih spoznaja iz kliničke psihologije i psihijatrije očituje se i u djelatnosti nekih psihologa s Klinike u radu uredništva međunarodnog časopisa „Psychiatria Danubina“. Više psihologa koji su nekoć radili ili su trenutno zaposleni na Klinici steklo je naziv doktora znanosti, a aktualno je troje kliničkih psihologa u procesu stjecanja tog znanstvenog zvanja.

Tekst „Radna terapija za kvalitetniji svakodnevni život pacijenata“ su napisale Tihana Beinrauch, Andela Šuker i Kristina Kain. U tekstu opisuju okupacijsku znanost kao jednu od novijih, suvremenih znanstvenih disciplina te primjenu radne terapije kao zdravstvene djelatnosti čiji je cilj omogućiti pojedincima i skupinama postizanje optimalnog funkciranja u aktivnostima dnevnog života. Radni terapeuti na Klinici za psihijatriju i psihološku medicinu sudjeluju i provode radnoterapijska istraživanja u kliničkoj praksi, kontinuirano se educiraju i introduciraju stečena znanja u svakodnevnom radu na Klinici. Isto tako, na Klinici se provode i kliničke vježbe za Studij radne terapije na kojima radni terapeut mentorira i koordinira pripravnike prvostupnike Radne terapije. Tekst kao i svakodnevna praksa jasno ukazuju koliko je radna terapija bitan dio multidisciplinskog tima na našoj Klinici.

Poglavlje „Povezanost Katedre za psihijatriju i psihološku medicinu Medicinskog fakulteta s Klinikom za psihijatriju i psihološku medicinu KBC-a Zagreb“ napisao je Dražen Begić, dugogodišnji (od 2012. godine) pročelnik Katedre za psihijatriju i psihološku medicinu Medicinskog fakulteta Sveučilišta u Zagrebu. Ovo poglavlje informira nas o brojnim poveznicama Katedre s Klinikom. Naša Katedra jedna je od 34 katedre Medicinskog fakulteta Sveučilišta u Zagrebu. Ona je utemeljena kao Katedra za neuropsihijatriju 1921. godine i njezin razvoj slijedi povijest Klinike za neuropsihijatriju. Godine 1971. dolazi do razdvajanja klinika, a 1974. godine i katedri, kada nastaje Katedra za psihijatriju s medicinskom psihologijom i mentalnom higijenom. Godine 1995. Katedra mijenja naziv u Katedru za psihijatriju i psihološku medicinu. Danas djeluje na dva radilišta: Klinika za psihi-

presents the past (providing a historical review) and the present of clinical psychology at the Department. It also presents the basics of psychodiagnostics, psychological processing and psychological treatments carried out at the Department. The chapter ends with a description of the scientific research and a list of important publications written by the Department's psychologists. The interest in science and latest scientific discoveries in clinical psychology and psychiatry is also evidenced in the fact that a number of psychologists from the Department also work in the editorial board of the international journal *Psychiatria Danubina*. Several psychologists who have previously worked or are currently employed at the Department have earned PhD degrees, and currently three clinical psychologists are in the process of acquiring it.

The text titled “Occupational therapy for a better daily life of patients” was written by Tihana Beinrauch, Andela Šuker and Kristina Kain. In the text, they describe the occupational science as one of the more recent and modern scientific disciplines and the application of occupational therapy as a healthcare activity whose goal is to enable individuals and groups to achieve optimal functioning in their daily activities. Occupational therapists at the Department of Psychiatry and Psychological Medicine participate in, conduct occupational therapy research in clinical practice, are continuously educated and introduce the acquired knowledge in their daily work at the Department. In addition to that, the Department conducts clinical exercises for the occupational therapy studies, where occupational therapists mentor and coordinate Bachelors of Occupational Therapy. Their text as well as everyday practice clearly indicate the importance of occupational therapy within the multidisciplinary team at our Department.

The chapter titled “Links between the Department of Psychiatry and Psychological Medicine of the School of Medicine with the Clinical Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb” was written by Dražen Begić, long-time (since 2012) head of the Department of Psychiatry and Psychological Medicine of the School of Medicine of the University of Zagreb. The chapter provides information about the numerous links between the School of Medicine and our Department. The Department of Psychiatry and Psychological Medicine of the School of Medicine is one of the 34 Departments of the School of Medicine of the University of Zagreb. It was founded as the Department of Neuropsychiatry in 1921 and its development follows the history of the Clinical Department for Neuropsychiatry. In 1971, the Clinical Department of Neuropsychiatry was divided into two departments and in 1974, the same happened with university departments when the Department of Psychiatry with Medical Psychology and Mental Hygiene was formed. In 1995, the Department changed its name to the Department of Psychiatry and Psychological Medicine. Today it operates at two sites: the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb and the Vrapče

jatriju i psihološku medicinu KBC-a Zagreb i Klinika za psihijatriju Vrapče. Članovi Katedre napisali su nekoliko temeljnih udžbenika iz psihijatrije, psihološke medicine, dječje i adolescentne psihijatrije, suicidologije, psihotraumatologije. Najnoviji je udžbenik „Psihijatrija“ urednika Dražena Begića. U njoj 20 autora na sveobuhvatan način prikazuje područje suvremene psihijatrije. Dražen Begić je napisao i udžbenik „Psihopatologija“, u kojoj je sadržana opća, ali i specijalna psihopatologija, s rječnikom pojmoveva iz područja psihopatologije. Knjiga je doživjela četiri izdanja (2011., 2014., 2016. i 2021. godine) i čini dopunsku literaturu na studiju medicine.

„Aktivnosti Hrvatskoga psihijatrijskog društva“ uređuju Alma Mihaljević-Peleš i Martina Rojnić Kuzman. Hrvatsko psihijatrijsko društvo (HPD) je utemeljeno 1992. godine u tadašnjoj Klinici za psihijatriju KBC-a Zagreb. Od utemeljenja do danas predsjednici su bili: prof. dr. sc. Vasko Muačević (1992.-1994., KBC Zagreb), prof. dr. sc. Ljubomir Hotujac (1994.-2010., KBC Zagreb), prof. dr. sc. Vlado Jukić (2010.-2018., Klinika za psihijatriju Vrapče) i prof. dr. sc. Alma Mihaljević-Peleš (2018.-, KBC Zagreb). Glavna misija HPD-a je unaprjeđenje psihijatrijske skrbi u Republici Hrvatskoj, što se temelji na postojećem Statutu društva. Sekcija mladih psihijatara i specijalizanata psihijatrije Hrvatske je dio HPD-a, a osnovana je 2005. godine s ciljem promicanja edukacije iz psihijatrije.

Miro Jakovljević napisao je zasebno poglavje „Psihijatrija pred izazovima našeg vremena: u potrazi za svojim autentičnim identitetom“, a što je i odličan uvod u naš sljedeći projekt (vezan uz tematski skup) planiran za kraj 2023. godine, kao stručni skup te knjiga-udžbenik „Psihosomatika danas“. U ovom poglavljtu Miro Jakovljević daje znanstveni i stručni okvir transdisciplinarne integrativne psihijatrije i medicine komorbiditeta. Miro Jakovljević spada po znanstvenoj i stručnoj produkciji u vodeće psihijatre u regiji te je uspješno vodio više projekata, a neki od njih su i aktualno u tijeku. Glavni je urednik časopisa „Psychiatria Danubina“, koji je vodeći psihijatrijski časopis u regiji. Struktura današnje Klinike za psihijatriju i psihološku medicinu utemeljena je upravo u vrijeme kada je Miro Jakovljević entuzijastički vodio Kliniku za psihijatriju (2007.-2015. godine). U svom radu u psihijatriji (na Kliniku je došao iz Sarajeva 1979. godine) uspješno je spojio kliničku aktivnost sa znanstvenim te edukativnim angažmanom. Rezultati njegovog rada su impresivni te ukazuju na neiscrpnu energiju te vizionarski pristup u struci, uz načelo cjeloživotnog učenja i edukacije kolega.

## Darko Marčinko

predstojnik Klinike za psihijatriju i psihološku medicinu KBC-a Zagreb

Clinic for Psychiatry. The members of the Department have written a number of fundamental textbooks in psychiatry, psychological medicine, child and adolescent psychiatry, suicidology, and psychotraumatology. The latest textbook titled *Psychiatry* was edited by Dražen Begić. In this textbook, twenty authors comprehensively present the field of contemporary psychiatry. Dražen Begić also wrote the textbook titled *Psychopathology*, which describes general and special psychopathology and provides a dictionary of terms in the field of psychopathology. The book has seen four editions (2011, 2014, 2016 and 2021) and is supplementary literature for medical studies.

The chapter on “Activities of the Croatian Psychiatric Association” is edited by Alma Mihaljević-Peleš and Martina Rojnić Kuzman. The Croatian Psychiatric Association (HPD) was founded in 1992 in the then Department of Psychiatry of the University Hospital Centre Zagreb. From its foundation until today, the presidents were: Professor Vasko Muačević, MD, PhD (1992–1994, University Hospital Centre Zagreb), Professor Ljubomir Hotujac, MD, PhD (1994–2010, University Hospital Centre Zagreb), Professor Vlado Jukić, MD, PhD (2010–2018, University Psychiatric Hospital Vrapče) and Professor Alma Mihaljević-Peleš, MD, PhD (2018–, University Hospital Centre Zagreb). The main mission of the HPD is to improve psychiatric care in the Republic of Croatia, as laid down in its current Statute. The Section of Young Psychiatrists and Psychiatry Residents of Croatia is part of the HPD established in 2005 with the aim of promoting education in psychiatry.

Miro Jakovljević is the author of a separate chapter titled “Psychiatry confronted with the challenges of our time: in search of authentic identity”, which is also an excellent introduction to our next project planned for the end of 2023 in the form of a professional conference and a textbook *Psychosomatics Today*. In this chapter, Miro Jakovljević provides a scientific and professional framework of transdisciplinary integrative psychiatry and comorbidity medicine. Miro Jakovljević is one of the leading psychiatrists in the region in terms of his scientific and professional outreach. He has successfully led several projects, some of which are currently ongoing. Jakovljević is the editor-in-chief of the journal *Psychiatria Danubina*, the leading psychiatric journal in the region. The structure of today's Department of Psychiatry and Psychological Medicine was founded precisely at the time when Miro Jakovljević enthusiastically led the Department of Psychiatry (2007–2015). In his work in psychiatry (he came to the Department from Sarajevo in 1979), Miro Jakovljević has successfully combined clinical activities with scientific and educational work. The results of his work are impressive and indicate his inexhaustible energy and visionary approach to the profession together with the principle of lifelong learning and education of colleagues.

## Darko Marčinko

Head of the Department of Psychiatry and Psychological Medicine at the University Hospital Zagreb

# Zavod za kliničku psihijatriju: jučer, danas i sutra

## / Division of Clinical Psychiatry: Yesterday, Today and Tomorrow

Marina Šagud, Alma Mihaljević-Peleš, Bjanka Vuksan Ćusa,  
Martina Rojnić Kuzman

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

*/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine of the University of Zagreb, Zagreb, Croatia*

ORCID: 0000-0001-9620-2181 (M. Šagud)

### ADRESA ZA DOPISIVANJE /

#### CORRESPONDENCE:

Prof. dr. sc. Marina Šagud, dr. med.  
Klinika za psihijatriju i psihološku medicinu  
Klinički bolnički centar Zagreb  
Kišpatičeva 12  
10 000 Zagreb, Hrvatska  
E-pošta: marinasagud@mail.com

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsihs.2022.110>

## UVOD

Zavod za kliničku psihijatriju pruža sveobuhvatnu skrb osobama oboljelima od poremećaja iz kruga shizofrenije, poremećaja raspoloženja i kognitivnih poremećaja. Ona uključuje akutno liječenje na intenzivnoj njezi, liječenje na otvorenom dijelu odjela, boravak u Dnevnoj bolnici te ambulantno liječenje. Poseban naglasak je na optimalnoj primjeni psihofarmakoterapije, mjerenu koncentracije psihofarmaka, korištenju različitih psihometrijskih mjernih instrumenata, primjeni ostalih bioloških metoda: elektrokonvulzivne terapije (EKT), repetitivne transkranijске magnetske stimulacije (rTMS) te fototerapije, kao i na oporavku bolesnika i njihovoj integraciji u društvo. Jedna od bitnih aktivnosti Zavoda je i nastavni i znanstveni rad. Ovaj tekst je napisan na temelju radova njegovih bivših (2,3) i sadašnjih djelatnika (sve ostale reference).

## INTRODUCTION

The Division of Clinical Psychiatry provides comprehensive care for patients with schizophrenia, mood disorders and cognitive disorders. It provides acute intensive care treatment, treatment in the open part of the unit, treatment in day hospital and outpatient treatment. Special emphasis is on the optimal administration of psychopharmacotherapy, measuring concentration of psychotropic medication, use of various psychometric measuring instruments, use of other biological methods: electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS) and phototherapy, as well as on the recovery of patients and their integration into society. One of the important activities of the Division is also teaching and scientific work. This paper is based on the work of its former (2, 3) and current employees (all other references).

## KAKO JE NASTAO ZAVOD ZA KLINIČKU PSIHIJATRIJU – POVIJESNI PREGLED

„Korijeni“ Zavoda za kliničku psihijatriju sežu još u 70-e godine prošlog stoljeća. Naime, prvi odjeli nakon odvajanja Klinike za psihijatriju od Neurološke klinike bili su odjeli ženske i muške psihijatrije, koji su se bavili biološkim metodama liječenja, koje su osim lijekova uključivale i druge biološke metode, posebice elektrokonvulzivnu terapiju EKT (1). Ova intervencija se prvi put počela primjenjivati ubrzo nakon II. svjetskog rata, ubrzo nakon prve primjene na našim prostorima, koja je bila u Psihijatrijskoj bolnici Vrapče. Zatim, također još prije osamostaljivanja Klinike za psihijatriju, 1954. g., profesor Nenad Bohaček prvi u Hrvatskoj počinje primjenjivati tzv. „mitigirane elektroškove“ – odnosno EKT u anesteziji i miorelaksaciji, što je zamijenilo dodatašnje „nativne elektroškove“. Profesor Bohaček je također prvi počeo provoditi klinička multicentrična istraživanja novih psihofarmaka, a 1970. g. doveo je u Kliniku prvi Suradni centar Svjetske zdravstvene organizacije za studij psihotropnih tvari za Jugoslaviju (1). Time su postavljeni temelji razvoja biološkog liječenja u hrvatskoj psihijatriji zbog čega je Klinika za psihijatriju postala i ostala vodeća klinika u primjeni bioloških metoda liječenja u hrvatskoj psihijatriji (1).

Osim spomenutih odjela, 1983. g. osnovana je i prva Dnevna bolnica, čiji su prvi djelatnici bili prim. dr. Aleksandar Maletić i prim. dr. mr. sc. Javorka Zimonja Krišković. Unatrag 30-ak godina, multidisciplinarni tim razvija i integrira terapijske postupke u jedinstven dnevnobolnički koncept. Uz analitički orijentiranu grupnu terapiju u Dnevnoj bolnici se primjenjuju kreativne radionice koje uključuju: 1) susret s umjetničkim djelima s pisanjem eseja i raspravom, 2) likovne radionice, 3) terapiju filmom i 4) glazbene radionice (2). U Dnevnim se bolnicama nastoji u terapijski proces uključiti i obitelj bolesnika. Pri tome se uvažavaju brojne promjene i izazovi koje obitelj doživljava te se nastoji razumjeti i utjecati na disfunkcionalnu obiteljsku dinamiku, uključujući i bračnu problematiku (3). Zatim je u razdoblju 1996.-2007. učinjena transformacija odjela muške i ženske psihijatrije u Zavod za kliničku psihijatriju i Zavod za biologiju psihijatriju. Također, od 2006. umjesto jedne, dječiju dvije dnevne bolnice, prvi tim pod vodstvom prim. dr. Vlaste Štalekar, a drugi pod vodstvom prim. mr. sc. dr. Nede Greš. Zatim se Zavod za kliničku psihijatriju i Zavod za biologiju psihijatriju u razdoblju 2008.-2010. transformiraju u Zavod za integrativnu psihijatriju (pročelnik: prof. dr. sc. Miro Jakovljević), te Zavod za biologiju psihijatriju (pročelnik: prof. dr. sc. Vesna Medved). U

## HOW THE DIVISION OF CLINICAL PSYCHIATRY WAS ESTABLISHED – HISTORICAL OVERVIEW

111

The “roots” of the Division of Clinical Psychiatry date back to the 1970s. Namely, the first units after the separation of the Department of Psychiatry from the Department of Neurology were psychiatry units for women and men, which provided biological methods of treatment, including apart from medicaments also other biological methods, especially electroconvulsive therapy (1). This method entered into use soon after World War II, soon after its first use in our region, in the University Psychiatric Hospital Vrapče. Then in 1954, even before the separation of the Department of Psychiatry, Professor Nenad Bohaček was the first in Croatia to start applying the so-called mitigated electroshocks, i.e., ECT in anaesthesia and myorelaxation, which replaced the previously used “native electroshocks”. Professor Bohaček was also the first to conduct clinical multicentre research on new psychopharmaceuticals, and in 1970 he brought to the Department the first World Health Organization collaborating centre for the study of psychotropic substances for Yugoslavia (1). This laid the foundations for the development of biological treatment in Croatian psychiatry, due to which the Department of Psychiatry became and remained the leader in applying biological methods of treatment in Croatian psychiatry (1).

In addition to the mentioned units, in 1983 the first day hospital was founded, whose first employees were Chief Physician Aleksandar Maletić, MD and Chief Physician Javorka Zimonja Krišković, MD, MSc. For the past 30 years, a multidisciplinary team has been developing and integrating therapeutic procedures into a unique day care concept. In addition to analytically oriented group therapy, the day hospital offers creative workshops that include: 1) encounters with works of art through essay writing and discussion, 2) art workshops, 3) film therapy and 4) music workshops (2). The aim of day hospital is to involve the patient's family in the therapeutic process. In doing so, a number of changes and challenges experienced by the family are taken into account and efforts are made to understand and influence dysfunctional family dynamics, including marital issues (3). In the period between 1996 and 2007 the psychiatry units for women and men were transformed into the Division of Clinical Psychiatry and Division of Biological Psychiatry. Furthermore, since 2006 there are two day hospitals instead of one, the first team is led by Chief Physician Vlasta Štalekar, MD and the second one by Chief Physician Neda Greš, MD, Msc. In the period between 2008 and 2010 the Division of Clinical Psychiatry and the Division of Biological Psychiatry were transformed into the Division of Integrative Psychiatry (head: Professor Miro Jakovljević, MD, PhD), and the Division of Biological Psychiatry (Head: Professor Vesna Medved, MD, PhD). In this period, the Reference Centre



ovom razdoblju osniva se i Referalni centar Ministarstva zdravstva Republike Hrvatske za biologisku psihijatriju. Zatim se, u sklopu nove reorganizacije Klinike, navedeni zavodi transformiraju u Zavod za shizofreniju (v.d. pročelnika doc. dr. sc. Igor Filipčić), Zavod za afektivne poremećaje (pročelnik prof. dr. sc. Alma Mihaljević-Peleš), Zavod za anksiozne i stresom izazvane poremećaje (pročelnik prof. dr. sc. Vesna Medved) te Specijalistički zavod za alkoholizam i ovisnosti (pročelnik prim. dr. sc. Bjanka Vuksan Ćusa). Uz postojeći Referalni centar MZ RH za biologisku psihijatriju (voditelj prof. dr. sc. Miro Jakovljević) sada se uspostavlja i Referalni centar MZ RH za afektivne poremećaje (voditelj prof. dr. sc. Alma Mihaljević-Peleš). Godine 2014. navedeni zavodi mijenjaju se u Zavod za afektivne znanosti i poremećaje raspoloženja s intenzivnom skrbi (prof. dr. sc. Alma Mihaljević-Peleš), Zavod za shizofrenologiju i psihotične poremećaje s intenzivnom skrbi (doc. dr. sc. Marina Šagud) te Zavod za anksiozne i somatoformne poremećaje i konzultativnu psihijatriju (prof. dr. sc. Vesna Medved), koji djeluju do 2019. godine (1). Zatim se ujedinjuju u Kliniku za psihijatriju i Kliniku za psihološku medicinu (koju vodi i ujedinjuje prof. dr. sc. Alma Mihaljević-Peleš), te se unutar nove klinike formira zasebna ustrojbena jedinica Zavod za kliničku psihijatriju s intenzivnom skrbi, koja obuhvaća tri dotadašnja zavoda: Zavod za afektivne poremećaje, Zavod za shizofreniju i Zavod za anksiozne i stresom izazvane poremećaje. Pročelnica Zavoda za kliničku psihijatriju s intenzivnom skrbi je prof. dr. sc. Marina Šagud, a glavni medicinski tehničar Zavoda je mag. med. techn. Zoran Bradaš. Zavod za kliničku psihijatriju nastavlja svoj razvoj u sklopu Klinike za psihijatriju i psihološku medicinu, pod vodstvom predstojnika Klinike prof. dr. sc. Darka Marčinka.

Nastanak Zavoda za kliničku psihijatriju od osamostaljenja Klinike za psihijatriju 1971. prikazuje sl. 1.

Puni nazivi: \*Zavod za shizofrenologiju i psihotične poremećaje s intenzivnom skrbi; \*\* Zavod za afektivne znanosti i poremećaje raspoloženja s intenzivnom skrbi, \*\*\*Zavod za anksiozne i somatoformne poremećaje i konzultativnu psihijatriju, #Zavod za kliničku psihijatriju (učinjeno prema referenci 1)

## ZAVOD ZA KLINIČKU PSIHIJATRIJU DANAS

Sadašnji ustroj Zavoda za kliničku psihijatriju na dan 2. travnja, 2022. prikazuje tablica 1.

U dalnjem tekstu prikazane su osobitosti svakog od tri odjela Zavoda za kliničku psihijatriju

of the Ministry of Health of the Republic of Croatia for Biological Psychiatry was established. As part of the new reorganisation of the Department, these divisions were transformed into the Division of Schizophrenia (acting head: Assistant Professor Igor Filipčić, MD, PhD), Division of Affective Disorders (head: Professor Alma Mihaljević-Peleš, MD, PhD), Division of Anxiety and Stress Disorders (head: Professor Vesna Medved, MD, PhD) and the Specialistic Division of Alcoholism and Addiction (head: Chief Physician Bjanka Vuksan Ćusa, MD, PhD). In addition to the existing Reference Centre of the Ministry of Health of the Republic of Croatia for Biological Psychiatry (head: Professor Miro Jakovljević, MD, PhD), the Reference Centre of the Ministry of Health of the Republic of Croatia for Affective Disorders (head: Professor Alma Mihaljević-Peleš, MD, PhD) is also established. In 2014, these divisions were reorganised into the Division of Affective Sciences and Mood Disorders with Intensive Care (Professor Alma Mihaljević-Peleš, MD, PhD), Division of Schizophrenology and Psychotic Disorders with Intensive Care (Associate Professor Marina Šagud, MD, PhD) and Division of Anxiety and Somatoform Disorders and Consultative Psychiatry (Professor Vesna Medved, MD, PhD), which operated until 2019 (1). After that, the Department of Psychiatry and the Department of Psychological Medicine were merged (merged and led by Professor Alma Mihaljević-Peleš, MD, PhD) and within this new division a separate organizational unit, the Division of Clinical Psychiatry with Intensive Care, was formed covering three existing divisions: Division of Affective Disorders, Division of Schizophrenia and Division of Anxiety and Stress Disorders. The head of the Division of Clinical Psychiatry with Intensive Care is Professor Marina Šagud, MD, PhD, and the head medical technician is Zoran Bradaš, mag. med. tech. The Division of Clinical Psychiatry continues its development within the Department of Psychiatry and Psychological Medicine under the leadership of the head of the department Professor Darko Marčinko, MD, PhD.

The development of the Division of Clinical Psychiatry since the separation of the Department of Psychiatry in 1971 is shown in Figure 1.

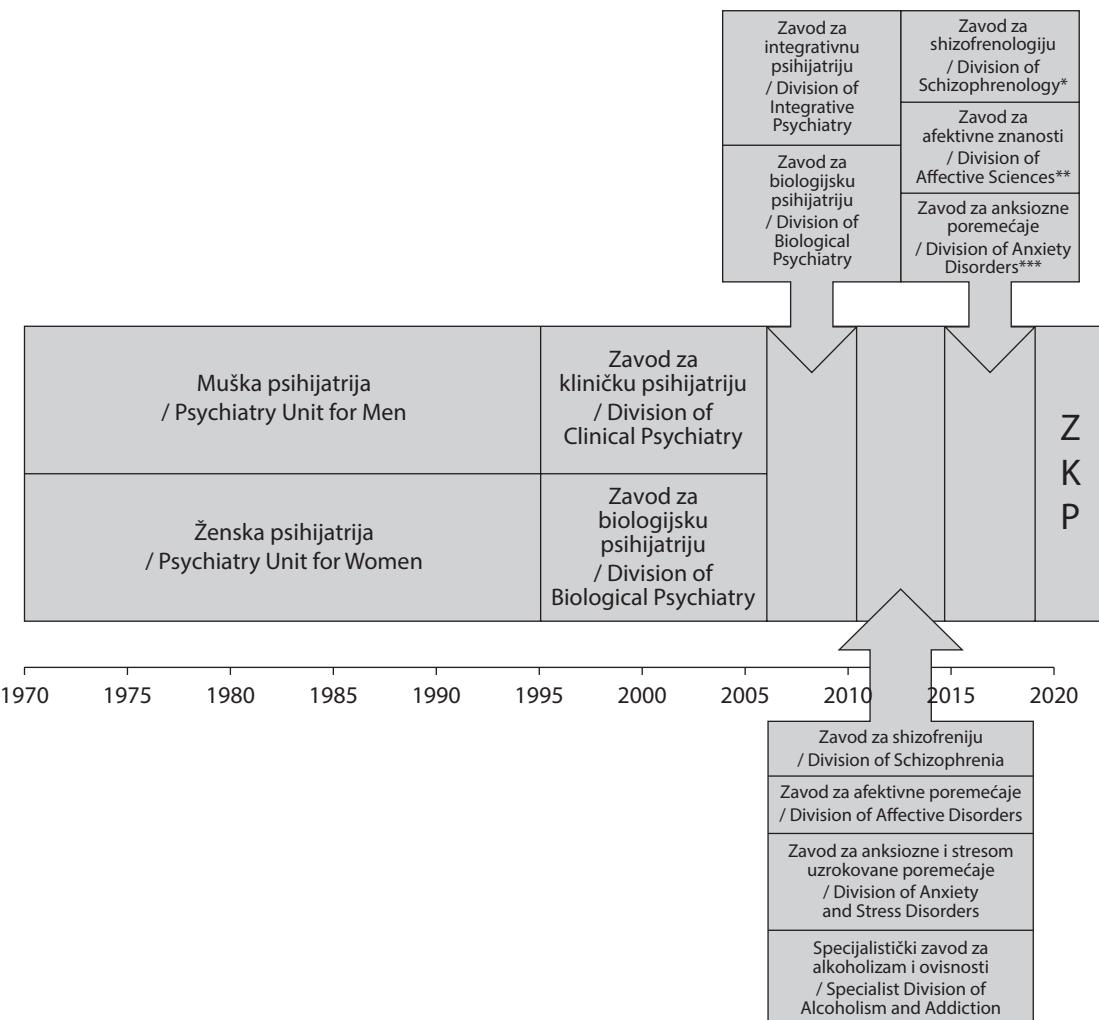
Full names: \* Division of Schizophrenology and Psychotic Disorders with Intensive Care; \*\* Division of Affective Sciences and Mood Disorders with Intensive Care, \*\*\* Division of Anxiety and Somatoform Disorders and Consultative Psychiatry, #Division of Clinical Psychiatry (according to reference 1)

## DIVISION OF CLINICAL PSYCHIATRY TODAY

The current organisational structure of the Division of Clinical Psychiatry on 2 April 2022 is shown in Table 1.

The text below contains specific features of each of the three units of the Division of Clinical Psychiatry.





**SLIKA 1.** Povijest Zavoda za kliničku psihijatriju  
**FIGURE 1.** History of the Division of Clinical Psychiatry

### Odjel za poremećaje raspoloženja i anksiozne poremećaje s intenzivnom skrbi

Specifično područje rada ovoga odjela su poremećaji raspoloženja, što uključuje depresivne poremećaje, bipolarni afektivni poremećaj i organske poremećaje raspoloženja te tjelesne i/ili psihičke poremećaje koji se javljaju uduženi s poremećajima raspoloženja. Žarište interesa je prevencija dizabiliteta i osiguranje kvalitete života za osobe s poremećajima raspoloženja, s naglaskom na oporavak radnog, obiteljskog i socijalnog funkciranja te povratak u zajednicu. Djelatnici Odjela redovito obnavljaju smjernice za liječenje poremećaja raspoloženja. Smjernice za liječenje depresije su dostupne od 2013. g., a smjernice za liječenje bipolarnog poremećaja od 2016. g. Na Odjelu se liječe i osobe s ostalim psihičkim poremećajima, naročito ako postoji indikacija za intenzivno

### Unit for Mood Disorders and Anxiety Disorders with Intensive Care

The specific areas of work of this Unit are mood disorders, including depressive disorders, bipolar affective disorder, organic mood disorders and physical and/or mental disorders that occur with mood disorders. The focus of interest is the prevention of disability and ensuring quality of life for patients with mood disorders, with an emphasis on the recovery of work, family and social functioning and return to the community. Employees of the Unit regularly update guidelines for the treatment of mood disorders. Guidelines for the treatment of depression have been available since 2013 and guidelines for the treatment of bipolar disorder since 2016. The Unit provides treatment also for patients with other mental disorders, especially if there is indication for intensive hospital treatment. The basic principle of work is biopsychosocial approach, individu-

**TABLICA 1.** Sadašnji ustroj Zavoda za kliničku psihijatriju  
**TABLE 1.** Current organisational structure of the Division of Clinical Psychiatry

| Pročelnik: prof. dr. sc. Marina Šagud / Head: Professor Marina Šagud, MD, PhD<br>Glavni medicinski tehničar: mag. med. techn. Zoran Bradaš / Head medical technician: Zoran Bradaš, mag. med. tech. |   |   |  |  |
|---|---|---|--|--|
| Sastavnice Zavoda / Division components   | Šef odjela / Head of the unit   | Glavna sestra odjela / Head nurse of the unit             | Djelatnici odjela – specijalisti psihijatri / Employees of the unit – psychiatry specialists   | Sastavnice odjela / Unit components  |
| Odjel za shizofreniju i druge psihične poremećaje s intenzivnom skrbu / Unit for Schizophrenia and Other Psychotic Disorders with Intensive Care  | Izv. prof. dr. sc. Martina Rojnić Kuzman / Associate Professor Martina Rojnić Kuzman, MD, PhD | Mag. techn. Mirica Mavračić / Mirica Mavračić, mag. tech. | Dr. sc. Zoran Madžarac, dr. Biljana Kosanović Rajačić, dr. Jasmina Plevelj Zajec / Zoran Madžarac, MD, PhD; Biljana Kosanović Rajačić, MD; Jasmina Plevelj Zajec, MD   | Stacionar s intenzivnom njegom, Dnevna bolnica, Ordinacije: 1) za prve psihoze; 2) za farmakoterapiju; 3) za psihične poremećaje; 4) za hitnu psihijatriju s opservacijom; 5) za konzultativnu psihijatriju / Inpatient unit with intensive care, day hospital, offices for: 1) first psychoses; 2) pharmacotherapy; 3) psychotic disorders; 4) emergency psychiatry with observation; 5) consultative psychiatry  |
| Odjel za poremećaje raspoloženja i anksiozne poremećaje s intenzivnom skrbu / Unit for Mood Disorders and Anxiety Disorders with Intensive Care   | Prof. dr. sc. Alma Mihaljević Peleš / Professor Alma Mihaljević-Peleš, MD, PhD                | Mag. techn. Marija Dujmović / Marija Dujmović, mag. tech. | Izv. prof. dr. sc. Milena Skočić Hanžek, dr. sc. Maja Živković, dr. Zoran Štimac, dr. Maja Vukova / Associate Professor Milena Skočić Hanžek, MD, PhD; Maja Živković, MD, PhD; Zoran Štimac, MD; Maja Vukova, MD                                   | Stacionar s intenzivnom njegom, Dnevna bolnica, ordinacije: 1) za poremećaje raspoloženja; 2) za biološke metode liječenja; 3) za koordinaciju liječenja; 4) za transplantacijsku medicinu; 5) za osobe s intelektualnim teškoćama / Inpatient unit with intensive care, day hospital, offices for: 1) mood disorders; 2) biological treatment methods; 3) treatment coordination; 4) transplantation medicine; 5) patients with intellectual disabilities |
| Odjel za kognitivne poremećaje i komorbidna stanja s intenzivnom skrbu / Unit for Cognitive Disorders and Comorbidity with Intensive Care   | Doc. dr. sc. Bjanka Vuksan Ćusa / Associate Professor Bjanka Vuksan Ćusa, MD, PhD             | Mag. techn. Anica Furjan / Anica Furjan, mag. tech.       | Prim. dr. sc. Suzana Kudlek Mikulić, prim. dr. sc. Jasmina Grubišin, dr. sc. Ivana Kekin, dr. Lucija Bagarić / Chief Physician Suzana Kudlek Mikulić, MD, PhD; Chief Physician Jasmina Grubišin, MD, PhD; Ivana Kekin, MD, PhD; Lucija Bagarić, MD | Stacionar s intenzivnom njegom, Dnevna bolnica, ordinacije: 1) za neurokognitivne poremećaje; 2) za kliničku psihijatriju; 3) za psihičke poremećaje osoba starije životne dobi / Inpatient unit with intensive care, day hospital, offices for: 1) neurocognitive disorders; 2) clinical psychiatry; 3) mental disorders of the elderly   |

bolničko liječenje. Temeljno načelo rada je bio-psihoh-socijalni pristup, individualno prilagođen svakoj osobi s psihičkim smetnjama. Na Odjelu se provodi biologisko, psihoterapijsko i socioterapijsko liječenje, u bolničkom i vanbolničkom programu. Prof. dr. sc. Milena Skočić Hanžek sudjeluje u timu za transplantaciju srca te sa Zavodom za gastroenterologiju i hepatologiju, a dr. sc. Maja Živković intenzivno surađuje s Odjelom za epilepsiju i paroksizmalne poremećaje svijesti (IV. odjel Klinike za neurologiju) koji je ujedno i Referentni centar Ministarstva zdravstva za epilepsiju. Pri Odjelu djeluje i Referentni centar Ministarstva zdravstva za afektivne poremećaje.

Od bioloških metoda kojima se specifično bave na Odjelu je primjena TMS-a, EKT (4) i terapije svjetlom. U dijagnostici se značajno primjenjuju farmakogenetska testiranja te djelatnici sudjeluju u međunarodnom multicentričnom projektu ERA Permed.

ally tailored to each patient with mental disorders. The Unit provides biological, psychotherapeutic and sociotherapeutic treatment within inpatient and outpatient programmes. Professor Milena Skočić Hanžek, MD, PhD is a member of the heart transplant team and cooperates with the Division of Gastroenterology and Hepatology, and Maja Živković, MD, PhD cooperates intensively with the Unit for Epilepsy and Paroxysmal Disorders of Consciousness (unit IV of the Department of Neurology), which is also the Reference Centre of the Ministry of Health for Epilepsy. The Reference Centre of the Ministry of Health for Affective Disorders also operates within this Unit.

Among the biological methods specifically used in the Unit is the application of TMS, ECT (4) and light therapy. Pharmacogenetic testing is widely used in diagnostics and employees participate in the international multicentre project ERA Permed.



## Odjel za shizofreniju i druge psihotične poremećaje s intenzivnom skrbi

Specifično područje rada ovog Odjela su poremećaji iz kruga shizofrenije, uključujući osobe s prvom psihotičnom epizodom te osobe u kroničnoj fazi bolesti. Cilj liječenja u stacionaru jest ublažavanje psihotičnih simptoma, auto- i heteroagresivnosti, postizanje suradljivosti te početak razvoja terapijskog saveza, ali i dijagnosticiranje, odnosno isključivanje somatskih poremećaja koji mogu oponašati psihotični poremećaj i/ili otežavati liječenje. Područja od posebnog interesa su prve psihotične epizode (5-12), terapijski rezistentna shizofrenija (13) te potencijalni biološki pokazatelji terapijske rezistencije i/ili odgovora na liječenje poput plazmatske i/ili serumske koncentracije moždanog neurotrofnog čimbenika (14), prisutnosti antitijela na *Toxoplasma gondii* (15,16), polimorfizama gena za kateholamin-O-metiltransferazu (17,18), koncentracije antipsihotika i polimorfizama enzima CYP450 i transportera (19) te drugi potencijalni biološki pokazatelji. U svakodnevnom kliničkom radu se u sklopu individualnog pristupa liječenju određuju koncentracije psihofarmaka, najčešće antipsihotika u serumu, te određuju, u indiciranim slučajevima (razvoj teških nuspojava ili terapijska rezistencija), polimorfizmi enzima CYP450 odgovorni za metabolizam određenih antipsihotika, kao i polimorfizmi ABC transportera. Konačan cilj liječenja jest funkcionalni oporavak koji se postiže u jednom dijelu bolesnika, dok se u ostalih bolesnika nastoji postići što je moguće veće ublažavanje simptoma te povećati stupanj samostalnosti. Kao i na drugim odjelima, koristi se biopsihosocijalni model liječenja. Liječnici Zavoda surađuju s drugim klinikama. Dr. Plevelj Zajec je dio tima za transplantaciju pluća u Klinici za plućne bolesti. Dr. Kosanović Rajačić surađuje sa Odjelom za neurodegenerativne bolesti, Klinike za neurologiju. Osim stacionara i ambulantnih jedinica u sklopu Odjela djeluje i dnevna bolnica.

Dnevna bolnica za prve psihotične poremećaje ima sljedeće ciljeve:

1. Prevencija ponovnog relapsa bolesti, te time i prevencija rehospitalizacija nakon prve psihotične epizode
2. Funkcionalni oporavak pacijenta, a ne samo smanjenje intenziteta simptoma nakon prve epizode shizofrenije
3. Sprječavanje ili odgađanje razvoja prve psihote u osoba pod rizikom za razvoj shizofrenije.

S obzirom da se radi o iznimno vulnerabilnoj skupini bolesnika, organizirali smo je kao grupu zatvorenog tipa kako bi se postiglo podržavajuće grupno okruženje, a u cilju ublažavanja tjeskobe te želenog napretka. Svakih 6 mjeseci se nakon indikacijskog razgovora

## Unit for Schizophrenia and Other Psychotic Disorders with Intensive Care

115

The specific area of work of this Unit are schizophrenia spectrum disorders, including patients with the first psychotic episode and patients in the chronic phase of the disease. The aim of inpatient treatment is to alleviate psychotic symptoms, auto- and hetero-aggressiveness, achieve cooperation and begin the establishment of therapeutic alliance, but also to diagnose or exclude somatic disorders that can mimic a psychotic disorder and/or complicate treatment. Areas of particular interest include first psychotic episodes (5-12), therapeutically resistant schizophrenia (13) and potential biological indicators of therapeutic resistance and/or response to treatment such as plasma and/or serum concentrations of brain-derived neurotrophic factor (14), presence of *Toxoplasma gondii* antibody (15, 16), catecholamine-O-methyltransferase gene polymorphisms (17, 18), antipsychotic concentrations and CYP450 enzyme and transporter polymorphisms (19) and other potential biological indicators. In everyday clinical work, as part of the individual approach to treatment, concentrations of psychopharmaceuticals, most often serum antipsychotics, are measured and in indicated cases (development of severe side effects or therapeutic resistance) CYP450 enzyme polymorphisms responsible for the metabolism of certain antipsychotics and ABC transporter polymorphisms are measured. The ultimate aim of treatment is functional recovery which is achieved with a certain number of patients, while in other patients the aim is to achieve the greatest possible alleviation of symptoms and to increase the degree of independence. As in other units, a biopsychosocial model of treatment is used. Physicians working in the Unit cooperate with other departments. Doctor Plevelj Zajec is part of the lung transplant team at the Department of Lung Diseases. Doctor Kosanović Rajačić cooperates with the Unit for Neurodegenerative Diseases of the Department of Neurology. In addition to inpatient and outpatient units, the Unit also has a day hospital.

The day hospital for first psychotic disorders aims to achieve the following goals:

1. prevention of disease relapse, thus preventing rehospitalization after the first psychotic episode,
2. functional recovery of patients, not just reduction of intensity of symptoms after the first episode of schizophrenia,
3. prevention or delay of the development of the first psychosis in patients at risk of developing schizophrenia.

Since this is an extremely vulnerable group of patients, it is organised as a closed group in order to achieve supportive group environment, to alleviate anxiety and to achieve desired progress. Every six months, after the



potencijalnih kandidata s psihijatrom oformi skupina od 15 bolesnika, koji prolaze 1-godišnji program, od intenzivnijeg 3-mjesečnog, prema sve manje intenzivnom. Nakon završetka jedne godine kod nekih se pacijenata nastavlja rad u psihoterapijskim grupama s učestalošću od jednom tjedno. U dnevnoj bolnici svi pacijenti prolaze dijagnostičko-terapijski proces uključujući farmakoterapiju i psihoterapijske metode, uz redovito praćenje napretka liječenja. Terapijski tim (dva psihijatra, diplomirane medicinske sestre bac. med. teh, psiholog) surađuje s drugim psihijatrima i socijalnim radnicima, sukladno potrebama liječenja.

Proces liječenja u dnevnoj bolnici prikazan je na slici 2.

Terapijske aktivnosti obuhvaćaju: psahoedukaciju, grupnu psihoterapiju, grupnu obiteljsku psihoterapiju, trening socijalnih vještina, metakognitivni trening, kao i kreativne i radne terapije, rekreaciju, grupu podrške, tri puta na tjedan.

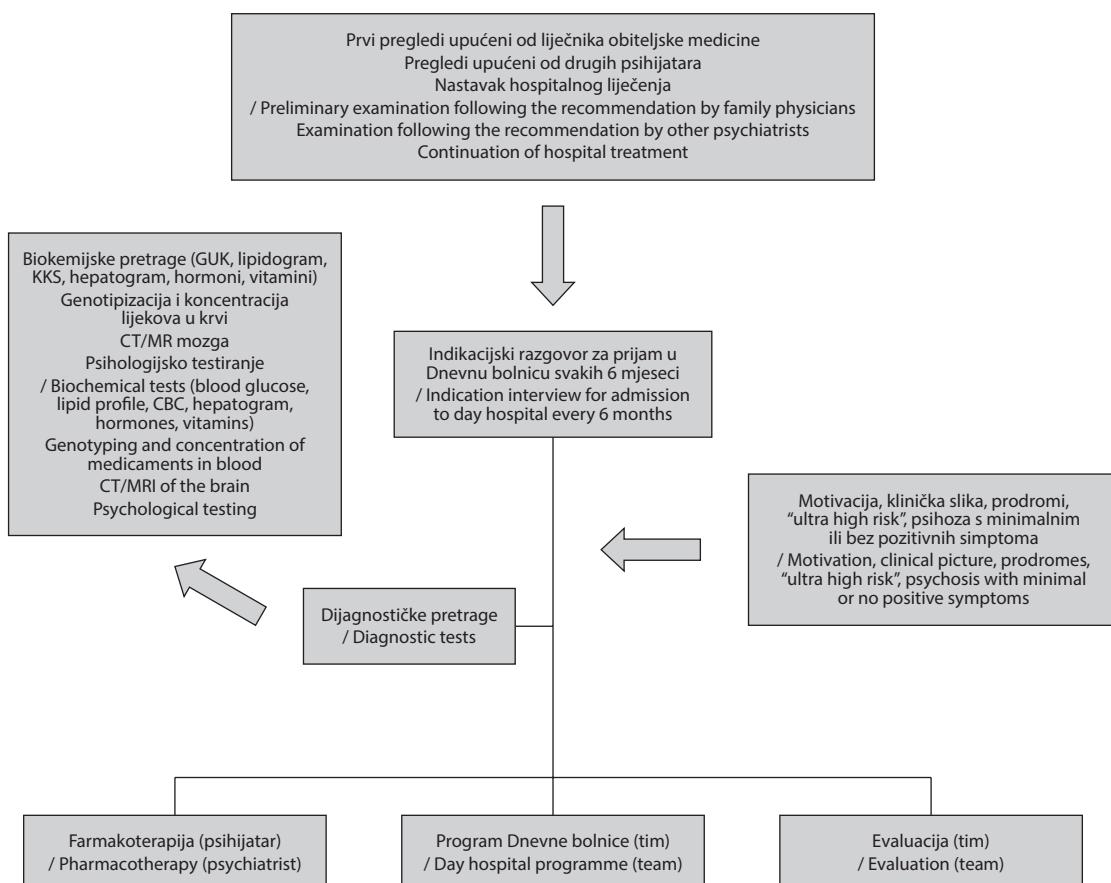
Pri ovom Odjelu djeluje i Dnevna bolnica za osobe sa shizofrenijom, koja uključuje bolesnike koji su imali više psihotičnih epizoda, a imaju potrebu za dodatnom podrškom, izgradnjom psihosocijalnih vještina, te ublažavanjem funkcionalnih deficitova.

indication interview between potential candidates and a psychiatrist, a group of 15 patients is formed who undergo a one-year programme, ranging from a more intensive three-month programme to a less intensive one. After one year, some patients continue to participate in psychotherapy groups once a week. In day hospital, all patients undergo a diagnostic-therapeutic process including pharmacotherapy and psychotherapeutic methods with regular monitoring of treatment progress. The therapeutic team (two psychiatrists, graduate nurses (bacc. med. tech.), psychologist) cooperates with other psychiatrists and social workers, depending on the needs of treatment.

The process of treatment in day hospital is shown in Figure 2.

Therapeutic activities include: psychoeducation, group psychotherapy, group family psychotherapy, social skills training, metacognitive training, creative and occupational therapy, recreation, support group, three times a week.

The Unit also has a Day Hospital for Schizophrenia for patients who have had multiple psychotic episodes and need additional support, building of psychosocial skills and alleviation of functional deficits. This day



Ova Dnevna bolnica održava se jednom tjedno, te uključuje psihoeduksiju, grupnu psihoterapiju, metakognitivni trening, kao i kreativne i radne terapije i terapije rekreacijom.

### Odjel za kognitivne poremećaje i komorbidna stanja s intenzivnom skrbi

Specifično područje rada ovog Odjela jest provođenje aktivnosti u svrhu očuvanja i poboljšanja kognitivnog i somatskog zdravlja pacijenata. Liječenje i istraživanje kognitivnih poremećaja provodi se ne samo u osoba starije životne dobi, nego i u drugim populacijama bolesnika, npr. poput onih liječenih EKT-om (20). Nadalje, s obzirom da je poznato da oboljeli od psihijatrijskih poremećaja žive kraće u odnosu na opću populaciju, pozornost se obraća metaboličkim komplikacijama, gdje se kao rizični čimbenici prepoznavaju nerodovita i nekvalitetna prehrana, sjedilački način života te primjena psihofarmaka. Komorbiditeti povezani s debljinom danas su vodeći uzrok smrtnosti te je liječenje debljine neophodno. Prema izvještaju Svjetske zdravstvene organizacije iz 2015. više od pola bilijuna ljudi je pretilo. Povezanost debljine i psihičkih smetnji je kompleksna i dvosmjerna, psihičke smetnje mogu biti etiološki čimbenik ali istovremeno i posljedica debljine. Doc. dr. sc. Vuksan Ćusa je uključena od 2017. g u rad Dnevne bolnice za debljinu pri Zavodu za endokrinologiju Klinike za unutarnje bolesti Kliničkog bolničkog centra Zagreb, gdje se provodi strukturirano i sveobuhvatno liječenje debljine. Radi se o petodnevnom programu liječenja debljine pod vodstvom endokrinologa-dijabetologa uz kojeg okosnicu tima čine nutricionist-dijetetičar, medicinska sestra, psihijatar/psiholog i specijalist fizikalne medicine s fizioterapeutom. Program također uključuje obradu i liječenje komorbiditeta, hormonalnu evaluaciju te isključivanje sekundarnih uzroka debljine. U program se uključuju koherentne grupe motiviranih adipoznih bolesnika sa zajedničkim karakteristikama (npr. adipozne osobe slične dobi, osobe s dijabetesom, hipertenzijom, psihijatrijskim poremećajima itd.). Ovisno o potrebi grupe izmjenjuju se brojni subspecialisti (npr. neurolog, ginekolog, kardiolog). Uz edukaciju, svakodnevnu tjelesnu aktivnost i obroke te neformalan pristup prisutna je grupna, po potrebi i individualna psihoterapijska te međusobna podrška sudionika. Nakon završenog programa Dnevne bolnice nastavlja se grupno mješevno praćenje. Dio pacijenata koji je bio uključen u Dnevnu bolnicu također nastavlja individualni psihijatrijski tretman uz primjenu psihoterapijskih i psihofarmakoloških metoda. U sklopu opisane suradnje publicirani su i članci u časopisima (21,22) te prikazani posteri na različitim simpozijima.

hospital programme is held once a week and includes psychoeducation, group psychotherapy, metacognitive training and creative, occupational and recreational therapy.

### Unit for Cognitive Disorders and Comorbidity with Intensive Care

The specific area of work of this Unit is the implementation of activities aimed at preserving and improving cognitive and somatic health of patients. The treatment and research of cognitive disorders is carried out not only with the elderly, but also with other patient populations, such as those treated with ECT (20). Furthermore, as it is known that people with psychiatric disorders live shorter than the general population, attention is paid to metabolic complications, where irregular and poor diet, sedentary lifestyle and the use of psychopharmaceuticals are recognised as risk factors. Obesity-related comorbidities are the leading cause of death today and the treatment of obesity is essential. According to a 2015 report by the World Health Organization, more than half a trillion people were obese. The connection between obesity and mental disorders is complex and two-way, psychological disorders can be an etiological factor but at the same time a consequence of obesity. Assistant Professor Vuksan Ćusa has been involved since 2017 in the work of the Day Hospital for Obesity at the Division of Endocrinology of the Department of Internal Medicine of the University Hospital Centre Zagreb, where structured and comprehensive treatment of obesity is carried out. It is a five-day obesity treatment programme led by an endocrinologist-diabetologist with a team consisting of a nutritionist-dietitian, a nurse, a psychiatrist/psychologist, a physical medicine specialist and a physiotherapist. The programme also includes the processing and treatment of comorbidities, hormonal evaluation and exclusion of secondary causes of obesity. The programme is intended for coherent groups of motivated adipose patients with common characteristics (e.g., adipose persons of similar age, persons with diabetes, hypertension, psychiatric disorders, etc.). Depending on the needs of the group, numerous subspecialists (e.g., neurologist, gynaecologist, cardiologist) take turns. In addition to education, daily physical activity, food and informal approach, there is group, if necessary also individual, psychotherapy and mutual support of participants. After the completion of the day hospital programme, group monitoring continues every month. A part of the patients who were included in the day hospital programme also continues individual psychiatric treatment with the use of psychotherapeutic and psychopharmacological methods. As part of the described collaboration, articles were published in journals (21, 22) and posters were presented at various symposia.

Djelatnici Zavoda uključeni su u nastavu na Medicinskom fakultetu Sveučilišta u Zagrebu. Prof. dr. sc. Mihaljević Peleš je redoviti profesor u trajnom zvanju, voditelj predmeta „Psihijatrija“ na dodiplomskom studiju na engleskom jeziku, te voditelj izbornog predmeta „Anksiozni poremećaji“ na dodiplomskom studiju, kao i član Odbora za sveučilišne užbenike, te Odbora za izborne predmete fakulteta. Djelatnici Zavoda Šagud, Rojnić Kuzman i Skočić Hanžek su izvanredni profesori, Vuksan Ćusa i Živković su poslijedoktorandi/viši asistenti. Vuksan Ćusa je također u zvanju docenta na Medicinskom fakultetu Sveučilišta u Osijeku i Medicinskom fakultetu Sveučilišta u Mostaru. Vanjski suradnici fakulteta su prim. dr. sc. Grubišin i prim. dr. sc. Kudlek Mikulić. Prof. Šagud je tajnica Katedre za psihiatiju i psihološku medicinu, voditelj izbornog predmeta „Hitna stanja u psihiatриji“, član Odbora za doktorate, povjerenik za zaštitu dostojanstva djelatnika fakulteta, te također član Etičkog savjeta Sveučilišta u Zagrebu. Navedeni nastavnici provode nastavu na diplomskom studiju medicine na hrvatskom i engleskom jeziku, diplomskom studiju sestrinstva, te različitim poslijediplomskim studijima. Osim nastave, uključeni su u znanstveni rad studenata, što ima za rezultat nekoliko Rektorovih i Dekanovih nagrada za najbolje studentske radove, kao i mnogo objavljenih radova u koautorstvu sa studentima, te su mentori brojnih diplomskih radova studenata. Nadalje, doc. Vuksan Ćusa je voditelj izbornog predmeta „Psihopatologija“ na Katoličkom bogoslovnom fakultetu Sveučilišta u Zagrebu. Mag. med. techn. Bradaš je predavač na Zdravstvenom veleučilištu u Zagrebu.

### Znanstvena djelatnost: projekti i suradnje

U sklopu Zavoda u novije su vrijeme provođeni sljedeći projekti:

1. Projekt Ministarstva znanosti RH: Pharmakogenetska varijabilnost u psihiatrijskim bolesnika, 2007-2012.. koji je vodila prof. dr. sc. Mihaljević-Peleš
2. Projekt Europske unije u sklopu Programa za istraživanje i inovacije Horizon 2020, u kojem sudjeluje Klinički bolnički centar Zagreb (KBC Zagreb), te Hrvatski zavod za javno zdravstvo (HZJZ), uz partnera iz 11 zemalja, a voditelj projekta je bila izv. prof. dr. sc. Martina Rojnić Kuzman. Cilj projekta RECOVER-E je usporedba novog modela liječenja u zajednici prema principu tima FACT, adaptirano lokalnoj situaciji u odnosu na dosadašnji način liječenja, u

### Teaching activity

Employees of the Division teach at the School of Medicine of the University of Zagreb. Professor Mihaljević-Peleš is a tenured full professor, head of the course “Psychiatry” at the undergraduate level held in English, head of the elective course “Anxiety Disorders” at the undergraduate level and a member of the Committee for University Textbooks and the Committee for Elective Courses. Employees of the Unit Šagud, Rojnić Kuzman and Skočić Hanžek are associate professors, Vuksan Ćusa and Živković are postdoctoral students and senior assistants. Vuksan Ćusa is also an assistant professor at the Faculty of Medicine of the University of Osijek and the School of Medicine of the University of Mostar. Chief Physician Grubišin and Chief Physician Kudlek Mikulić are external associates of the School of Medicine. Professor Šagud is the secretary of the Department of Psychiatry and Psychological Medicine, the head of the elective course “Emergencies in Psychiatry”, a member of the Doctoral Committee, the commissioner for the protection of dignity of faculty members and also a member of the Ethics Council of the University of Zagreb. These teachers teach at the graduate study of medicine in Croatian and English, graduate study of nursing and various postgraduate studies. In addition to teaching, they are involved in the scientific work of students, resulting in several rector's and dean's awards for best student work and many published papers in co-authorship with students, as well as mentorship in numerous graduate theses. Furthermore, Associate Professor Vuksan Ćusa is the head of the elective course “Psychopathology” at the Catholic Faculty of Theology of the University of Zagreb. Medical technician Bradaš is a lecturer at the University of Applied Health Sciences in Zagreb.

### Scientific activity: projects and collaborations

The following projects have recently been implemented within the Division:

1. Project of the Ministry of Science of the Republic of Croatia: Pharmacogenetic variability in psychiatric patients, 2007–2012, led by Professor Mihaljević-Peleš.
2. Project of the European Union within the Horizon 2020 Research and Innovation Programme, with the participation of the University Hospital Centre Zagreb (KBC Zagreb), Croatian Institute of Public Health (HZJZ) and partners from 11 countries, led by Associate Professor Martina Rojnić Kuzman. The aim of the RECOVER-E project is to compare the new model of community treatment according to the FACT team principle, adapted to the local situation, in relation to the current treatment in five EU Member States participating in the project (Bulgaria, Montenegro, Macedo-

- pet država članica Europske unije koje sudjeluju u projektu (Bugarska, Crna Gora, Makedonija, Hrvatska i Rumunjska). U provedbi projekta sudjelovalo je 25 djelatnika Klinike za psihijatriju i psihološku medicinu, uključujući magistre sestrinstva i medicinske sestre i tehničare, socijalne radnike, psihologe, specijalizante psihijatrije i psihijatre, te četvero stručnjaka po iskustvu (osobe koje su se oporavile od težih duševnih bolesti i sudjelovale u procesu liječenja drugih kao dio terapijskog tima). Takav način liječenja je potpuno novi koncept liječenja u Hrvatskoj, a temelji se na principima oporavka, što je željeni standard liječenja u zemljama sjeverne i zapadne Europe. Sukladno očekivanju, rezultati projekta upućuju da osobe koje su liječene takvim modelom imaju značajno višu kvalitetu života i značajno manji disabilitet tijekom 18 mjeseci liječenja u odnosu na standarno liječenje. Dosad je publicirano više znanstvenih radova proizašlih iz projekta (22–25).
3. Projekt Biomarkeri u shizofreniji-- integracija komplementarnih pristupa u praćenju osoba s prvom psihotičnom epizodom koji financira Hrvatska zaklada za znanost (2015. – 2019.) HRZZ, Croatian science foundation – installation grants – UIP-09-2014, a provodio se u Klinici za psihijatriju i psihološku medicinu, Klinici za neurologiju, Klinici za nuklearnu medicinu, Klinici za laboratorijsku dijagnostiku KBC-a Zagreb i Medicinskom fakultetu Sveučilišta u Zagrebu u suradnji s Klinikom za psihijatriju Vrapče, Klinikom za psihijatriju Sveti Ivan, Psihijatrijskom bolnicom „Dr. Ivan Barbot“, te Sveučilištem u Torontu, Pharmacogenetics Research Clinic, Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health. Voditelj projekta bila je izv. prof. dr. sc. Martina Rojnić Kuzman. Projektom je provedeno opsežno istraživanje putem uspostavljene istraživačke skupine, obranjene su dvije doktorske disertacije, a dvije su u tijeku, te su rezultati objavljeni u više od 10 znanstvenih članaka, objavljenih u visokoindeksiranim časopisima (7, 8, 26–34).
  4. Projekt *mPIVAS: m-health Psychoeducational Intervention Versus Antipsychotic-Induced Side-effects*, koji je odobrila i finansirala Europska unija (Life Learning programmes, Leonardo da Vinci Partnership), od 2013. do 2015. godine, provodio se na Klinici za psihijatriju i psihološku medicinu KBC-a Zagreb u suradnji s Hrvatskim psihijatrijskim društvom, Europskim psihijatrijskim društvom, Kliničkim bolničkim centrom Zagreb, University of Zurich, Westphalian Wilhelms University, Muenster, Charles University in Prague, University of Belgrade, European Federation of nia, Croatia and Romania). The project involved 25 employees of the Department of Psychiatry and Psychological Medicine, including masters of nursing, nurses and technicians, social workers, psychologists, psychiatry specialists and psychiatrists, and four experts by experience (persons recovering from severe mental illness and participating in the process of treating others as part of the therapeutic team). This type of treatment is a completely new concept of treatment in Croatia and is based on the principles of recovery, which is the desired standard of treatment in the countries of northern and western Europe. As expected, the results of the project suggest that patients undergoing such treatment model have a significantly higher quality of life and significantly less disability during 18 months of treatment as compared to standard treatment. So far, several scientific papers resulting from the project have been published (22–25).

*University Muenster, Charles University in Prague, University of Belgrade, European Federation of Associations of Families of People with mental illness (EUFAMI).* Ciljevi projekta bili su razviti učinkoviti psihoedukacijski tečaj na temu nuspojava antipsihotičnih lijekova za liječnike i bolesnike. Glavne inovacije uključuju: 1) razvoj mobilne aplikacije (PsyLOG) za praćenje nuspojava u šest jezika; 2) web-casting glavnog tečaja i produkcija on-line modula; 3) „kaskadni“ nacionalni tečajevi u svim partnerskim zemljama. Tijekom projekta razvijena je mobilna aplikacija PsyLOG za praćenje nuspojava na lijekove, koja je namijenjena liječnicima i pacijentima koji se liječe antipsihoticima. Aplikacija je sada u vlasništvu KBC-a Zagreb. Voditelj projekta bila je izv. prof. dr. sc. Martina Rojnić Kuzman. Rezultati projekta su prezentirani na nizu internacionalnih i nacionalnih sastanaka, te su objavljeni u znanstvenim časopisima (35,36).

5. Projekt Sveučilišta u Zagrebu „Pokazatelji terapijskog odgovora u shizofreniji“, Sveučilišta u Zagrebu, BM1.45. U sklopu projekta obranjene su dvije doktorske dizertacije (dr. Suzana Vlatković i dr. Zoran Madžarac), koji se provodio u razdoblju 2015.-2018., te je do sada objavljeno 7 znanstvenih radova u visokocitiranim časopisima (15-18, 37,38,39).
6. Projekt Sveučilišta u Zagrebu „Utjecaj religioznosti na ishod liječenja depresije: klinički i biokemijski pokazatelji“, BM126, koji se provodio u razdoblju 2016.-2019. U sklopu projekta je u tijeku izrada tri doktorske dizertacije (dr. Anja Dvojković, dr. Biljana Kosanović Rajačić, dr. Tihana Bagarić), a do sada objavljena tri znanstvena rada u visokocitiranim časopisima (40-42).
7. Projekt Sveučilišta u Zagrebu: „Učinak akutne reakcije na stres i depresivnog poremećaja na patologiju krvožilnog sustava“ Sveučilišta u Zagrebu. Projekt se provodi od 2018. godine. U sklopu projekta se izrađuju dvije doktorske dizertacije (dr. Sonja Udovičić, dr. Sara Medved).

Djelatnici Zavoda su intenzivno uključeni ne samo u znanstveni rad, nego su i mentori brojnih doktorskih dizertacija. Tablica 2. prikazuje obranjene disertacije mentorji kojih su djelatnici Zavoda za kliničku psihijatriju

U tijeku je izrada ukupno 18 dizertacija pod mentorstvom djelatnika Zavoda za kliničku psihijatriju. Nadalje, u suradnji s kolegama iz drugih zavoda i ustanova redovito se organiziraju tečajevi trajne medicinske edukacije iz područja psihofarmakologije što je dovelo do osnivanja „Zagrebačke škole psihofarmakologije“ koja djeluje već 12 godina. Nadalje,

Associations of Families of People with Mental Illness (EUFAMI). The aim of the project was to develop an effective psychoeducational course on the side-effects of antipsychotic medications for physicians and patients. Major innovations include: 1) development of a mobile application in six languages (PsyLOG) for monitoring side-effects; 2) web-casting of the main course and production of online modules; 3) “cascading” national courses in all partner countries. Within the project, the mobile application PsyLOG for monitoring side-effects of medications was developed, which is intended for physicians and patients treated with antipsychotics. The application is now owned by the University Hospital Centre Zagreb. The project leader was Associate Professor Martina Rojnić Kuzman. The results of the project were presented at a number of international and national meetings and published in scientific journals (35, 36).

5. Project of the University of Zagreb: Indicators of therapeutic response in schizophrenia, BM1.45. As part of the project conducted in the period between 2015 and 2018, two doctoral dissertations were defended (Suzana Vlatković and Zoran Madžarac) and so far, seven scientific papers have been published in highly cited journals (15–18, 37, 38, 39).
6. Project of the University of Zagreb: Impact of religiosity on the outcome of depression treatment: clinical and biochemical indicators, BM126, implemented in the period between 2016 and 2019. As part of the project, three doctoral dissertations are being prepared (Anja Dvojković, Biljana Kosanović Rajačić, Tihana Bagarić) and so far, three scientific papers have been published in highly cited journals (40–42).
7. Project of the University of Zagreb: Impact of acute reaction to stress and depressive disorder on the pathology of the vascular system. The project has been implemented since 2018. As part of the project, two doctoral dissertations are being prepared (Sonja Udovičić, Sara Medved).

Employees of the Division are actively involved not only in scientific work, but are also mentors in numerous doctoral dissertations. Table 2 shows the defended dissertations where employees of the Division of Clinical Psychiatry acted as mentors.

A total of 18 dissertations are being prepared under the mentorship of the employees of the Division of Clinical Psychiatry. Furthermore, in cooperation with colleagues from other divisions and institutions, continuing medical education courses in the field of psychopharmacology are regularly organised, resulting in the establishment of the “Zagreb School of Psychopharmacology”, which has been operating for 12 years. Furthermore, employees are frequently invited to give

**TABLICA 2.** Obranjene dizertacije pod mentorstvom djetalnika Zavoda za kliničku psihijatriju  
**TABLE 2.** Defended dissertations mentored by employees of the Division of Clinical Psychiatry

| Djetalnik Zavoda za kliničku psihijatriju / Employee of the Division of Clinical Psychiatry   | Obranjene dizertacije / Defended dissertations  | Godina obrane / Year |
|---|---|----------------------|
| Prof. dr. sc. Alma Mihaljević-Peleš / Professor Alma Mihaljević-Peleš, MD, PhD                | Dr. sc. Marina Šagud:<br>Trombocitni serotonin, trombocitna MAO i serumski lipidi u dijagnostici i liječenju poremećaja raspoloženja<br>/ Marina Šagud, MD, PhD:<br>Platelet serotonin, platelet MAO and serum lipids in diagnosing and treating mood disorders   | 2007                 |
|   | Dr. sc. Maja Živković:<br>Povezanost genskih polimorfizama DRD2, DAT i COMT u oboljelih od shizofrenije s terapijskim odgovorom na antipsihotike i ekstrapiramidnim nuspojavama<br>/ Maja Živković, MD, PhD:<br>The association of genetic polymorphisms of DRD2, DAT and COMT in schizophrenic patients with therapeutic response to antipsychotics and extrapyramidal side-effects  | 2013                 |
|   | Dr. sc. Suzan Kudlek Mikulić:<br>Koncentracija moždanog neurotrofičnog čimbenika u bolesnika sa shizofrenijom u akutnoj fazi liječenja novim antipsihoticima<br>/ Suzan Kudlek Mikulić, MD, PhD:<br>Concentration of brain-derived neurotrophic factor in patients with schizophrenia in the acute phase of treatment with new antipsychotics   | 2016                 |
| Izv. prof. dr. sc. Marina Šagud / Associate Professor Marina Šagud, MD, PhD                   | Dr. sc. Suzana Vlatković: Neuroimunomodularni učinak <i>Toxoplasme gondii</i> u shizofreniji (mentor 2: dr. sc. Dubravka Švob Štrac)<br>/ Suzana Vlatković, MD, PhD:<br>Neuroimmunomodulatory effect of <i>Toxoplasma gondii</i> in schizophrenia (second mentor: Dubravka Švob Štrac, MD, PhD)   | 2018                 |
|   | Dr. sc. Ivona Šimunović Filipčić:<br>Rani početak kroničnih tjelesnih multimorbiditeta u bolesnika s poremećajem iz shizofrenog spektra i njihova povezanost s ishodom psihijatrijskog liječenja<br>/ Ivona Šimunović Filipčić, MD, PhD:<br>Early onset of chronic bodily multimorbidities in patients with schizophrenia spectrum disorder and their association with the outcome of psychiatric treatment                           | 2020                 |
|   | Dr. sc. Zoran Madžarac:<br>Povezanost polimorfizma gena za catehol-O-metil transferazu i monoaminoooksidazu tipa B s anhedonijom u bolesnika sa shizofrenijom (mentor 2: prof. dr. sc. Nela Pivac)<br>/ Zoran Madžarac, MD, PhD:<br>The association between catechol-O-methyl transferase and monoamine oxidase type B gene polymorphisms and anhedonia in patients with schizophrenia (second mentor: Professor Nela Pivac, MD, PhD) | 2021                 |
| Izv. prof. dr. sc. Martina Rojnić Kuzman / Associate Professor Martina Rojnić Kuzman, MD, PhD | Dr. sc. Ivana Kekin<br>Brzina cerebralnog protoka u pacijenata s prvom psihičnom epizodom<br>/ Ivana Kekin, MD, PhD:<br>Velocity of cerebral blood flow in patients with first psychotic episode  | 2019                 |
|   | Dr. sc. Dina Bošnjak:<br>Prepoznavanje emocija iz izraza lica u osoba s prvom epizodom psihoze<br>/ Dina Bošnjak, MD, PhD:<br>Recognising emotions from facial expressions in persons with the first episode of psychosis   | 2021                 |

djetalnici su pozvani predavači na brojnim tečajevima trajne medicinske edukacije, kao i na domaćim i međunarodnim kongresima.

Provode se brojna znanstvena istraživanja, u suradnji sa drugim zavodima Klinike za psihijatriju i psihološku medicinu, te drugim klinikama i zavodima KBC-a Zagreb, poput Zavoda za laboratorijsku dijagnostiku (14,19,51,52), Zavoda za endokrinologiju Klinike za unutarnje bolesti (21,22), Klinike za bolesti srca i krvnih žila (53–55), Klinike za anestezilogiju (56,57) i Klinike za neurologiju (20,58), KP Vrapče (npr. 46,50,59) i PB Sveti Ivan (npr. 9,60,61).

lectures at numerous medical education courses as well as at national and international congresses.

Numerous scientific research projects are carried out in cooperation with other divisions of the Department of Psychiatry and Psychological Medicine and other departments and divisions of the University Hospital Centre Zagreb, such as the Division of Laboratory Diagnostics (14, 19, 51, 52), Division of Endocrinology of the Department of Internal Medicine (21, 22), Department of Cardiovascular Diseases (53–55), Department of Anaesthesiology (56, 57) and Department of Neurology (20, 58), University Psychiatric Hospital Vrapče (e.g. 46, 50, 59) and Psychiatric Hospital Sveti Ivan (e.g. 9,

Provodi se intenzivna suradnja sa Institutom „Ruđer Bošković“ (npr. 17, 18, 43–50), Hrvatskim institutom za istraživanje mozga (49, 62), te brojnim inozemnim stručnjacima u sklopu velikih multinacionalnih istraživanja (22, 23, 63, 64), kao i u izradi međunarodnih smjernica za individualno doziranje klozapina (65).

Djelatnici su uključeni u rad, ali i upravljanje stručnim društvima. Prof. Mihaljević-Peleš predsjednica je Hrvatskog psihiatrijskog društva i Hrvatskog društva za afektivne poremećaje, a prof. Rojnić Kuzman tajnica je Hrvatskog psihiatrijskog društva, te članica upravnog odbora Europskog psihiatrijskog društva. Svi djelatnici aktivno sudjeluju u brojnim stručnim društvima. Nadalje, djelatnici su uključeni u izradu smjernica za liječenje različitih psihiatrijskih poremećaja. Prof. Rojnić Kuzman, prim. dr. sc. Jasmina Grubišin, dr. sc. Zoran Madžarac i dr. Kosanović Rajačić sudjelovali su u izradi smjernica Hrvatskog psihiatrijskog društva o primjeni elektrokonvulsivne terapije, 2020. g. Prof. Mihaljević Peleš uključena je u izradu „Informirani pristanak na liječenje u psihiatrijskoj ustanovi“ – smjernice za psihijatre, 2020. g. te Smjernica za liječenje bipolarnog poremećaja (prilagođeno prema smjernicama Britanskog udruženja za psihofarmakologiju) 2020. g. Prof. Mihaljević-Peleš, prof. Šagud, doc. Vuksan Ćusa i dr. sc. Živković uključene su u izradu Hrvatskih smjernica za liječenje depresije 2020., te prof. Šagud i prof. Rojnić Kuzman Hrvatskih smjernica za liječenje shizofrenije i drugih poremećaja 2019. Sve navedene smjernice objavljene su na web stranicama Hrvatskog psihiatrijskog društva.

## ZAVOD ZA KLINIČKU PSIHIJATRIJU SUTRA: POGLED U BUDUĆNOST

Zavod za kliničku psihiatriju nastoji pratiti brzi razvoj novih metoda liječenja, prije svega neuromodulatornih, novih psihofarmaka, uključujući i brzodjelujuće antidepresive čiju primjenu uskoro planiramo. U budućem radu s našim bolesnicima planiramo još intenzivnije uključiti prevenciju i liječenje somatskih komorbiditeta. To znači suradnju s Odjelom za kliničku prehranu u sklopu koje bi započela edukacija bolesnika o zdravoj prehrani u okviru dnevnih bolnica naše Klinike, kao i sustavno praćenje metaboličkih parametara. Pri tome planiramo uvesti rano utvrđivanje povećanog rizika kardiovaskularnih i metaboličkih poremećaja redovitim praćenjem rutinskih pokazatelja, ali i nekih novih, poput arterijske krutosti, perifernih čimbenika kronične upale i čimbenika rasta neurona. Osmišljavamo edukativne radionice radi popularizacije fizičke aktivnosti. Želimo koristiti psihofarmake na najbo-

60, 61). There is active cooperation with Ruđer Bošković Institute (e.g. 17, 18, 43–50), Croatian Institute for Brain Research (49, 62) and numerous foreign experts as part of large multinational research projects (22, 23, 63, 64), as well as in the development of international guidelines for individual dosing of clozapine (65).

Employees are involved in the work, but also the management, of professional associations. Professor Mihaljević-Peleš is the president of the Croatian Psychiatric Association and the Croatian Society for Affective Disorders, and Professor Rojnić Kuzman is the secretary of the Croatian Psychiatric Association and a member of the board of the European Psychiatric Association. All employees are active in numerous professional associations. Furthermore, they are involved in developing guidelines for the treatment of various psychiatric disorders. Professor Rojnić Kuzman, Chief Physician Grubišin, Doctor Madžarac and Doctor Kosanović Rajačić participated in the development of guidelines of the Croatian Psychiatric Association on the use of electroconvulsive therapy in 2020. In the same year Professor Mihaljević-Peleš was involved in the development of guidelines for psychiatrists “Informed consent to treatment in a psychiatric institution” and guidelines for the treatment of bipolar disorder (adapted according to the guidelines of the British Association for Psychopharmacology). Professor Mihaljević-Peleš, Professor Šagud, Assistant Professor Vuksan Ćusa and Doctor Živković were involved in the development of the Croatian guidelines for the treatment of depression in 2020, and Professor Šagud and Professor Rojnić Kuzman in the development of the Croatian guidelines for the treatment of schizophrenia and other disorders in 2019. All these guidelines are published on the website of the Croatian Psychiatric Association.

## DIVISION OF CLINICAL PSYCHIATRY TOMORROW: A LOOK INTO THE FUTURE

The Division of Clinical Psychiatry is trying to keep pace with the rapid development of new treatment methods, primarily neuromodulatory methods, new psychopharmaceuticals, including fast-acting antidepressants, the use of which is foreseen soon. In the future work with our patients, we plan to include even more intensively the prevention and treatment of somatic comorbidities. This means cooperation with the Division of Clinical Nutrition, which would provide education to patients about healthy diet in day hospitals of our Department and systematic monitoring of metabolic parameters. We plan to introduce early detection of increased risk of cardiovascular and metabolic disorders through regular monitoring of routine indicators, but also some new ones, such as arterial stiffness, peripheral factors of chronic inflammation and neuronal growth factors. We design educational workshops to popularise



lji mogući način, prilagođeno biološkim i psihološkim obilježjima, u najnižoj djelotvornoj dozi. Zato u budućnosti planiramo još intenzivniju primjenu farmakodinamskih i farmakokinetskih parametara, posebice u slučajevima terapijske rezistencije i/ili nepodnošenja lijekova. Nastavljamo razvijati mobilne timove, te uvoditi nove psihosocijalne metode u svrhu poboljšanja ishoda liječenja.

Želimo i dalje prenositi naša znanja i iskustva sadašnjim i budućim generacijama. Također, planiramo završiti postojeća i započeti nova istraživanja. Ovisno o mogućnostima financiranja, područje budućeg interesa uključuje metabolomiku, proteomiku, cirkulirajuće ekstracelularne vezikule, kao i strukturalne i funkcionalne prikaze mozga.

## ZAKLJUČAK

Zavod za kliničku psihiatriju pod ovim imenom postoji od 2019. godine. Međutim, njegov razvoj pratimo od 70-ih godina prošlog stoljeća na temeljima koje su izgradili svi dosadašnji predstojnici naše Klinike. Osnovna djelatnost Zavoda je pružanje kontinuiteta bolničke i izvanbolničke skrbi osobama oboljelim od shizofrenije i drugih psihotičnih poremećaja, afektivnih i anksioznih poremećaja, te kognitivnih poremećaja. U sklopu navedenog liječenja provode se biološke i psihosocijalne metode liječenja, te se njeguje individualni pristup. Druge dvije ključne djelatnosti Zavoda su edukacija specijalizanata i studenata, te znanstveni rad. Na kraju, ali ne i najmanje važno, Zavod ne postoji u izolaciji, nego se ostvaruje suradnjom s drugim zavodima naše Klinike, kao i drugim psihiatrijskim ustanovama, institutima, te brojnim drugim stručnjacima iz zemlje i svijeta.

## LITERATURA / REFERENCES

- Mihaljević-Peleš A. (ur.). Klinika za psihiatriju, KBC Zagreb, Sveučilište u Zagrebu, Medicinski fakultet 1921.-1971.-2016. Zagreb: Medicinska naklada, 2016.
- Štalekar V. O umjetnosti i psihoterapiji. *Soc psihijat* 2014; 42 (3): 180-9.
- Štalekar V. Dinamika obitelji i prvi teorijski koncepti. *Medicina* 2010; 46 (3): 242-6.
- Mihaljević-Peleš A, Bajs Janović M, Stručić A, Šagud M, Skočić Hanžek M, Živković M et al. Electroconvulsive therapy – general considerations and experience in Croatia. *Psychiatr Danub* 2018; 30(Suppl 4): 188-91.
- Maric NP, Raballo A, Rojnic Kuzman M, Andric Petrović S, Klosterkötter J, Riecker-Rössler A et al. European status and perspectives on early detection and intervention in at-risk mental state and first episode psychosis: Viewpoint from the EPA section for prevention of mental disorders. *Eur Psychiatry* 2017;46:48-50.
- Maric NP, Petrović SA, Raballo A, Rojnic-Kuzman M, Klosterkötter J, Riecher-Rössler A. Survey of the European Psychiatric Association on the European status and perspectives in early detection and intervention in at-risk mental state and first-episode psychosis. *Early Interv Psychiatry* 2018; 13(4): 853-8.
- Rojnic Kuzman M, Bosnjak Kuharic D, Ganoci L, Makaric P, Kekin I, Rossini Gajsak L et al. Association of CNR1 genotypes with changes in neurocognitive performance after eighteen-month treatment in patients with first-episode psychosis. *Eur Psychiatry* 2019; 61: 88-96.
- Rojnic Kuzman M, Makaric P, Bosnjak Kuharic D, Kekin I, Rossini Gajsak L, Boban M et al. Integration of complementary biomarkers in patients with first episode psychosis: research protocol of a prospective follow up study. *Psychiatr Danub* 2019; 31(2): 162-71.

physical activity. We want to use psychopharmaceuticals in the best possible way, adapted to biological and psychological characteristics and in the lowest effective dose. Therefore, we plan to intensify the application of pharmacodynamic and pharmacokinetic parameters, especially in cases of therapeutic resistance and/or drug intolerance. We continue with the establishment of mobile teams and with the introduction of new psychosocial methods to improve treatment outcome.

We want to continue to pass on our knowledge and experience to present and future generations. We also plan to finish existing and start new research projects. Depending on funding opportunities, our areas of future interest include metabolomics, proteomics, circulating extracellular vesicles as well as structural and functional images of the brain.

## CONCLUSION

The Division of Clinical Psychiatry has existed under this name since 2019. However, we have been following its development since the 1970s on the foundations built by all previous heads of our Department. The main activity of the Division is to provide continuity of inpatient and outpatient care to patients suffering from schizophrenia and other psychotic disorders, affective and anxiety disorders and cognitive disorders. As part of this treatment, biological and psychosocial methods of treatment are implemented and individual approach is preferred. Other two key activities of the Division are education of residents and students and scientific work. Last but not least, the Division does not exist in isolation, but operates in cooperation with other divisions of our Department as well as other psychiatric institutions, institutes and numerous other national and international experts.

9. Šimunović Filipčić I, Ivezić E, Jakšić N, Mayer N, Grah M, Rojnić Kuzman M et al. Gender differences in early onset of chronic physical multimorbidities in schizophrenia spectrum disorder: Do women suffer more? *Early Interv Psychiatry* 2020; 14(4): 418-27.
10. Bosnjak Kuharic D, Kekin I, Hew J, Rojnic Kuzman M, Puljak L. Interventions for prodromal stage of psychosis. *Cochrane Database Syst Rev* 2019; 11.
11. Bosnjak Kuharic D, Bozina N, Ganoci L, Makaric P, Kekin I, Prpic N et al. Association of HSPA1B genotypes with psychopathology and neurocognition in patients with the first episode of psychosis: a longitudinal 18-month follow-up study. *Pharmacogenomics J* 2020; 20(5): 638-46.
12. Stevoić LI, Repišti S, Radojičić T, Sartorius N, Tomori S, Džubur Kulenović A et al. Non-pharmacological treatments for schizophrenia in Southeast Europe: An expert survey. *Int J Soc Psychiatry*. 2021; 14: 207640211023072.
13. Šagud M. Treatment-resistant schizophrenia: challenges and implications for clinical practice. *Psychiatr Danub* 2015; 27(3): 319-2.
14. Kudlek Mikulić S, Mihaljević-Peleš A, Šagud M, Bajs Janović M, Ganoci L, Grubišin J et al. Brain-derived neurotrophic factor serum and plasma levels in the treatment of acute schizophrenia with olanzapine or risperidone: 6-week prospective study. *Nord J Psychiatry* 2017; 71(7): 513-20.
15. Vlatković S, Šagud M, Švob Štrac D, Sviben M, Živković M, Vilibic M et al. Increased prevalence of Toxoplasma gondii seropositivity in patients with treatment-resistant schizophrenia. *Schizophr Res* 2018; 93: 480-1.
16. Šagud M, Vlatković S, Švob Štrac D, Sviben M, Živković M, Vilibic M et al. Latent Toxoplasma gondii infection is associated with decreased serum triglyceride to high-density lipoprotein cholesterol ratio in male patients with schizophrenia. *Compr Psychiatry* 2018; 82: 115-20.
17. Šagud M, Tudor L, Nikolac Perković M, Uzun S, Živković M, Konjevod M et al. Haplotypic and genotypic association of catechol-O-methyltransferase rs4680 and rs4818 polymorphisms and treatment resistance in schizophrenia. *Front Pharmacol* 2018; 9: 705.
18. Nikolac Perkovic M, Sagud M, Zivkovic, Uzun S, Nedic Erjavec G, Kozumplik O et al. Catechol-O-methyltransferase rs4680 and rs4818 haplotype association with treatment response to olanzapine in patients with schizophrenia. *Sci Rep* 2020; 10(1): 10049.
19. Ganoci L, Trkulja V, Živković M, Božina T, Šagud M, Lovrić M et al. ABCB1, ABCG2 and CYP2D6 polymorphism effects on disposition and response to long-acting risperidone. *Prog Neuropsychopharmacol Biol Psychiatry* 2021; 10: 110042.
20. Vuksan Ćusa B, Klepac N, Jakšić N, Bradaš Z, Božičević M, Palac N et al. The Effects of Electroconvulsive Therapy Augmentation of Antipsychotic Treatment on Cognitive Functions in Patients With Treatment-Resistant Schizophrenia. *J ECT* 2018; 34(1): 31-4.
21. Matovinović M, Tudor Kl, Mustač F, Kovačević A, Vuksan-Ćusa Z, Barić M et al. Lower Urinary Tract Symptoms in Croatian Obese Patients. *Psychiatr Danub* 2020; 32(Suppl 4): 562-7.
22. Roth C, Wensing M, Koetsenruijt J, Istvanovic A, Novotni A, Tomcuk A et al. Perceived Support for Recovery and Level of Functioning Among People With Severe Mental Illness in Central and Eastern Europe: An Observational Study. *Front Psychiatry*. 2021;12:732111.
23. Roth C, Wensing M, Kuzman MR, Bjedov S, Medved S, Istvanovic A et al. Experiences of healthcare staff providing community-based mental healthcare as a multidisciplinary community mental health team in Central and Eastern Europe findings from the RECOVER-E project: an observational intervention study. *BMC Psychiatry* 2021;21(1):525.
24. Shields-Zeeman L, Petrea I, Smit F, Hippel Walters B, Dedovic J, Rojnic Kuzman M et al. Towards community-based and recovery-oriented care for severe mental disorders in Southern and Eastern Europe: aims and design of a multi-country implementation and evaluation study (RECOVER-E). *Int J Ment Health Syst* 2020;14:30.
25. Medved S, Srkalović Imširagić A, Salopek I, Puljić D, Handl H, Kovač M et al. Case Series: Managing Severe Mental Illness in Disaster Situation: the Croatian Experience After 2020 Earthquake. *Front Psychiatry* 2022; 02 February- <https://doi.org/10.3389/fpsyg.2021.795661>.
26. Banovac I, Sedmak D, Rojnić Kuzman M, Hladnik A, Petanjek Z. Axon morphology of rapid Golgi-stained pyramidal neurons in the prefrontal cortex in schizophrenia. *Croat Med J* 2020;61(4):354-365.
27. Kekin I, Bosnjak D, Makaric P, Bajic Z, Rossini Gajšak L, Malojcic B et al. Significantly lower right middle cerebral artery blood flow velocity in the first episode of psychosis during neurocognitive testing. *Psychiatr Danub*. 2018;30(2):172-182.
28. Rojnic Kuzman M, Bosnjak Kuharic D, Kekin I, Makaric P, Madzarac Z, Koricancic Makar A et al. Effects of Long-Term Multimodal Psychosocial Treatment on Antipsychotic-Induced Metabolic Changes in Patients With First Episode Psychosis. *Front Psychiatry* 2018; 9:488.
29. Bosnjak Kuharic D, Makaric P, Kekin I, Bajic Z, Zivkovic M, Savic A et al. Neurocognitive Profiles of Patients with the First Episode of Psychosis and Schizophrenia Do not Differ Qualitatively: a Nested Cross-Sectional Study. *Psychiatr Danub* 2019; 31(1): 43-53.
30. Bosnjak Kuharic D, Makaric P, Kekin I, Lukacevic Lovrencic I, Savic A, Ostojic D et al. Differences in Facial Emotional Recognition Between Patients With the First-Episode Psychosis, Multi-episode Schizophrenia, and Healthy Controls. *J Int Neuropsychol Soc* 2019; 25(2): 165-73.
31. Rojnic Kuzman M, Makaric P, Bosnjak Kuharic D, Kekin I, Madzarac Z, Koricancic Makar A et al. General Functioning in Patients With First-Episode Psychosis After the First 18 Months of Treatment. *J Clin Psychopharmacol* 2020; 40(4): 366-72.
32. Bosnjak Kuharic D, Bozina N, Ganoci L, Makaric P, Kekin I, Prpic N et al. Association of HSPA1B genotypes with psychopathology and neurocognition in patients with the first episode of psychosis: a longitudinal 18-month follow-up study. *Pharmacogenomics J* 2020; 20(5): 638-46.

33. Bosnjak Kuharic D, Makaric P, Kekin I, Rossini Gajsak L, Zivkovic M, Ostojevic D et al. Changes of neurocognitive status in patients with the first-episode psychosis after 18 months of treatment-A prospective cohort study. *Psychiatry Res* 2021; 304: 114131.
34. Rossini Gajšak L, Vogrinc Ž, Čelić Ružić M, Bošnjak Kuharić D, Bošković M et al. Salivary cortisol response to psychosocial stress in patients with first-episode psychosis. *Croat Med J* 2021; 62(1): 80-9.
35. Kuzman MR, Andlauer O, Burmeister K, Dvoracek B, Lencer R, Koelkebeck J et al. The PsyLOG mobile application: development of a tool for the assessment and monitoring of side effects of psychotropic medication. *Psychiatr Danub* 2017; 29(2): 214-17.
36. Rojnic Kuzman M, Andlauer O, Burmeister K, Dvoracek B, Lencer R, Koelbeck K et al. Effective assessment of psychotropic medication side effects using PsyLOG mobile application. *Schizophr Res* 2018; 192: 211-12.
37. Šagud M, Vuksan-Ćusa B, Jakšić N, Mihaljević-Peleš A, Živković M, Vlatković et al. Nicotine dependence in Croatian male inpatients with schizophrenia. *BMC Psychiatry* 2018; 18(1):18.
38. Madzarac Z, Tudor L, Sagud M, Nedic Erjavec G, Mihaljević Peles A, Pivac N. The Associations between COMT and MAO-B Genetic Variants with Negative Symptoms in Patients with Schizophrenia. *Curr Issues Mol Biol* 2021; 43(2): 618-36.
39. Sagud M, Tudor L, Šimunić L, Jezernik D, Madžarac Z, Jakšić N et al. Physical and social anhedonia are associated with suicidality in major depression, but not in schizophrenia. *Suicide Life Threat Behav.* 2021; 51(3): 446-54.
40. Sagud M, Nikolac Perkovic M, Vuksan-Cusa B, Maravic A, Svob Strac D, Mihaljević Peles A et al. A prospective, longitudinal study of platelet serotonin and plasma brain-derived neurotrophic factor concentrations in major depression: effects of vortioxetine treatment. *Psychopharmacology (Berl)*. 2016; 233(17): 3259-67.
41. Dvojkovic A, Nikolac Perkovic M, Sagud M, Nedic Erjavec G, Mihaljević-Peles A, Svob Strac D et al. Effect of vortioxetine vs. escitalopram on plasma BDNF and platelet serotonin in depressed patients. *Prog Neuropsychopharmacol Biol Psychiatry* 2021; 105: 110016.
42. Sagud M, Nikolac Perkovic M, Dvojkovic A, Jaksic N, Vuksan-Cusa B, Zivkovic M et al. Distinct association of plasma BDNF concentration and cognitive function in depressed patients treated with vortioxetine or escitalopram. *Psychopharmacology (Berl)* 2021A; 238(6): 1575-84.
43. Živkovic M, Mihaljević-Peles A, Muck-Seler D, Sagud M, Ganoci L, Vlatkovic S et al. The lack of association between COMT rs4680 polymorphism and symptomatic remission to olanzapine monotherapy in male schizophrenic patients: A longitudinal study. *Psychiatry Res* 2019; 279: 389-90.
44. Nedic Erjavec G, Svob Strac D, Tudor L, Konjevod M, Sagud M, Pivac N. Genetic Markers in Psychiatry. *Adv Exp Med Biol* 2019; 1192: 53-93.
45. Grubor M, Živkovic M, Sagud M, Nikolac Perkovic M, Mihaljević-Peles A, Pivac N. HTR1A, HTR1B, HTR2A, HTR2C and HTR6 Gene Polymorphisms and Extrapyramidal Side Effects in Haloperidol-Treated Patients with Schizophrenia. *Int J Mol Sci* 2020; 21(7). pii: E2345
46. Nedic Erjavec G, Nikolac Perkovic M, Tudor L, Uzun S, Kovacic Petrovic Z, Konjevod M et al. Moderating Effects of BDNF Genetic Variants and Smoking on Cognition in PTSD Veterans. *Biomolecules* 2021; 11(5): 641.
47. Nikolac Perkovic M, Sagud M, Tudor L, Konjevod M, Svob Strac D, Pivac N. A Load to Find Clinically Useful Biomarkers for Depression. *Adv Exp Med Biol* 2021; 1305: 175-202.
48. Sagud M, Tudor L, Pivac N. Personalized treatment interventions: nonpharmacological and natural treatment strategies in Alzheimer's disease. *Expert Rev Neurother* 2021; 21(5): 571-89.
49. Svob Strac D, Konjevod M, Sagud M, Nikolac Perkovic M, Nedic Erjavec G, Vuic B et al. Personalizing the Care and Treatment of Alzheimer's Disease: An Overview. *Pharmacogenomics Pers Med* 2021; 14: 631-53.
50. Pivac N, Nedic Erjavec G, Sagud M, Nikolac Perkovic M, Tudor L, Uzun S et al. The association between BDNF C270T genetic variants and smoking in patients with mental disorders and in healthy controls. *Prog Neuropsychopharmacol Biol Psychiatry* 2022; 113: 110452.
51. Šagud M, Božina N, Lovrić M, Ganoci L. Interakcije psihofarmaka-kada postaju značajne? 5. hrvatski kongres o psihofarmacima s međunarodnim sudjelovanjem. *Pharmacra* 2019; Suppl 2: 94-106.
52. Živkovic M, Mihaljević-Peles A, Muck-Seler D, Sagud M, Ganoci L, Vlatkovic S et al. Remission Is not Associated with DRD2 rs1800497 and DAT1 rs28363170 Genetic Variants in Male Schizophrenic Patients after 6-months Monotherapy with Olanzapine. *Psychiatr Danub* 2020; 32(1): 84-91.
53. Šagud M, Jakšić N, Vuksan-Ćusa B, Lončar M, Lončar I, Peleš AM et al. Cardiovascular Disease Risk Factors in Patients with Posttraumatic Stress Disorder (PTSD): A Narrative Review. *Psychiatr Danub* 2017; 29(4): 421-43.
54. Medved S, Marčinko D, Bulum J, Mihaljević-Peleš A. Cardiac Symptoms through the Lens of a Psychodynamics Approach: A Case Report of Myocardial Infarction. *Psychiatr Danub* 2021; 33(Suppl 4): 681-3.
55. Medved S, Ostojić Z, Jurin H, Medved V. Takotsubo cardiomyopathy after the first electroconvulsive therapy regardless of adjuvant beta-blocker use: a case report and literature review. *Croat Med J* 2018; 59(6): 307-12.
56. Šagud M, Goluža E, Mihaljević Peleš A, Kosanović Rajačić B, Bradaš B, Božičević M. Electroconvulsive therapy: eighty years of Croatian and international experience. *Lijec Vjesn* 2020; 142: 251-62.
57. Uzun S, Sagud M, Pivac N. Biomarkers of Depression Associated with Comorbid Somatic Diseases. *Psychiatr Danub* 2021; 33(Suppl 4): 463-70.
58. Petelin Gadža Ž, Tudor Kl, Živković M, Bujan Kovač A, Đapić Ivančić B, Nanković S et al. Depression and Quality of Life in Patients with Epilepsy - Single Centre Experience. *Psychiatr Danub* 2021 Spring-Summer;33(Suppl 4):486-9.
59. Tudor L, Konjevod M, Nikolac Perkovic M, Svob Strac D, Nedic Erjavec G, Uzun S et al. Genetic Variants of the Brain-Derived Neurotrophic Factor and Metabolic Indices in Veterans With Posttraumatic Stress Disorder. *Front Psychiatry* 2018; 9: 637.

60. Jeleć V, Bajić Ž, Šimunović Filipčić I, Portolan Pajić I, Šentija Knežević M, Milošoža I et al. Utilization of somatic healthcare in Croatian patients with schizophrenia spectrum disorder, major depression, PTSD and the general population. *BMC Psychiatry* 2019; 19(1): 203.
61. Šimunović Filipčić I, Filipčić I, Glamuzina L, Devčić S, Bajić Ž, Braš M et al. The effect of chronic physical illnesses on psychiatric hospital admission in patients with recurrent major depression. *Psychiatry Res* 2019; 272: 602-8.
62. Šimić G, Tkalcic M, Vukić V, Mulc D, Španić E, Šagud M et al. Understanding Emotions: Origins and Roles of the Amygdala. *Biomolecules* 2021; 11(6): 823.
63. Maric NP, Latas M, Andric Petrovic S, Soldatovic I, Arsova S, Crnkovic D et al. Prescribing practices in Southeastern Europe - focus on benzodiazepine prescription at discharge from nine university psychiatric hospitals. *Psychiatry Res* 2017; 258: 59-65.
64. Bitter I, Mohr P, Raspopova N, Szulc A, Samochowiec J, Micluić IV et al. Assessment and Treatment of Negative Symptoms in Schizophrenia-A Regional Perspective. *Front Psychiatry* 2022; 12: 820801.
65. de Leon J, Schoretsanitis G, Smith RL, Molden E, Solismaa A, Seppälä N et al. An International Adult Guideline for Making Clozapine Titration Safer by Using Six Ancestry-Based Personalized Dosing Titrations, CRP, and Clozapine Levels. *Pharmacopsychiatry* 2022; 55(2): 73-86., Erratum in: *Pharmacopsychiatry*, 2022.

# **Psihološka medicina u Kliničkom bolničkom centru Zagreb kao klinički, edukativni i znanstveni temelj psihoterapije u Hrvatskoj**

## **/ Psychological Medicine at the University Hospital Centre Zagreb as the Clinical, Educational and Scientific Foundation of Psychotherapy in Croatia**

**Vedran Bilić, Rudolf Gregurek, Darko Marčinko**

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

*/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine of the University of Zagreb, Croatia*

ORCID: 0000-0002-2154 (R. Gregurek)

### **ADRESA ZA DOPISIVANJE /**

### **CORRESPONDENCE:**

Doc. dr. sc. Vedran Bilić, dr. med.

Klinika za psihijatriju i psihološku medicinu

Klinički bolnički centar Zagreb

Kišpatićeva 12

10 000 Zagreb, Hrvatska

E-pošta: vbili@yahoo.com

**TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsihs.2022.127>

## **UVOD**

O radu jedne Klinike može se mnogo napisati. Svakako je važno navesti informacije koje se odnose na stručna i znanstvena postignuća ostvarena na Klinici. Psihoterapijski odjel Neuropsihijatrijske klinike na Rebru je povijesni temelj Centra za mentalno zdravlje, a kasnije Klinike za psihološku medicinu koja je sada integralni dio Klinike za psihijatriju i psihološku medicinu. Aktivnosti Klinike za psihološku medicinu se od integracije provode u okviru Zavoda za psihoterapiju. Centar za mentalno zdravlje, a kasnije Klinika za psihološku medicinu je godinama bila centar edukacije i provođenja psihanalitičke psihoterapije za sve dobne skupine. Klinika je razvila edukacijske programe kako u okviru dodiplomske nastave tako i u okviru poslijediplomske nastave

## **INTRODUCTION**

A lot can be said about the work of a clinic. It is certainly important to provide information related to professional and scientific accomplishments of the Clinic. The Department of Psychotherapy at the Neuropsychiatric Clinic of the University Hospital Centre Zagreb was the historical foundation of the Centre for Mental Health, and subsequently the Department of Psychological Medicine, which is currently an integral part of the Department of Psychiatry and Psychological Medicine. Since the integration, the activities of the Department of Psychological Medicine have been carried out within the Psychotherapy Division. For many years, the Centre for Mental Health, which later on became the Department of Psychological Medicine, had played a central role in organizing education and implementing psychoanalytic psychotherapy for all age groups. The

i programa trajne edukacije za liječnike. U prikazu se podsjećamo niza važnih djelatnika koji su svojim radom doprinijeli ugledu i prepoznatljivosti Klinike.

Tematsko izdanje časopisa „Socijalna psihijatrija“, povodom 50 godina osnutka Klinike za psihijatriju Kliničkog bolničkog centra Zagreb (Klinika za psihijatriju je službeno osnovana 1971. godine) je prigoda da se osvrnemo na prošla vremena i dostignuća. Kliniku za psihijatriju i Kliniku za psihološku medicinu sada objedinjava Klinika za psihijatriju i psihološku medicinu.

O Klinici za psihijatriju će podrobnije pisati drugi autori, a tekst o Klinici za psihološku medicinu zajednički je osvrt predstojnika Klinike za psihijatriju i psihološku medicinu, prof. dr. sc. Darka Marčinka, višegodišnjeg predstojnika Klinike za psihološku medicinu, prof. dr. sc. Rudolfa Gregureka i doc. dr. sc. Vedrana Bilića.

Potrebno je podsjetiti se i važnih osoba koje su svojim radom doprinijele ugledu i prepoznatljivosti Klinike za psihološku medicinu kao široko prepoznatog centra edukacije i provođenja psihoterapije. Djelatnici Psihoterapijskog odjela Neuropsihijatrijske klinike na Rebru, koji je prerastao u Centar za mentalno zdravlje i kasnije u Kliniku za psihološku medicinu bili su začetnici i kasnije vodeći eksperti psihoterapijskog pristupa u psihijatriji i medicini, kao i začetnici dječje psihijatrije i psihoterapije u Hrvatskoj. Centar za mentalno zdravlje, a nakon toga Klinika za psihološku medicinu bila je desetljećima vodeća klinička, znanstvena i edukacijska psihoterapijska ustanova ne samo u Hrvatskoj, nego i u širem području. Na Klinici se provodila psihoterapija svih dobnih skupina: djece, adolescenata i odraslih. Klinika je razvijala edukacijske programe kako u okviru dodiplomske tako i u okviru poslijediplomske nastave i programa trajne edukacije liječnika. Edukacijski programi su uključivali i ostale djelatnike u području mentalnog zdravlja, posebice medicinske sestre i tehničare. U Klinici je od 2001. g. Referentni centar za psihoterapiju, od 2006. Referentni centar za dječju i adolescenčnu psihoterapiju, a od 2009. Referentni centar za psihosomatsku medicinu i suradnu (*liaison*) psihijatriju Ministarstva zdravstva Republike Hrvatske.

Klinika za psihološku medicinu nastala je na temelju Centra za mentalno zdravlje koji je nastao na temelju Psihoterapijskog odjela Neuropsihijatrijske klinike na Rebru. Centar za mentalno zdravlje, koji su popularno zvali ‘Ci-zimizi’ je zalaganjem tadašnjeg višegodišnjeg predstojnika, prof. dr. sc. Muradifa Kulenovića stekao status samostalne klinike, te je preimenovan u Kliniku za psihološku medicinu.

Psihodinamička psihoterapija je u svojim raznim terapijskim modalitetima tijekom cijelog postojanja

Department has been developing both undergraduate and postgraduate training programmes as well as continuous education programmes for medical doctors. This text will remind us of a number of important employees whose work has contributed to building reputation and recognition of the Department.

The thematic issue of *Social Psychiatry* on the occasion of the 50th anniversary of the Department of Psychiatry of the University Hospital Centre Zagreb (the Department of Psychiatry was officially founded in 1971) is an opportunity to reflect on past times and achievements. The Department of Psychiatry and Psychological Medicine nowadays unites what used to be two separate departments.

Other authors will write in detail about the Department of Psychiatry whereas the text about the Department of Psychological Medicine is a joint review written by the Head of the Department of Psychiatry and Psychological Medicine, Professor Darko Marčinko, PhD, the long-time head of the Department of Psychological Medicine, Professor Rudolf Gregurek, PhD and Chief Physician Doc. Vedran Bilić, MD, PhD.

It is necessary to look back on certain prominent figures whose work has contributed to the reputation and recognition of the Department of Psychological Medicine as a widely recognized centre providing training and implementing psychotherapy. The employees of the Department of Psychotherapy at the Neuropsychiatric Clinic of the University Hospital Centre Zagreb, which developed into the Mental Health Centre and subsequently the Department of Psychological Medicine were the founders and leading experts in the psychotherapeutic approach in psychiatry and medicine, as well as the founders of child psychiatry and psychotherapy in Croatia. For decades, the Mental Health Centre, and subsequently the Department of Psychological Medicine, was the leading clinical, scientific and educational psychotherapeutic institution not only in Croatia, but in many other countries. The Department has been providing psychotherapy to all age groups, i.e., children, adolescents and adults. It has also been developing both undergraduate and postgraduate training programmes as well as continuous training programmes for medical doctors. Training programmes have included other mental health professionals, especially nurses and technicians. Since 2001, the Department also holds the Reference Centre for Psychotherapy and the Reference Centre for Child and Adolescent Psychotherapy since 2006. The Reference Centre for Psychosomatic Medicine and Collaborative (Liaison) Psychiatry of the Croatian Ministry of Health was added in 2009.

The Department of Psychological Medicine emerged from the Centre for Mental Health, which was established on the basis of the Psychotherapeutic Ward of the Neuropsychiatric Clinic at the University Hospital Centre Zagreb. Thanks to professor Muradif Kulenović, PhD and the long-time head of the Mental Health Cen-

Psihoterapijskog odjela, Centra za mentalno zdravlje i Klinike za psihološku medicinu, odnosno gotovo sedamdeset godina, bila vodeća terapijska i edukacijska djelatnost. Pacijenti su liječeni individualnom psihanalitičkom psihoterapijom, psihanalizom, grupnom analizom, psihodinamičkom psihodramom, obiteljskom psihoterapijom, autogenim treningom, hipnozom, ambulantno, u dnevnoj bolnici i na stacionarnom odjelu.

I drugi terapijski modaliteti, kao što su grupna psihoterapija u srednjoj i velikoj grupi, terapijska zajednica, Balintove grupe, suradna psihijatrija, pa i modificirani autogeni trening i psihoterapija traumatiziranih osoba su se također oslanjali na psihodinamičke spoznaje. Te spoznaje su primjenjivane i u forenzičkim vještačenjima koje su provodili dječatnici klinike.

Naime, sama psihoterapijska tehnika i rad s pacijentima i klijentima ne mogu biti neovisni i odvojeni od ličnosti i znanja psihoterapeuta koji ju provodi. A kako je većina psihoterapeuta imala psihodinamičku edukaciju iz neke psihodinamičke metode ili iz više njih: individualne psihanalitičke psihoterapije, grupne analize, obiteljske psihoterapije, psihodinamičke psihodrame i psihanalize, u provođenju drugih tehnika i modaliteta liječenja, u terapijskim intervencijama i u razumijevanju pacijenata i interakcija s njima, dolazilo je do izražaja temeljno usmjerjenje i poznavanje psihodinamičkih procesa. Za sve psihodinamičke tehnike, osim za psihanalizu, u ustanovi su provođene edukacije, koje su obuhvaćale vlastito iskustvo, supervizije i teorijske seminare. Klinika je niz godina bila i sjedište psihodinamičkih psihoterapijskih društava: Hrvatskog društva za psihodinamičku psihoterapiju i Instituta za grupnu analizu Zagreb.

Uz dominaciju psihodinamički orientiranih tehnika, na Klinici su se provodile i tehnike psihoterapije koje se nisu temeljile na psihodinamičkim spoznajama. Jedna od njih je bila autogeni trening, a druga je kognitivno-bihevioralna psihoterapija.

Kognitivno-bihevioralna psihoterapija na Klinici se uglavnom povezuje s višegodišnjim terapijskim, edukacijskim i znanstvenim radom profesorice Nade Anić, a kasnije prof. dr. sc. Nataše Jokić-Begić.

Autogeni trening kao terapijska tehnika se provodio od samih početaka. Tehniku je uveo već sam prof. Betlheim, koji, iako je bio opće prepoznat kao psihanalitičar, nije bio isključiv, već tolerantan i prema drugačijim terapijskim pristupima. Kasnije se autogenim treningom bavila prof. dr. sc. Eugenija Cividini Stranić, koja je također bila predstojnica Klinike. Ona je u temeljnu tehniku autogenog treninga integrirala psihodinamičko razumijevanje i psihodi-

tre, popularly called 'Ci-zimizi', acquired the status of an independent clinic and was renamed the Department of Psychological Medicine.

Psychodynamic psychotherapy has been the leading therapeutic and educational activity in its various therapeutic modalities throughout the existence of the Psychotherapy Department, the Centre for Mental Health and the Department of Psychological Medicine for almost seven decades. Patients were treated with individual psychoanalytic psychotherapy, psychoanalysis, group analysis, psychodynamic psychodrama, family psychotherapy, autogenic training, hypnosis in outpatient, inpatient or day hospital wards.

Other therapeutic modalities, such as group psychotherapy organised in medium or large-sized groups, therapeutic community, Balint group meetings, collaborative psychiatry, as well as modified autogenic training and psychotherapy of traumatized persons also relied on psychodynamic findings. These findings were also applied to forensic examinations conducted by the staff working at the Department.

In other words, psychotherapeutic techniques and working with patients and clients cannot function independently and separately from the personality and knowledge of the psychotherapist who conducts it. Since most psychotherapists have undergone psychodynamic training in one or several psychodynamic methods (individual psychoanalytic psychotherapy, group analysis, family psychotherapy, psychodynamic psychodrama and psychoanalysis), the basic direction and knowledge of psychodynamic processes came to the fore in implementing other treatment techniques and modalities, and therapeutic interventions as well as in understanding and interacting with patients. The Department conducted trainings in all psychodynamic techniques, except for psychoanalysis, which included exchange of experience, supervision and theoretical seminars. For many years, the Department was also the seat of psychodynamic psychotherapeutic associations, such as the Croatian Association for Psychoanalytic Psychotherapy and the Institute of Group Analysis Zagreb.

The main techniques were predominantly psychodynamic, but the Department also performed psychotherapy techniques that were not based on psychodynamic findings. One of such techniques was autogenic training, and another cognitive-behavioural psychotherapy.

At the Department, cognitive-behavioural psychotherapy is mainly associated with many years of therapeutic, educational and scientific work of professor Nada Anić, and later on professor Nataša Jokić-Begić, PhD.

Autogenic training is a therapeutic technique that has been conducted from the very beginning. The technique was introduced by professor Betlheim, who was generally recognized as a psychoanalyst, yet his inclusivity and tolerance exposed him to diverse therapeutic approaches. Later on, professor Eugenija Cividini Stranić, PhD

namičke intervencije, te je takvim kombiniranim pristupom uspješno liječila grafospazam. Svakako je povodom autogenog treninga potrebno istaknuti rad višegodišnjeg predstojnika klinike prof. dr. sc. Vladimira Grudena. Prof. Gruden je izrazito popularizirao tu metodu te je autogeni trening zahvaljujući i njegovom širokom društvenom angažiranju daleko prešao okvire same Klinike. Autogeni trening je i danas psihoterapijska metoda koja ne samo što je opstala, nego se i dalje razvija. Implementacijom moderne tehnologije sada u vježbanju mogu sudjelovati ne samo pacijenti koji fizički dođu na Kliniku, nego i oni koji imaju pristup internetu, bez obzira na njihovu fizičku lokaciju.

## POVIJEST KLINIKE ZA PSIHOLOŠKU MEDICINU

Klinika za psihološku medicinu nastala je iz Centra za mentalno zdravlje, koji se razvio na temelju Psihoterapijskog odjela. Te temeljno psihoterapijske organizacijske cjeline slijedile su povijest Kliničkog bolničkog centra Zagreb i njegovih brojnih organizacijskih promjena. Centar za mentalno zdravlje se formalno osamostalio 1971. god. Te godine iz tadašnje Neuropsihijatrijske klinike formiraju se tri ustanove: Klinika za neurologiju s neuropatologijom, Klinika za psihijatriju i Centar za mentalno zdravlje. Centar za mentalno zdravlje svoje početke ima u Psihoterapijskom odjelu tadašnje Neuropsihijatrijske klinike na Rebru i Medicinskog fakulteta Sveučilišta u Zagrebu, koji je osnovan 1953. godine. Centar za mentalno zdravlje sastojao se od više jedinica: Poliklinike za psihoterapiju, Dnevne bolnice za liječenje odraslih osoba, Stacionarnog psihoterapijskog odjela, Odjela za dječju i adolescentnu psihijatriju i psihoterapiju i Dnevne bolnice za adolescente.

U pokretanju novog i naprednog, osim povoljnog tajminga i vanjskih okolnosti, vrlo važno je postojanje iznimnih osobnosti koje ne samo što imaju napredne ideje, nego su u stanju te ideje prenijeti drugima, koji ih slijede i pomažu u njihovoј realizaciji. Jedna takva osobnost bio je prof. dr. sc. Stjepan Betlheim, a druga prof. dr. sc. Duška Blažević. Entuzijazam za psichoanalizu, psihodinamiku i implementaciju psihodinamičkih metoda i spoznaju u liječenje bolesnika i u edukaciju je prof. Betlheim širio već od 1948. godine kad je došao na Rebro. Njegova bliska suradnica bila je prof. dr. sc. Duška Blažević, također karizmatična ličnost. Za nju doc. dr. sc. Ivan Buzov kaže da je imao dojam kako ono što je govorila profesorica dolazi iz dubine mora, iz nesvesnog, odnosno da su njene spoznaje bile duroke i upečatljive. Taj karizmatični dvojac je počeo

and also the head of the Department continued working with autogenic training. Professor Stanić integrated psychodynamic understanding and psychodynamic interventions into the basic autogenic training technique to successfully treat graphospasm or mogigraphia. In the context of autogenic training, it is necessary to emphasize the work of the long-term head of the Department, professor Vladimir Gruden, PhD. Professor Gruden has made this method widely known and thanks to his social engagement, autogenic training has reached many people far beyond the Department. Autogenic training is currently an ever evolving and further developing psychotherapeutic method. Thanks to modern technology, all patients with an internet access can participate in trainings regardless of their physical location.

## HISTORY OF THE DEPARTMENT OF PSYCHOLOGICAL MEDICINE

The Department of Psychological Medicine emerged from the Centre for Mental Health, which was developed on the basis of the Psychotherapy Department. These organizational units that were fundamentally psychotherapeutic in character followed the footsteps of the University Hospital Centre Zagreb and its many organizational transformations. The Centre for Mental Health formally became independent in 1971 when three institutions were formed from the then Neuropsychiatric Clinic: the Department of Neurology with Neuropathology, Department of Psychiatry and Centre for Mental Health. The Centre for Mental Health has its beginnings in the Department of Psychotherapy of the former Neuropsychiatric Clinic at the University Hospital Centre and the School of Medicine of the University of Zagreb, founded in 1953. The Centre for Mental Health consisted of several units, namely: Polyclinics for Psychotherapy, Adult Day Hospital, Inpatient Psychotherapy Department, Department for Child and Adolescent Psychiatry and Psychotherapy and Adolescent Day Hospital.

When starting something new and revolutionary, it is not only necessary to find the right timing and external circumstances, but it is crucial to have outstanding personalities promoting advanced ideas who are able to convey these ideas to others, who follow them and assist them in the implementation. Professor Stjepan Betlheim, PhD and professor Duška Blažević, PhD, were certainly such personalities. Since 1948 when he first joined the University Hospital Centre Zagreb, professor Betlheim was spreading enthusiasm for psychoanalysis, psychodynamics, implementation of psychodynamic methods and knowledge in the treatment of patients and in education. Professor Duška Blažević, PhD was his close associate and also a charismatic person. Assist. Prof. Ivan Buzov explained that he was under the impression that whatever professor Blažević had said came from the depths of the sea, from the unconscious and that her insights were very deep and

okupljati psihijatre koji su imali interes za psihodinamiku i takav pristup u psihijatriji.

Jezgru odjela činili su, dr. sc. Duška Blažević i dr. sc. Maja Beck-Dvoržak koja se počinje baviti dječjom psihijatrijom. Nešto kasnije pridružuju se prof. dr. sc. Eugenija Cividini-Stranić, prof. dr. sc. Eduard Klain, dr. sc. Milica Prpić i dr. Neda Bućan.

Za Centar za mentalno zdravlje posebno je važan datum 5. siječnja 1969. godine kada je izgrađena i otvorena nova zgrada, za što posebne zasluge ima prof. dr. sc. Duška Blažević koja je postala i prva predstojnica Centra. Prof. dr. sc. Stjepan Betlheim odlazi u mirovinu neposredno prije završetka izgradnje nove zgrade (1968. godine). Njegova bista je desetljećima krasila ulazni dio klinike.

Osamostaljenjem pojedinih Klinika (neurološke i psihijatrijske) i Centra za mentalno zdravlje 1971. godine uspostavlja se i puni identitet psihijatrijske znanosti koja se izdvojila iz tadašnje neuropsihijatrije pri čemu obje struke dobivaju na značenju i vrijednosti.

Osnivanjem Centra za mentalno zdravlje otvoren je i Odjel za mentalnu higijenu čiji je prvi voditelj bio prim. dr. Mladen Berghofer, a nakon njega prim. dr. Željko Borovečki kada je Odjel prerastao u Dispanzer za mentalno zdravlje s voditeljem prim. dr. mr. sc. Damirom De Zanom.

Prof. dr. sc. Duška Blažević prvi je predstojnik Centra za mentalno zdravlje od 1969. do 1980. godine. Prof. Blažević je bila prva žena sveučilišni profesor psihijatrije u ovom dijelu Europe. Drugi predstojnik Centra za mentalno zdravlje bila je prof. dr. sc. Eugenija Cividini-Stranić od 1980. do 1987. godine. Prof. dr. sc. Muradif Kulenović bio je predstojnik Centra za mentalno zdravlje od 1987. do 1988. g. kada Centar pod njegovim vodstvom i uz njegov angažman stječe status Klinike Medicinskog fakulteta Sveučilišta u Zagrebu i mijenja ime u Kliniku za psihološku medicinu kojoj je prof. Kulenović bio na čelu do 1995. godine. Prof. Kulenović vodio je Kliniku tijekom Domovinskog rata kada su djelatnici Klinike bili aktivno uključeni u skrb i liječenje branitelja i stradalnika Domovinskog rata. Prof. Kulenović bio je jedan od osnivača biblioteke „Psiha“, koje je publicirala prijevode značajnih psihodinamičkih knjiga. Također je pokretač i glavni urednik časopisa „Psihoterapija“. Uz njegovo ime se također povezuje implementacija Balintovog pristupa u medicini. Niz godina prof. Kulenović je organizirao i vodio školu Balintove metode u okviru Interuniverzitetskog centra (IUC) u Dubrovniku. Također je organizirao i vodio ljetnu školu psihoanalitičke psihoterapije u kojoj je sudjelovao niz svjetskih istaknutih stručnjaka iz područja psihoanalize i psihoanalitičke psihoterapije.

striking. This charismatic duo started bringing together psychiatrists with an interest in psychodynamics and such an approach in psychiatry.

The core of the Department consisted of Duška Blažević, Ph.D., and Maja Beck-Dvoržak, PhD who has just started working in child psychiatry. Subsequently, professor Eugenija Cividini-Stranić, Ph.D., professor Eduard Klain, Ph.D., Milica Prpić, PhD, and doctor Neda Bućan joined the team.

January 5, 1969 is an especially important date for the Centre for Mental Health. On that date, the new building was opened and for that professor Duška Blažević deserves special mention as the first head of the Centre. Professor Stjepan Betlheim, PhD retired in 1968 just before the construction of the new building was completed. His bust has adorned the entrance to the Department for decades.

After neurological and psychiatric departments and the Centre for Mental Health started functioning independently in 1971, the full identity of psychiatric science was established separately from neuropsychiatry. Thus, both professions gained in meaning and value.

With the establishment of the Centre for Mental Health, the Department of Mental Hygiene was also opened. Its first head was Chief Physician Mladen Berghofer, MD followed by Chief Physician Željko Borovečki, MD when the Department grew into a Mental Health Dispensary headed by Chief Physician Damir De Zan, MD, MSc.

Professor Duška Blažević, PhD was the first head of the Centre for Mental Health from 1969 to 1980. Professor Blažević was the first female university professor of psychiatry in this part of Europe. Professor Eugenija Cividini-Stranić, PhD was the second head of the Centre for Mental Health from 1980 to 1987. Professor Muradif Kulenović, PhD was the head of the Centre for Mental Health from 1987 to 1988. Under his leadership and with his engagement the Centre acquired the status of a department of the School of Medicine at the University of Zagreb and changed its name to the Department of Psychological Medicine. Professor Kulenović was in charge of the Department until 1995, including the period of the Croatian War of Independence, when the employees were actively involved in various activities related to providing care and treatment of veterans and victims of the war. Professor Kulenović was one of the founders of the “Psyche”, an edition that published translations of important psychodynamic titles. He is also the initiator and editor-in-chief of the periodical titled “Psychotherapy”. His name is also associated with the implementation of Balint's approach in medical science. For many years, professor Kulenović organized and led the Balint Method School within the Interuniversity (IUC) in Dubrovnik. He also organized and led a summer school of psychoanalytic psychotherapy with the participation of a number of world-renowned experts in the field

terapije. Nakon njegove prerane smrti vođenje te škole su preuzeли dr. Dinko Podrug, dr. Peter Dunn i dr. Vedran Bilić. Ta škola nije ugašena, ali pauzira zbog nepovoljne epidemiološke situacije.

Prof. dr. sc. Vladimir Gruden bio je predstojnik Klinike za psihološku medicinu od 1995. do 2003. godine, prof. dr. sc. Rudolf Gregurek od 2003. do 2015. g., a prof. dr. sc. Marijana Braš od 2015. do 2019. g. Od 2019. g. prof. dr. sc. Alma Mihaljević-Peleš bila je v. d. pročelnika objedinjene Klinike za psihiatriju i psihološku medicinu, a od 2020. predstojnik Klinike za psihiatriju i psihološku medicinu je prof. dr. sc. Darko Marčinko.

Uz ime prof. Rudolfa Gregureka, uz implementaciju suradnog pristupa, važno je spomenuti da je uz ostale, preuzeo od prof. Klaina školu psihotraume u okviru IUC Dubrovnik, a ta škola je i dalje aktualna.

Klinika za psihološku medicinu je slijedila organizacijski okvir Centra za mentalno zdravlje. Sastavni autonomni dijelovi Klinike, sa svojim pročelnicima, glavnim sestrama i djelatnicima bili su Klinički psihoterapijski odjel s kapacitetom od 16 postelja, Poliklinički psihoterapijski odjel i Dnevna bolница (za odrasle) s kapacitetom od 40 stolica. Klinika je također uključivala Polikliniku za djecu i mladež te Dnevnu bolnicu za adolescente s kapacitetom od 20 stolica.

Polikliniku za djecu i mladež osnovale su prof. dr. sc. Maja Beck-Dvoržak i dr. sc. Milica Prpić. Od 2005. god. ustanovljena je Dnevna bolnica za adolescente s pročelnicom prof. dr. sc. Vlastom Rudan. Nakon prof. Beck-Dvoržak, pročelnik je do umirovljenja 1999. godine prof. dr. sc. Staniša Nikolić. Prof. Nikolić je nakon studijskog boravka u Parizu implementirao novu psihodinamičku tehniku – psihodinamičku psihodramu, koju je uspješno s nizom suradnika niz godina provodio na Klinici. U sesijama psihodrame sudjelovali su i specijalizanti psihiatrije. Nakon odslaska prof. Nikolića u mirovinu pročelnik odjela je postala prof. dr. sc. Vesna Vidović. Ta Poliklinika je prerasla u Zavod za dječju i adolescentnu psihiatriju, kojem je pročelnik prof. dr. sc. Ivan Begovac.

Za mandata prof. Gregureka desile su se velike arhitektonske promjene. Već u vrijeme kad je prof. Kulenović bio predstojnik Klinike, česte teme na jutarnjim sastancima Klinike bili su planovi o nadograđivanju Klinike. Čule su se razne ideje, neke na razini fantazija, na koji način povećati prostor klinike. Te želje, koje su bile izraz potrebe proširenja prostornih kapaciteta Klinike su tada i ostale fantazije. Ali nisu izgubljene. Zalaganjem učenika prof. Kulenovića, prof. Gregureka, u povoljnem su trenutku te ideje transformirane u stvarnost.

of psychoanalysis and psychoanalytic psychotherapy. After his untimely death, doctor Dinko Podrug, doctor Peter Dunn and doctor Vedran Bilić took over the management of the school. The school has not been closed down but the activities are temporarily suspended due to the unfavourable epidemiological situation.

Professor Vladimir Gruden was the head of the Department of Psychological Medicine in the period 1995 - 2003, professor Rudolf Gregurek, PhD in the period 2003 - 2015, and professor Marijana Braš, PhD in the period 2015 - 2019. Professor Alma Mihaljević-Peleš, PhD was the acting head of the integrated Department of Psychiatry and Psychological Medicine in 2019 while professor Darko Marčinko, PhD is the head of the Clinic for Psychiatry and Psychological Medicine since 2020.

It is important to mention that professor Rudolf Gregurek did not only introduce the collaborative approach, but he also, together with other colleagues, took over the School of Psychotrauma within the Interuniversity (IUC) in Dubrovnik. The School still plays an important role in the field.

The Department of Psychological Medicine followed the organizational framework of the Centre for Mental Health. The Clinical Psychotherapy Department with the capacity of sixteen beds, Polyclinic Psychotherapy Department and the Adult Day Hospital with the capacity of 40 chairs were the autonomous constituent parts of the Department. The Department also included the Polyclinic for Children and Youth and the Adolescent Day Hospital with the capacity of 20 chairs.

The Polyclinic for Children and Youth was founded by professor. Maja Beck-Dvoržak, PhD and Milica Prpić, PhD. Since 2005, the Adolescent Day Hospital was established by the head professor Vlasta Rudan, PhD. After professor Beck-Dvoržak, professor Staniša Nikolić was the head until his retirement in 1999. After his study visit to Paris, professor Nikolić implemented a new psychodynamic technique, i.e., psychodynamic psychodrama, which he successfully conducted with a number of associates at the Department for many years. Psychiatry residents have also participated in psychodrama sessions. After professor Nikolić retired, professor Vesna Vidović became the head of the Department. This Polyclinic has grown into the Division of Child and Adolescent Psychiatry, headed by professor Ivan Begovac, PhD.

During his term professor Gregurek undertook to introduce comprehensive transformations. At the time when professor Kulenović was the head of the Department, plans to upgrade the Department were frequently discussed during morning meetings. Various ideas were presented as to how to expand the space of the Department and some were mere fantasies. Such aspirations were an expression of the need to expand the Department's spatial capacities and they remained fantasies at the time. However, they have not been lost. Owing to the efforts of students of professor Kulenović and professor Gregurek these ideas and fantasies turned into reality.

Stara zgrada je desetljećima udomljavala psihodinamičku psihoterapiju i kao takva bila široko prepoznata, gotovo na razini simbola psihoterapije na ovdašnjim prostorima. Međutim, zbog narušene statike prilikom izgradnje Poliklinike KBC-a Zagreb moralo ju se srušiti. Rušenje stare zgrade je za mnoge bio emocionalno zahtjevan događaj, koji nije mogao proći bez razdoblja žalovanja. Osoblje i sva djelatnost Klinike su tijekom izgradnje nove zgrade privremeno preseljeni u ispravnjene prostore bivših Klinika za pedijatriju i ORL klinike na Šalati. Te klinike su prethodno preseljene u novo izgrađene prostore na lokaciji u Kišpatičevoj. Godine 2013. nakon dovršenja izgradnje nove zgrade Klinike za psihološku medicinu, koja je popularno nazvana 'crvena zgrada' klinika se vraća na lokaciju u Kišpatičevoj, useljava u nove prostore, koji su integrirani u objedinjeni kompleks KBC-a Zagreb. Vjerojatno proces žalovanja nije bio u potpunosti dovršen, jer mnogi djelatnici, iako su se našli u novim i modernim prostorima, žalili su za posebnim šarmom stare zgrade, koja je bila prožeta nizom sjećanja i emocija. Važno je istaknuti da u cijelom razdoblju dislociranja klinički rad nije bio prekinut ni jedan dan.

U razdoblju od 2015. g. do integracije u novu kliniku zadnji predstojnik Klinike za psihološku medicinu bila je prof. dr. sc. Marijana Braš. Ona se posebno bavila promocijom palijativne medicine i liječenjem onkoloških i psihotraumatiziranih bolesnika. Zagledjeno je s bliskim suradnikom, prof. dr. sc. Veljkom Đorđevićem, koji je posebno bio angažiran u implementaciji psihiatrijskih spoznaja u društvenoj zajednici, a i u liječenju pretilih bolesnika pokrenula novi kolegij „Komunikacija u medicini“. Postepeno dolazi do implementacije druge temeljne paradigme, do djelomičnog odmaka od dominacije psihodinamičkih temelja i do odlaska psihodinamičkih psihoterapijskih društava s klinike.

## KLINIČKI STACIONARNI ODJEL

Ambulantnu psihoterapiju je u nekim okolnostima potrebno nadopuniti mogućnostima koje pruža rad s pacijentima u Okviru dnevne bolnice i stacionarnog liječenja. Klinički stacionarni odjel provodi program stacionarne psihoterapije. Stacionarni odjel nastavlja dugu tradiciju kliničkog psihoterapijskog odjela. Klinička stacionarna psihoterapija ima neke osobitosti po kojima joj pripada izdvojeno mjesto. Klinička psihoterapija je područje u kojem se isprepliću, dopunjaju i kombiniraju razne terapijske razine: psihiatrijska, psihoterapijska i socioterapijska. Timski rad je jedna od osnovnih sastavnica liječenja na kliničkom stacionarnom odjelu. Klinička sredina kao sastavni dio okvira liječenja u određenim je situacijama

The old building hosted psychodynamic psychotherapy for decades and was widely recognized as such. One could argue that it was the local symbol of psychotherapy. However, due to the fact that the statics of the building were disturbed during the construction of the University Hospital Centre Zagreb, it had to be demolished. For many, the demolition of the old building was an emotionally demanding event, which could not pass without a period of mourning. During the construction of the new building, the staff and all activities of the Department were temporarily moved to the vacated premises of the former Department of Paediatrics and the Department of Otorhinolaryngology at Šalata. Both Departments had previously been moved to the newly built premises on the location in Kišpatičeva Street. In 2013, after the completion of the new building of the Department for Psychological Medicine, which was popularly called the 'red building', the Department was moved back to the location in Kišpatičeva Street integrated into the complex of the University Hospital Centre Zagreb. The mourning process probably did not come to an end since many employees, despite the fact that they were working in the new and modern facility, still grieved for the special charm of the old building, which was imbued with many memories and emotions. It is important to note that during this entire period of dislocation to the new building, the work was not interrupted for a single day.

Professor Marijana Braš, PhD was the last head of the Department of Psychological Medicine during the period from 2015 until the integration into the new department. She was actively promoting palliative medicine and treatment of oncology and psychotraumatized patients. Together with her close associate, professor Veljko Đorđević, PhD, who was especially engaged in the implementation of psychiatric findings in the broader social community, and treatment of obese patients, professor Braš launched a new course "Communication in Medicine". Gradually, the second fundamental paradigm was implemented; the dominance of psychodynamic foundations partially seized whilst psychodynamic psychotherapeutic associations left the department.

## INPATIENT DEPARTMENT

In some circumstances, outpatient psychotherapy needs to be supplemented by the possibilities provided by day hospital and inpatient treatment. The inpatient department implements the programme of inpatient psychotherapy. The inpatient department continues the long tradition of the clinical psychotherapy department. Certain characteristics of clinical inpatient psychotherapy have to be analysed separately. Clinical psychotherapy is an area intertwining, complementing and combining psychiatric, psychotherapeutic and sociotherapeutic levels of treatment. The clinical inpatient department builds its work on teamwork as one of the main prerequisites. In certain situations, a specific environment of



nezamjenjiva i neophodna. Klinički psihoterapijski stacionarni odjel nastao je kao rezultat integracije psihoterapije u psihiatrijsku praksu, a omogućio je i proširenje indikacijskih područja za psihoterapiju.

Klinička psihoterapija nije samo nadopuna ambulantne psihoterapije nego ju možemo promatrati i kao zasebnu psihoterapijsku tehniku koja ima svoje specifičnosti. U okviru kliničke psihoterapije psihijatri prilagođavaju psihoterapijski pristup potrebnama i mogućnostima hospitaliziranih pacijenata i posebnostima kliničke sredine. Na stacionarnom odjelu do punog izražaja dolazi timski rad. Integracija terapijskih razina zahtjeva usku suradnju svih sudionika liječenja: pacijenata, psihiatara, psihologa, socijalnih radnika, radnih terapeutica, medicinskih sestara, socijalnih pedagoga. Suradnja obogaćuje proces liječenja i psihoterapijski proces i liječenju donosi novu kvalitativno poboljšanu dimenziju.

Kod velikog broja pacijenata postoji indikacija za upravo takav oblik liječenja, ne zanemarujući činjenicu da se veliki broj pacijenata ne može liječiti ambulantno u našoj Klinici zbog udaljenosti borača. Bitna značajka ove vrste terapije je izdvajanje pacijenata iz njihove uobičajene socijalne sredine. Ta socijalna sredina na pacijente jako utječe. Djelovanje socijalne sredine na psihičko zdravlje može biti dvojako. S jedne strane, povoljna socijalna sredina je vrlo važna u održavanju optimalnog psihičkog funkcioniranja. Međutim, sredina, odnosno ljudi s kojima je osoba u interakciji može biti i negativna, neprijateljska, bez razumijevanja. U tom slučaju interakcije u takvoj sredini pogoršavaju psihičko stanje pacijenata. U takvim je okolnostima svakako indicirano izdvajanje pacijenta iz njegove životne sredine. Udaljavanje pacijenta iz takve životne sredine koristi pacijentu, ali i njegovoj okolini, omogućava im predah, a ujedno omogućava odvijanje terapijskog procesa u mirnijim uvjetima. Radi se o privremenom izdvajajući koje je nužno za ostvarivanje odmaka pacijenta od uobičajenih, a teških interakcija s okolinom. Izrazito poremećeni odnosi s okolinom također mogu ometati ambulantno liječenje. Prije svega, pacijent se nakon pregleda i terapije vraća u istu okolinu, a mogućnosti izdržavanja teških interakcija, kako pacijenta, tako i njegove socijalne okoline su iscrpljene te dolazi do frustracija koje onemogućavaju uspostavljanje mirnog ozračja, bitnog preduvjeta za oporavak i liječenje.

Uklanjanjem iz zahtjevne okoline i zaprimanjem u okolinu koja zaštićuje dolazi do olakšanja psihičkih tegoba mnogih pacijenata.

Terapijsko ozračje na odjelu omogućava odnose u terapijskom okviru koji osigurava sadržavanje, razumijevanje i modifikaciju interakcija i odnosa sudionika.

a clinic as a part of treatment is irreplaceable and necessary. The Clinical Psychotherapy Inpatient Department was created as a result of the integration of psychotherapy into psychiatric practice. It has also enabled the expansion of the indication areas for psychotherapy.

Clinical psychotherapy does not only supplement outpatient psychotherapy, but it can also be perceived as a separate psychotherapeutic technique that with its own specifics. In clinical psychotherapy, psychiatrists adapt their psychotherapeutic approaches to the needs and possibilities of hospitalized patients as well as to the specific characteristics of the clinical environment. Integration of various therapeutic levels requires close cooperation between all participants in the treatment, i.e., patients, psychiatrists, psychologists, social workers, occupational therapists, nurses, and social educators. Collaboration enhances both the healing and the psychotherapeutic processes as it introduces a new and qualitatively improved dimension into the treatment.

In a large number of patients there is an indication for this form of treatment, taking into account that a large number of patients cannot be treated on an outpatient basis in our Department because the facility is far away from their place of residence. This type of therapy is also marked by another important feature: patients are separated from the social environment to which they are usually exposed. This social environment strongly influences a patient's mental health. The effects of the social environment on mental health can be twofold. On the one hand, a favourable social environment is very important in maintaining optimal psychological functioning. However, the environment, i.e., the people with whom a person interacts, can also be negative, hostile, or unsupportive. In that case, interactions in such an environment aggravate a patient's mental health. In such circumstances, the patient needs to be isolated from the environment. Removing the patient from a hostile environment benefits the patient as well as their environment, allowing them a break from the routine, and the therapeutic process to take place in calm conditions. The separation is temporary and necessary to achieve the detachment from the usual, yet difficult interactions with the environment. Extremely disturbed relationships with the environment can also interfere with outpatient treatment. Most importantly, after the initial examination and therapy, the patient usually goes back to the same environment where it is difficult both for the patient and the environment to endure difficult interactions. This leads to frustration and prevents the establishment of a peaceful atmosphere, as an essential prerequisite for further recovery and treatment.

Removing the patient from a challenging environment and providing a protective one can alleviate psychological problems for many patients.

The therapeutic atmosphere allows for relationships in a therapeutic setting that provides content, understanding and modification of interactions and relationships between the participants. In addition to improving men-

Osim poboljšanog psihičkog funkcioniranja pacijenta na odjelu, nastojimo postići i njihovo bolje funkcioniranje nakon povratka u uobičajenu socijalnu sredinu.

Klinički odjel u većini elemenata slijedi načela terapijske zajednice, te se dva puta u tjednu održavaju sastanci terapijske zajednice na kojima su nazočni svi pacijenti i cijelokupno osoblje. Različita zaduženja podijele pacijenti između sebe. Terapijske aktivnosti uz svakodnevnu vizitu uključuju predavanja, literarne večeri, kviz, organizirane posjete raznim ustanovama u gradu. Svakodnevna obveza je i okupacijska terapija koju vodi kvalificirani radni terapeut. Terapijske aktivnosti u užem smislu su individualna terapija (2-3 puta/tjedan), grupna terapija s liječnikom i s medicinskom sestrom (šest puta/tjedan). Bolesnici mogu sudjelovati u grupnom vježbanju autogenog treninga ako su zainteresirani, a nema kontraindikacija. Terapijske aktivnosti obuhvaćaju bitne oblike funkcioniranja pacijenata u njihovom svakodnevnom životu.

Indikacije za liječenje na Stacionarnom odjelu su:

- Dijagnostički nejasna stanja  
Kod takvih stanja bolnička sredina pruža mogućnost promatranja pacijenta u realnim interakcijama u svakodnevnim situacijama što je osoblju i psihijatru velika pomoć u boljem razumijevanju pacijenta.
- Situacije u kojima ambulantno psihijatrijsko i psihoterapijsko liječenje ne daje očekivane rezultate.
- Teritorijalna udaljenost koja onemogućava ambulantno liječenje u onom intenzitetu koji je pacijentu potreban i drugi realni razlozi koji ometaju ambulanto liječenje.
- Ometajući čimbenici za ambulantno liječenje psihičke prirode koje obično imaju pacijenti sa znatno poremećenim psihičkim funkcioniranjem, na primjer, kad tjeskoba pacijenta postane teško podnošljiva, te onemogućava odvijanje ambulantnog psihoterapijskog procesa. Međutim, ako je pacijentovo psihičko stanje znatno ugroženo te osoba nije u mogućnosti kontrolirati svoje ponašanje, koje može ugrožavati njega ili okolinu, liječenje na psihoterapijskom odjelu nije indicirano. U tim slučajevima je indicirana hospitalizacija u psihijatrijskoj ustanovi u kojoj su moguće sve mjere zaštite pacijenta i okoline.

## DNEVNA BOLNICA

S obzirom na buduće veće usmjerenje cijele Klinike na liječenje bolesnika oboljelih od psihosomatskih bolesti, pozitivna je činjenica da je već aktivna Dnevna bolnica koja se bavi upravo takvim bolesnicima.

tal functioning of the patient staying at the inpatient department, we strive to achieve their better functioning after returning to the habitual social environment.

In most elements, our department follows the principles of the therapeutic community. We organise regular meetings the therapeutic community twice a week attended by all patients and all members of the staff. Patients are asked to divide various tasks among themselves. In addition to regular doctor's visits, therapeutic activities include lectures, literary evenings, quizzes, and organized visits to various institutions in the city. A qualified occupational therapist leads the so-called occupational therapy, which has to be attended on daily basis. In the narrow sense, therapeutic activities imply individual therapy (two to three times a week) and group therapy with a doctor and a nurse (six times a week). Patients can participate in group autogenic trainings if they show interest for this type of activity without contraindications. Therapeutic activities comprise essential forms of the patient's functioning in everyday life.

Indications for treatment in the inpatient department are the following:

- Diagnostically unclear conditions  
In such conditions, the hospital environment provides the opportunity to observe the patient in real everyday interactions, which is very helpful to the staff and the psychiatrist in order to better understanding the patient.
- Situations in which outpatient psychiatric and psychotherapeutic treatment does not lead to the expected results.
- Territorial distance that makes outpatient treatment impossible in terms of the necessary as well as other realistic reasons that hinder the outpatient treatment.
- Interfering factors for outpatient treatment of a psychic nature that are usually experienced by patients with significantly impaired psychological functioning, e.g., when the patient's anxiety becomes hard to tolerate and thus prevents the outpatient psychotherapy process. However, if the patient's mental condition has been significantly compromised and the person is unable to control their behaviour to the extent that it might endanger themselves or their environment, the treatment at the psychotherapy department will not be indicated. In such cases, hospitalization in a psychiatric institution is indicated, where all measures to protect the patient and the environment are available.

## DAILY HOSPITAL

Given the fact that a greater focus of the entire Department will be on the treatment of patients with psychosomatic diseases, it is very positive that the Day Hospital is already active in dealing with such patients.



Prikladnost pacijenta za liječenje u Dnevnoj bolnici procjenjuje se indikacijskim intervjuom. Isključuju se teže psihoorganski promijenjeni, dekompenzirano psihotični, izrazito suicidalni i homicidni bolesnici, kao i oni koji nisu u mogućnosti svakodnevno samostalno dolaziti. Rad Dnevne bolnice je organiziran prema principima terapijske zajednice s elementima terapije miljeom. Okosnica liječenja u Dnevnoj bolnici je grupna psihoterapija, a svi psihijatri s pacijentima rade i individualno. U grupnim sesijama koje vodi psihijatar sudjeluju i specijalizanti psihijatrije. U radu sudjeluju i drugi terapeuti Klinike, ako su kod njih pacijenti u kontinuiranoj individualnoj terapiji. Prije vremena obilježenog epidemiološkim ograničenjima, godinama se provodila velika grupa u kojoj su uz pacijente Dnevne bolnice sudjelovali i neki ambulantni pacijenti.

## POLIKLINIČKI PSIHOTERAPIJSKI ODJEL

Psihoterapijski odjel osnovan u okviru Neuropsihijatrijske klinike bio je prvi psihoterapijski odjel u ovom dijelu Europe pri čemu je važno istaknuti da to bio prvi takav odjel na Medicinskom fakultetu što je i u svjetskim okvirima rijetkost jer je tek manji broj sveučilišta u svijetu u svom sklopu imao psihoterapijske odjele. Krajem pedesetih godina Odjel za psihoterapiju prerasta u Centar za mentalno zdravlje s većim kapacitetom i proširenim zadatcima.

Poliklinika za psihoterapiju odraslih slijedila je tradiciju Odjela za psihoterapiju. Njeni pročelnici najčešće su bili i predstojnici Centra za mentalno zdravlje, a kasnije Klinike za psihološku medicinu. To su bili prof. dr. sc. Duška Blažević, zatim prof. dr. sc. Eugenija Cividini-Stranić.

Polikliniku za psihoterapiju vodio je prof. dr. sc. Eduard Klain. Na početku svoje psichoanalitičke karijere prof. Klain je bio u didaktičkoj analizi kod prof. Betlheima, koji mu je ujedno bio i šef. Stoga je razumljivo da je uz takav uzor njegov osobni interes za psichoanalizu bio dodatno osnažen. Prof. Klain je tijekom cijele svoje dugogodišnje karijere promovirao i poticao razvoj psihodinamičke misli kako na klinici, tako i šire. Prof. Klain je bio uzor i edukator mnogim budućim istaknutim hrvatskim psichoanalitičarima i grupnim analitičarima. I danas, u dubokoj životnoj dobi aktivno, u granicama mogućnosti, sudjeluje u psihodinamičkoj edukaciji. Prof. Klain je početkom Domovinskog rata imenovan za glavnog ratnog psihijatra RH. Godine 1991. osnovao je Odjel za duševno zdravlje Glavnog stožera saniteta Republike Hrvatske. Taj Odjel je davao smjernice zbrinjavanja oboljelih od ratne psihotraume za cijelu Hrvatsku. Djelatnici Klinike za psihološku medicinu

In order to establish if the patient is suitable for the treatment in the Day Hospital an interview needs to be performed. Patients with severe psycho-organic alterations, psychotic decompensation and highly suicidal and homicidal patients are excluded, as well as those who are unable to get to therapy on their own on a daily basis. The Day Hospital operates according to the principles of the therapeutic community with some elements of milieu therapy. Group psychotherapy is the backbone of treatments provided at the Day Hospital and all psychiatrists work with patients individually. Psychiatry residents also participate in group sessions led by a psychiatrist. Other therapists participate in the work as well if their patients undergo continuous individual therapy. Prior to the period marked by epidemiological restrictions, a large group composed of the patients of the Day Hospital and a number of outpatients functioned for many years.

## POLYCLINICAL PSYCHOTHERAPEUTIC DEPARTMENT

The Department of Psychotherapy established within the Neuropsychiatric Clinic was the first department of the kind in this part of Europe. It is important to emphasise that it was also the first department of the kind at the School of Medicine, which was a rarity even at the global level taking into account that only a few universities in the world had psychotherapy departments. In the late 1950s, the Department of Psychotherapy grew into the Centre for Mental Health with greater capacities and wider range of tasks.

The Adult Psychotherapy Polyclinic followed the tradition of the Department of Psychotherapy. Its heads most often served as the heads of the Centre for Mental Health, which subsequently became the Department of Psychological Medicine. These were professor Duška Blažević, PhD and professor Eugenija Cividini-Stranić, PhD.

The Psychotherapy Polyclinic was run by professor Eduard Klain, PhD. At the beginning of his psychoanalytic career, professor Klain attended didactic analysis with professor Betlheim, who was also his supervisor. Undoubtedly, having professor Betlheim as the role model further strengthened his personal interest in psychoanalysis. Throughout his long career, professor Klain has promoted and encouraged the development of psychodynamic thought both at the department and beyond. Professor Klain was a role model and educator to many prominent Croatian psychoanalysts and group analysts. Even today, in his old age, professor Klain actively participates in psychodynamic education as much as he can. At the beginning of the Croatian War of Independence, professor Klain was appointed the chief war psychiatrist. In 1991, he founded the Department of Mental Health of the General Staff of the Republic of Croatia. This Department provided guidelines for the care of patients with war psycho-trauma for

dali su veliki doprinos neposrednom liječenju osoba s posttraumatskim stresnim poremećajem te znanstvenim i stručnim doprinosom u teoriji i tehniци liječenja ratne psihotraume. Važno je napomenuti da se i danas veliki broj bolesnika s ratnom psihotraumom liječi u Klinici za psihijatriju i psihološku medicinu.

Poliklinika za psihoterapiju temeljila je svoj psihoterapijski pristup na psihanalitičkoj teoriji. Osnovna izobrazba većine psihoterapeuta Poliklinike bila je psihodinamička. Većina psihoterapeuta završila je edukaciju iz neke psihodinamičke tehnike. Tijekom oko 70 godina, od Psihoterapijskog odjela, preko Centra za mentalno zdravlje i Klinike za psihološku medicinu iskristalizirale su se i opstale sljedeće psihodinamičke psihoterapijske tehnike: psihanaliza, psihanalitička terapija, grupna analiza, partnerska i obiteljska terapija, psihanalitička psihodrama, kratka dinamička psihoterapija, suradna psihoterapija, ali i neke druge neanalitičke terapije: hipnoza, autogeni trening i kognitivno-bihevioralna psihoterapija.

U okvirima Klinike provodili su se programi psihodinamičke edukacije iz grupne analize, psihanalitičke psihoterapije, iz partnerske i obiteljske terapije, a djelomično i iz psihanalize i Balintovih grupa.

Psihodinamičke spoznaje su proširivane i na druga medicinska područja putem suradnog pristupa koji je utemeljen na psihanalitičkim dostignućima i uveden u mnoge klinike Kliničkog bolničkog centra Zagreb. Za proširivanje suradnog pristupa posebno je zaslužan prof. dr. sc. Rudolf Gregurek, koji je i doktorirao u tom području.

Zahvaljujući zalaganju zadnje predstojnice samostalne Klinike prof. dr. sc. Marijane Braš na poliklinici je otvorena Ambulanta za psihijatrijsku psihoterapijsku potporu ženama oboljelim od raka dojke. Pokrenuta je i dnevna bolnica sa specifičnim programom liječenja prilagođenim upravo tim bolesnicama. Zalaganjem prof. dr. sc. Veljka Đorđevića pokrenuta je dnevna bolnica za liječenje pretihlih osoba što je bilo uže područje njegovog stručnog interesa. Međutim, promjenom društvenih okolnosti u to vrijeme započinje nezaustavljiv proces odlaska prije svega psihanalitičara u privatnu djelatnost. Psihanalitičari koji su otišli činili su jaku jezgru Hrvatskog psihanalitičkog društva, koje više nije bilo povezano s Klinikom. Proces odlaska u privatni sektor se nastavio. U privatni sektor je otišlo ukupno 9 psihodinamički educiranih psihijatara, koji su u punoj radnoj sposobnosti. Tome treba pribrojiti i desetak onih koji su otišli u mirovinu, te se broj psihodinamički educiranih psihoterapeuta na Klinici znatno smanjio.

whole territory of Croatia. The staff of the Department of Psychological Medicine has greatly contributed to direct treatment of people with post-traumatic stress disorder and with their scientific and professional work they were instrumental in developing theoretical and technical aspects of war psycho-trauma treatment. It is important to note that even today a large number of patients dealing with psychological consequences of war trauma are treated at the Department of Psychiatry and Psychological Medicine.

The Psychotherapy Polyclinic based its psychotherapeutic approach on psychoanalytic theory. Most psychotherapists were trained in psychodynamics and various psychodynamic techniques. Over the period of about seven decades, starting from the Department of Psychotherapy, and through the Centre for Mental Health and the Department of Psychological Medicine, the following psychodynamic psychotherapeutic techniques have crystallized and survived - namely psychoanalysis, psychoanalytic therapy, group analysis, partner and family therapy, psychoanalytic psychodrama, short dynamic psychotherapy, collaborative psychotherapy together with a number of various non-analytical therapies, such as hypnosis, autogenic training and cognitive-behavioural psychotherapy.

The Department conducted various programmes of psychodynamic training in group analysis, psychoanalytic psychotherapy, partner and family therapy, as well as in certain aspects of psychoanalysis and the Balint group therapy.

Psychodynamic insights have been extended to other medical fields through a collaborative approach based on psychoanalytic achievements and introduced in many other departments of the University Hospital Centre Zagreb. Professor Rudolf Gregurek was particularly engaged in expanding the collaborative approach and he also holds a PhD in this field.

Thanks to the efforts of the last head of the independent Department, professor Marijana Braš, PhD, an outpatient clinic for psychiatric psychotherapeutic support for women with breast cancer was opened at the polyclinic. A day hospital was launched with a specific treatment programme tailored to these patients. Professor Veljko Đorđević, started a day hospital for the treatment of obese people as this was a special area of his professional interest. The change of the social system at that time resulted in an unstoppable process, i.e., many psychoanalysts started opening their own private practices. The psychoanalysts who left formed a strong core of the Croatian Association for Psychoanalytic Psychotherapy that was no longer associated with the Department. The process of transferring to the private sector continued. A total of nine psychiatrists trained in psychodynamics and in full working capacity went to the private sector. In addition to that, a dozen psychiatrists retired, which resulted in a significantly decreased number of psychotherapists trained in psychodynamics and working at the Department.

Nakon integracije Klinike za psihološku medicinu u Kliniku za psihijatriju i psihološku medicinu 2020 god., Klinički psihoterapijski odjel, Poliklinički psihoterapijski odjel i Dnevna bolnica za odrasle gube autonomiju te su sažeti u Odjel za psihosomatsku medicinu i psihoterapiju, kao jedini odjel Zavoda za psihoterapiju. Odjel dječje i adolescentne psihijatrije i Dnevna bolnica za adolescente postaju sastavni dijelovi Zavoda za dječju i adolescentnu psihijatriju.

Psihoterapija i ostale djelatnosti bivše Klinike odvijaju se u okviru Zavoda za psihoterapiju kojem je v.d. pročelnik doc. dr. sc. Vedran Bilić provode se u okviru Odjela za psihosomatsku medicinu i psihoterapiju.

Mnogi djelatnici Zavoda za psihoterapiju provode individualnu i grupnu psihoterapiju, grupnu analizu i obiteljsku psihoterapiju temeljenu na psihodinamičkim principima, a provodi se i vježbanje autogenog treninga u raznim terapijskim okvirima: ambulantno, u okvir dnevne bolnice i na stacionarnom odjelu. Vježbanje autogenog treninga se provodi svakodnevno *online*, a u fizičkoj prisutnosti dva puta u tjednu.

Na Zavodu se provodi i edukacija iz psihoterapije koja se temelji na psihodinamičkim principima za specijalizante psihijatrije i dječje psihijatrije. U tijeku su tri male iskustvene grupe s otprilike 30 učesnika. Osim iskustvenih grupa održavaju se i teorijski seminari s temama iz psihodinamike i grupne analize. U tom dijelu edukacije sudjeluje niz djelatnika Zavoda, koji su svi educirani iz psihanalitičke psihoterapije i/ili iz grupne analize.

## NASTAVNE AKTIVNOSTI

Katedra za psihijatriju s medicinskom psihologijom osamostaljuje se 1974. g., a prvi pročelnik Katedre je prof. dr. sc. Nikola Peršić. Članovi Katedre za psihijatriju i medicinsku psihologiju za predmet „Medicinska psihologija“ su u to vrijeme prof. dr. sc. Duška Blažević, doc. dr. sc. Maja Beck-Dvoržak, doc. dr. sc. Eugenija Cividini-Stranić, doc. dr. sc. Eduard Klain, doc. dr. sc. Milica Prpić. Nakon utemeljenja Klinike za psihološku medicinu dotadašnji predmet „Medicinska psihologija“ mijenja naziv u „Psihološka medicina“.

Djelatnici Klinike bili su pročelnici Katedre za psihijatriju i psihološku medicinu u razdoblju od 1988. do 2000. god. kada je pročelnik Katedre bio je prof. dr. sc. Eduard Klain, zatim prof. dr. sc. Vesna Vidović od 2002. do 2003. g. Pročelnik Katedre od 2006. do 2016. g. bio je prof. dr. sc. Rudolf Gregurek. Zadnje dvije godine mandata zbog njegove sprječenosti zbog

## THE DEPARTMENT OF PSYCHOTHERAPY

Following the integration of the Department of Psychological Medicine into the Department of Psychiatry and Psychological Medicine in 2020, the Clinical Psychotherapy Department, Polyclinic Psychotherapy Department and the Adult Day Hospital have lost their autonomy and were merged into the Psychosomatic Medicine and Psychotherapy Ward, as the only one of its kind at the Institute of Psychotherapy. Child and Adolescent Psychiatry Ward and the Adolescent Day Hospital became integral parts of the Institute of Child and Adolescent Psychiatry.

Psychotherapy and other activities of the former Department are organised at the Institute of Psychotherapy, whose acting head is Assistant Professor Vedran Bilić, PhD.

Many employees of the Institute of Psychotherapy conduct individual and group psychotherapy, group analysis and family psychotherapy based on psychodynamic principles. Autogenic training is taking place in various therapeutic settings, i.e. in outpatient, inpatient and day hospitals. Autogenic training is conducted daily online, and in physical presence twice a week.

The Institute also provides education in psychotherapy based on psychodynamic principles for psychiatry and child psychiatry residents. Three small experiential groups with approximately 30 participants are currently underway. In addition to experiential groups, theoretical seminars on topics related to psychodynamics and group analysis are held. A number of employees of the Institute participate in this part of the training, and all of them are trained in psychoanalytic psychotherapy and/or group analysis.

## TEACHING ACTIVITIES

The Department of Psychiatry and Medical Psychology became independent in 1974. The first head of the Department was professor Nikola Peršić, PhD. Members of the Department of Psychiatry and Medical Psychology teaching Medical Psychology at that time were professor Duška Blažević, PhD, doctor Maja Beck-Dvoržak, PhD, doctor Eugenija Cividini-Stranić, PhD, doctor Eduard Klain, PhD, and doctor Milica Prpić, PhD. After the founding of the Department of Psychological Medicine, the former course in Medical Psychology changed its name to Psychological Medicine.

The employees of the Department were the heads of the Department of Psychiatry and Psychological Medicine in the period 1988-2000 professor Eduard Klain, followed by professor Vesna Vidović in the period 2002-2003. Professor Rudolf Gregurek was the head of the Department during the period 2006-2016. During the last two years of his term due to illness, he was replaced by professor

bolesti mijenjala ga je prof.dr.sc Alma Mihaljević-Peš. Članovi katedre su bili prof. dr. sc. Vesna Vidović, prof. dr. sc. Vlasta Rudan i prof. dr. sc. Ivan Begovac.

U akademskoj godini 1965/66. počinje redovita nastava predmeta „Medicinska psihologija“ (danas Psihološka medicina) za studente V. semestra. U to vrijeme održavala su se samo predavanja, a od 1971. godine uvode se i vježbe za studente. Od ak. god. 1979/80. medicinska psihologija predaje se u III. semestru. Predmet Psihološka medicina bio je podijeljen u dva dijela: prvi u II. semestru s 30 sati nastave i drugi u VI. semestru s 20 sati nastave, da bi od ak. god. 2016./17. ponovno odvijao u jednom dijelu u V./VI. semestru (20 sati predavanja, 20 sat seminaru i 20 sati vježbi). Od ak. god. 2010./11. u okviru turnusa iz predmeta „Psihijatrija“ uključena je nastava iz dječje i adolescentne psihiatije u trajanju 30 sati.

Nastavnici Klinike za psihološku medicinu vode i nekoliko izbornih predmeta u okviru studija medicine („Gospodin Horvat ide doktoru“; „Tjeskoba i kako je se oslobođiti“, „Posttraumatski stresni poremećaj“ i „Interpersonalni odnosi“).

Poslijediplomska nastava iz psihoterapije i dječje psihiatije započela je 1974. g. i od tada se redovito održavaju dva poslijediplomska stručna studija. Tijekom devedesetih godina organizirana je i poslijediplomska nastava iz psihotraumatologije.

Slijedom osuvremenjivanja poslijediplomske nastave na Medicinskom fakultetu i organiziranjem doktorskog studija djelatnici Klinike vode nekoliko predmeta u okviru studija (metodološki predmet „Metode istraživanja psiholoških funkcija i ponašanja“, te izborne predmete: „Suradna i konzultativna psihiatija i psihoterapija“, „Posttraumatski stresni poremećaj“, „Metode upravljanja ustanovama mentalnog zdravlja“).

Alma Mihaljević-Peš, PhD. Other members of the Department were professor Vesna Vidović, PhD, professor Vlasta Rudan, PhD and professor Ivan Begovac, PhD.

Regular classes in Medical Psychology (today called Psychological Medicine) for the fifth semester students started in the academic year 1965-66. At that time, only lectures were held, and exercises for students were introduced in 1971. Medical Psychology is taught during the second semester since the academic year 1979-80. The course in Psychological Medicine was divided into two parts: the first in one in the second semester with 30 hours of lectures and the second in the sixth semester with 20 hours of lectures. Since the academic year 2016-17, it was once again organised in one part during the fifth and sixth semesters (20 hours of lectures, 20 hours of seminars and 20 hours of exercises). Thirty hours of lectures in child and adolescent psychiatry were introduced in the course in Psychiatry during the academic year 2010-11.

Teachers of the Department of Psychological Medicine also teach a number of elective courses in medical studies (“Mr. Horvat has to see a doctor”; “Anxiety and how to get rid of it”, “Post-traumatic stress disorder” and “Interpersonal relationships”).

Postgraduate classes in psychotherapy and child psychiatry began in 1974 and since then two postgraduate professional studies have been held regularly. During the 1990s, postgraduate classes in psycho-traumatology were organized.

Following the modernization of postgraduate studies at the School of Medicine and the organization of doctoral studies, the Department staff teaches a number of regular courses, i.e., Methods of Research of Psychological Functions and Behaviour, as well as elective courses, i.e., Collaborative and Consultative Psychiatry and Psychotherapy, Post-traumatic Stress Disorder, and Methods to Manage Mental Health Institutions.

## LITERATURA / REFERENCES

1. Klinika za psihološku medicinu. U: Reiner Ž. (ur.). Klinički bolnički centar Zagreb. Zagreb: Tiskara Meić d.o.o., 2009, 178-85.
2. Povijest hrvatske psihiatije. <https://www.psihijatrija.hr/site/psihijatrija/>
3. Zavod za psihološku medicinu. <https://www.kbc-zagreb.hr/zavod-za-psiholosku-medicinu.aspx>

# Zavod za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju

## / *The Emergency and Crisis Situations Division with the National Centre for Psychotraumatology*

Maja Bajs Janović<sup>1</sup>, Špiro Janović<sup>2</sup>

<sup>1</sup>Klinika za psihiatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska; <sup>2</sup>Ministarstvo hrvatskih branitelja, Zagreb, Hrvatska

/<sup>1</sup>Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia; <sup>2</sup> Ministry of Croatian Veterans, Zagreb, Croatia

ORCID: 0000-0001-5006-684X (M. Bajs Janović)

### ADRESA ZA DOPISIVANJE /

### CORRESPONDENCE:

Doc. dr. sc. Maja Bajs Janović, dr. med.

Klinika za psihiatriju i psihološku medicinu

Klinički bolnički centar Zagreb

Kišpatičeva 12

10 000 Zagreb, Hrvatska

E-pošta: mbajs@yahoo.com

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2022.140>

## UVOD

Zavod za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju od 2016. g. razvojno ujedinjuje nekoliko jedinica Klinike za psihiatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb (KBC Zagreb) i Nacionalni centar za psihotraumatologiju. Povijesno, preteča ovog zavoda je Centar za krizna stanja (CKS), osnovan 1986. g., u formacijskoj organizaciji Klinike za psihiatriju KBC-a Zagreb, kao zajednički projekt bolnice i grada Zagreba. Za osnivanje CKS-a bila je značajna inicijativa i vizija prof. dr. sc. Mire Jakovljevića, koji je autor priručnika „Krizna stanja“ i prof. dr. sc. Jovana Bamburača, prvog voditelja CKS-a.

## RAZVOJ CENTRA ZA KRIZNA STANJA

U prvom razdoblju, od 1986. do 1991. g. CKS pruža bolničku (4 kreveta) i polikliničku psihiatrijsku, psihološku i socijalnu skrb te 24-satnu kriznu telefonsku liniju za osobe koje trebaju pomoći u kriznom

## INTRODUCTION

Since 2016, then the Emergency and Crisis Situations Division with the National Centre for Psychotraumatology has been integrating several units of the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb (KBC Zagreb) and the National Centre for Psychotraumatology. The Centre for Crisis Situations (CKS) was founded in 1986 and historically it is the forerunner of this Division of the Department of Psychiatry at the University Hospital Centre Zagreb, as a joint project of the hospital and the City of Zagreb. The Centre for Crisis Situations was founded based on the initiative and vision of professor Mira Jakovljević, who is the author of the manual titled “Crisis Situations”, and professor Jovan Bamburac, the first Head of the Centre.

## DEVELOPMENT OF THE CRISIS CENTRE

During the initial period (1986-1991), the Centre for Crisis Situations provided inpatient (4 beds) and outpatient psychiatric, psychological and social care, as well



**SLIKA 1.** Miro Jakovljević, Muradif Kulenović, Miljenko Jakupčević (ur.) Krizna stanja. Klinika-konzultacija-intervencija, Zagreb, 1986.

**FIGURE 1.** Miro Jakovljević, Muradif Kulenović, Miljenko Jakupčević (editors). Critical patients (Krizna stanja). Klinika-konzultacija-intervencija, Zagreb, 1986.

stanju zbog životnih i socijalnih okolnosti. Fokus ove službe brzo je i učinkovito razrješenje kriznog stanja, umirenje krizne reakcije i brzi oporavak funkciranja nakon krize. U sljedećem razdoblju, od 1991. do 1996. g. CKS se dominantno bavi ratnom krizom u Domovinskom ratu te pruža skrb braniteljima, izbjeglicama i građanstvu zbog ratne traumatizacije, što uključuje prihvatanje branitelja iz Domovinskog rata, logoraša i traumatiziranih civila s ratnih područja i područja neposredne ratne opasnosti u gradu Zagrebu. Dominantne su kliničke slike: akutna reakcija na stres, posttraumatski stresni poremećaj, poremećaj prilagodbe. Pri hitnoj psihijatrijskoj ambulanti osim se vojna ambulanta sa specifičnom skrb za aktivne branitelje. U određenom broju, djelatnici CKS-a i Klinike za psihijatriju aktivni su branitelji ili višekratno sudjeluju u akutnom psihijatrijskom zbrinjavanju branitelja i civila na terenu. Uz hitnu psihijatrijsku ambulantu djeluje i konzilijska psihijatrijska služba koja pruža psihijatrijsku i psihološku skrb ranjenima i ozlijedjenima koji se liječe u KBC-u Zagreb.

U poslijeratnom razdoblju, od 1996. do 2006. g. CKS bilježi sve učestalije probleme komorbiditeta ostalih psihičkih poremećaja poput ovisnosti i poremećaja raspoloženja s posttraumatskim poremećajima te krizna stanja koja su povezana sa socijalnim i egzistencijalnim problemima tijekom oporavka nakon rata i tranzicije. Zahvaljujući stečenim iskustvima u zbrinjavanju ratne i civilne psihotraume tijekom Domovinskog rata, od 1996. do 2001. g. pri CKS-u djeli se i Regionalni centar za psihotraumu za područje grada Zagreba. U fenomenologiji kriznog stanja op-

as a 24-hour crisis hotline for individuals in need of assistance due to life or social circumstances. The Centre focused on providing prompt and effective resolution of crisis situations, stabilisation of reaction to a crisis and speedy recovery after the crisis. In the following period (1991-1996), the Centre was predominantly dealing with the crises resulting from the Croatian War of Independence by providing care to war veterans, refugees and citizens exposed to war trauma, including reception of veterans, detainees and traumatized civilians from war zones and the territories that were exposed to imminent war danger. The dominant clinical pictures at the time were the following: acute stress response, post-traumatic stress disorder, and adjustment disorder. The military outpatient clinic providing specific care to active veterans was founded within the emergency psychiatric clinic. Some members of the staff working at the Centre and the Department of Psychiatry were active soldiers or were repeatedly providing acute psychiatric care to soldiers or civilians in the war zones. In addition to the emergency psychiatric clinic, an advisory psychiatric service was established to provide psychiatric and psychological care to the wounded and injured who were treated as inpatients of the University Hospital Centre Zagreb.

In the post-war period, from 1996 to 2006, the Centre was faced with increasing problems related to comorbidities with other mental disorders, such as addiction or mood disorders with post-traumatic stress disorders and crises related to social and existential problems in the course of the post-war recovery and transition. During the period 1996-2001, the Regional Centre for Psychotrauma of the City of Zagreb also operated within the Centre thanks to the experience gained in dealing with war and civilian psychotrauma during the Croatian War of Independence. In the phenomenology of crisis situations, the effect of war and reparations was observed together with crisis situations resulting from the existential and political circumstances.

During the period of recession and economic instability (2007-2015), which had significant political repercussions for Croatia, the Centre predominantly worked with an increased number of civilian victims of various traumatic events (violence, armed attacks, robberies, abuse, mobbing), which are more characteristic for peacetime societies. In the veterans and civilian victims of the Croatian War of Independence and their families, the chronicity of psychotrauma, changes in behaviour and the exhaustion of the adaptive functions were observed.

Following the development of the Centre in wartime and peacetime and thanks to the experience in providing care for victims of traumatic events, in 2016, the Centre finally progressed to a higher organizational level, i.e., the Emergency and Crisis Situations Division with the National Centre for Psychotraumatology. The history of the development of the Centre to the present day is marked by dedicated work and professional development of all its employees.

servira se učinak ratne rente i reparacije te krizna stanja zbog egzistencijalnih i političkih okolnosti.

U razdoblju recesije i ekonomске nestabilnosti uz značajne političke promjene za RH, od 2007. do 2015. g. u CKS-u dominira povećana učestalost civilnih žrtava traumatskih događaja (nasilje, oružani napadi, pljačke, zlostavljanja, *mobbing*), koja je specifičnija za mirnodopska društva. U branitelja i civilnih žrtava Domovinskog rata, te u braniteljskim obiteljima, opserviraju se kronifikacija psihotraume, promjene ponašanja i iscrpljenje adaptacijskih funkcija ličnosti.

Slijedom razvoja CKS-a u ratnim i mirnodopskim razdobljima a zahvaljujući dominantnim iskustvima u skrbi za žrtve traumatskih događaja, 2016. g. CKS konačno napreduje na višu organizacijsku razinu u obliku Zavoda za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju. Povijest razvoja Centra za krizna stanja do današnjeg zavoda obilježena je stručnim i požrtvovnim radom i profesionalnim razvojem svih djelatnika.

## KRIZNI TELEFON I SPECIFIČNOST TELEFONSKOG SAVJETOVANJA

Krizni telefon CKS-a jedina je 24-satna nacionalna telefonska apel linija za kriznu pomoć i prevenciju samoubojstava u RH koja djeluje u okviru kliničke bolničke institucije s kontinuirano dostupnim stručnjacima psihijatrima i psiholozima. U neprekidnom radu od 1986. g. krizni telefon je često prva linija javljanja zbog psihičkih tegoba, te prva linija prevencije nepovoljnih ishoda zbog poremećaja psihičkog zdravlja. Specifično se prate krizni periodi, kao što su blagdanske i sezonske krize, ekonomski i obiteljske krize. Pojavom pandemije COVID-19, broj poziva i intervencija povećava se u valovima kada građani postaju svjesniji zdravstvenih rizika, zahtjeva za promjenom rutine u svakodnevnom životu, a ponekad trpe zbog značajnih gubitaka. Akumulacija stresa povećana je za građane s područja pogodjenih potresom. Pratimo razdoblja brige, straha i žalovanja koji su intenzivni, a pritisak stresa je velik.

Savjetovanje na kriznom telefonu je specifično, a fokusira se na ohrabrvanje i osnaživanje individualnih mehanizama za savladavanje krize. Svaka osoba ima individualni prag za savladavanje krize svojim vlastitim mehanizmima. Povremeno, neke životne i osobne krize budu osobito teške, čine se nesavladive te donose iscrpljenost, koja se osjeća i emocionalno i tjelesno. U telefonskoj kriznoj intervenciji najvažnije je omogućiti pozivatelju da ispriča svoju priču i nevolju, svoje viđenje situacije. U ventilaciji je omogućena emocionalna ventilacija i smiruje se osjećaj

## CRISIS TELEPHONE LINE AND SPECIFIC CHARACTERISTICS OF TELEPHONE COUNSELING

The Centre provides a crisis telephone line, which is the only national telephone call line for crisis assistance and suicide prevention in Croatia available 24 hours a day, 7 days a week. It operates within the University Hospital system and provides continuous psychiatric and psychological care. In continuous operation since 1986, the crisis telephone line is often the first line of response to mental health problems and the first line of prevention of adverse outcomes related to mental health disorders. Crisis periods are specifically monitored, such as holiday and seasonal crises, as well as economic and family crises. With the onset of the COVID-19 pandemic, the number of calls and interventions has been gradually increasing as citizens have become more aware of health risks and demands for the change of routine in their everyday life and sometimes, they suffer significant losses. For citizens living in the earthquake-affected areas the accumulation of stress has increased. We keep under observation the periods of intense worry, fear and mourning combined with an increased stress-related pressure.

Telephone counselling in crisis situations is very specific as it focuses on encouraging and strengthening of individual crisis management mechanisms. Every person has an individual threshold and their own mechanisms for coping with the crisis. In certain cases, life and personal crises are particularly severe and seem insurmountable and very exhausting, which reflects on both emotional and physical wellbeing. In a telephone crisis intervention, the most important thing is to enable the caller to tell their story, describe the problem and explain their view of the situation. Emotional ventilation is provided to calm feelings of stress. It is extremely important to listen to the person in a state of stress, to convey a message that the person's feelings are important, to show consideration for the emotional reaction and to react to it in a professional way with an intention to help. At the same time, we analyse the way the person copes with the situation, what methods he or she uses and with what success. We advise various self-help techniques. In times of crisis, it is good to temporarily withhold expectations and wait for better times. Occasionally, we gain insight into the problem together with the caller and realize that it is related to deeper mental disorders. In that case, we advise seeking professional help either in an outpatient psychiatric program or in an inpatient hospital treatment. There are also high-risk situations when we need to intervene and coordinate appropriate care with the help of emergency medical care and the police. Sometimes more conversations are needed and individuals who are sensitive to stress or particularly affected by a stressful situation perhaps need more frequent interventions. In addition to emotional ventilation and supportive counselling, it is also

stresa. Slušati osobu u stresnom stanju je izrazito važno – to donosi poruku da je važno kako se osoba osjeća, te da poštujemo tu emocionalnu reakciju, (stručno) reagiramo na nju i nastojimo pomoći. Pitamo i kako se osoba suočava sa situacijom, koje svoje metode koristi i koliko je u tome uspješna. Savjetuju se tehnikе samopomoći. U vremenima krize, dobro je, privremeno, kontrolirati očekivanja i pričekati neka bolja vremena. Ponekad, zajedno s pozivateljem, stekne se uvid da se radi o dubljim psihičkim smetnjama te dogovara traženje stručne pomoći, najčešće u ambulantnom psihijatrijskom programu, a povremeno i bolničko liječenje. Postoje i visoko rizične situacije, kada interveniramo i koordiniramo skrb za korisnika, uz pomoći hitne medicinske pomoći i policije. Ponekad je potrebno i više razgovora, a osobe osjetljive na stres ili naročito pogodene stresnom situacijom, mogu trebati učestalije intervencije. Uz ventilaciju i podržavajuće savjetovanje, upućuje se na osnaživanje mehanizama prilagodbe i edukaciju o samoprocjeni i tehnikama savladavanju stresa. U kriznom telefonskom savjetovanju naglašena je i potreba za privatnošću i zaštitom koja se maksimalno poštuje. Burne reakcije se umiruju, stabiliziraju se emocije, pregovara se o mogućnostima rješavanja situacije ili traženja pomoći. No, možda je najvažnije naglasiti da se u kriznom savjetovanju osoba upućuje i vodi prema pronalaženju i odabiru vlastitih rješenja, a nikako ne dijelimo instant-savjete i upute. Uz to, osnažuju se i podržavaju individualni mehanizmi za prevladavanje stresnog stanja i traži pomoći obitelji, kada je dostupna. Poseban oblik savjetovanja za branitelje i obitelji branitelja osigurava Nacionalni centar za psihotraumu.

Zbog pandemije COVID-19 i strožih epidemioloških mjera u periodu 2020-2021.g. provodi se program telefonskog *out-reach-a* koji podrazumijeva telefonsku komunikaciju u smjeru prema pacijentima koji nisu u mogućnosti doći na psihijatrijski pregled. Općenito, ovu intervenciju su pacijenti ocijenili značajno pozitivno, a imala je povoljan učinak na kontinuitet liječenja i suradnju u liječenju.

### **Hitna psihijatrijska ambulanta**

Hitna psihijatrijska ambulanta radi 24 sata dnevno, a funkcionalno je povezana s objedinjenim hitnim bolničkim prijmom u KBC-u Zagreb. Nadležni teren za hitnu hospitalizaciju je općina Maksimir. Hitni psihijatrijski pregled dostupan je za sve osobe koje zatraže pregled ili su dovedene putem hitne medicinske pomoći. Uz hitnu psihijatrijsku ambulantu organizirana je i psihijatrijska opservacija (4 kreveta). Hitna psihijatrijska ambulantna pruža brzu dijagnostičku i terapijsku intervenciju, uz diferencijalnodijagnostičku procjenu i liječenje komorbiditeta.

important to focus on strengthening adjustment mechanisms and to educate about self-assessment and stress management techniques. Crisis telephone counselling also requires the protection of privacy, which is respected to the highest degree. Violent reactions are calmed down, emotions stabilized, and options for resolving the situation or seeking help are negotiated. It is probably most important to emphasize that in crisis counselling the persons is guided and directed towards finding and choosing their own solutions as we do not provide instant advice or guidance. In addition to that, individual mechanisms for coping with stress are strengthened and supported and family help is sought, if available. The National Centre for Psychotrauma provides a special form of counselling for veterans and their families.

Due to the COVID-19 pandemic and stricter epidemiological measures in the period 2020-2021, a telephone out-reach programme has been implemented, including telephone communication with patients who are unable to come to a psychiatric examination. In general, patients have evaluated this type of intervention as positive and it had a beneficial effect on the continuity of treatments and collaboration.

### **Emergency psychiatric outpatient clinic**

The emergency psychiatric inpatient clinic is open 24 hours a day and is functionally connected to the consolidated emergency hospital admission at the University Hospital Centre Zagreb. The municipality of Maksimir acts as the competent area for emergency hospitalization. Emergency psychiatric examination is available to all persons who request it or are brought in the hospital via an emergency medical service. In addition to the emergency psychiatric outpatient clinic, a psychiatric observation (4 beds) has also been organized. The emergency psychiatric outpatient clinic provides prompt diagnostics and therapeutic interventions along with differential diagnostic assessment and treatment of comorbidities.

### **Polyclinic of the Emergency and Crisis Situations Division with the National Centre for Psychotraumatology**

Work at the polyclinic is organized in four psychiatric outpatient clinics: Outpatient clinic for acute reactions to stress and crisis situations, Outpatient clinic for post-traumatic stress disorder, Outpatient clinic for clinical psychiatry and Outpatient clinic for forensic expertise in psychiatry. Psychological outpatient clinics provide psychological testing, individual psychotherapy and neurofeedback services. Outpatient clinics operate as admission centres for acute patients in crisis and patients subjected to outpatient psychiatric treatment. Psychiatric treatment follows the biopsychosocial model of treatment of mental disorders associated with stress and trauma.



## Poliklinika Zavoda za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju

Poliklinički rad organiziran je u četiri specifične psihijatrijske ambulante: Ambulanta za akutne reakcije na stres i krizna stanja, Ambulanta za posttraumatski stresni poremećaj, Ambulanta za kliničku psihijatriju i Ambulanta za forenzička vještačenja u psihijatriji. Psihologijske ambulante pružaju usluge psihologiskog testiranja, individualne psihoterapije i *neurofeedback-a*. Ambulante rade kao akutne prijemne ambulante za akutne pacijente s kriznim stanjem, te za pacijente u vanbolničkoj psihijatrijskoj kontroli. Psihijatrijsko liječenje poštuje biopsihosocijalni model liječenja psihičkih poremećaja koji su povezani sa stresom i traumom.

## Dnevno bolnički i bolnički program liječenja

Dnevna bolnica Zavoda organizirana je kao vanbolnički psihoterapijski program koji je specifično namijenjen liječenju osoba u kriznom stanju i žrtvama traumatskih događaja. Bolničko liječenje moguće je na ostalim odjelima Klinike za psihijatriju i psihološku medicinu, ali trenutno organizacijski nije dostupno. Potrebno je naglasiti specifičnost prihvata osobama u kriznom stanju i žrtvama ratne ili civilne traume, koji zahtijeva visoko razvijene i differentne prostorne, stručne, znanstvene i terapijske aspekte s ciljem prevencije retraumatizacije i sekundarne viktimizacije, prevencije rizičnog ponašanja uključujući suicidalnost, prevencije kronifikacije psihičkog poremećaja i povećanje mogućnosti za oporavak i pozitivan ishod liječenja. Napredak bi svakako uključivao differentne bolničke kapacitete za brzi prihvat i brzu intervenciju u kriznim i traumatskim stanjima, te poremećajima povezanim sa stresom.

## Znanstveno-istraživački i nastavni rad

Na Zavodu se provode znanstveno-istraživački programi iz područja psihotraumatologije i kriznih stanja, a u tijeku je nekoliko domaćih projekata i suradnih međunarodnih projekata. Djelatnici Zavoda aktivni su kao autori i koautori publiciranih radova u domaćim i međunarodnim publikacijama i sudjeluju na stručnim i znanstvenim skupovima. Provodi se nastava za diplomske i postdiplomske studije na Medicinskom fakultetu u Zagrebu, programi specijalističkog i subspecijalističkog usavršavanja te nastava za studente psihologije sa Filozofskog fakulteta u Zagrebu.

Popis dijela objavljenih radova djelatnika (aktualno zaposlenih kao i onih koji su ranije bili zaposleni) Zavoda za hitna i krizna stanja s temama iz psihotraumatologije naveden je na kraju ovog rada.

## Daily outpatient and inpatient treatment programmes

The day hospital operating within the Division is organized as an outpatient psychotherapy program that is specifically intended for the treatment of persons in crisis and victims of traumatic events. Hospital treatment has been organised in other units of the Department of Psychiatry and Psychological Medicine, but it is not currently available due to organizational limitations. Reception of persons in crisis and victims of war or civil trauma is very specific and requires highly developed and diverse spatial, professional, scientific and therapeutic aspects aimed at prevention of retraumatization, secondary victimization, and risky behaviour, including suicide, as well as prevention of chronic disorders so as to increase likelihood of recovery and positive treatment outcome. Diverse hospital capacities for rapid admission and intervention in crisis and traumatic situations and stress-related disorders are key to further progress.

## Scientific research and teaching activities

The Emergency and Crisis Situations Division conducts scientific research in psychotraumatology and crisis situations with a number of both domestic and collaborative international projects underway. Members of the staff are active as authors and co-authors of papers in domestic and international publications and they also participate in professional and scientific conferences. The School of Medicine in Zagreb organises graduate and postgraduate, specialist and subspecialist study programmes and classes for psychology students from the Faculty of Humanities and Social Sciences in Zagreb.

The list of all papers published by the employees (currently employed as well as those who were previously employed) of the Emergency and Crisis Situations Division on the topics of psychotraumatology is presented at the end of this article.

## THE NATIONAL CENTRE FOR PSYCHOTRAUMATOLOGY

The need to provide psychosocial care was recognized early on due to the effects of war trauma in the period during and after the Croatian War of Independence on all participants in the war and overall Croatian society. In 1995, thus centres for psychosocial assistance to participants and victims of the war were established, and in 1999 the Government of the Republic of Croatia adopted the first National Programme of Psychosocial and Health Assistance to participants and victims of the Croatian War of Independence. Regional centres for psychotrauma in Zagreb, Rijeka, Osijek and Split were established and are still currently operating at clinical hospital centres. The National Centre for Psy-

## NACIONALNI CENTAR ZA PSIHOTRAUMATOLOGIJU

Potreba za pružanjem psihosocijalne skrbi rano je prepoznata zbog učinka ratne traume tijekom i nakon Domovinskog rata u RH na sve sudionike rata i cjelokupno hrvatsko društvo. Stoga su 1995. g. osnovani centri za psihosocijalnu pomoć sudionicima i stradalnicima Domovinskog rata, a Vlada RH je 1999. g. usvojila prvi Nacionalni program psihosocijalne i zdravstvene pomoći sudionicima i stradalnicima iz Domovinskog rata. Osnivaju se i danas djeluju regionalni centri za psihotraumu Zagreb, Rijeka, Osijek i Split pri kliničkim bolničkim centrima. Nacionalni centar za psihotraumu u početku djeluje u Kliničkoj bolnici Dubrava, a od 2014. g. u KBC-u Zagreb. Osnovni cilj Nacionalnog programa psihosocijalne i zdravstvene pomoći je podizanje opće kvalitete života i podupiranje potpune psihosocijalne reintegracije svih sudionika i stradalnika rata na području cijele Republike Hrvatske kao i članova njihovih obitelji, civilnih žrtava rata, osoba koje su bile izložene seksualnim zlostavljanjima i silovanjima, sudionika Drugog svjetskog rata, vojnih i civilnih invalida Drugog svjetskog rata i članova njihovih obitelji te osoba stradalih pri obavljanju vojnih i redarstvenih dužnosti u stranoj zemlji u okviru misija UN-a, NATO misija i misija EU i članova njihovih obitelji. Osnovna uloga Nacionalnog centra za psihotraumu je unaprjeđivanje kliničke i psihosocijalne skrbi o veteranima i stradalnicima istraživanjima, edukacijom, znanstvenim usavršavanjem, učinkovitim uspostavljanjem dijagnoza i liječenja PTSP-a i drugih poremećaja vezanih uz ratnu traumu. Ciljne skupine su svi sudionici i stradalnici rata na području Republike Hrvatske, članovi njihovih obitelji, civilne žrtve rata, osobe koje su bile izložene seksualnim zlostavljanjima i silovanjima, sudionici Drugog svjetskog rata, članovi njihovih obitelji, te osobe stradalih pri obavljanju vojnih i redarstvenih dužnosti u okviru misija UN-a, NATO misija i misija EU i članovi njihovih obitelji. Nacionalni centar je organizacijski integriran u Zavod za hitna i krizna stanja te koristi bolničke, dnevne i polikliničke resurse Klinike za psihiatriju i psihološku medicinu KBC-a Zagreb s ciljem pružanja skrbi za ciljne skupine. Nacionalni centar za psihotraumatologiju djeluje i kao edukacijski centar za edukaciju domaćih i stranih stručnjaka koji rade s traumatiziranim osobama te edukaciju javnosti iz područja kriznih i hitnih stanja te psihotraumatologije. Takoder, Nacionalni centar je prepoznat kao mjesto edukacije za sve profile stručnjaka na području mentalnog zdravlja, a organizira i provodi edukaciju za međunarodne stručnjake.

U provođenju programa rada Nacionalnog centra za psihotraumatologiju značajna je kontinuirana suradnja s Ministarstvom hrvatskih branitelja, koje pruža značajnu pomoć i podršku u organiziranju ka-

chotrauma initially operated at the Dubrava Clinical Hospital. Since 2014, it operates at the University Hospital Centre Zagreb. The main goal of the National Programme of Psychosocial and Health Assistance is to raise the general quality of life and support the full psychosocial reintegration of all participants and victims of the war throughout the Republic of Croatia as well as of their families, civilian victims of war, persons exposed to sexual abuse and rape, participants of World War II, disabled civilians and soldiers of World War II and members of their families as well as persons killed in the performance of military and police duties in foreign countries in the framework of UN, NATO and EU missions and members of their families. The main role of the National Centre for Psychotrauma is to improve clinical and psychosocial care provided to veterans and victims of war through research, education, scientific training and more effective diagnosis and treatment of PTSD and other disorders related to war trauma. The targeted groups are all participants and victims of war in the Republic of Croatia, members of their families, civilian victims of war, persons who were exposed to sexual abuse and rape, participants in World War II and members of their families, and victims of military and police duties in UN, NATO and EU missions and members of their families. The National Centre is integrated in the Emergency and Crisis Situations Division and uses the hospital inpatient and outpatient resources of the Clinic for Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb in order to provide care for the targeted groups. The National Centre for Psychotraumatology acts as a centre for education of domestic and foreign experts working with traumatized persons. It also educates the general public in crisis and emergency management and psychotraumatology. In addition to that, the National Centre has been recognized as a place of education for various profiles of experts in the field of mental health by organizing and conducting training for international experts.

In the implementation of its work programme, the National Centre for Psychotraumatology continuously cooperates with the Ministry of Croatian Veterans, which provides significant assistance and support in organizing the staff providing care services to participants and victims of the Croatian War of Independence.

The Emergency and Crisis Situations Division with the National Centre for Psychotraumatology currently employs:

- Acting Head: Maja Bajs Janović, PhD
- Specialist doctors: Chief Physician Berislav Tentor, MD, PhD, Tihana Bagarić, MD, Petra Folnegović Grošić, PhD, Oliver Ojdanić, MD, Ivona Šimunović Filipčić, PhD, Sonja Udovičić, MD
- Psychologists: Nenad Jakšić, Ana Čima Franc
- Head Nurse: Ivanka Babić
- Nurses: Željka Franc, Andreja Turčin, Davorka Sučić



drova i usluga za skrb o sudionicima i stradalnicima iz Domovinskog rata.

Djelatnici Zavoda za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju, 2022. g.:

- V. d. pročelnice: doc. dr. sc. Maja Bajs Janović
- Liječnici specijalisti: prim. dr. Berislav Tentor, dr. Tihana Bagarić, dr. sc. Petra Folnegović Grošić, dr. Oliver Ojdanić, dr. sc. Ivona Šimunović Filipčić, dr. Sonja Udovičić
- Psiholozi: Nenad Jakšić, Ana Čima Franc
- Glavna sestra Zavoda: vms Ivanka Babić
- Medicinske sestre: Željka Franc, Andreja Turčin, Davorka Sučić

Djelatnici Centra za krizna stanja od 1986. do 2021.:

- Od 2015. do 2021. pročelnik Zavoda doc. dr. sc. Špiro Janović.
- Od 1986. do 1997. g. voditelj Centra za krizna stanja: prof. dr. sc. Jovan Bamburač
- liječnici specijalisti: Vlado Jukić, Lidija Kučinić-Kukora, Ruža Kardum, Ljubomir Radovančević, Živko Malnar, Milena Peša-Morožin, Želimir Miličević, Bjanka Vuksan Ćusa, Mladen Lončar, Berislav Tentor, Darko Marčinko, Aran Tomac, Sandra Mihelčić, Jasmina Plevelj Zajec.

#### *In memoriam*

Prof. dr. sc. Mladen Lončar, prim., dr. med. (1961.-2021.)

Mladen Lončar autor je 24 rada indeksirana u međunarodnim indeksnim bazama. U *Current Contents* indeksirano je 17 radova, 19 ih je indeksirano u *Web of Science*. Naziv primarijus dr. sc. Mladen Lončar stekao je 2008. godine. Bio je osnivač pregovaračkih timova u talačkim krizama, bio je svjedok i sudski vještak na sudu u Hagu. Dr. sc. Mladen Lončar je 2009. godine na Medicinskom fakultetu Sveučilišta u Zagrebu obranio doktorsku disertaciju pod naslovom „Dugoročne psihofizičke posljedice zatočeništva na mortalitet bivših logoraša“. Autor je udžbenika „Psihičke posljedice traume“. Uže područje znanstvenog i stručnog rada je psihotraumatologija i istraživanje ratnog seksualnog nasilja. Aktivno je sudjelovao u provođenju Nacionalnog programa psihosocijalne pomoći stradalnicima Domovinskog rata. Dva puta je bio predavač u Ujedinjenim narodima, a na području zaštite ljudskih prava vodio je nekoliko projekata promicanja i zaštite ljudskih prava.

The employees of the Crisis Centre from 1986 to 2021:

- From 2015 to 2021, Head of the Division, Ass. prof. Špiro Janović, MD, PhD.
- From 1986 to 1997, Head of the Crisis Centre: Professor Jovan Bamburač, PhD
- Specialist doctors: Vlado Jukić, Lidija Kučinić-Kukora, Ruža Kardum, Ljubomir Radovančević, Živko Malnar, Milena Peša-Morožin, Želimir Miličević, Bjanka Vuksan Ćusa, Mladen Lončar, Berislav Tentor, Darko Marčinko, Aran Tomac, Sandra Mihelčić, Jasmina Plevelj Zajec.

#### *In memoriam*

Prof. Mladen Lončar, MD, Chief Physician, PhD (1961-2021)

Mladen Lončar is the author of twenty-four papers indexed in various international databases. Seventeen papers are indexed in the Current Contents, and nineteen in the Web of Science. Mladen Lončar acquired the title of Chief Physician in 2008. He was the founder of negotiating teams for hostage crises and acted as a witness and a court expert for the International Criminal Court in The Hague. In 2009, Mladen Lončar defended his doctoral dissertation titled “Long-term psychophysical consequences of detention on the mortality of former detainees” at the University of Zagreb School of Medicine. He is the author of the textbook titled “Psychological Consequences of Trauma”. Psychotraumatology and research on war sexual violence is the narrow area of his scientific and professional interest. Lončar actively participated in the implementation of the National Programme of Psychosocial Assistance to the Victims of the Croatian War of Independence. He held lectures at the United Nations on two occasions and has led several projects promoting and protecting human rights.



**SLIKA 2.** Prof. dr. sc. Mladen Lončar.

**FIGURE 2.** Prof. Mladen Lončar, MD.

1. Marčinko D, Malnar Ž, Tentor B, Lončar M, Radanović-Ćorić S, Janović Š et al. Psihijatrijski komorbiditet branitelja liječenih zbog kroničnog PTSP-a u Centru za krizna stanja KBC Zagreb. *Acta Med Croatica* 2006; 60: 331-4.
2. Marčinko D, Begić D, Malnar Ž, Đorđević V, Popović-Knapić V, Brataljenović T et al. Suicidalnost kod branitelja liječenih zbog kroničnog PTSP-a u Centru za krizna stanja KBC Zagreb. *Acta Med Croatica* 2006; 60: 335-9.
3. Bajs Janović M, Janović Š, Šeparović Lisak M, Medved S, Ojdanić O, Veronek J. Phantom Earthquake Syndrome – A Pilot Study after Zagreb and Banovina 2020 Earthquake. *Psychiatr Danub* 2021 Spring-Summer; 33(Suppl 4): 706-9.
4. Henigsberg N, Bajs M, Hrabac P, Kalember P, Rados M, Rados M et al. Changes in brain metabolites measured with magnetic resonance spectroscopy in antidepressant responders with comorbid major depression and posttraumatic stress disorder. *Coll Antropol* 2011; 35 Suppl 1: 145-8.
5. Kozarić-Kovačić D, Bajs M, Vidošić S, Matić A, Alegić Karin A, Peraica T. Change of Diagnosis of the Post-Traumatic Stress Disorder Related to Compensation-seeking. *Croat Med J* 2004; 43: 427-33.
6. Jakovljević M, Janović Š, Bajs Janović M. Akutne reakcije na stres, krizna stanja i posttraumatski stresni poremećaj. U: Gašparović V i sur. *Hitna medicina*. Zagreb: Medicinska naklada, 2019.
7. Janović Š, Bajs M. Antipsihotici u hitnim stanjima. U: Mihaljević-Peleš A, Šagud M. (ur.) *Klinička primjena antipsihotika*. Zagreb: Medicinski fakultet, 2010.
8. Bajs M. Psihološke reakcije na prometnu traumu. U: Dovžak I. (ur.) *Prometni traumatizam*. Zagreb: Medicinska naklada, 2002.
9. Folnegović Šmalc V, Bajs M. Psihotrauma i moždani udar. *Medicus* 2001; 10: 1: 73-80.
10. Janović Š, Mihaljević Peleš A. Centar za krizna stanja. U: Mihaljević-Peleš A. (ur.) *Klinika za psihijatriju KBC Zagreb. 1921-1971-2016*. Zagreb, 2016.
11. Janović Š, Bajs M. Sezonske varijacije suicida. U: Marčinko D i sur. *Suicidologija*. Zagreb: Medicinska naklada, 2011.
12. Bajs Janović M. Neuroznanost i briga o sebi. Poglavlje u knjizi "Stres u kliničkoj medicini – biografski, psihodinamski i socijalni faktori" (ur. D. Marčinko). Zagreb: Medicinski fakultet, 2021.
13. Janović Š. Ishodi kriznih intervencija kod medicinskog osoblja. U: Marčinko D. (ur.) *Stres u kliničkoj medicini – biografski, psihodinamski i socijalni faktori*. Zagreb: Medicinski fakultet, 2021.
14. Tentor B, Malnar Ž, Šarić M, Marčinko D. Krizna stanja i suicidalno ponašanje. U: Marčinko D i sur. *Suicidologija*. Zagreb: Medicinska naklada, 2011.
15. Lončar M, Henigsberg N, Marčinko D. Parasuicidalno ponašanje i apel-fenomen. U: Marčinko D i sur. *Suicidologija*. Zagreb: Medicinska naklada, 2011.
16. Tentor B. Promišljanja o traumatskom sramu: kako biti nevidljiv. U: Marčinko D. (ur.) *Stres u kliničkoj medicini – biografski, psihodinamski i socijalni faktori*. Zagreb: Medicinski fakultet, 2021.
17. Lončar M, Plašić ID, Bunjevac T, Hrabač P, Jakšić N, Kozina S et al. Predicting symptom clusters of posttraumatic stress disorder (PTSD) in Croatian war veterans: the role of socio-demographics, war experiences and subjective quality of life. *Psychiatr Danub* 2014; 26(3): 231-8.
18. Lončar M, Plašić ID, Hrabač P, Marčinko D, Komar Z, Groznica I. Subjective assessment of quality of life of persons whose fathers had died in the homeland war. *Coll Antropol* 2011; 35(1): 205-11.
19. Zdjelarević A, Komar Z, Lončar M, Plašić ID, Hrabac P, Groznica I et al. Quality of life in families of Croatian veterans 15 years after the war. *Coll Antropol*. 2011;35 Suppl 1:281-6.
20. Jakšić N, Aukst-Margetić B, Marčinko D, Brajković L, Lončar L, Jakovljević M. Temperament, character, and suicidality among Croatian war veterans with posttraumatic stress disorder. *Psychiatr Danub* 2015; 27(1): 711-162.
21. Jakšić N, Aukst Margetić B, Marčinko D, Jakovljević D. Comorbid depression and suicide ideation in patients with combat-related PTSD: the role of temperament, character, and trait impulsivity. *Psychiatr Danub* 2017; 29(1): 51-59.
22. Marčinko D. Suicidalnost kod oboljelih od PTSP-a. U: Mladen L, Henigsberg N. (ur.) *Psihičke posljedice traume*. Zagreb: Medicinska naklada, 2007.
23. Marčinko D, Lončar M, Jakovljević M. Suicidalni sindrom u hitnoj službi. U: Gašparović V. (ur.) *Hitna stanja*. Zagreb: Medicinska naklada, 2013.
24. Kozina S, Vlastelica M, Borovac JA, Mastelić T, Marković D, Lončar M. Violence without a Face: the Analysis of Testimonies of Women Who Were Sexually Assaulted During the War in Croatia and Bosnia and Herzegovina. *Psychiatr Danub* 2019; 31(4): 440-7.
25. Šagud M, Jakšić N, Vuksan-Ćusa B, Lončar M, Lončar I, Peleš AM et al. Cardiovascular Disease Risk Factors in Patients with Posttraumatic Stress Disorder (PTSD): A Narrative Review. *Psychiatr Danub* 2017; 29(4): 421-30.
26. Lončar I, Lončar M. Anger in Adulthood in Participants Who Lost Their Father During the War in Croatia When They Were in Their Formative Age. *Psychiatr Danub* 2016; 28(4): 363-71.
27. Lončar M, Plašić ID, Bunjevac T, Henigsberg N, Hrabač P, Groznica I et al. Self-assessment of well-being as an indicator of quality of life of former war prisoners – A Croatian study. *Coll Antropol* 2011; 35 Suppl 1: 199-204.
28. Lončar M, Henigsberg N, Hrabač P. Mental health consequences in men exposed to sexual abuse during the war in Croatia and Bosnia. *J Interpers Violence* 2010; 25(2): 191-203.
29. Lončar M, Medved V, Jovanović N, Hotujac L. Psychological consequences of rape on women in 1991-1995 war in Croatia and Bosnia and Herzegovina. *Croat Med J* 2006; 47(1): 67-75.

30. Loncar I, Loncar M. Health and sexuality in elderly people [Zdravlje i seksualnost osoba treće životne dobi]. *Soc psihijat* 2017; 45(4): 254-61.
31. Loncar M, Plasc ID, Skorušek Blažičko S, Marinković Danilović Z, Kraljević K, Benić N et al. National Center for Psychotrauma [Nacionalni centar za psihotraumu pri kliničkom bolničkom centru Zagreb]. *Soc psihijat* 2014; 42(2): 75-9.
32. Kušević Z, Čivljak M, Rukavina TV, Babić G, Lončar M, Cusa BV et al. The Connection between Alexithymia and Somatic Morbidity in a Population of Combat Veterans with Chronic PTSD. *Acta Inform Med* 2013; 21(1): 7-11.
33. Jakovljević M, Brajković L, Jakšić N, Lončar M, Aukst-Margetić B, Lasić D. Posttraumatic stress disorders (PTSD) from different perspectives: a transdisciplinary integrative approach. *Psychiatr Danub* 2012; 24(3): 246-55.
34. Jakovljević M, Brajković L, Lončar M, Cima A. Posttraumatic stress disorders (PTSD) between fallacy and facts: what we know and what we don't know? *Psychiatr Danub* 2012; 24(3): 241-5.
35. Plašć ID, Lončar M. Psychological care in a safe house for victims of violence [Psihološka pomoć u sigurnoj kući za žrtve obiteljskog nasilja]. *Soc psihijat* 2012; 40(4): 248-53.
36. Lončar M. Uloga Ministarstva hrvatskih branitelja Domovinskog rata u prevenciji suicida. U: *Prevencija suicidalnosti*, Zagreb, 2001.
37. Jakovljević M, Kulenović M, Jakupčević M. (ur.) *Krizna stanja. Klinika-konzultacija-intervencija*. Zagreb, 1986.

# Razvoj personologije i tretmana poremećaja ličnosti i poremećaja hranjenja

## / Development of Personology and Treatment of Personality Disorders and Eating Disorders

Darko Marčinko, Maja Šeparović Lisak, Sanda Radanović Čorić,  
Marija Božičević, Duško Rudan, Nenad Jakšić

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia

ORCID: 0000-0002-5286-720X (N. Jakšić)

### ADRESA ZA DOPISIVANJE /

### CORRESPONDENCE:

Prof. dr. sc. Darko Marčinko, dr. med.

Klinika za psihijatriju i psihološku medicinu

Klinički bolnički centar Zagreb

Kišpatičeva 12

10 000 Zagreb, Hrvatska

E-pošta: niarveda@gmail.com

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsih.2022.149>

Godine 2012. unutar tadašnje Klinike za psihijatriju KBC-a Zagreb (koja je danas dio objedinjene Klinike za psihijatriju i psihološku medicinu KBC-a Zagreb), uz podršku tadašnjeg predstojnika Klinike prof.dr. Mire Jakovljevića, formira se zasebna ustrojbena jedinica na Klinici čiji je cilj klinička obrada i tretman oboljelih od poremećaja ličnosti i poremećaja hranjenja. Navedena ustrojbena jedinica je koncipirana u obliku odjela i dnevne bolnice, ustrojbeno prvočno kao specijalistički zavod unutar Klinike, a kasnije kao zasebni Zavod. U nazivu ustrojbene jedinice (Zavod za personologiju, poremećaje ličnosti i poremećaje hranjenja) prvi termin je personologija, a izabrali smo ga upravo zbog smanjenja stigmatizirajućeg prizvuka koji kod dijela ljudi ima termin poremećaji ličnosti. Personologija, koja se temelji na riječi persona, u prijevodu osoba, u fokusu ima upravo ličnost pojedinca, uključujući varijacije ličnosti koje u konačnici idu do razine poremećaja ličnosti. S obzirom da se i kod velikog dijela oboljelih od po-

In 2012, within the then Department of Psychiatry of the University Hospital Centre Zagreb (which is now part of the merged Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb), with the support of the then Head of the Department, Professor Miro Jakovljević, MD, Ph.D., a separate organisational unit was formed at the Department. Its goal was to provide clinical treatment of patients with personality disorders and eating disorders. This organisational unit was conceived in the form of a clinical unit and day hospital, initially organised as a specialist division within the Department, and later as a separate Division. The name of the organisational unit (Division of Personology, Personality Disorders and Eating Disorders) contains the term personology in the first place, which we chose to reduce the stigmatizing connotation that some people have with the term personality disorders. Personology, which is based on the word persona, i.e., person, focuses precisely on the personality of the individual, including personality variations that ultimately extend to the level of person-

remećaja hranjenja radi bazično upravo o problemu aberacija na planu ličnosti, naziv zavoda povezuje sva tri termina nazivom *Zavod za personologiju, poremećaje ličnosti i poremećaje hranjenja*.

Kapaciteti zavoda uključujući tripartitni model rada, u obliku stacionarnih kapaciteta (bolnički odjel), dnevne bolnice i ambulantnog rada. Pri tome primjenjujemo multidisciplinarni pristup koji uključuje timski rad liječnika, psihologa i medicinske sestre kao i ostalih članova tima (radni terapeuti, socijalni radnici i dr.) s bolesnicima. Ambulantni tretman odvija se radom u specijalističkim ambulantama, unutar psihijatrijske poliklinike. Važan segment timskog rada je i psihološka obrada te dijagnostika. Početkom pandemije COVID-19 smanjen je kapacitet bolničkih kapaciteta Klinike za psihijatriju i psihološku medicinu (koji su prenamijenjeni za liječenje COVID-19 pozitivnih bolesnika), a u skladu s time smanjen je i odjelni kapacitet Zavoda za personologiju, poremećaje ličnosti i poremećaje hranjenja.

Naš tim istražuje utjecaj psihoterapije, kao i raznih oblika mentalizacije i psihofarmakoterapije na oboljele od poremećaja ličnosti i poremećaja hranjenja. Istražujemo faktore organizacije ličnosti, uloge srama i drugih bitnih emocija kao i spektar suicidalnosti. Naglašavamo i važnost holističkog pristupa te suradnje liječnika s udrugama u pomoći oboljelim. Važna je suradnja upravo s udrugom BEA, gdje su djelatnici Zavoda u više navrata održali edukativna predavanja namijenjena općoj populaciji kao i radionice. Isto tako, istraživanja poremećaja hranjenja povezujemo s istraživanjima poremećaja ličnosti i suicidalnosti. Pri tome promatramo povezanost bioloških faktora s poremećajima ličnosti, teorije intersubjektivnosti s psihofarmakoterapijom, kontratransfера u kontekstu rada s teškim bolesnicima te utjecaj raznih modela psihoterapija. U novije vrijeme istražujemo i faktore stresa, kao i utjecaj vanjskih ugroza kao što je pandemija COVID-19. Jedan od naših ciljeva je i razvoj liaison-konzultativne psihijatrije, a u okviru holističkog pristupa i dubljeg razumijevanja psihosomatskih sindroma. Naš tim je serijom znanstvenih skupova i tematskih knjiga izdanih u Medicinskoj nakladi, nastojao, među ostalim, promovirati pozitivne aspekte prevencije i liječenja poremećaja ličnosti i poremećaja hranjenja. S ciljem daljnje unaprjeđenja prevencije i terapijskih metoda bitnih za oboljele od poremećaja hranjenja i poremećaja ličnosti, tim Zavoda osnovao je 2015. godine Hrvatsko društvo za personologiju, poremećaje ličnosti i poremećaje hranjenja pri Hrvatskom liječničkom zboru. Nastavna smo baza Medicinskog fakulteta Sveučilišta u Zagrebu, tako da naš rad uključuje i edukaciju studenata medicine i drugih studija u dodiplomskoj nastavi, kao i polaznika

ality disorders. Considering that in many patients with eating disorders we discern aberrations in personality, the name of the Division connects all three terms into the name 'Division of Personology, Personality Disorders and Eating Disorders'.

The capacities of the Division include a tripartite work model in the form of inpatient facilities (hospital ward), day hospital and outpatient work. In our work we apply a multidisciplinary approach that includes teamwork of doctors, psychologists, and nurses as well as other team members (occupational therapists, social workers, etc.) who all deal with patients. Outpatient treatment is provided in specialist outpatient clinics within the psychiatric department. An important segment of teamwork is psychological processing and diagnostics. At the beginning of the COVID-19 pandemic, the hospital capacity of the Department of Psychiatry and Psychological Medicine was reduced because the Department was repurposed for the treatment of COVID-19 positive patients. Therefore, the capacity of the Division of Personology, Personality Disorders and Eating Disorders was reduced accordingly.

Our team investigates the impact of psychotherapy as well as various forms of mentalization and psychopharmacotherapy on people with personality disorders and eating disorders. We investigate the factors of personality organisation, the role of shame and other important emotions as well as the spectrum of suicidality. We also emphasise the importance of a holistic approach and cooperation of doctors with associations which help the patients. Cooperation with the BEA association is especially important, as the employees of the Division have repeatedly held educational lectures as well as workshops intended for the general population there. Likewise, we associate research on eating disorders with research on personality disorders and suicidality. We observe the connection of biological factors with personality disorders, the theory of intersubjectivity with psychopharmacotherapy, countertransference in the context of working with critically ill patients and the influence of various models of psychotherapy. More recently, we have also investigated stressors as well as the impact of external threats such as the COVID-19 pandemic. One of our goals is the development of liaison-consultative psychiatry, within a holistic approach and deeper understanding of psychosomatic syndromes. Through a series of scientific conferences and thematic books published by "Medicinska naklada", our team has sought, among other things, to promote the positive aspects of the prevention and treatment of personality disorders and eating disorders. With the aim of further improving prevention and therapeutic methods important for patients with eating disorders and personality disorders, the Division team founded the Croatian Society for Personology, Personality Disorders and Eating Disorders at the Croatian Medical Association in 2015. We are the teaching base of the School of Medicine, University of Zagreb, so our work

poslijediplomskih studija. Prof. dr. Marčinko mentor je šest obranjenih doktorskih disertacija, jedan obranjeni magisterij te preko dvadeset obranjenih diplomskih radova, od kojih veliki broj u fokusu ima upravo smetnje ličnosti i hranjenja. Isto tako, lječnici na specijalizaciji iz psihijatrije dio obvezne edukacije provode na našem Zavodu. Zadnjih godina, područje personologije povezujemo i s područjem forenzičke psihijatrije. Znanstveno-stručna evaluacija na Zavodu postoji u kontinuitetu svih proteklih godina, a putem koje procjenjujemo stanje bolesnika, sve s ciljem unaprjeđenja procesa liječenja naših bolesnika. Više djelatnika Zavoda su recenzenti više inozemnih znanstvenih i stručnih časopisa i sudionici u više znanstvenih projekata. Djelatnici Zavoda prošli su i više edukacija u centru Anna Freud – London, koji je vezan uz Kliniku Tavistock i University College London. Razvijamo i koncept psihodinamskog coachinga, o čemu je prof. Marčinko napisao i zasebnu knjigu „Psihodinamika poslovnih odnosa“. Dr Maja Šeparović Lisak povezuje koncepte transakcijske analize s područjem personologije te posebno istražuje fenomen perfekcionizma koji se pokazao bitnim u razumijevanju nastanka poremećaja hranjenja. Dr. Sandra Radanović Čorić godinama (na Zavodu) uspješno vodi dnevno bolnički tretman oboljelih od poremećaja ličnosti i poremećaja hranjenja. Dva najmlađa djelatnika Zavoda, dr. Rudan i prof. Jakšić, uz klinski pokazuju i znanstveni interes te su aktuelno u završnoj fazi izrade svojih doktorskih disertacija. Glavna sestra Zavoda, magistra sestrinstva Marija Božičević, educirala se dodatno za područje poremećaja hranjenja (u zemlji i u inozemstvu), bila je mentor za završne radove više kolegica i kolega (s temama poremećaja ličnosti i poremećaja hranjenja) te aktivno organizira stručne skupove namijenjene edukaciji medicinskih sestara i tehničara iz područja poremećaja ličnosti i poremećaja hranjenja. Svi djelatnici Zavoda velika su podrška jedni drugima, što je iznimno bitno jer kronično nedostaje stručnjaka u ovom području. Važno je naglasiti kako djelatnici Zavoda uz svakodnevni klinski rad pokazuju interes i za edukativni rad, a s ciljem širenja bitnih informacija iz ovog osjetljivog područja. Timskim pristupom nastojimo smanjiti stigmu prema ovom području. Stigma, nažalost, ipak postoji, a u skladu s time poznati kanadski profesor psihijatrije Joel Paris rekao je da su poremećaji ličnosti za psihijatriju isto ono što je psihijatrija za ostatak medicine, a to je „manje željeno dijete“.

#### **Specifičnosti rada zavoda i aktivnosti koje smo uveli od osnivanja Zavoda:**

- Provodenje strukturirane grupne psihoterapije
- Provodenje strukturirane individualne psihoterapije

includes the education of medical students and other undergraduate students, as well as postgraduate students. Professor Marčinko has been mentor of six defended doctoral dissertations, one defended master's thesis and over twenty defended diploma theses, many of which focus on personality disorders and eating disorders. Also, doctors specialising in psychiatry conduct part of their mandatory education at our Division. In recent years, we have been connecting the field of personology with the field of forensic psychiatry. Scientific and professional evaluation has continually developed at the Division to allow us to assess the condition of patients, all with the aim of improving their treatment. Several employees of the Division are reviewers of several foreign scientific and professional journals and participants in several scientific projects. Employees of the Division also underwent several trainings at the Anna Freud Centre - London, which is affiliated with the Tavistock Clinic and University College London. We are also developing the concept of psychodynamic coaching, described in a book written by Professor Marčinko entitled "Psychodynamics of Business Relations". Dr. Maja Šeparović Lisak connects the concepts of transactional analysis with the field of personology and especially researches the phenomenon of perfectionism, which has proven to be important in understanding the occurrence of eating disorders. Dr. Sandra Radanović Čorić has successfully led daily hospital treatment of patients with personality disorders and eating disorders at the Division for years. The two youngest employees of the Division, Dr. Rudan and our psychologist Jakšić, in addition to clinical work also exhibit scientific interest, and are currently in the final phase of writing their doctoral dissertations. The head nurse of the Division, Marija Božičević, Master of Nursing, was additionally educated in the field of eating disorders (in Croatia and abroad). She was a mentor for the final papers of several colleagues (dealing with personality disorders and eating disorders) and actively organises professional meetings for medical education of nurses and technicians in the field of personality disorders and eating disorders. All employees of the Division are very supportive of each other, which is extremely important because there is a chronic lack of experts in this field. It is important to emphasise that the employees of the Division, in addition to daily clinical work, also show interest in educational work, with the aim of disseminating important information from this sensitive area. Using a team approach, we strive to reduce stigma which is, unfortunately, still associated with this area. As the well-known Canadian professor of psychiatry Joel Paris once said, the place of personality disorders in psychiatry is the same as the place of psychiatry in other medical areas, that of the "less desired child".

#### **Specifics of the work of the Division and the activities that we have introduced since the establishment of the Division:**

- Conducting structured group psychotherapy

- Provodenje strukturirane obiteljske psihoterapije ili obiteljskog savjetovanja
  - Redovite tjedne psihoedukacijske grupe za bolesnike
  - Uvođenje edukacije za specijalizante psihijatrije iz ovog područja prikazima slučajeva i znanstvene aktivnosti
  - Aktivna suradnja s lijećnicima s Klinike za internu medicinu, kao i nutricionistima i dijetetičarima KBC-a Zagreb
  - Znanstveno-stručna evaluacija kojom procjenjujemo stanje bolesnika
  - Suradnja i s kolegama iz inozemstva, s kojima postoje zajedničke publikacije (navedene na kraju ovog rada).
- Sudjelovanje osoblja zavoda u edukaciji studenata na Medicinskom fakultetu (dodiplomska i poslijediplomska nastava), prilikom čega se pokazuju specifičnosti liječenja bolesnika s poremećajima ličnosti i poremećajima hranjenja
- Objavljanje većeg broja znanstvenih radova u proteklom razdoblju (prof. dr. Darko Marčinko i prof. Nenad Jakšić su u uredništvu časopisa „Psychiatria Danubina“, a prof. dr. Darko Marčinko je i u uredničkom odboru časopisa „Socijalna psihijatrija“)
  - Edukacija djelatnika Zavoda u vodećem psihoterapijskom centru, *Anna Freud Center – London*, gdje je započeta aktivna suradnja sa stručnjacima iz ovog područja
  - Provodenje promocije i unaprjeđenja struke provodi se aktivnostima u povjerenstvima pri Medicinskom fakultetu u Zagrebu te KBC-u Zagreb kao i Ministarstvu zdravstva te putem aktivnosti u okviru Hrvatskog liječničkog zbora.

**Tematske knjige u kojima je urednik prof.dr. Darko Marčinko sa suradnicima:**

1. „Stres u kliničkoj medicini – biologički, psihodinamski i socijalni faktori“, urednik Darko Marčinko. Medicinski fakultet Sveučilišta u Zagrebu, 2021.
2. „Psihodinamika ljubavi i mržnje“, urednici Darko Marčinko, Miro Jakovljević i Vlasta Rudan. Medicinska naklada, 2019.
3. „Psihodinamika poslovnih odnosa“, urednik Darko Marčinko. Medicinska naklada, 2019.
4. „Nelagoda u kulturi 21.stoljeća – psihodinamska rasprava“, urednici: Darko Marčinko i Vlasta Rudan. Medicinska naklada, 2018.
5. „Histerija“, urednici: Darko Marčinko i Vlasta Rudan. Medicinska naklada, 2017.

- Conducting structured individual psychotherapy
- Conducting structured family psychotherapy or family counselling
- Regular weekly psychoeducation groups for patients
- Introduction of specialised education for psychiatry residents through case reports
- Scientific research
- Active cooperation with doctors from the Department of Internal Medicine, as well as nutritionists and dieticians of the University Hospital Centre Zagreb
- Scientific-professional evaluation by which we assess the patient's condition
- Collaboration with colleagues from abroad, resulting in joint publications (listed at the end of this paper)
- Participation of the Division staff in the education of students at the School of Medicine (undergraduate and postgraduate programs), presenting the specifics of treatment of patients with personality disorders and eating disorders
- Publishing many scientific papers in the past period (Professor Darko Marčinko and Nenad Jakšić, M.A. are in the editorial board of the journal “Psychiatria Danubina”, and Professor Darko Marčinko, MD, Ph.D. is also on the editorial board of the journal “Social Psychiatry”)
- Education of the Division staff in the leading psychotherapy centre, Anna Freud Centre - London, where active cooperation with experts in this field has begun
- The promotion and advancement of the profession is carried out through activities in commissions at the School of Medicine in Zagreb and the University Hospital Centre Zagreb as well as the Ministry of Health and through activities within the Croatian Medical Association.

**Thematic books edited by Professor Darko Marčinko, MD, Ph.D. with associates:**

1. “Stress in clinical medicine - biological, psychodynamic and social factors”, editor Darko Marčinko. School of Medicine, University of Zagreb, 2021
2. “Psychodynamics of Love and Hate”, editors Darko Marčinko, Miro Jakovljević and Vlasta Rudan. Medicinska naklada, 2019
3. “Psychodynamics of Business Relations”, editor Darko Marčinko. Medicinska naklada, 2019
4. “Discomfort in the 21st Century Culture - A Psychodynamic Discussion”, editors Darko Marčinko and Vlasta Rudan. Medicinska naklada, 2018
5. “Hysteria”, editors Darko Marčinko and Vlasta Rudan. Medicinska naklada, 2017

6. "Psihoanalitički modeli komunikacije u vremenu brzih promjena", urednici: Darko Marčinko i Vlasta Rudan. Medicinska naklada, 2016.
7. "Poremećaji ličnosti: stvarni ljudi, stvarni problemi", urednici: Darko Marčinko, Miro Jakovljević i Vlasta Rudan. Medicinska naklada, 2015.
8. "Žalovanje", urednici Vlasta Rudan i Darko Marčinko, Medicinska naklada, 2014.
9. "Od nasilja do dijaloga", urednici Vlasta Rudan i Darko Marčinko, Medicinska naklada, 2014.
10. "Poremećaji hranjenja: od razumijevanja do liječenja", urednik: Darko Marčinko, Medicinska naklada, 2013.
11. "Narcistični poremećaj ličnosti i njegova dijagnostička opravdanost – doprinos međunarodnoj raspravi, urednici Darko Marčinko i Vlasta Rudan, Medicinska naklada, 2013.
12. "Suicidologija" - udžbenik Sveučilišta u Zagrebu, urednik: Darko Marčinko, Medicinska naklada, 2011.
13. Isto tako objavljena je i knjiga koja spada u popularnu literaturu "Težina ljepote", autor Neda Dropulić (uz paralelne stručne komentare Darka Marčinka), Profil, 2014.

#### **Tečajevi i stručno-znanstveni skupovi u organizaciji članova Zavoda:**

U nastavku su navedeni tečajevi i stručno-znanstveni skupovi u organizaciji članova Zavoda:

- Stručno-znanstveni skup (i tečaj) "Narcistični poremećaj ličnosti i njegova dijagnostička opravdanost – doprinos međunarodnoj raspravi", organizatori Darko Marčinko i Vlasta Rudan, mjesto održavanja: KBC Zagreb, ožujak 2013.
- Stručno-znanstveni skup (i tečaj) "Poremećaji hranjenja: od razumijevanja do liječenja", organizator: Darko Marčinko, mjesto održavanja: KBC Zagreb, studeni 2013.
- Stručno-znanstveni skup (i tečaj) "Od nasilja do dijaloga", organizatori Vlasta Rudan i Darko Marčinko, mjesto održavanja: HAZU, ožujak 2014.
- Stručno-znanstveni skup (i tečaj) "Žalovanje", organizatori Vlasta Rudan i Darko Marčinko, mjesto održavanja: HAZU, prosinac 2014.
- Stručno-znanstveni skup (i tečaj) "Poremećaji ličnosti: stvarni ljudi, stvarni problemi", organizatori: Darko Marčinko, Miro Jakovljević i Vlasta Rudan, mjesto održavanja: HAZU, svibanj 2015.
- Stručno-znanstveni skup "Psihoanalitički modeli komunikacije u vremenu brzih promjena",

6. "Psychoanalytic models of communication in a time of rapid changes", editors Darko Marčinko and Vlasta Rudan. Medicinska naklada, 2016
7. "Personality Disorders: Real People, Real Problems", editors Darko Marčinko, Miro Jakovljević and Vlasta Rudan. Medicinska naklada, 2015
8. "Mourning", editors Vlasta Rudan and Darko Marčinko, Medicinska naklada, 2014
9. "From Violence to Dialogue", editors Vlasta Rudan and Darko Marčinko. Medicinska naklada, 2014
10. "Eating Disorders: From Understanding to Healing", editor: Darko Marčinko. Medicinska naklada, 2013
11. "Narcissistic personality disorder and its diagnostic justification - a contribution to the international debate, editors Darko Marčinko and Vlasta Rudan. Medicinska naklada, 2013
12. "Suicidology" - textbook of the University of Zagreb, editor Darko Marčinko. Medicinska naklada, 2011
13. "The Weight of Beauty", a book classified as popular literature by author Neda Dropulić (with parallel expert comments by Darko Marčinko). Profil, 2014

#### **Courses and professional-scientific conferences organised by members of the Division:**

The following courses and professional-scientific conferences were organised by members of the Division:

- Professional-scientific conference (and course) "Narcissistic personality disorder and its diagnostic justification - contribution to the international debate", organisers Darko Marčinko and Vlasta Rudan, venue: UHC Zagreb, March 2013
- Professional-scientific conference (and course) "Eating Disorders: From Understanding to treatment", organiser: Darko Marčinko, venue: UHC Zagreb, November 2013
- Professional-scientific conference (and course) "From violence to dialogue", organised by Vlasta Rudan and Darko Marčinko, venue: Croatian Academy of Sciences and Arts, March 2014
- Professional-scientific conference (and course) "Mourning", organisers Vlasta Rudan and Darko Marčinko, venue: Croatian Academy of Sciences and Arts, December 2014
- Professional-scientific conference (and course) "Personality disorders: real people, real problems", organisers: Darko Marčinko, Miro Jakovljević and Vlasta Rudan, venue: Croatian Academy of Sciences and Arts, May 2015
- Professional-scientific conference "Psychoanalytic models of communication in the time of fast changes", organisers: Darko Marčinko and Vlasta Rudan, venue: Croatian Academy of Sciences and Arts, 2016

- organizatori: Darko Marčinko i Vlasta Rudan. mjesto održavanja: HAZU, 2016.
- Stručno-znanstveni skup "Hrvatski modeli liječenja poremećaja hranjenja", organizator: Darko Marčinko, mjesto održavanja: Klinika za psihijatriju KBC Zagreb, Zagreb, 21. 1. 2016.
  - Stručno-znanstveni skup "Histerija", organizatori: Darko Marčinko i Vlasta Rudan. Mjesto održavanja: HAZU, 2017.
  - Stručno-znanstveni skup "Nelagoda u kulturi 21.stoljeća – psihodinamska rasprava", organizatori: Darko Marčinko i Vlasta Rudan. Mjesto održavanja: HAZU, 2018.
  - Stručno-znanstveni skup "Psihodinamika ljubavi i mržnje", organizatori Darko Marčinko, Miro Jakovljević i Vlasta Rudan. Mjesto održavanja: HAZU, 2019.
  - Stručno-znanstveni skup „Stres u kliničkoj medicini – biologiski, psihodinamski i socijalni faktori“. Mjesto održavanja: Medicinski fakultet /i online putem/, Zagreb, 28. 5. 2021.
  - Od 2016.g. (svake godine u kontinuitetu), prof. Marčinko je organizator psihijatrijske sekcije međunarodnog neuropsihijatrijskog kongresa - INPC Pula, svake godine s novim temama (iz područja psihijatrije i psihološke medicine).

#### **Tematski tečajevi i stručno-znanstveni skupovi na kojima su sudjelovali članovi Zavoda:**

- Drugi hrvatski psihoterapijski kongres, Zagreb - 22. 2. 2013. Naziv predavanja: Primjena kratkih psihoterapija u bolničkom liječenju poremećaja hranjenja.
- Šesti hrvatski psihijatrijski kongres – Zagreb, 10. 10. 2014. Naziv predavanja: Poremećaji ličnosti – trendovi istraživanja
- Simpozij i radionice KBT-E multistep: Novi pristup liječenju svih poremećaja hranjenja dr. Dalle Gravea, Zagreb – 26.2.2015. Naziv predavanja: Liječenje oboljelih od poremećaja hranjenja na Zavodu za personologiju i poremećaje hranjenja Klinike za psihijatriju Medicinskog fakulteta i KBC-a Zagreb
- Simpozij povodom Dana Klinike za psihijatriju KBC Zagreb, Zagreb - 10. 12. 2013. Naziv predavanja: Personologija i DSM-5.
- Stručna tribina: Psihoterapija u liječenju poremećaja hranjenja, Zagreb - 28.2.2013. KBC Sestre milosrdnice, organizator: BEA – centar za poremećaje hranjenja. Naziv predavanja: Bolnički tretman i uloga mentalizacije u liječenju oboljelih od poremećaja hranjenja
- Edukacija liječnika obiteljske i opće medicine o pravovremenom otkrivanju poremećaja hra-

- Professional-scientific conference "Croatian models of treatment of eating disorders", organiser: Darko Marčinko, venue: Department of Psychiatry, University Hospital Centre Zagreb, Zagreb, 21 January 2016
- Professional-scientific conference "Hysteria", organisers: Darko Marčinko and Vlasta Rudan, venue: Croatian Academy of Sciences and Arts, 2017
- Professional-scientific conference "Discomfort in the culture of the 21st century - a psychodynamic debate", organisers: Darko Marčinko and Vlasta Rudan, venue: Croatian Academy of Sciences and Arts, 2018
- Professional-scientific conference "Psychodynamics of love and hate", organised by Darko Marčinko, Miro Jakovljević and Vlasta Rudan, venue: Croatian Academy of Sciences and Arts, 2019
- Professional-scientific conference "Stress in clinical medicine - biological, psychodynamic and social factors", venue: School of Medicine / and online /, Zagreb, 28 May 2021
- Since 2016 (every year in continuity), Professor Marčinko has been the organiser of the psychiatric section of the International Neuropsychiatric Congress - INPC Pula, every year featuring new topics in the field of psychiatry and psychological medicine.

#### **Thematic courses and professional-scientific conferences attended by members of the Division:**

- Second Croatian Psychotherapeutic Congress, Zagreb - February 22, 2013 Lecture title: Application of short psychotherapies in hospital treatment of eating disorders.
- Sixth Croatian Psychiatric Congress - Zagreb, October 10, 2014 Lecture title: Personality disorders - research trends
- KBT-E multistep symposium and workshops: A new approach to the treatment of all eating disorders by Dr. Dalle Grave, Zagreb - 26 February 2015 Lecture title: Treatment of patients suffering from eating disorders at the Division of Personology, Personality Disorders and Eating Disorders of the Department of Psychiatry at the School of Medicine and University Hospital Centre Zagreb
- Symposium for the occasion of the Day of the Department of Psychiatry, University Hospital Centre Zagreb, Zagreb - December 10, 2013 Lecture title: Personology and DSM-5.
- Expert forum: Psychotherapy in the treatment of eating disorders, Zagreb - 28 February 2013 UHC Sestre milosrdnice, organiser: BEA - Centre for Eating Disorders. Lecture title: Hospital treatment and the role of mentalization in the treatment of patients with eating disorders

- njenja. Organizator: Centar za poremećaje hranjenja BEA. Pokrovitelji: Gradski ured za zdravstvo i Gradski ured za socijalnu zaštitu. Partner: Nastavni zavod za javno zdravstvo „Dr. Andrija Štampar“. Zagreb - 2. 7. 2015. Naziv predavanja: Važnost komunikacije obiteljskih liječnika s psihijatrima i drugim stručnjacima bitnim u procesu liječenja oboljelih od poremećaja hranjenja.
- Jednodnevni simpozij za medicinske sestre „Poremećaji hranjenja u psihijatriji“, Zagreb - 15. 11. 2013. Naziv predavanja: Tretman oboljelih od poremećaja hranjenja na Zavodu za personologiju i poremećaje hranjenja Klinike za psihijatriju KBC Zagreb.
  - VI. Hrvatski kongres o psihofarmakoterapiji - Dubrovnik, od ?? do 28. rujna 2013. godine u organizaciji Hrvatskog društva za psihofarmakoterapiju i biologisku psihijatriju HLZ-a i Akademije medicinskih znanosti Hrvatske.
  - VII. Hrvatski kongres o psihofarmakoterapiji - Dubrovnik, od 23. do 26. rujna 2015. godine u organizaciji Hrvatskog društva za psihofarmakoterapiju i biologisku psihijatriju HLZ-a i Akademije medicinskih znanosti Hrvatske.
  - Edukativni simpozij „Stres, psihotrauma i PTSD u suvremenoj medicini i društvu“ Klinike za psihijatriju KBC Zagreb u suradnji s Hrvatskim društvom za psihofarmakoterapiju i biologisku psihijatriju Hrvatskog liječničkog zbora i Akademijom medicinskih znanosti Hrvatske – Zagreb - 10. 12. 2012. Naziv predavanja: PTSD i suicidalnost.
  - Edukativni simpozij „Ratna psihijatrija i psihologija“, program edukacije ukrajinskih psihijatara i psihologa, Zagreb – 20. 10. 2015. Naziv predavanja: Ratna trauma i suicidalno ponašanje.
  - Trening djelatnika i djelatnica u sustavu ostvarivanja prava i pomoći preživjelima seksualnog nasilja u ratu. Organizatori treninga su Ministarstvo branitelja i UNDP Ured Hrvatska. Mjesto održavanja KBC Zagreb, 10.12. 2015. Naziv predavanja: Psihodinamika nasilja.
  - Drugi simpozij „Mladi i mentalno zdravlje“: Slušam te. Škola narodnog zdravlja „Andrija Štampar“, Zagreb, 8. 12. 2017. Naziv predavanja: Psihologija i psihopatologija ličnosti u ljubavnim odnosima – važnost psihodinamike.
  - Znanstveno-stručni skup Prevencija i liječenje poremećaja hranjenja: Novi pristupi i izazovi, Zagreb, 16. svibnja 2017. Edukacijsko-rehabilitacijski fakultet u Zagrebu. Naziv predavanja: Liječenje poremećaja hranjenja.
  - Education of family and general practitioners on the timely detection of eating disorders. Organiser: BEA Centre for Eating Disorders. Sponsors: City Office of Health and City Office of Social Welfare. Partner: "Dr. Andrija Štampar" School of Public Health Zagreb - July 2, 2015 Lecture title: The importance of family physicians communicating with psychiatrists and other key experts in the process of treating patients with eating disorders.
  - One-Day Symposium for Nurses "Eating Disorders in Psychiatry", Zagreb - November 15, 2013 Lecture title: Treatment of patients with eating disorders at the Division of Personology and Eating Disorders of the Department of Psychiatry at the UHC Zagreb
  - Sixth Croatian Congress on Psychopharmacotherapy - Dubrovnik, from ?? until September 28, 2013 organised by the Croatian Society for Psychopharmacotherapy and Biological Psychiatry of the Croatian Medical Association and the Croatian Academy of Medical Sciences.
  - Seventh Croatian Congress on Psychopharmacotherapy - Dubrovnik, from 23-26 September 2015 organised by the Croatian Society for Psychopharmacotherapy and Biological Psychiatry of the Croatian Medical Association and the Croatian Academy of Medical Sciences.
  - Educational symposium "Stress, psychotrauma and PTSD in modern medicine and society" Department of Psychiatry of the UHC Zagreb in cooperation with the Croatian Society for Psychopharmacotherapy and Biological Psychiatry of the Croatian Medical Association and the Croatian Academy of Medical Sciences - Zagreb - December 10, 2012 Lecture title: PTSD and suicidality.
  - Educational symposium "War Psychiatry and Psychology", education program of Ukrainian psychiatrists and psychologists, Zagreb - October 20, 2015 Lecture title: War trauma and suicidal behaviour.
  - Training of employees in the system which provides rights and assistance to victims of sexual violence in war. Organised by the Ministry of War Veterans and UNDP Office Croatia. Venue UHC Zagreb, 10 December 2015 Lecture title: Psychodynamics of violence.
  - Second Symposium "Youth and Mental Health": I'm listening to you. "Dr. Andrija Štampar" School of Public Health, Zagreb, December 8, 2017. Lecture title: Psychology and psychopathology of personality in love relationships - the importance of psychodynamics.
  - Scientific-professional conference "Prevention and treatment of eating disorders: New approaches and challenges", Zagreb, 16 May 2017 Faculty of

- Radionica-prevencija i liječenje poremećaja hranjenja u RH 2017: Izazovi i prilike. Zagreb, Psihijatrijska bolnica Sveti Ivan, 8. 9. 2017. Naziv predavanja: Liječenje poremećaja hranjenja.
- Edukacija iz poremećaja hranjenja za obiteljske liječnike. Naziv predavanja: Važnost komunikacije psihijataru s obiteljskim liječnicima i drugim stručnjacima bitnim u procesu prepoznavanja i liječenja oboljelih od poremećaja hranjenja. Pula, 23. 9. 2016.
- Tematsko predavanje u HLZ. Naziv predavanja: Nelagoda u kulturi 21. stoljeća: porast poremećaja ličnosti i poremećaja hranjenja. Hrvatski liječnički zbor. Zagreb, 7. 3. 2018.
- Treći simpozij "Mladi i mentalno zdravlje": Slušam te. Škola narodnog zdravlja "Andrija Štampar", Zagreb, 14. 12. 2018. Naziv predavanja: Moram li biti savršen.
- 8. Hrvatski psihijatrijski kongres. Naziv predavanja: Poremećaji ličnosti - dijagnostička i terminološka pitanja. Opatija, 26.10.2018.
- *Diabetes Expert Forum*. Naziv predavanja: Utjecaj adherentnosti na klinički ishod – važnost nesvesnjog. Zagreb, 10.11.2018.
- Škola hitne medicine za medicinske sestre i medicinske tehničare. Naziv predavanja: Pristup suicidalnom bolesniku. Zagreb, 23.11.2018.
- Imunološki dani. Dermatološka sekcija, naziv predavanja: Psihodinamika i psorijaza. Umag, 18. 5. 2019. g.
- Edukativno predavanje o poremećajima hranjenja u centru BEA. Zagreb, 23. 3. 2019. Naziv predavanja: Poremećaji hranjenja-od parodoksa do kontradikcija (problemi prepoznavanja i liječenja).
- Edukativno predavanje o suicidalnosti u centru BEA. Zagreb, 26. 10. 2021. Naziv predavanja: Suicidalnost mladih (online).
- Hrvatski psihijatrijski dani, Opatija 21. 10. 2021. Naziv predavanja: Poremećaji ličnosti u vrijeme naglašenih narcističnih obrana.
- Simpozij "Mentalno zdravlje u pandemiji i nakon nje: Što smo naučili i kamo idemo?" Organizatori - Gradska ured za socijalnu zaštitu, zdravstvo, branitelje i osobe s invaliditetom Centar za zdravlje mladih Doma zdravlja Zagreb – Istok, Poliklinika za zaštitu djece i mladih Grada Zagreba. 17. 2. 2022. Naziv predavanja: Kontinuum narcističnih modela ponašanja u vrijeme pandemije: od reaktivnih narcističnih obrana do punog poremećaja ličnosti (online).
- Education and Rehabilitation Sciences in Zagreb. Lecture title: Treatment of eating disorders.
- Workshop "Prevention and treatment of eating disorders in the Republic of Croatia 2017: Challenges and opportunities". Zagreb, Sveti Ivan Psychiatric Hospital, September 8, 2017 Lecture title: Treatment of eating disorders.
- Eating Disorders Education for Family Physicians. Lecture title: The importance of communication between psychiatrists and family physicians and other professionals important in the process of identifying and treating patients with eating disorders. Pula, September 23, 2016
- Thematic lecture at the Croatian Medical Association. Lecture title: Discomfort in the 21st Century Culture: Rising personality disorders and eating disorders. Croatian Medical Association. Zagreb, March 7, 2018
- Third Symposium "Youth and Mental Health": I'm listening to you. "Dr. Andrija Štampar" School of Public Health, Zagreb, December 14, 2018 Lecture title: Do I have to be perfect.
- Eighth Croatian Psychiatric Congress. Lecture title: Personality disorders- diagnostic and terminological issues. Opatija, October 26, 2018
- Diabetes Expert Forum. Lecture title: Influence of adherence on the clinical outcome - the importance of the unconscious. Zagreb, November 10, 2018
- School of Emergency Medicine for Nurses and Medical Technicians. Lecture title: Approach to a suicidal patient. Zagreb, November 23, 2018
- Immunological days. Dermatological section, lecture title: Psychodynamics and psoriasis. Umag, May 18, 2019
- Educational lecture on eating disorders at the BEA Centre. Zagreb, March 23, 2019 Lecture title: Eating disorders - from paradoxes to contradictions (problems of recognition and treatment).
- Educational lecture on suicide at the BEA Centre. Zagreb, October 26, 2021 Lecture title: Youth suicide (online).
- Croatian Psychiatric Days, Opatija 21 October 2021 Lecture title: Personality disorders at a time of pronounced narcissistic defences.
- Symposium "Mental health in the pandemic and after: What have we learned and where are we going?" Organisers - City Office for Social Protection, Health, War Veterans and Persons with Disabilities Youth Health Centre Zagreb of the Health Centre - East Polyclinic for Child and Youth Protection of the City of Zagreb. 17 February 2022. Lecture title: The continuum of narcissistic patterns of behaviour during a pandemic: from reactive narcissistic defences to full personality disorder (online).

## **Međunarodna suradnja s temama poremećaja ličnosti i poremećaja hranjenja:**

- Na 10. CENP-u (*Central European Neuropsychopharmacological Symposium*), održanom u Sarajevu (17-20. 10. 2007.), pozvano predavanje "Algorithms for treatment of personality disorders"
- 2. hrvatski kongres o prevenciji i rehabilitaciji u psihijatriji s međunarodnim sudjelovanjem, Zagreb-10.2.2012.g., voditelj simpozija „Suicidologija“.
- 2012- *Department of Psychology, Penn State University, USA*, Prof.dr.sc. Aaron L. Pincus; suradnja na temu psihometrijskih instrumenata za mjerjenje narcističnog poremećaja ličnosti
- 1. hrvatsko ruski kongres duhovne psihijatrije s međunarodnim sudjelovanjem. Opatija, 2. 3. 2013., sekcija „Suicidalno ponašanje“.
- 2014 - *Department of Psychiatry, Washington University School of Medicine in St. Louis, USA*, Prof.dr.sc. C. Robert Cloninger, Prof.dr.sc. Dragan Svrakic; suradnja na temu kroskulturalne psihometrijske validacije Inventara temperamenta i karaktera – revidirano izdanje (TCI-R)
- 2015 - *Department of Psychiatry, University of British Columbia, Canada*, Prof.dr.sc. John Ogrodniczuk; suradnja na temu narcističnog poremećaja ličnosti i suicidalnosti
- Simpozij Psihičke smetnje u adolescenciji, s međunarodnim sudjelovanjem, a u organizaciji Bolnice za psihijatriju djece i mladeži-Kukuljevićeva. Zagreb, 18. 9. 2015. Naziv predavanja: Liječenje adolescenata sa smetnjama ličnosti i hranjenja na Spec. zavodu za personologiju i poremećaje hranjenja KBC Zagreb.
- *The 2<sup>nd</sup> International Congress on Controversies in Primary and Outpatient Care*, Zagreb 6. 10. 2017. Naziv predavanja: *Management of depressive disorders*.
- Godišnji sastanak Hrvatskog društva za endokrinologiju i dijabetologiju HLZ, Brijuni, 9. 10. 2017. Naziv predavanja: Scile i haribde terapije inzulinom: kako ga uvesti i njime trajno liječiti.
- 2017 - *Department of Psychology, Norwegian University of Science and Technology, Norway*, Prof. dr.sc. Wei Wang; suradnja na temu međukulturalne perspective ličnosti i poremećaja ličnosti
- Međunarodni kongres „Nutrpcionizam i dijetetika“. Međunarodni kongres Hrvatskog društva nutrpcionista i dijetetičara. Zagreb, 10.-11. 6. 2018. Sekcija - Poremećaja hranjenja odraslih osoba.
- Edukacija iz poremećaja hranjenja u Sveučilišnoj bolnici Mostar, 18. 4. 2018. Naziv predavanja: Poremećaji ličnosti i poremećaji hranje-

## **International cooperation on the topics of personality disorders and eating disorders:**

- 10th CENP (Central European Neuropsychopharmacological Symposium), held in Sarajevo (October 17-20, 2007), invited lecture "Algorithms for the treatment of personality disorders"
- 2nd Croatian Congress on Prevention and Rehabilitation in Psychiatry with International Participation, Zagreb, February 10, 2012, leader of the symposium "Suicidology".
- 2012 - Department of Psychology, Penn State University, USA, Professor Aaron L. Pincus, Ph.D.; collaboration on psychometric instruments for measuring narcissistic personality disorder
- 1st Croatian-Russian Congress of Spiritual Psychiatry with international participation. Opatija, March 2, 2013, section "Suicidal behaviour".
- 2014 - Department of Psychiatry, Washington University School of Medicine in St. Louis, USA, Professor C. Robert Cloninger, Ph.D. Dragan Svrakic; cooperation on cross-cultural psychometric validation of the Inventory of Temperament and Character - revised edition (TCI-R)
- 2015 - Department of Psychiatry, University of British Columbia, Canada, Professor John Ogrodniczuk, Ph.D.; collaboration on narcissistic personality disorder and suicidality
- Symposium on Mental Disorders in Adolescence with international participation, organised by the Hospital for Psychiatry of Children and Youth-Kukuljevićeva. Zagreb, September 18, 2015 Lecture title: Treatment of adolescents with personality disorders and eating disorders at the Special Division of Personology, Personality Disorders and Eating Disorders, University Hospital Centre Zagreb.
- The 2nd International Congress on Controversies in Primary and Outpatient Care, Zagreb, October 6, 2017 Lecture title: Management of depressive disorders
- Annual meeting of the Croatian Society for Endocrinology and Diabetology of the Croatian Medical Association, Brijuni, October 9, 2017 Lecture title: The Scylla and Charybdis of insulin therapy: how to introduce it and use it for permanent treatment.
- 2017 - Department of Psychology, Norwegian University of Science and Technology, Norway, Professor Wei Wang, Ph.D.; collaboration on intercultural perspectives of personality and personality disorders
- International Congress "Nutrition and Dietetics". International Congress of the Croatian Society of Nutritionists and Dieticians. Zagreb, 10-11 June 2018. Section - Adult Eating Disorders.

- nja od paradoksa do kontradikcija (problemi prepoznavanja i liječenja).
- Skup „Bioetika i aporije psihe“. Naziv predavanja: Psihodinamika ljubavi i mržnje. Zagreb, 21. 11. 2019.
  - 6. Hrvatsko-ruski psihijatrijski kongres, Opatija 10. 9. 2021. Naziv predavanja: *Personality disorders and shame during COVID-19*.
  - 2020 - *Psychiatric Research Unit, Center for Personality Disorder Research, Slagelse Psychiatric Hospital*, Slagelse, Novi Zeland, Prof.dr.sc. Bo Bach, suradnja na temu hrvatske adaptacije Skala intenziteta poremećaja ličnosti – MKB-11 (eng. Personality Disorder Severity ICD-11 scale, PDS-ICD-11);
  - Od 2016. g. (svake godine u kontinuitetu) organizator psihijatrijske sekcije međunarodnog neuropsihijatrijskog kongresa - INPC Pula, svake godine imam novo predavanje.
  - 2022 - "Adaptacija i provjera skala za poremećaje ličnosti u MKB-11 klasifikacijskom sustavu". Jakšić N, Marčinko D, Bilić V, Šimunović Filipčić I. Klinika za psihijatriju i psihološku medicinu, KBC Zagreb.

**Osnivanje Hrvatskog društva za personologiju, poremećaje hranjenja i poremećaje ličnosti pri HLZ:**

- Dne 13. 6. 2015. Hrvatski liječnički zbor, na svom Glavnom odboru, dao je završno odozvane za osnivanje Hrvatskog društva za personologiju, poremećaje hranjenja i poremećaje ličnosti pri HLZ (predsjednik društva: Darko Marčinko), većina osoblja zavoda uključena aktivno u rad društva).
- Dne 11. 2. 2022. održana je redovna godišnja i izborna skupština društva, koje bilježi porast članova te stručnih, znanstvenih i edukativnih aktivnosti koji uključuju problematiku ličnosti, poremećaja ličnosti i poremećaja hranjenja. U završnoj fazi je izrada stručnih smjernica za poremećaje hranjenja koja se planira implementirati u skorije vrijeme.

**Popis znanstvenih i stručnih radova s temama personologije, poremećaja ličnosti i poremećaja hranjenja:**

1. Marčinko D, Marčinko V, Karlović D, Marčinko A, Martinac M, Begić D, Jakovljević M. Serum lipid levels and suicidality among male patients with schizoaffective disorder. *Prog Neuropsychopharmacol Biol Psychiatry* 2008; 32(1):193-6.
2. Marčinko D, Vuksan-Ćusa B. Borderline personality disorder and bipolar disorder comorbidity in suicidal patients: diagnostic and therapeutic challenges. *Psychiatr Danub* 2009;21(3):412-25.

- Education in Eating Disorders at the University Hospital Mostar, 18 April 2018 Lecture title: Personality disorders and eating disorders - from paradoxes to contradictions (problems of recognition and treatment).
- Meeting "Bioethics and aporia of the psyche". Lecture title: Psychodynamics of love and hate. Zagreb, November 21, 2019
- 6th Croatian-Russian Psychiatric Congress, Opatija 10 September 2021 Lecture title: *Personality disorders and shame during COVID-19*.
- 2020 - Psychiatric Research Unit, Centre for Personality Disorder Research, Slagelse Psychiatric Hospital, Slagelse, New Zealand, Professor Bo Bach, Ph.D., collaboration on the Croatian adaptation of the Personality Disorder Severity ICD-11 scale (PDS-ICD-11);
- Since 2016 (in continuity) organisation of the psychiatric section of the International Neuropsychiatric Congress - INPC Pula, every year with a new lecture.
- 2022 - "Adaptation and verification of scales for personality disorders in the ICD-11 classification system". Jakšić N, Marčinko D, Bilić V, Šimunović Filipčić I. Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb.

**Establishment of the Croatian Society for Personology, Eating Disorders and Personality Disorders at the Croatian Medical Association:**

- On June 13, 2015, the Main Board of the Croatian Medical Association gave the final approval for the establishment of the Croatian Society for Personology, Eating Disorders and Personality Disorders at the Croatian Medical Association. The President of the Society is Darko Marčinko and most of the staff of the Division are actively involved in the work of the Society).
- On February 11, 2022, the regular annual and election assembly of the society was held, which recorded an increase in the number of members and professional, scientific and educational activities that include issues of personality, personality disorders and eating disorders. The development of expert guidelines for eating disorders, which is planned to be implemented in the near future, is in the final stage.

**List of scientific and professional papers on the topics of personology, personality disorders and eating disorders:**

1. Marčinko D, Marčinko V, Karlović D, Marčinko A, Martinac M, Begić D, Jakovljević M. Serum lipid levels and suicidality among male patients with schizoaffective disorder. *Prog Neuropsychopharmacol Biol Psychiatry* 2008; 32 (1): 193-6.



3. Marčinko D, Bilić V. Family therapy as addition to individual therapy and psychopharmacotherapy in late adolescent female patients suffering from borderline personality disorder with comorbidity and positive suicidal history. *Psychiatr Danub.* 2010; 22:211-214.
4. Marčinko D. Intersubjectivity and psychopharmacotherapy in the treatment of chronically suicidal patients. *Psychiatr Danub.* 2011;23(3):325-7.
5. Marčinko D, Bilić V, Pivac N, Tentor B, Franić T, Lončar M, Medjedović Marčinko V, Jakovljević M. Serum cholesterol concentration and structured individual psychoanalytic psychotherapy in suicidal and non-suicidal male patients suffering from borderline personality disorder. *Coll Antropol* 2011; 35(1):219-223.
6. Bilić V, Marčinko D, Miličić D. Super-ego in Patients with Coronary Artery Disease. *Coll Antropol* 2011; 35(1):127-131.
7. Podobnik J, Foller Podobnik I, Grgić N, Marčinko D, Pivac N. The effect of add-on treatment with quetiapine on measures of depression, aggression, irritability and suicidal tendencies in children and adolescents. *Psychopharmacology (Berl)* 2012; 220(3):639-41.
8. Aukst Margetić B, Jakovljević M, Ivanec D, Marčinko D, Margetić B, Jakšić N. Current suicidality and previous suicidal attempts in patients with schizophrenia are associated with different dimensions of temperament and character. *Psychiatry Res* 2012; 200(2-3):120-5.
9. Jakšić N, Brajković L, Ivezić E, Jakovljević M. The role of personality traits in posttraumatic stress disorder (PTSD). *Psychiatria Danubina* 2012; 24:256-266.
10. Jakšić N, Čuržik D. Antisocijalni poremećaj ličnosti i psihopatija – pregled suvremenih spoznaja. *Socijalna psihijatrija* 2012; 40:57-69.
11. Čuržik D, Jakšić N. Patološki narcizam i narcissoidni poremećaj ličnosti – pregled suvremenih spoznaja. *Klinička psihologija* 2012; 5:15-25.
12. Aukst Margetić B, Kukulj S, Šantić Ž, Jakšić N, Jakovljević M. Predicting depression with temperament and character in lung cancer patients. *European Journal of Cancer Care* 2013; 22:807-814.
13. Jakšić N, Aukst-Margetić B, Jakovljević M. Does personality play a relevant role in the placebo effect? *Psychiatria Danubina* 2013; 25:17-23.
14. Mirnics Z, Heincz O, Bagdy G, Surányi Z, Gonda X, Benko A, Molnar E, Jakšić N, Lazary J, Juhasz G. The relationship between the big five
2. Marčinko D, Vuksan-Ćusa B. Borderline personality disorder and bipolar disorder comorbidity in suicidal patients: diagnostic and therapeutic challenges. *Psychiatr Danub.* 2009;21(3):412-25.
3. Marčinko D, Bilić V. Family therapy as addition to individual therapy and psychopharmacotherapy in late adolescent female patients suffering from borderline personality disorder with comorbidity and positive suicidal history. *Psychiatr Danub.* 2010; 22:211-214.
4. Marčinko D. Intersubjectivity and psychopharmacotherapy in the treatment of chronically suicidal patients. *Psychiatr Danub.* 2011; 23(3):325-7.
5. Marčinko D, Bilić V, Pivac N, Tentor B, Franić T, Lončar M, Medjedović Marčinko V, Jakovljević M. Serum cholesterol concentration and structured individual psychoanalytic psychotherapy in suicidal and non-suicidal male patients suffering from borderline personality disorder. *Coll Antropol* 2011; 35 (1): 219-223.
6. Bilić V, Marčinko D, Miličić D. Super-ego in Patients with Coronary Artery Disease. *Coll Antropol* 2011; 35 (1): 127-131.
7. Podobnik J, Foller Podobnik I, Grgić N, Marčinko D, Pivac N. The effect of add-on treatment with quetiapine on measures of depression, aggression, irritability and suicidal tendencies in children and adolescents. *Psychopharmacology (Berl)* 2012; 220(3):639-41.
8. Aukst Margetić B, Jakovljević M, Ivanec D, Marčinko D, Margetić B, Jakšić N. Current suicidality and previous suicidal attempts in patients with schizophrenia are associated with different dimensions of temperament and character. *Psychiatry Res* 2012; 200 (2-3): 120-5.
9. Jakšić N, Brajković L, Ivezić E, Jakovljević M. The role of personality traits in posttraumatic stress disorder (PTSD). *Psychiatria Danubina* 2012; 24: 256-266.
10. Jakšić N, Čuržik D. Antisocial personality disorder and psychopathy - a review of contemporary knowledge. *Social Psychiatry* 2012; 40: 57-69.
11. Čuržik D, Jakšić N. Pathological narcissism and narcissistic personality disorder - a review of contemporary knowledge. *Klinička psihologija* 2012; 5:15-25.
12. Aukst Margetić B, Kukulj S, Šantić Ž, Jakšić N, Jakovljević M. Predicting depression with temperament and character in lung cancer patients. *European Journal of Cancer Care* 2013; 22: 807-814.
13. Jakšić N, Aukst-Margetić B, Jakovljević M. Does personality play a relevant role in the placebo effect? *Psychiatria Danubina* 2013; 25: 17-23.
14. Mirnics Z, Heincz O, Bagdy G, Surányi Z, Gonda X, Benko A, Molnar E, Jakšić N, Lazary J, Juhasz G.

- personality dimensions and acute psychopathology: mediating and moderating effects of coping strategies. *Psychiatria Danubina* 2013; 25:379-388.
15. Marčinko D, Jakšić N, Skočić M, Franić T. Mentalization and psychopharmacotherapy in patients with personality and eating disorders. *Psychiatr Danub* 2013; 25(3):320-3.
  16. Franić T, Kralj Z, Marčinko D, Knez R, Kardum G. Suicidal ideations and sleep-related problems in early adolescence. *Early Interv Psychiatry* 2014;8(2):155-62.
  17. Marčinko D, Jakšić N, Ivezić E, Skočić M, Surányi Z, Lončar M, Franić T, Jakovljević M. Pathological Narcissism and Depressive Symptoms in Psychiatric Outpatients: Mediating Role of Dysfunctional Attitudes. *J Clin Psychol* 2014; 70(4):341-52.
  18. Kovi Z, Hevesi K, Rozsa S, Jakšić N, Kasa D, Mirnics Z, Mersdorf A, Vass Z. Indicators of Pathological Narcissism in the Sixty Second Drawing Test. *Confinia Psychopathologica* 2014; 2:45-79.
  19. Jakšić N, Milas G, Ivezic E, Wertag A, Jokic-Begic N, Pincus AL. The Pathological Narcissism Inventory (PNI) in Transitional Post-War Croatia: Psychometric and Cultural Considerations. *Journal of Psychopathology and Behavioral Assessment* 2014;36:640-652.
  20. Aukst Margetic B, Jakšić N, Boricevic Marsanic V, Jakovljevic M. Harm avoidance moderates the relationship between internalized stigma and depressive symptoms in patients with schizophrenia. *Psychiatry Research* 2014; 219:92-94.
  21. Jakšić N, Aukst-Margetić B, Rózsa S, Brajković L, Jovanović N, Vuksan-Ćusa B, Grubišin J, Kudlek-Mikulić S, Jevtović S, Marčinko D, Svrankic DM, Jakovljević M. Psychometric properties and factor structure of the Temperament and Character Inventory-Revised (TCI-R) in a Croatian psychiatric outpatient sample. *Compr Psychiatry* 2015; 57:177-186.
  22. Jakšić N, Aukst-Margetić B, Marčinko D, Brajković L, Lončar L & Jakovljević M. Temperament, character, and suicidality among Croatian war veterans with posttraumatic stress disorder. *Psychiatr Danub.* 2015; 27(1):711-162.
  23. Marčinko D. Psychodynamic and psychopharmacotherapy in the treatment of difficult patients with personality and eating disorders. *Psychiatr Danub.* 2015; 27(3):330-3.
  24. Mustapić M, Marčinko D, Vargek P. Predictors of Drive for Muscularity among Adolescent Males. *Studia Psychologica* 2015; 57 (3): 203-214.
  - The relationship between the big five personality dimensions and acute psychopathology: mediating and moderating effects of coping strategies. *Psychiatria Danubina* 2013; 25: 379-388.
  15. Marčinko D, Jakšić N, Skočić M, Franić T. Mentalization and psychopharmacotherapy in patients with personality and eating disorders. *Psychiatr Danub* 2013; 25 (3): 320-3.
  16. Franić T, Kralj Z, Marčinko D, Knez R, Kardum G. Suicidal ideations and sleep-related problems in early adolescence. *Early Interv Psychiatry* 2014; 8 (2): 155-62.
  17. Marčinko D, Jakšić N, Ivezić E, Skočić M, Surányi Z, Lončar M, Franić T, Jakovljević M. Pathological Narcissism and Depressive Symptoms in Psychiatric Outpatients: Mediating Role of Dysfunctional Attitudes. *J Clin Psychol* 2014; 70 (4): 341-52.
  18. Kovi Z, Hevesi K, Rozsa S, Jakšić N, Kasa D, Mirnics Z, Mersdorf A, Vass Z. Indicators of Pathological Narcissism in the Sixty Second Drawing Test. *Confinia Psychopathologica* 2014; 2: 45-79.
  19. Jakšić N, Milas G, Ivezic E, Wertag A, Jokic-Begic N, Pincus AL. The Pathological Narcissism Inventory (PNI) in Transitional Post-War Croatia: Psychometric and Cultural Considerations. *Journal of Psychopathology and Behavioral Assessment* 2014; 36: 640-652.
  20. Aukst Margetic B, Jakšić N, Boricevic Marsanic V, Jakovljevic M. Harm avoidance moderates the relationship between internalized stigma and depressive symptoms in patients with schizophrenia. *Psychiatry Research* 2014; 219: 92-94.
  21. Jakšić N, Aukst-Margetić B, Rózsa S, Brajković L, Jovanović N, Vuksan-Ćusa B, Grubišin J, Kudlek-Mikulić S, Jevtović S, Marčinko D, Svrankic DM, Jakovljević M. Psychometric properties and factor structure of the Temperament and Character Inventory-Revised (TCI-R) in a Croatian psychiatric outpatient sample. *Compr Psychiatry* 2015; 57: 177-186.
  22. Jakšić N, Aukst-Margetić B, Marčinko D, Brajković L, Lončar L & Jakovljević M. Temperament, character, and suicidality among Croatian war veterans with posttraumatic stress disorder. *Psychiatr Danub.* 2015; 27(1):711-162.
  23. Marčinko D. Psychodynamic and psychopharmacotherapy in the treatment of difficult patients with personality and eating disorders. *Psychiatr Danub.* 2015; 27(3):330-3.
  24. Mustapić M, Marčinko D, Vargek P. Predictors of Drive for Muscularity among Adolescent Males. *Studia Psychologica* 2015; 57 (3): 203-214.
  25. Mustapić M, Marčinko D, Vargek P. Eating behaviors in adolescent girls: the role of body shame and body dissatisfaction. *Eat Weight Disord.* 2015;20(3):329-335.



25. Mustapić M, Marčinko D, Vargek P. Eating behaviours in adolescent girls: the role of body shame and body dissatisfaction. *Eat Weight Disord.* 2015;20(3):329-335.
26. Miličević R, Jakšić N, Aukst-Margetić B, Jakovljević M. Personality traits and treatment compliance in patients with type 2 diabetes mellitus. *Psychiatria Danubina* 2015; 27:S586-589.
27. Rudan D, Jakovljević M, Marčinko D. Manic Defences in Contemporary Society. The Psychocultural Approach. *Psychiatr Danub* 2016; 28(4):334-342.
28. Jakšić N, Aukst Margetić B, Marčinko D, Jakovljević D. Comorbid depression and suicide ideation in patients with combat-related PTSD: the role of temperament, character, and trait impulsivity. *Psychiatr Danub* 2017; 29(1):51-59.
29. Mustapić M, Marčinko D, Vargek P. Body Shame and Disordered Eating in Adolescents. *Current Psychology* 2017; 36 (3): 447-452.
30. Jakšić N, Marčinko D, Jovanović N, Skočić Hanžek M, Rebernjak B, Ogrodnicažuk JS. Experience of Shame Mediates the Relationship Between Pathological Narcissism and Suicidal Ideation in Psychiatric Outpatients. *Journal of Clinical Psychology* 2017; 73(12):1670-1681.
31. Jakšić N, Aukst Margetić B. Comments on the Role of the Character Dimension Self-Transcendence in Suicidal Phenomena. *Journal of Clinical Psychiatry* 2017; 78(2):e161.
32. Ercegović N, Paradžik L, Maršanić VB Marčinko D. Nesuicidalno samoozljedivanje i razvoj identiteta kod adolescenata. *Soc psihijat* 2018; 46(4):457-470.
33. Marčinko D, Radanović Čorić S, Šeparović Lisak M, Rudan D, Jeleč V, Bilić V. The role of psychodynamic and personality assessment in psychopharmacotherapy of suicidal psychotic patients. *Psychiatr Danub.* 2018; 30(4):228-230.
34. Mustač F, Marčinko D. Socijalni aspekti odnosa narcisa i borderline-a. *Soc psihijat* 2020; 48(2):188-209.
35. Marčinko D, Jakovljević M, Jakšić N, Bjedov S, Mindoljević Drakulić A. The Importance of Psychodynamic Approach during COVID-19 Pandemic. *Psychiatr Danub.* 2020; 32(1):15-21.
36. Marčinko D, Jakšić N, Rudan D, Bjedov S, Rebernjak B, Skopljak K, Bilić V. Pathological Narcissism, Negative Parenting Styles and Interpersonal Forgiveness among Psychiatric Outpatients. *Psychiatr Danub.* 2020; 32(3-4):395-402.
37. Jakšić N, Aukst Margetić B, Šimunović Filipčić I, Šagud M, Jakovljević M. Temperament, Chara-
26. Miličević R, Jakšić N, Aukst-Margetić B, Jakovljević M. Personality traits and treatment compliance in patients with type 2 diabetes mellitus. *Psychiatria Danubina* 2015; 27: S586-589.
27. Rudan D, Jakovljević M, Marčinko D. Manic Defences in Contemporary Society. The Psychocultural Approach. *Psychiatr Danub* 2016; 28 (4): 334-342.
28. Jakšić N, Aukst Margetić B, Marčinko D, Jakovljević D. Comorbid depression and suicide ideation in patients with combat-related PTSD: the role of temperament, character, and trait impulsivity. *Psychiatr Danub* 2017; 29 (1): 51-59.
29. Mustapić M, Marčinko D, Vargek P. Body Shame and Disordered Eating in Adolescents. *Current Psychology* 2017; 36 (3): 447-452.
30. Jakšić N, Marčinko D, Jovanović N, Skočić Hanžek M, Rebernjak B, Ogrodnicažuk JS. Experience of Shame Mediates the Relationship Between Pathological Narcissism and Suicidal Ideation in Psychiatric Outpatients. *Journal of Clinical Psychology* 2017; 73 (12): 1670-1681.
31. Jakšić N, Aukst Margetić B. Comments on the Role of Character Dimension Self-Transcendence in Suicidal Phenomena. *Journal of Clinical Psychiatry* 2017; 78 (2): e161.
32. Ercegović N, Paradžik L, Maršanić VB Marčinko D. Non-suicidal self-harm and identity development in adolescents. *Soc Psychiatry* 2018; 46 (4): 457-470.
33. Marčinko D, Radanović Čorić S, Šeparović Lisak M, Rudan D, Jeleč V, Bilić V. The role of psychodynamic and personality assessment in psychopharmacotherapy of suicidal psychotic patients. *Psychiatr Danub.* 2018; 30(4):228-230.
34. Mustač F, Marčinko D. Social aspects of the relationship between a narcissist and borderline. *Soc Psychiatry* 2020; 48 (2): 188-209.
35. Marčinko D, Jakovljević M, Jakšić N, Bjedov S, Mindoljević Drakulić A. The Importance of Psychodynamic Approach during COVID-19 Pandemic. *Psychiatr Danub.* 2020; 32(1):15-21.
36. Marčinko D, Jakšić N, Rudan D, Bjedov S, Rebernjak B, Skopljak K, Bilić V. Pathological Narcissism, Negative Parenting Styles and Interpersonal Forgiveness among Psychiatric Outpatients. *Psychiatrist Danub.* 2020; 32(3-4):395-402.
37. Jakšić N, Aukst Margetić B, Šimunović Filipčić I, Šagud M, Jakovljević M. Temperament, Character, and Subjective Well-Being in Croatian War Veterans Suffering from Posttraumatic Stress Disorder. *J Nerv Ment Dis* 2020; 208 (4): 340-343.
38. Aukst Margetić B, Kukulj S, Galic K, Saric Zolj B, Jakšić N. Personality and Stigma in Lung Cancer Patients. *Psychiatr Danub* 2020; 32 (Suppl 4): 528-532.

- cter, and Subjective Well-Being in Croatian War Veterans Suffering From Posttraumatic Stress Disorder. *J Nerv Ment Dis* 2020; 208(4):340-343.
38. Aukst Margetic B, Kukulj S, Galic K, Saric Zolj B, Jakšić N. Personality and Stigma in Lung Cancer Patients. *Psychiatr Danub* 2020; 32(Suppl 4):528-532.
39. Marčinko D, Jakšić N, Šimunović Filipčić I, Mustać F. Contemporary Psychological Perspectives of Personality Disorders. *Curr Opin Psychiatry* 2021; 34 (5): 497-502.
40. Marčinko D, Bilić V, Eterović M. Shame and COVID-19 Pandemic. *Psychiatr Danub*. 2021; 33 (4): 697-701.
41. Fountoulakis KN, Marčinko D et al. Results of the COVID-19 Mental health International for the General population (COMET-G) study. *European Neuropsychopharmacology* 2021; 15(54): 21-40.
39. Marčinko D, Jakšić N, Šimunović Filipčić I, Mustać F. Contemporary Psychological Perspectives of Personality Disorders. *Curr Opin Psychiatry* 2021; 34 (5): 497-502.
40. Marčinko D, Bilić V, Eterović M. Shame and COVID-19 Pandemic. *Psychiatr Danub*. 2021; 33 (4): 697-701.
41. Fountoulakis KN, Marčinko D et al. Results of the COVID-19 Mental health International for the General population (COMET-G) study. *European Neuropsychopharmacology* 2021; 15(54): 21-40.

# **Zavod za dječju i adolescentnu psihijatriju i psihoterapiju pri KBC-u Zagreb – kratka povijest i sadašnje stanje**

## **/ The Child and Adolescent Psychiatry and Psychotherapy Unit at the University Hospital Centre Zagreb - A Brief Historical Overview and Current Situation**

Ivan Begovac

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine of the University of Zagreb, Croatia

### **ADRESA ZA DOPISIVANJE /**

### **CORRESPONDENCE:**

Prof. dr. sc. Ivan Begovac, dr. med.

Klinika za psihijatriju i psihološku medicinu,

Klinički bolnički centar Zagreb

Kišpatićeva 12

10 000 Zagreb, Hrvatska

E-mail: ivan.begovac@mef.hr

**TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsihs.2022.163>

### **KRATKA POVIJEST DJEČJE PSIHIJATRIJE PRI KBC-u ZAGREB**

Sažeto prikazano, dječja i adolescentna psihijatrija postoji pri KBC-u Zagreb unatrag više od sedam desetljeća zaslugom pionirskog rada prof. dr. Maje Beck Dvoržak, koja je neposredno nakon Drugog svjetskog rata radila s djecom i adolescentima koji su imali psihičke poteškoće. Osnovni podaci o prof. dr. Maji Beck Dvoržak mogu se naći na stranicama hrvatske enciklopedije (1), a dosta su isprepleteni i s iznimnim biografijama prof. dr. Stjepana Betlheim (2) i prof. Duške Blažević (3). Dodatne referenze i izvori za pojedince koji će biti navedeni u ovom tekstu su vidljivi u hrvatskoj enciklopediji na mrežnim stranicama, kao i u knjizi o vodećim hrvatskim liječnicima (4). U hrvatskoj je tradiciji dječja i

### **A BRIEF HISTORY OF CHILD PSYCHIATRY AT THE UNIVERSITY HOSPITAL CENTRE ZAGREB**

In brief, child and adolescent psychiatry has existed at the University Hospital Centre Zagreb for more than seven decades thanks to the pioneering work of Prof. Maja Beck Dvoržak, who started working with children and adolescents with psychological disorders immediately after the Second World War. Basic information about Prof. Maja Beck Dvoržak can be found on the internet pages of the Croatian Encyclopaedia (1), and they are often linked with the exceptional biographies of professors Stjepan Betlheim (2) and Duška Blažević (3). Additional references and sources for individuals that will be mentioned in this text can also be found on the web page of the Croatian Encyclopaedia, as well as in the book on the leading Croatian medical doctors (4).

adolescentna psihijatrija proistekla iz „odrasle“ psihijatrije, kao i medicinske psihologije ili psihološke medicine i psihoterapije i psihanalize, premda je oduvijek imala dodirne točke i s pedijatrijom, kao i s drugim suradnim strukama, npr. s psihologijom, pedagogijom, edukacijom- rehabilitacijom, socijalnim radom, sestrinstvom. Sadašnji Zavod za dječju i adolescentnu psihijatriju i psihoterapiju vuče korijene iz različitih dotadašnjih jedinica s obzirom na stalnu reorganizaciju sistematizacije.

U sklopu dotadašnje *Klinike za neuropsihijatriju* (predstojnik je bio prof. dr. Radoslav Lopašić) (5), neposredno nakon Drugog svjetskog rata postoji grupa liječnika koji se bave djecom i adolescentima, a dobivaju i potporu drugih kolega. Prof. Maja Beck Dvoržak je pionir dječje psihijatrije u Hrvatskoj. Ona je već 1948. godine asistent na Neuropsihijatrijskoj klinici (1,6). God. 1957. osnovala je Odsjek za dječju psihijatriju i psihoterapiju, koji je 1969. prerastao u Odjel za psihoterapiju djece i mladeži (1). Maja Beck Dvoržak usko je surađivala s kolegama koji su se bavili psihoterapijom i psihanalizom, okupljeni oko prof. dr. Stjepana Betlheima, prof. Duške Blažević, dr. Nede Bućan, prof. Eugenije Cividini Stranić, te prof. Eduarda Klaina, a koji su nastavili svoje psihoterapijske aktivnosti unutar osnovanog psihoterapijskog odjela godine 1953. unutar tadašnje Neuropsihijatrijske klinike, što je tada bilo iznimno postignuće (7-9). Posebni aspekti o prof. Betlheimu su dostupni u knjizi u kojoj se također dotiču aspekti dječje psihijatrije (7). Naime, i sam je prof. Betlheim pokazivao interes za problematiku djece s psihičkim poteškoćama, surađivao je kao konzilijarni psihijatar i savjetnik u tadašnjem savjetovalištu za odgoj djece i omladine (poslije se to savjetovalište preimenovalo u Institut za proučavanje razvojnih problema djece i omladine, a danas nosi ime Psihijatrijska bolnica za djecu i mladež). Prof. Betlheim bio je i predavač iz psihopatologije na Višoj defektološkoj školi (10). Osnovni podaci o iznimnim doprinosima prof. dr. Duške Blažević mogu se naći na stranicama hrvatske enciklopedije (3). Ubrzo i dr. Milica Vlatković Prpić postaje bliska suradnica prof. dr. Maje Beck Dvoržak, tada još u sklopu Neuropsihijatrijske klinike (7).

Osnivanjem Centra za mentalno zdravlje pri KBC-u Zagreb, godine 1969, prethodno navedena grupa je vodeća u dalnjem razvijanju psihoterapije, psihanalize, psihološke medicine, kao i dječje psihijatrije. Nekako istovremeno, oko godine 1971., odvaja se Klinika za psihijatriju (prof. Nikola Peršić sa svojom grupom psihijatarata) od Klinike za neurologiju (prof. dr. Sergije Dogan i grupa neurologa) (5,6,9,11,12). Godine 1988. Centar za mentalno zdravlje mijenja ime u Kliniku za psihološku medicinu. Predstojnici

In Croatia, child and adolescent psychiatry ensued from “adult” psychiatry, as well as from medical psychology or psychological medicine, psychotherapy and psychoanalysis, although it has always been closely linked with paediatrics and some other related professions such as psychology, pedagogy, education, rehabilitation, social work, and nursing. The present-day Child and Adolescent Psychiatry and Psychotherapy Unit has its roots in various previous departments due to the constant reorganization.

Immediately after the Second World War, a group of medical doctors started working with children and adolescents with the support of other colleagues at the former *Clinic for Neuropsychiatry* (headed by Prof. Radoslav Lopašić, PhD (5)). Prof. Maja Beck Dvoržak was the pioneer of child psychiatry in Croatia. Already in 1948, she worked as an assistant at the Neuropsychiatric Clinic (1,6). In 1957, Prof. Beck Dvoržak founded the Division of Child Psychiatry and Psychotherapy, which was transformed into the Department of Child and Youth Psychotherapy in 1969 (1). Maja Beck Dvoržak worked closely with psychotherapists and psychoanalysts gathered around Prof. Stjepan Betlheim, Prof. Duška Blažević, doctor Neda Bućan, Prof. Eugenija Cividini Stranić, and Prof. Eduard Klain. They continued their psychotherapy activities within the psychotherapy department established in 1953 at the Neuropsychiatric Clinic, which was an exceptional achievement at the time (7-9). More detailed information about Prof. Betlheim are available in the book that also touches on various aspects of child psychiatry (7). Prof. Betlheim showed an interest in the problems of children with mental disorders and worked as a council psychiatrist and consultant at the then counselling centre for the education of children and youth (later on, the counselling centre was renamed the Institute for the Study of Developmental Problems of Children and Adolescents, and today it is called the Psychiatric Hospital for Children and Adolescents). Prof. Betlheim was also a lecturer in psychopathology at the College of Defectology (10). Basic information on the exceptional contributions of Prof. Duška Blažević, MD, PhD can be found on the pages of the Croatian Encyclopaedia (3). Before long, doctor Milica Vlatković Prpić also became a close associate of Prof. Maja Beck Dvoržak and they both worked at the Neuropsychiatric Clinic (7).

With the establishment of the Centre for Mental Health at University Hospital Centre Zagreb in 1969, the above-mentioned group became the leader of the further development of psychotherapy, psychoanalysis, psychological medicine, and child psychiatry. At the same time, around the year 1971, the Psychiatry Clinic (Prof. Nikola Peršić and his group of psychiatrists) was separated from the Neurology Clinic (Prof. Sergije Dogan, MD, PhD and a group of neurologists) (5,6,9,11,12). In 1988, the Centre for Mental Health changed its name to become the Psychological Medi-

centra za mentalno zdravlje, odnosno nastavljajuće Klinike za psihološku medicinu (prof. dr. Duška Blažević, prof. dr. Eugenija Cividini Stranić, prof. Muradif Kulenović, prof. dr. Vladimir Gruden, prof. dr. Rudolf Gregurek, prof. dr. Marijana Braš) davali su potporu dječoj psihiatриji, neki u većoj, ali neki u razočaravajuće nikakvoj mjeri.

Kao prvi voditelj *Psihoterapijskog odjela za djecu i omladinu* postaje prof. dr. Maja Beck Dvoržak od godine 1969, a sljedeći voditelji odjela su doc. Milica Vlatković Prpić, prof. dr. Staniša Nikolić, te prof. Vesna Vidović do 2010. godine. Liječnici koji su bili djelatnici na tom odjelu su dr. Branko Poljak, dr. Senka Ivošević, dr. Zdenka Brumen Budanko, prof. dr. Vlasta Rudan, prim. Jarmila Škrinjarić, prim. dr. Damir de Zan, dr. Stanko Matačić, doc. dr. Gordan Majić, prof. dr. Ivan Begovac, dr. Oleg Filipović, dr. Jasmina Grubišin. Psiholozi koji su bili djelatnici navedenog odjela su bili prof. Nada Anić, kao i defektologica prof. Vesna Broz. Medicinska sestra bila je Kristina Rožman.

Kao prvi voditelji *Odjela za mentalnu higijenu i dispanzera za djecu i omladinu za područje Maksimir i Dubrava* bili su dr. Mladen Berghofer, i prim. dr. Željko Borovečki. Sljedeći voditelj dispanzera je bio prim. dr. Damir de Zan. Liječnici djelatnici u dispanzeru bili su dr. Marija Čiček, dr. Ljiljana Bastač Barath, dr. Zlatko Bastašić. Psiholozi u dispanzeru bili su prof. Arpad Barath, prof. Dubravka Ilić Supek, prof. Zvonka Gredelj, prof. Nada Naglić. Defektolozi u dispanzeru su bili: prof. Ina Mihovilčević, prof. Marija Dimitrov, prof. Ivana Štrosar. Socijalni radnici bili su Blanka Đaković, Vesna Frangeš, Ivica Jakopčić, a medicinske sestre Đurđica Godler, Biserka Cvjetičanin. Vozač u dispanzezu bio je Boris Blažeković.

Godine 2005. prof. dr. Vlasta Rudan čini značajan kvalitetni iskorak i osniva *Dnevnu bolnicu za adolescente* koja je prva dnevna bolnica za adolescente pri KBC-u Zagreb uopće, i postaje njezin prvi voditelj, odnosno većina kolega iz prijašnjeg dispanzera radi u toj novoj organizaciji (9). Sljedeći voditelj dnevne bolnice je prim. Damir De Zan. Liječnici djelatnici u dnevnoj bolnici su dr. Silvana Pleština, prof. dr. Zorana Kušević, dr. Andelina Bokić Sabolić, Dr Aran Tomac, dr. Milena Skočić Hanžek. Defektolozi su bili: prof. Marija Dimitrov i prof. Ivana Štrosar. Socijalni radnik je bio Ivica Jakopčić. Medicinske sestre su Biserka Cvjetičanin i sestra Irena Bambulović.

Godine 2010 dolazi do objedinjavanja dotadašnjeg Psihoterapijskog odjela za djecu i omladinu i Dnevne bolnice, odnosno nekadašnjeg Dispanzera za djecu i omladinu u specijalistički Zavod za dječju i adolescentnu psihiatiju i psihoterapiju, što prerasta u Za-

cine Clinic. The heads of the Centre for Mental Health, i.e. the Psychological Medicine Clinic (Prof. Duška Blažević, Md, PhD; Prof. Eugenija Cividini Stranić, MD, PhD; Prof. Muradif Kulenović, Prof. Vladimir Gruden, MD, PhD; Prof. Rudolf Gregurek, MD, PhD; Prof. Marijana Braš, MD, PhD) supported child psychiatry, some to a high, and some, disappointingly, to no extent.

Prof. Maja Beck Dvoržak, MD, PhD became the first head of the Department of Children and Adolescent Psychotherapy in 1969. In the year 2010, she was succeeded by doctor Milica Vlatković Prpić, Prof. Staniša Nikolić, MD, PhD and Prof. Vesna Vidović. The following doctors also worked at the Department: Branko Poljak, MD; Senka Ivošević, MD; Zdenka Brumen Budanko, MD; Prof. Vlasta Rudan, MD, PhD; Prim. Jarmila Škrinjarić, MD, PhD; Prim. Dr. Damir de Zan; Stanko Matačić, MD; Associate Prof. Gordan Majić; Prof. Ivan Begovac, Md PhD; Oleg Filipović, MD; and Jasmina Grubišin, MD. The psychologists employed at the above-mentioned department were Prof. Nada Anić and Professor Vesna Broz who worked as a defectologist. Kristina Rožman worked as a nurse.

Doctor Mladen Berghofer and Chief Physician Dr. Željko Borovečki were the first heads of the Mental Hygiene Department and Children and Adolescent Dispensary for Maksimir and Dubrava. They were succeeded by Prim. Dr. Damir de Zan. Medical doctors working at the dispensary as psychologists were: Marija Čiček, Ljiljana Bastač Barath and Zlatko Bastašić. Prof. Arpad Barath, Prof. Dubravka Ilić Supek, Prof. Zvonka Gredelj, and Prof. Nada Naglić. The Dispensary also employed a number of defectologists: Prof. Ina Mihovilčević, Prof. Marija Dimitrov, and Prof. Ivana Štrosar, as well as social workers - Blanka Đaković, Vesna Frangeš, Ivica Jakopčić, and nurses Đurđica Godler, and Biserka Cvjetičanin. Boris Blažeković worked as a driver.

In 2005, Prof. Vlasta Rudan, MD, PhD made a significant step forward establishing the Day Hospital for Adolescents, as the first day hospital of its kind at the University Hospital Centre Zagreb. She was also the first head of that institution to which most colleagues from the previous dispensary transferred (9). She was succeeded by Prim. Dr. Damir De Zan. Medical doctors working in the day hospital were: Silvana Pleština, Prof. Zorana Kušević, Andelina Bokić Sabolić, Aran Tomac, and Milena Skočić Hanžek. Prof. Marija Dimitrov and Prof. Ivana Štrosar worked as defectologists and Ivica Jakopčić worked as a social worker. Biserka Cvjetičanin and Irena Bambulović were nurses.

In 2010, the former Department of Child and Adolescent Psychotherapy merged with the Day Hospital, i.e. the former Children and Adolescent Dispensary to become a specialist Child and Adolescent Psychiatry and Psychotherapy Unit. The head of the Unit was Prof. Ivan Begovac, MD, PhD while Chief Physician Dr. Damir De Zan was the head of the Day Hospital. In

vod za dječju i adolescentnu psihijatriju i psihoterapiju. Voditelj tog Zavoda postaje prof. dr. Ivan Begovac, dok je jedno određeno vrijeme prim. dr. Damir De Zan voditelj dnevne bolnice. Godine 2014 se otvara stacionarni odjel za maloljetnike sa 9 kreveta, u sklopu Zavoda, što je značajan kvalitetan iskorak s obzirom da nikada u povijesti KBC-a Zagreb nije bilo ove jedinice. Idejno su doprinijeli ovom iskoraku prof. Vlasta Rudan, prof. Rudolf Gregurek, kao i prijašnji ravnatelj KBC-a Zagreba, akademik Željko Reiner, dok je sama realizacija uslijedila za vrijeme ministra zdravstva prof. Rajka Ostojića, i ravnatelja doc. dr. Zlatka Giljevića, uz praktično vođenje prof. dr. Ivana Begovca, pročelnika i sestre Irene Bambulović, kao glavne sestre.

Godine 2019. dolazi do objedinjavanja Klinike za psihijatriju i Klinike za psihološku medicinu u *Kliniku za psihijatriju i psihološku medicinu*, međutim to ne mijenja djelatnost Zavoda za dječju i adolescentnu psihijatriju i psihoterapiju. S novim predstojnicima Klinike za psihijatriju i psihološku medicinu, prof. Almom Mihaljević Peleš i sadašnjim prof. dr. Darkom Marčinkom postoje što se tiče dječje psihijatrije relativno korektni odnosi.

Aktualno (godina 2022.) na tom Zavodu rade sljedeći liječnici: pročelnik prof. dr. Ivan Begovac, specijalist psihijatrije, subspecialist dječje i adolescentne psihijatrije i psihoterapije, te djelatnici: prim. dr. Damir De Zan, subspecialist dječje i adolescentne psihijatrije i psihoterapije, prof. dr. Zorana Kušević, subspecialistica dječje i adolescentne psihijatrije i psihoterapije, doc. dr. Gordan Majić, subspecialist dječje i adolescentne psihijatrije i psihoterapije, doc. dr. Mara Tripković, subspecialistica dječje i adolescentne psihijatrije i psihoterapije, dr. Silvana Pleština, subspecialistica dječje i adolescentne psihijatrije i psihoterapije, dr. Lena Santrić, specijalistica dječje i adolescentne psihijatrije, dr. Iva Radoš, specijalistica dječje i adolescentne psihijatrije, i dr. Marija Bolfan specijalistica dječje i adolescentne psihijatrije. Psiholog je doc. dr. Trpimir Jakovina. Socijalni pedagog je dr. sc. Ivana Štrosar. Aktualno postoji osam specijalizanata iz dječje i adolescentne psihijatrije: dr. sc. Iris Žunić Išasegi, dr. Ivana Jevdaj Šumski, dr. Stjepan Greguraš, dr. Mateja Vukojević, dr. Veronika Nives Zorić, dr. Petra Lederer, dr. Ivana Stefanović, te dr. Dinko Horvat. Trenutno je na ovom Zavodu glavna medicinska sestra Zavoda, sestra Irena Bambulović; dipl. med. techn., diplomirana sestra psihijatrijskog sestrinstva; te druge sestre/tehnici: Hanna Modrušan, mag. med. techn.; Antonija Abaz, mag. med. techn.; Valentino Ivčić, mag. med. techn.; Suzana Franjić, bacc. med. techn.; Maja Jagatić, bacc. med. techn.; Ivan Bartol-Herz, med. techn.; Jelena Žgela, med. sestra, te socijalni radnik na razini

2014, an inpatient department for minors with nine beds was opened as part of the Unit. This was a significant step forward in terms of quality, considering that the University Hospital Centre Zagreb has never had such a unit. Together with the former head of the University Hospital Centre Zagreb and academician Željko Reiner, professors Vlasta Rudan and Rudolf Gregurek have significantly contributed to this breakthrough idea. Its realization took place at the time when Prof. Rajko Ostojić served as minister for health and Assistant Prof. Zlatko Giljević was the head of the Unit. Practical management aspects were in the hands of Prof. Ivan Begovac, MD, PhD and Irena Bambulović, as the head nurse.

In 2019, the Department of Psychiatry merged with the Department of Psychological Medicine to become the Department of Psychiatry and Psychological Medicine. However, the merger did not change the activities of the Child and Adolescent Psychiatry and Psychotherapy Unit in any way. As far as child psychiatry is concerned, the relations with the new heads of the Department of Psychiatry and Psychological Medicine, Prof. Alma Mihaljević Peleš and Prof. Darko Marčinko, MH, PhD have been correct.

Currently, the following doctors work at the Unit: Head of the Unit, Prof. Ivan Begovac, MD, specialist in psychiatry, subspecialist in child and adolescent psychiatry and psychotherapy, Chief Physician Dr. Damir De Zan, subspecialist in child and adolescent psychiatry and psychotherapy, Prof. Zorana Kušević, MD, subspecialist in child and adolescent psychiatry and psychotherapy, Assistant Professor Gordan Majić, MD, subspecialist in child and adolescent psychiatry and psychotherapy, Assistant Professor Mara Tripković, MD, subspecialist in child and adolescent psychiatry and psychotherapy, Silvana Pleština, MD, subspecialist in child and adolescent psychiatry and psychotherapy, Lena Santrić, MD, specialist in child and adolescent psychiatry, Iva Radoš, MD, specialist in child and adolescent psychiatry, and Marija Bolfan, MD, specialist in child and adolescent psychiatry. Assistant Professor Trpimir Jakovina works as a psychologist and Ivana Štrosar, PhD works as a social pedagogue. Currently, the Unit employs eight specialists in child and adolescent psychiatry: Iris Žunić Išasegi, PhD, Ivana Jevdaj Šumski, MD, Stjepan Greguraš, MD, Mateja Vukojević, MD, Veronika Nives Zorić, MD, Petra Lederer, MD, Ivana Stefanović, MD, and Dinko Horvat, MD. Irena Bambulović; B.Sc. in Medical Technology and Psychiatric Mental Health Nurse Practitioner together with other nurses and technicians: Hanna Modrušan, MSc in Medical Technology, Antonija Abaz, MSc in Med. Tech., Valentino Ivčić, MSc in Med. Tech., Suzana Franjić, BSc in Med. Tech., Maja Jagatić, BSc in Med. Tech., Ivan Bartol-Herz, BSc in Med. Tech., Jelena Žgela, nurse and a social worker working for the whole University Hospital Centre Za-

ni KBC-a Zagreb, administrator na razini Klinike za psihijatriju i psihološku medicinu, nastavnici «škole u bolnici», radni terapeuti, te drugi djelatnici. Postoji mogućnost unutarnje rotacije unutar KBC-a Zagreb, različitih profila djelatnika. Dakle, na Zavodu su aktualno zaposlena dva profesora (Ivan Begovac, Zorana Kušević), te tri docenta (Gordan Majić, Mara Tripković, Trpimir Jakovina) uz još ostala dva doktora znanosti (Ivana Štrosar, Iris Žunić Išasegi koja je i znanstveni suradnik pri Medicinskom fakultetu u Zagrebu), dok je jedna kandidatkinja u završnoj fazi doktorata (dr. Iva Radoš).

Nekada su na tom Zavodu radili liječnici: prim. dr. Jarmila Škrinjarić, dr. Andelina Bokić Sabolić, dr. Aran Tomac, dr. Dubravka Galez Mihaldinec, psihologica prof. Ana Kordić, defektologica: prof. Marija Dimitrov, te prof. Vesna Broz. Prije su kao sestre/tehničari radili na ovom Zavodu: Ingeborg Cindrić, Darija Karagić, Jelena Vučko, Antonio Savić, Andreja Matijević, Luka Rožman, Leo Žunić, Ognjen Rupe, Matko Gajski, Michael Jerneić.

## KRATKI I IZABRANI POVIJESNI PRIKAZ RAZVOJA PSIHOTERAPIJSKIH METODA

Dodirne točke dječjih psihijatara postoje i s različitim psihoterapijskim tehnikama. Dječji psihijatri su većinom koristili različite psihoterapijske tehnike. Kao što je već u uvodu rečeno, grupa oko prof. dr. Stjepana Betlheima, prof. dr. Duške Blažević i prof. dr. Maje Beck-Dvoržak bila je vodeća u razvoju psihoterapije, psihanalize, psihološke medicine i dječje psihijatrije. Svi dječji psihijatri su koristili različite psihoterapijske tehnike, dok su se vremenom neki profilirali u pojedinim tehnikama: psihanalizi, psihanalitičkoj psihoterapiji, obiteljskoj psihoterapiji, analitičkoj psihodrami, terapiji igrom (*play*), terapiji s izrađenim lutkama, dječjim crtežom, te terapiji para roditelj - malo dijete; te u grupnoj analitičkoj terapiji. Osnove kognitivno-bihevioralne terapije kod djece i adolescenata u Hrvatskoj već je devedesetih godina prošlog stoljeća postavila prof. Nada Anić. Prof. dr. Staniša Nikolić je bio zaslužan što je analitička psihodrama uopće uvedena u Hrvatsku. Ovdje se posebno mogu spomenuti i Internacionale ljetne škole dječje psihanalize, koje su uz trud prof. dr. Vlaste Rudan započele u Hrvatskoj i dodatno afirmirale psihanalizu i dječju psihijatriju.

Bez obzira što su bili funkcionalno podijeljeni, različiti odjeli ili jedinice (npr. odrasli odjel u odnosu na dječji), kolege su međusobno dobro surađivali u različitim psihoterapijskim tehnikama. Tako je često i Milka Kvakić, socijalna radnica sudjelovala u dijagnostičkim obradama i terapijskim intervencijama.

greb, an administrator working for the Department of Psychiatry and Psychological Medicine, teachers of the “school in the hospital”, occupational therapists, and other employees. Various profiles of employees have the possibility to rotate within the University Hospital Centre Zagreb. The Unit currently employs two professors (Ivan Begovac and Zorana Kušević), and three assistant professors (Gordan Majić, Mara Tripković, and Trpimir Jakovina) as well as two other doctors of science (Ivana Štrosar and Iris Žunić Išasegi who is also a research associate at the School of Medicine in Zagreb) while one candidate is in the final phase of her PhD studies (Iva Radoš).

Previous generations of doctors working at the Unit include: Prim. Dr. Jarmila Škrinjarić, Andelina Bokić Sabolić, MD, Aran Tomac, MD, Dubravka Galez Mihaldinec, MD, Ana Kordić, MSc in Psychology, Marija Dimitrov, MSc in Defectology and Prof. Vesna Broz. The following nurses and technicians previously worked at the Unit: Ingeborg Cindrić, Darija Karagić, Jelena Vučko, Antonio Savić, Andreja Matijević, Luka Rožman, Leo Žunić, Ognjen Rupe, Matko Gajski, and Michael Jerneić.

## A BRIEF HISTORICAL ACCOUNT OF THE DEVELOPMENT OF PSYCHOTHERAPY METHODS

Child psychiatrists are well acquainted with various psychotherapy techniques that they have been implementing in their daily practice. As already mentioned in the introduction, the team around professors Stjepan Betlheim, Duška Blažević and Maja Beck-Dvoržak was the leader in the development of psychotherapy, psychoanalysis, psychological medicine and child psychiatry. All child psychiatrists have been using various psychotherapy techniques, and over time some of them have become experts in certain techniques, such as psychoanalysis, psychoanalytic psychotherapy, family psychotherapy, analytical psychodrama, play therapy, therapy with handmade dolls or children's drawings, parent-child interaction therapy, and in-group analytical therapy. The foundations of child and adolescent-focused cognitive-behavioural therapy in Croatia were already established in the nineties by Prof. Nada Anić. It is thanks to Prof. Staniša Nikolić that analytical psychodrama was introduced in Croatian practice in the first place. The International Summer School of Child Psychoanalysis deserves a special mention here, which, thanks to the efforts of Prof. Vlaste Rudan, was initiated in Croatia to additionally affirm psychoanalysis and child psychiatry.

When it comes to various psychotherapy techniques, the colleagues have been able to collaborate well with each other despite the fact that they were functionally divided into various departments or units (e.g., the adult department compared to the children's depart-

ma ili u organizacijskim poslovima. Također je bilo dodirnih točaka s dr. Melitom Mitrović, koja se kao fonijatar bavila mucanjem. Prof. dr. Vladimir Gruden, prof. Zlata Defilipis, kao i Elizabeta Ivančević su prakticirali psihodramu za odrasle pacijente, uz druge suradnike. Prof. Aleksandra Mindoljević je također sudjelovala u psihodramskim terapijama, kao i mnogi drugi djelatnici iz drugih institucija.

## POJEDINE VAŽNE RAZVOJNE SMJERNICE DJEĆJE PSIHIJATRIJE PRI KBC-u ZAGREB

Važna godina u razvoju dječje i adolescentne psihijatrije u Hrvatskoj, osim navedenih početaka, jest i godina 1974., kada profesorica Maja Beck-Dvoržak i docentica Milica Vlatković-Prpić, uz druge suradnike, organiziraju poslijediplomski studij iz dječje i adolescentne psihijatrije pri Medicinskom fakultetu u Zagrebu, koji u kontinuitetu traje sve do danas. Važna je i godina 1994., kada dječja i adolescentna psihijatrija postaje supspecjalizacija psihijatrije, te konačno godina 2011., kada ona u Hrvatskoj postaje samostalna specijalizacija (odvojena od „odrasle“ psihijatrije, odnosno kada nema ni „zajedničkog debla“ s psihijatrijom). Važan je također iznimski napor profesorice Vlaste Rudan, koja je godine 2011. na Medicinskom fakultetu u Zagrebu uvela obveznu nastavu iz dječje i adolescentne psihijatrije u integriranom pred-diplomskom i diplomskom studiju, uz potporu Katedre, unutar predmeta „Psihijatrija“ (u jednom bloku tri tjedna traje „odrasla“ psihijatrija, uz jedan tjedan dječje i adolescentne psihijatrije), što je pri Medicinskom fakultetu jedinstven slučaj u Hrvatskoj (6).

## STRUČNA DJELATNOST PREMA ZAHTJEVIMA SUVREMENE MEDICINE I STRATEŠKE STRUČNE SMJERNICE ZA SLJEDEĆIH PET GODINA RADA

Zavod za dječju i adolescentnu psihijatriju i psihoterapiju zbrinjava jednu od najvulnerabilnijih skupina uopće u hrvatskom društvu, a to su djeца koja dodatno imaju psihičke smetnje. Multidisciplinarnost (uključenost različitih struka) u Zavodu je važna kvaliteta Zavoda. Uz liječnike specijaliste Zavod ima diplomirane i više medicinske sestre, medicinske sestre, psihologe, socijalne pedagoge, socijalne radnike, učitelje, administratore, kao i potrebne pomoćne radnike- spremackice.

Postojeći organizacijski i stručni okvir postoji na sve tri razine pružanja medicinske zaštite: Ambulantni odjel s različitim ordinacijama, ukupno njih devet (ordinacija za psihoterapiju djece predškolske i škol-

ment). Milka Kvakić, a social worker, often participated in diagnostic procedures, therapeutic interventions or in organizational activities. Melita Mitrović, PhD, collaborated with the team in the field of phoniatrics. Along with other collaborators, Prof. Vladimir Gruden, PhD, Prof. Zlata Defilipis and Elizabeta Ivančević practiced psychodrama for adult patients. Prof. Aleksandra Mindoljević also participated in psychodrama therapies, as did many other employees from other institutions.

## IMPORTANT GUIDELINES FOR THE DEVELOPMENT OF CHILD PSYCHIATRY AT THE UNIVERSITY HOSPITAL CENTRE ZAGREB

Another important year in the development of Croatian child and adolescent psychiatry was the year 1974 when Professor Maja Beck-Dvoržak and Assistant Professor Milica Vlatković-Prpić, together with other collaborators, organized a postgraduate study in child and adolescent psychiatry at the School of Medicine in Zagreb, which has been continuously operating ever since. The year 1994 was equally significant as the year when child and adolescent psychiatry became part of a subspecialization in psychiatry. Finally, in 2011, child and adolescent psychiatry became an independent residency programme, separate from “adult” psychiatry and without a common branch with psychiatry. Thanks to the exceptional efforts of Professor Vlasta Rudan, the compulsory classes in child and adolescent psychiatry were introduced in the Zagreb School of Medicine as part of the integrated undergraduate and graduate studies. With the support of the Department, child and adolescent psychiatry makes part of “Psychiatry” curriculum (three weeks of lectures in “adult” psychiatry combined with one week of lectures in child and adolescent psychiatry), which is a unique case in Croatia (6).

## PROFESSIONAL ACTIVITY IN LINE WITH THE REQUIREMENTS OF MODERN MEDICINE AND THE STRATEGIC PROFESSIONAL GUIDELINES FOR THE NEXT FIVE YEARS OF WORK

The Child and Adolescent Psychiatry and Psychotherapy Unit takes care for one of the most vulnerable groups in the Croatian society in general, i.e., children with mental disorders. The Unit is proud of multidisciplinarity and involvement of different professions. In addition to specialist doctors, the Unit employs graduate and undergraduate nurses, psychologists, social pedagogues, social workers, teachers, administrators, as well as auxiliary workers.



ske dobi; ordinacija za obiteljsku, bračnu terapiju i psihodramu; ordinacija za psihoterapiju, psihosomatiku i *liaison* psihijatriju djece i mladeži; ordinacija za poremećaj jedenja djece i mladeži; ordinacija za psihoanalitičku psihoterapiju mladeži; ordinacija za razvojne poremećaje; ordinacija za psihoterapiju para roditelj - dijete; ordinacija za razvojne poremećaje-psiholozi; ordinacija za razvojne poremećaje-defektolozi), dnevna bolnica od 20 stolica dnevno; te stacionarni odjel s 9 kreveta za adolescente, koji se također može u skoroj budućnosti proširivati. Sukladno europskim preporukama ambulantni dio (ambulante i dnevna bolnica) je okosnica liječenja, ali uz nužni stacionarni odjel. Posebno bi trebalo dalje razvijati psihosomatski pristup, *liaison* psihijatriju i psihoterapiju s obzirom da imamo jedinstvenu priliku da smo zavod unutar KBC-a Zagreb. U tom smislu već postoji suradnja s Klinikom za pedijatriju, Klinikom za neurologiju, Klinikom za internu medicinu (dijalizirani pacijenti), i drugim klinikama. Ambulantna služba u neposrednoj budućnosti treba stremiti sve većoj specijaliziranosti. Postoji mogućnost proširenja ovih aktivnosti u skoroj budućnosti (posebno se to odnosi na dnevno-bolničko liječenje, a što je sukladno europskim trendovima). Potreban je daljnji razvoj stacionarnog odjela, daljnji razvoj dijagnostike (video snimanje i opservacije djece), te daljni razvoj psihoterapijskih metoda.

Važan aspekt liječenja je ambulantna djelatnost. U dijagnostičkoj obradi i terapiji prisutne su sve vrste dijagnoza. Najčešće dijagnostičke kategorije bile su emocionalni poremećaji (F 93 prema ICD-10), depresivni poremećaji (F 3), neurotski poremećaji, sa stresom povezani i somatoformni poremećaji (F4), poremećaji jedena (F5). U manjem postotku su prisutne i druge dijagnostičke kategorije: psihotični poremećaji (F2), intelektualne teškoće (F7), kao i druge dijagnostičke kategorije. Na našim odjelima se primjenjuje prvi put u Hrvatskoj metoda koju je opisao profesor Achenbach, odnosno dijagnostičko dobivanje podataka o pojedinom djetetu i adolescentu (metode za mjerjenje emocionalnih i ponašajnih smetnji). Posebnost naše Klinike je u primjeni posebnih vrsta psihoterapija u odnosu na druge institucije u Hrvatskoj: individualna analitička psihoterapija, analitička psihodrama, analitička obiteljska i partnerska psihoterapija, suportivna individualna psihoterapija, kao i drugi oblici terapija. Rezultati našeg liječenja objavljeni su u različitim publikacijama i na različitim skupovima.

U dnevnoj bolnici za djecu i mladež s kapacitetom od 20 stolica svaki dan u tjednu; od toga je prosječno godišnje oko 250 hospitalizacija (prve hospitalizacije i rehospitalizacije). Specifičnost ove dnevne

The existing organizational and professional framework functions at all three levels of medical care provision: the ambulatory care department with nine offices (specialized in psychotherapy for preschool and school-aged children; family, marriage therapy and psychodrama; psychotherapy, psychosomatics and liaison psychiatry for children and adolescents; eating disorders in children and adolescents; adolescent psychoanalytic psychotherapy; developmental disorders; parent-child interaction therapy; developmental disorders - psychologists; developmental disorders-specialists), day hospital with twenty seats available a day, and an inpatient ward with nine beds for adolescents that can be expanded in the near future. In accordance with EU recommendations in this field, the ambulatory care services (outpatient clinics and our day hospital) are the backbone of the treatment together with the necessary inpatient department. The psychosomatic approach should be further developed as well as liaison psychiatry and psychotherapy given the fact that our unit operates within the University Hospital Centre Zagreb. In this sense, the cooperation with the Department of Paediatrics, Department of Neurology, Department of Internal Medicine (dialysis patients) and other departments has already been established. In the immediate future, ambulatory care service should make every effort to have a higher level of specialization as there is a possibility of expanding these activities in the near future. This especially applies to day-hospital treatment, which is in line with European trends. Further development of the inpatient department, diagnostics (video recording and observations of children), and psychotherapeutic methods is also necessary.

Ambulatory care service is another important aspect of treatment. Diagnostic assessment and therapy implement all types of diagnoses. The most common diagnostic categories are: emotional disorders (F 93 according to ICD-10), depressive disorders (F 3), neurotic disorders, stress-related and somatoform disorders (F4), and eating disorders (F5). Other diagnostic categories, such as psychotic disorders (F2), and intellectual disabilities (F7) are also covered, but to a lesser degree. Our departments also apply a method that was for the first time described by Professor Achenbach. This method implies obtaining diagnostic data about an individual child or adolescent to measure emotional and behavioural disorders. Compared to other institutions in Croatia, our Department is specific as it provides special types of psychotherapy, such as individual analytical psychotherapy, analytical psychodrama, analytical family and couple psychotherapy, supportive individual psychotherapy, as well as other forms of therapy. The results of our treatment have been published in various publications and at various scientific gatherings.

The day hospital for children and adolescents has the capacity of twenty seats, seven days a week. Out of that



bolnice je da se tijekom tjedna pojedine grupe izmjenjuju, odnosno djeca dolaze samo jedan dan u dnevnu bolnicu u tjednu, dok su druge dane druga djeca, tako da je, ukupno gledano, u jednom tjednu obradeno oko 100 djece.

Stacionarni odjel za adolescente pri KBC-u Zagreb postoji od 1. 8. 2014. godine, s ukupno 9 kreveta, što je vrlo velika kvalitativna novina pri KBC-u Zagreb, jer do tada nije nikada postojao stacionarni psihijatrijski odjel za adolescente. Do danas je na ovom novom stacionarnom odjelu liječeno više od 1000 adolescenata. U jednoj godini bude oko 160 hospitalizacija adolescenata. Zbog pandemije kovid infekcije zapaža se povećanje broja stacionarnog liječenja. Prema subjektivnoj procjeni terapeuta od liječenih pacijenata stabilan ishod se bilježi u oko 43 %; vrlo pozitivan ishod u 24,5 %, dok se nepovoljan ishod liječenja bilježi u oko 32,5 %, čime smo preliminarno vrlo zadovoljni i što je u suglasju s ishodima liječenja u internacionalnoj literaturi s obzirom na vrlo ozbiljnu kliničku sliku tijekom prijma pacijenata.

U tijeku je suradnja u implementaciji nacionalnog okvira dijagnostike djece iz autističnog spektra, uz suradnju Ministarstva zdravstva. U zadnjih nekoliko godina je dijagnostika djece iz autističnog spektra unaprijeđena pri KBC-u Zagreb (objavljeno i na web stranici KBC-a Zagreb) s obzirom da se počela provoditi dodatna dijagnostika instrumentom ADOS-2 (polustrukturirani dijagnostički protokol za dijagnostiku autističnog spektra poremećaja).

U godini 2020. do danas, djelatnici Zavoda sudjeluju u projektu o zaštiti zdravlja hrvatskih branitelja uključujući i njihovu djecu.

U tijeku je prijedlog strateškog plana razvoja dječje psihijatrije, odnosno plana razvoja pri povjerenstvu za dječju i adolescentnu psihijatriju pri Ministarstvu zdravstva.

Aktivnosti za unaprjeđenje procesa kliničkog odlučivanja razvojem kliničkih smjernica i indikatora kvalitete navedene su u nizu referenci. To su do sada napravljene smjernice ili su izrade u tijeku:

- Depresija kod djece (referenca: Majić G, Bokić-Sabolić A, Škrinjarić J, Begovac I. Smjernice za dijagnosticiranje i liječenje depresije u djece i adolescenata Medix 2013; 19 (106): 246- 9.).
- Autistični spektar poremećaj kod djece (referenca: Begovac I, Majić G, Vidović V, Barišić N. Autizam ranog djetinjstva. U: Barišić N, ur. Pedijatrijska neurologija. Zagreb: Medicinska naklada; 2009, str. 734-739).
- Samoozljedivanje kod adolescenata (dostupno na web stranici KBC-a Zagreb u sustavu Alfresco).

number, there are on average about two hundred and fifty hospitalizations a year (first hospitalizations and re-hospitalizations). The specificity of our day hospital is that during the week certain groups change, meaning that children come to the day hospital only one day a week. In total, about one hundred children are treated during one week.

The inpatient department for adolescents at the University Hospital Centre Zagreb was founded on August 1, 2014, with the total capacity of nine beds. It is an important improvement for the University Hospital Centre Zagreb, which has never had an inpatient psychiatric department for adolescents. To date, more than 1,000 adolescents have been treated in the new inpatient department. Every year, about 160 adolescents are hospitalized in the department. Due to the coronavirus pandemic, there is an increase in the number of inpatient treatments. According to the therapists' subjective assessment, a stable outcome is recorded in about 43% of patients; a very positive outcome in 24.5%, while an unfavourable treatment outcome is recorded in around 32.5% of patients. Taking into account a very serious clinical pictures during patient admission, we are very much satisfied with such preliminarily results that are in line with the treatment results published in the international literature.

We also have an on-going cooperation with the Ministry of Health regarding the implementation of the national diagnostic framework for children on the autistic spectrum. Over the last few years, diagnostics for children on the autistic spectrum has been improved at the level of the University Hospital Centre Zagreb (also published on the Hospital's website), considering that additional diagnostics using the ADOS-2 (semi-structured observation schedule for diagnosing autism spectrum disorders) is now being carried out.

From the year 2020 until today, the employees of the Unit have been participating in the project on the health protection of Croatian veterans and their children.

The proposal for a strategic plan for the development of child psychiatry, i.e. a development plan at level of the committee for child and adolescent psychiatry at the Ministry of Health, is in the preparatory phase.

Various activities aimed at improving the clinical decision-making process by developing guidelines and quality indicators are listed in a series of references. This is a list of the guidelines that have been created so far or are in the process of being created:

- Depression in children (reference: Majić G, Bokić-Sabolić A, Škrinjarić J, Begovac I. Guidelines for the diagnosis and treatment of depression in children and adolescents, Medix 2013; 19 (106): 246- 9).



- Enureza i enkopreza, dijagnostički i terapijski algoritmi, referenca: Begovac I i sur. Dječja i adolescentna psihijatrija, e-izdanje: Sveučilište u Zagrebu Medicinski fakultet, 2021. Dostupno na: <https://urn.nsk.hr/urn:nbn:hr:105:694914>.
- Drugi dijagnostički i terapijski algoritmi (v. referencu: Begovac I i sur. Dječja i adolescentna psihijatrija, e-izdanje: Sveučilište u Zagrebu Medicinski fakultet, 2021. Dostupno na: <https://urn.nsk.hr/urn:nbn:hr:105:694914>.
- Također postoje naporci u inovativnosti u ponudi novih dijagnostičkih i terapijskih postupaka.

Zaključno rečeno, a što se tiče stručne djelatnosti, dosadašnji Zavod se bavi dijagnostikom, liječenjem, njegovim i (re)habilitacijom bolesnika, uključujući naj-složenije oblike visokodiferencirane medicine u stacionarnoj djelatnosti, dnevnoj bolnici i poliklinici, te se to povezuje sa znanstveno-nastavnom djelatnosti.

## DODIPLOMSKA I POSLIJEDIPLOMSKA NASTAVA

Na Zavodu se provodi intenzivna nastavna djelatnost iz područja biomedicine i zdravstva, kao i područja sestrinstva. Zavod je nositelj nastave iz obvezne dodiplomske nastave iz dječje psihijatrije u okviru predmeta „Psihijatrija“ pri Medicinskom fakultetu u Zagrebu. U jednom turnusu postoji satnica od 30 sati, a tijekom jedne akademske godine ima osam turnusa. U izvođenju nastave sudjeluju svi djelatnici Zavoda.

Unatrag oko 50 godina provodi se nastava iz psihološke medicine, obvezatnog predmeta u preddiplomskom studiju medicine, koja oko trećinu nastave ima iz područja dječje i adolescentne psihijatrije (razvojna psihologija, razvojna psihologija u odnosu na psihopatologiju i psihoterapiju; odnos dijete-lječnik, dijete s tjelesnom bolesti). U jednoj akademskoj godini postoji satnica od 150 sati. U nastavi sudjeluju dr. Ivan Begovac, dr. Zorana Kušević i dr. Gordan Majić.

Zavod je nositelj poslijediplomskog studija Medicinskog fakulteta u Zagrebu iz dječje i adolescentne psihijatrije, jedinog u Hrvatskoj. Ovaj je poslijediplomski studij obavezan za provođenje specijalizacije iz dječje i adolescentne psihijatrije. U ovom poslijediplomskom studiju, koji se održava svaku drugu godinu, postoji fond od ukupno 350 sati.

Pojedini nastavnici (prof. Kušević) sudjeluju u nastavi iz predmeta „Temelji liječničkog umijeća“, sa svojom satnicom, u nastavi izbornih kolegija „Gospodin Horvat ide doktoru“ i „Dijete u krizi“, voditelj je prof. Begovac. Također je prof. Kušević voditelj izbornog poslijediplomskog kolegija pod nazivom

- Autistic spectrum disorder in children (reference: Begovac I, Majić G, Vidović V, Barišić N. Autism in Early Childhood in Barišić N, ed. Pedijatrijska neurologija. Zagreb: Medicinska naklada, 2009)
- Self-harm in adolescents (available on the UHC Zagreb website in the Alfresco system).
- Enuresis and encopresis, diagnostic and therapeutic algorithms (reference in: Begovac I et al. Child and adolescent psychiatry, e-edition: University of Zagreb, School of Medicine, 2021. Available at: <https://urn.nsk.hr/urn:nbn:hr:105:694914>).
- Other diagnostic and therapeutic algorithms (see reference: Begovac I et al. Child and adolescent psychiatry, e-edition: University of Zagreb, School of Medicine, 2021. Available at: <https://urn.nsk.hr/urn:nbn:hr:105:694914>).
- Efforts are also being invested in innovation so to be able to offer new diagnostic and therapeutic procedures.

In conclusion, as far as professional activities are concerned, our Unit provides diagnostics, treatment, care and (re)habilitation of patients, including the most complex forms of highly differentiated medical care in inpatient, day hospital and polyclinic treatment programs, all linked with scientific and teaching activities.

## UNDERGRADUATE AND POSTGRADUATE TEACHING

Our Unit organises intensive teaching activities in the fields of biomedicine and healthcare, as well as nursing. It also provides compulsory undergraduate courses in child psychiatry, organised by the School of Medicine in Zagreb. During one academic year, activities are organised in eight programme units, each one comprising thirty hours. All employees participate in the teaching activities.

The course in psychological medicine is a compulsory subject at the undergraduate level of medical studies. It has been thought for about five decades now and about one third of the curriculum is dedicated to child and adolescent psychiatry (developmental psychology, developmental psychology in relation to psychopathology and psychotherapy; patient-doctor relationship, treatment of children with physical illnesses). The curriculum comprises a total of one hundred and fifty hours. Doctors Ivan Begovac, Zorana Kušević and Gordan Majić participate in the teaching.

Our Unit also organises the only national post-graduate study in child and adolescent psychiatry together with the Zagreb School of Medicine. The post-graduate study is mandatory part of the child and adolescent psychiatry residency program. It takes place every oth-

„Psihoterapija“. Pojedini nastavnici sudjeluju u poslijediplomskom studiju iz psihoterapije, kao i na poslijediplomskom studiju iz psihiatrije. Doc. dr. sc. Mara Tripković je docent na Sveučilištu u Dubrovniku, sa svojom nastavnom satnicom na predmetima, preddiplomski studij Sestrinstvo, preddiplomska nastava iz dva predmeta: Psihiatrija i mentalno zdravlje i Zdravstveni odgoj s metodama učenja i poučavanja, koja uključuju predavanja, seminare, mentorstvo, ispite i kolokvije u skladu sa studijskim programom i izvedbenim planom. Doc. dr. sc. Trpimir Jakovina je docent na Medicinskom fakultetu u Osijeku, studiju koji se odvija na njemačkom jeziku. Glavna medicinska sestra Zavoda, Irena Bambulović; dipl. med. techn., diplomirana sestra psihiatrijskog sestrinstva, kao naslovna suradnica ima nastavu vježbi na predmetu „Zaštita mentalnog zdravlja djece i adolescenata“, na preddiplomskom studiju Sestrinstvo (redovni i izvanredni studenti) na Zdravstvenom veleučilištu. Antonija Abaz, mag. med. techn.; kao naslovna suradnica ima nastavu vježbi na predmetu „Zaštita mentalnog zdravlja djece i adolescenata“, na preddiplomskom studiju Sestrinstvo (redovni i izvanredni studenti) na Zdravstvenom veleučilištu. Hanna Modrušan, mag. med. techn., kao suradnica ima nastavu vježbi na predmetu „Zdravstvena njega psihičkih bolesnika“, na preddiplomskom studiju Sestrinstvo (redovni studenti) na Veleučilištu u Bjelovaru.

Prof. Ivan Begovac je mentor dviju doktorskih disertacija, više stručnih magisterija, te više od desetak diplomskih radova. Prof. dr. Zorana Kušević je mentor jedne doktorske disertacije, te više od desetak diplomskih radova. Djelatnici aktivno sudjeluju u tečajevima prve kategorije u organizaciji Medicinskog fakulteta u Zagrebu. Od početka formiranja nove specijalizacije iz dječje i adolescentne psihiatrije KBC Zagreb je od nadležnog ministarstva zdravlja bio akreditiran u 100 % obimu za edukaciju specijalizanata iz dječje i adolescentne psihiatrije.

## UDŽBENICI, POGLAVLJA U UDŽBENICIMA

Publiciranje udžbenika ili poglavlja u udžbenicima iz područja dječje psihiatrije i psihiatrije i pedijatrije ima u Hrvatskoj dugu tradiciju pri Medicinskom fakultetu u Zagrebu i pri KBC-u Zagreb, što je bilo posljedica kliničkog, nastavnog, znanstvenog i organizacijskog razvoja. Prvo udžbeničko poglavlje naslovljeno „Dječja psihiatrija“ objavljeno je godine 1959. autorice prof. Maje Beck-Dvoržak, u udžbeniku Psihiatrija urednika profesora Lopašića, Betlheim i Dogana (13). Bio je to i prvi udžbenik psihiatrije u Hrvatskoj koji su napisali nastavnici Katedre za psihiatriju i psihološku medicinu Medicinskog fa-

ter year and the curriculum comprises a total of three hundred and fifty hours.

Certain teachers (Prof. Kušević) participate in the teaching of the following courses: "Foundations of Medical Profession", "Mr. Horvat Has to See a Doctor" and "Child in Crisis" together with Prof. Begovac. Prof. Kušević is also the head of the elective postgraduate course called "Psychotherapy". Some teachers participate in postgraduate studies in psychotherapy and psychiatry. Assistant Professor Mara Tripković works at the University of Dubrovnik and teaches the undergraduate courses in nursing, psychiatry and mental health, and learning and teaching methods in health education. The courses include lectures, seminars, mentoring, exams and colloquiums. Assistant Professor Trpimir Jakovina works at the School of Medicine and teaches in the study programme in German. Irena Bambulović, the head nurse with a graduate degree in psychiatric nursing and medical technology holds exercises in the course called "Mental Health Protection of Children and Adolescents" at the undergraduate study in nursing (full-time and part-time students) at the University of Applied Health Sciences. Antonija Abaz has a graduate degree in medical technology and holds exercises in the course called "Mental Health Protection of Children and Adolescents" at undergraduate studies in nursing (full-time and part-time students) at the University of Applied Health Sciences. Hanna Modrušan, has a graduate degree in medical technology and holds exercises in the course called "Health Care of Psychiatric Patients" at undergraduate studies in nursing (full-time students) at the Polytechnic in Bjelovar.

Prof. Ivan Begovac is a mentor to two PhD candidates, several master degree candidates and more than a dozen graduate students. Prof. Zorana Kušević is a mentor to one PhD candidate and more than a dozen graduate students. Employees actively participate in the first-category courses organized by the Zagreb School of Medicine. Since the beginning of the formation of the new child and adolescent psychiatry residency program, the University Hospital Centre Zagreb has been fully accredited by the competent Ministry of Health for the education of residents in training in child and adolescent psychiatry.

## TEXTBOOKS AND CHAPTERS IN TEXTBOOKS

As a consequence of clinical, teaching, scientific and organizational development, the Zagreb School of Medicine and the University Hospital Centre Zagreb have a long tradition of publishing textbooks or chapters in textbooks on the topics of child psychiatry, psychiatry and paediatrics. The first textbook chapter titled "Child Psychiatry" was published in 1959 by Prof. Maja Beck-Dvoržak in the textbook titled "Psychiatry" ed-

kulteta u Zagrebu. Kao zanimljivost valja spomenuti da su profesorica Beck-Dvoržak i profesor Betlheim u spomenutom udžbeniku uopće prvi u Hrvatskoj opisali psihogenu (mentalnu, histeričku) anoreksiju (danasmismo to nazvali anoreksijom nervozom).

Prof. Maja Beck-Dvoržak godine 1984. objavljuje poglavlje „Medicinska psihologija djeteta“ u prvom izdanju udžbenika *Pedijatrija*, glavnog urednika profesora Duška Mardešića. U udžbeniku *Psihijatrija* iz godine 1995. glavnog urednika profesora Vaska Mučevića objavljuje se poglavlje pod nazivom „Dječja i adolescentna psihiatrica“ autora profesora Staniše Nikolića i profesorce Vesne Vidović. U udžbeniku *Psihijatrija* glavnog urednika profesora Ljubomira Hotujca iz godine 2006. postoje pojedina poglavlja iz područja dječje psihiatrise koje objavljaju profesorice Vesna Vidović i profesorica Vlasta Rudan. U udžbeniku *Pedijatrijska neurologija* iz godine 2009. glavne urednice profesorice Nine Barišić, objavljeno je poglavlje „Dječja psihiatrica“ grupe autora: Vesna Vidović, Ivan Begovac, Gordan Majić, Jarmila Škrinjarić, Marina Grubić, Nina Barišić. U udžbeniku *Psihijatrija* glavnih urednika profesora Begić, Jukić i Medved, iz godine 2015., postoji poglavlje naslovljeno „Psihički poremećaji dječje i adolescentne dobi“, autora Ivana Begovca, uz poglavlja „Intelektualne teškoće“ i „Disocijativni i somatoformni poremećaji“ autorice Zorane Kušević. U udžbeniku *Psihijatrija* urednika profesora Dražena Begića iz 2022. objavljena su poglavlja „Poremećaji u dječjoj i adolescentnoj psihiatrisi“ Ivana Begovca „Poremećaj eliminacije“ i „Disocijativni i somatoformni poremećaji“ Zorane Kušević i „Obiteljska i partnerska (bračna) terapija“ Gordana Majića.

Što se tiče dodirne točke s medicinskom psihologijom (psihološkom medicinom) i psihoterapijom postoje također važne reference. Pojedini dječji psihiatri (Staniša Nikolić) sudjeluju kao koautori godine 1975. u pojedinim poglavlјima u udžbeniku za poslijediplomsku nastavu *Dinamska psihologija i psihoterapija* autora profesora Blažević, Cividini-Stranić, Klain, Nikolić, Bućan. U prvom izdanju *Medicinske psihologije* iz godine 1979., koji su uredile profesorice Blažević, Cividini-Stranić i Beck-Dvoržak, također postoje pojedina poglavlja iz dječje psihiatrise. U udžbeniku *Osnove medicinske psihologije* iz godine 1990., glavnih urednika Staniše Nikolića, Eduarda Klaina, i Vesne Vidović, također postoje poglavlja iz područja dječje psihiatrise. Udžbenik *Psihološka medicina* iz godine 1999. glavnog urednika Eduarda Klaina također obuhvaća poglavlja iz područja dječje psihiatrise, a napisali su ih prof. Staniša Nikolić, prof. Vesna Vidović, prof. Vlasta Rudan, dr. Marija Čišek, dr. Zdenka Brumen-Budanko. U udžbeniku *Psihološka medicina* iz godine 2011., autora Rudolfa Gregureka, također ima dodirnih točaka s dječjom psihiatrijom.

ited by professors Lopašić, Betlheim and Doga (13). This was also the first psychiatry textbook in Croatia written by the teachers of the Department of Psychiatry and Psychological Medicine of the Zagreb School of Medicine. It is interesting to note that professors Beck-Dvoržak and Betlheim were the first in Croatia to describe psychogenic (mental, hysterical) anorexia (nowadays known as anorexia nervosa) in the aforementioned textbook.

In 1984, Prof. Maja Beck-Dvoržak published the chapter titled "Medical Psychology of Children" in the first edition of the textbook titled "Paediatrics", edited by Prof. Duško Mardešić. The chapter titled "Child and Adolescent Psychiatry" written by professors Staniša Nikolić and Vesna Vidović was published in 1995 in the textbook titled "Psychiatry", edited by Prof. Vasko Mučević. In the eponymous textbook edited by Prof. Ljubomir Hotujac in 2006, there are individual chapters dedicated to child psychiatry by professors Vesna Vidović and Vlasta Rudan. In the textbook *Pediatric Neurology* from 2009, edited by Prof. Nina Barišić, the chapter titled "Child Psychiatry" was published by the group of authors, namely Vesna Vidović, Ivan Begovac, Gordan Majić, Jarmila Škrinjarić, Marina Grubić, and Nina Barišić. The 2015 textbook titled "Psychiatry", edited by professors Begić, Jukić and Medved holds a chapter titled "Psychiatric disorders of childhood and adolescence" by Ivan Begovac and chapters "Intellectual disabilities" and "Dissociative and somatoform disorders" by Zorana Kušević. In the same titled textbook published in 2022 and edited by Prof. Dražen Begić, there are chapters "Disorders in child and adolescent psychiatry" by Ivan Begovac and „Disocijativni i somatoformni poremećaji“ by Zoran Kušević and „Obiteljska i partnerska (bračna) terapija“ by Gordan Majić.

There are also many important references tackling topics related to medical psychology and psychotherapy. In 1975, child psychiatrists Blažević, Cividini-Stranić, Klain, Nikolić, and Bućan co-authored a number of chapters in the textbook for post-graduate courses titled "Dynamic Psychology and Psychotherapy". In the first edition of "Medical Psychology" published in 1979 and edited by professors Blažević, Cividini-Stranić and Beck-Dvoržak, there are also individual chapters on child psychiatry. In the textbook titled "Fundamentals of Medical Psychology" published in 1990 and edited by Staniša Nikolić, Eduard Klain, and Vesna Vidović, there were also chapters on child psychiatry. "Psychological Medicine", a textbook published in 1999 and edited by the editor-in-chief Eduard Klain also includes chapters in the field of child psychiatry written by professors Staniša Nikolić, Vesna Vidović, Vlasta Rudan, Marija Čišek, and Zdenka Brumen-Budanko. The textbook titled "Psychological Medicine" from 2011 written by Rudolf Gregurek also touches upon certain aspects of child psychiatry.

Prekretnicu u objavljivanju u Hrvatskoj čini prof. Staniša Nikolić koji kao glavni urednik objavljuje samostalne udžbenike iz područja dječje i adolescentne psihiatije u više samostalnih knjiga, a ovde spomenimo samo najvažnije: *Psihijatrija dječje i adolescentne dobi – propedeutika* iz godine 1991. te *Mentalni poremećaji u djece i omladine - 1., 2., 3.*, iz godine 1988., 1990. te 1992., i to kao član Katedre za psihiatiju i psihološku medicinu Medicinskog fakulteta u Zagrebu. Prof. Staniša Nikolić, uz dr. Marijanu Marangunić (kao glavni urednici), godine 2004. objavljaju samostalni udžbenik *Dječja i adolescentna psihiatrica*.

U godini 2021, Ivan Begovac i sur. objavljaju samostalni sveučilišni udžbenik: *Dječja i adolescentna psihiatrica*, e-izdanje: Sveučilište u Zagrebu Medicinski fakultet, 2021. Dostupno besplatno na digitalnom repozitoriju Medicinskog fakulteta u Zagrebu: <https://urn.nsk.hr/urn:nbn:hr:105:694914>. Ukupno ima 1123 stranica, 81 poglavlja, 38 koautora, prvi sveučilišni udžbenik pri Medicinskom fakultetu u Zagrebu, koji je isključivo publiciran putem e-izdanja. Radi se o udžbeniku za diplomsku i poslijediplomsku nastavu, kvalitetna novina pri Medicinskom fakultetu u Zagrebu, značajno unaprjeđuje nastavu pri Medicinskom fakultetu u Zagrebu. Članovi Zavoda koji su bili koautori pojedinih poglavlja su: Ivan Begovac, Irena Bambulović, Marija Bolfan, Stjepan Greguraš, Trpimir Jakovina, Ivana Jedvaj Šumski, Zorana Kušević, Gordan Majić, Silvana Pleština, Iva Radoš, Lena Santrić, Mara Tripković, i Veronika Nives Zorić.

## DOMAĆA I MEĐUNARODNA STRUČNA I ZNANSTVENA SURADNJA

Postoji neformalna suradnja četiri KBC-ova u području dječje i adolescentne psihiatije (KBC Zagreb, KBC Osijek, KBC Rijeka, KBC Split). Zavod surađuje s drugim klinikama i zavodima KBC-a Zagreb, a posebno s odjelima za odrasle Klinike za psihiatiju i psihološku medicinu; Klinikom za pedijatiju, Klinikom za neurologiju, s kojima već postoje određene formalne (zajedničko dežurstvo Klinike za psihološku medicinu i Klinike za psihiatiju; zajednička katedra s Klinikom za psihiatiju i psihološku medicinu) i neformalne povezanosti (Klinika za pedijatiju, Klinika za internu medicinu). Zavod surađuje s drugim klinikama i bolnicama u Zagrebu ili Hrvatskoj, npr. Psihijatrijskom bolnicom za djecu i mladež u Zagrebu (15), Klinikom za pedijatiju KBC-a Sestara milosrdnice u području poremećaja jedenja. Zavod ima i istaknutu međunarodnu suradnju s Njemačkim psihanalitičkim udruženjem; postoji suradnja s Klinikom za dječju psihiatiju iz Ulma; suradnja s

The work of Prof. Staniša Nikolić was a turning point in terms of textbook publishing in Croatia. He was a member of the Department of Psychiatry of the Zagreb School of Medicine and the editor-in-chief of important independent textbooks in the field of child and adolescent psychiatry. Some of the most important titles are: "Child and Adolescent Psychiatry - Propaedeutics" published in 1991 and "Mental Disorders in Children and Adolescents", published in three volumes consecutively in 1988, 1990 and 1992. In 2004, Prof. Staniša Nikolić and Marijana Marangunić, MD, PhD as co-editors-in-chief published the textbook titled "Child and Adolescent Psychiatry".

In 2021, Ivan Begovac and his associates published a university textbook titled "Child and Adolescent Psychiatry" (e-edition: University of Zagreb, School of Medicine, 2021. Available for free at the digital repository of the Zagreb School of Medicine: <https://urn.nsk.hr/urn:nbn:hr:105:694914>). The book comprises 1123 pages and 81 chapters. It was written by 38 co-authors and it is the first university textbook of the Zagreb School of Medicine published only in the e-textbook version. It is intended for graduate and postgraduate courses and represents a novelty while significantly improving the teaching at the Zagreb School of Medicine. Other members of the Unit staff and co-authors of the chapters are: Ivan Begovac, Irena Bambulović, Marija Bolfan, Stjepan Greguraš, Trpimir Jakovina, Ivana Jedvaj Šumski, Zorana Kušević, Gordan Majić, Silvana Pleština, Iva Radoš, Lena Santrić, Mara Tripković, and Veronika Nives Zorić.

## DOMESTIC AND INTERNATIONAL PROFESSIONAL AND SCIENTIFIC COOPERATION

Four university hospital centres in Zagreb, Osijek, Rijeka and Split have an informal cooperation in the field of child and adolescent psychiatry. The Unit cooperates with other departments and at the level of the University Hospital Centre, especially with the Departments of Psychiatry and Psychological Medicine, Paediatrics, and Neurology at both informal (joint duty with the Departments of Psychological Medicine and Psychiatry; joint study programme with the Department of Psychiatry and Psychological Medicine) and informal levels (Department of Paediatrics, Department of Internal Medicine). It also cooperates with other clinics and hospitals in Zagreb and Croatia, e.g., Psychiatric Hospital for Children and Adolescents in Zagreb (15) and Sestre milosrdnice University Hospital in the field of eating disorders. The Unit also has international cooperation with the prominent German Psychoanalytic Association and collaborates with the Child Psychiatry and Psychosomatics and Psychotherapy Clinics from Ulm, Germany, and Prof. Achebach from the USA on the project on the introduction of methodology. Re-

Klinikom za psihosomatiku i psihoterapiju iz Ulma, Njemačka; suradnja na projektu s prof. Achebachom iz SAD-a na uvođenju metodologije u Hrvatsku. U zadnje vrijeme se bilježi veća povezanost rada s Hrvatskim institutom za istraživanje mozga. Smatramo da treba dalje imati suradnju s drugim stručnim udrugama, kao što je to bio i prije slučaj, a to se posebno odnosi na udruge pri Hrvatskom liječničkom zboru. Važna je također suradnja s drugim udrugama, kao što je Hrvatska liječnička komora. Važna je suradnja s različitim ministarstvima. Važni su kontakti sa centrima za socijalnu skrb, školama i specijalnim ustanovama za odgoj i obrazovanje. Važna je također suradnja s nevladinim udrugama, kao i udrugama pacijenata. Do sada postoji neformalna suradnja, npr. s domovima za nezbrinutu djecu, Caritasom, SOS dječjim selom.

## SUDJELOVANJE NA STRUČNIM SKUPOVIMA U HRVATSKOJ I INOZEMSTVU, STRUČNA AKTIVNOST

Djelatnici Zavoda u zadnjih desetak godina sudjelovali na nizu stručnih skupova u Hrvatskoj i inozemstvu. Posebno ovdje ističemo organizaciju seminara „Dani Maje Beck-Dvoržak“ koji Zavod organizira već dulje od deset godina, jednom ili dva puta godišnje. Većina djelatnika Zavoda su članovi Hrvatskog društva za dječju i adolescentnu psihiatriju i psihoterapiju pri HLZ, a prof. dr. Ivan Begovac, je predsjednik tog društva od osnutka, prije više od 15 godina.

## REFERENTNI CENTAR ZAVODA

Zavod za dječju i adolescentnu psihiatriju i psihoterapiju (prije Poliklinički odjel za dječju i adolescentnu psihiatriju i Dnevna bolnica za mladež) je unatrag više godina nositelj referentnog centra za dječju i adolescentnu psihiatriju i psihoterapiju pri Ministarstvu zdravstva, jedini referentni centar u području dječje psihiatrije u Hrvatskoj, kao centar izvrsnosti u području dječje i adolescentne psihiatrije.

## EDUKACIJA SPECIJALIZANATA

Zavod za dječju i adolescentnu psihiatriju i psihoterapiju Medicinskog fakulteta u Zagrebu i Kliničkog bolničkog centra u potpunosti ispunjava uvjete iz čl. 4 Pravilnika o specijalističkom usavršavanju doktora medicine u 100 % ukupnog trajanja. U Zavodu se obavlja sveučilišna nastava i provodi znanstveni rad. Zavod za dječju i adolescentnu psihiatriju i psihoterapiju je jedina nastavna baza za dječju i adolescentnu psihiatriju i psihoterapiju Medicinskog fakultete

centrally, we have intensified our cooperation with the Croatian Institute for Brain Research. We believe that we should continue our cooperation with other professional associations, as was the case before, and this especially applies to the associations under the umbrella of the Croatian Medical Association. Cooperation with the Croatian Medical Chamber is also important as well as cooperation with the competent ministries. Important contacts with social welfare centres, schools and special educational institutions have been established as well, along with non-governmental organisations and patient associations. Until the present moment, informal cooperation has been established with foster care facilities, Caritas, and SOS children's village, too.

## PARTICIPATION IN PROFESSIONAL GATHERINGS IN CROATIA AND ABROAD, PROFESSIONAL ACTIVITIES

In the past ten years, our employees have participated in a number of professional gatherings in Croatia and abroad. It is important to highlight the organization of the seminar called "Days of Maja Beck-Dvoržak" taking place once or twice a year over the past decade. Most of the Unit's employees are members of the Croatian Society of Child and Adolescent Psychiatry and Psychotherapy under the umbrella of the Croatian Medical Association, and Prof. Ivan Begovac has been the president of the society since its foundation, more than 15 years ago.

## REFERENCE CENTRE

For several years, the Child and Adolescent Psychiatry and Psychotherapy Unit (the former Polyclinic Department of Child and Adolescent Psychiatry and the Adolescent Day Hospital) has been housing the reference centre for child and adolescent psychiatry and psychotherapy of the Ministry of Health, as the only reference centre in the field of child psychiatry in Croatia and a centre of excellence in the field of child and adolescent psychiatry.

## RESIDENT IN TRAINING EDUCATION

The Child and Adolescent Psychiatry and Psychotherapy Unit of the Zagreb School of Medicine and the University Hospital Centre Zagreb fully meet the requirements of Art. 4 of the Regulations on specialist resident in training. The Unit organises university teaching and scientific work. The Child and Adolescent Psychiatry and Psychotherapy Unit is the only teaching base for child and adolescent psychiatry and psychotherapy of the School of Medicine at the University of Zagreb in the field of child



ta Sveučilišta Zagreb za područje dječje psihijatrije. Klinika i Zavod raspolažu odgovarajućim prostorom i opremom. U Zavodu se liječi dovoljan broj bolesnika i provode sve praktične procedure potrebne za usavršavanje specijalizanata. Kao dio Kliničkog bolničkog centra Zagreb, Klinika ima na raspolaganju stručnjake drugih struka i drugih medicinskih specijalnosti, kako bi se omogućilo da specijalizant stekne kompetenciju timskog rada u skrbi bolesnika. Od ukupno 9 specijalista 6 su specijalisti dulje od 10 godina, dok su 3 djelatnika specijalisti kraće od 10 godina. Zavod ima organizirane aktivnosti na području praćenja kvalitete zdravstvene zaštite. Glavni mentor je trenutno prof. dr. sc. Ivan Begovac, koji je i voditelj specijalističkog usavršavanja iz dječje i adolescentne psihijatrije pri Ministarstvu zdravstva, dok su drugi mentori; doc. dr. sc. Mara Tripković; prof. dr. sc. Zorana Kušević, kao i doc. dr. sc. Gordan Majić. Na Zavodu se također održavaju specijalistički ispitni iz dječje i adolescentne psihijatrije, u najvećem broju od kada je započeto s novom specijalizacijom, više od njih desetak, a ispitivači su prof. dr. Ivan Begovac, prof. dr. sc. Zorana Kušević, doc. dr. sc. Mara Tripković i doc. dr. sc. Gordan Majić.

#### **Aktualni projekti i dosadašnji znanstveni projekti unatrag deset godina:**

- *Potpore Sveučilišta Zagreb:* Koncept prikladnosti za liječenje i emocionalna regulacija tijekom stacionarnog liječenja adolescenata s psihičkim poremećajima; školska godina 2019.-2020. do danas – aktualni projekt; voditelj: prof. dr. sc. Ivan Begovac.
- *Internacionalni, bilateralno Njemačko-hrvatski projekt* između Klinike za psihosomatiku u Ulmu i Klinike za psihološku medicinu, Zagreb: *A cross-cultural comparison between Germany and Croatia patients with bulimia nervosa: the role of childhood trauma, attachment style, emotional regulation and family functioning;* Voditelji: prof. dr. sc. Joern von Wietersheim i prof. dr. sc. Ivan Begovac; Razdoblje rada: 1. 1. 2013.- 31. 12. 2020. Projekt je rezultirao različitim stipendijama i studijskim boravcima, kao i publikacijama.
- *Perinatal biomarkers of normal and abnormal brain development in premature infants revealed by structural and diffusion MRI, CSF,* principal investigator: Milan Radoš; 2021- do danas; suradnica: dr. sc. Iris Žunić-Išasegi sa Zavoda za dječju i adolescentnu psihijatriju i psihoterapiju, KBC Zagreb,
- *Role of RNA binding protein CELF1 in normal and abnormal human neuronal development, UKF/CSF:* Principal investigator: Željka Krsnik; 2021- do danas; suradnica: dr. sc. Iris Žunić-

psychiatry. The Department and the Unit have adequate facilities and equipment. A sufficient number of patients are treated at the Unit and all practical procedures necessary for the training of residents are carried out. Given the fact that it belongs to the University Hospital Centre Zagreb, the Unit can collaborate with experts from other fields and medical specialties in order to enable residents in training to acquire teamwork competences necessary for patient care. Out of a total of nine specialists, six have been specialists for more than ten years and three have been specialists for less than ten years. The Unit organises activities in the field of health care quality monitoring. Prof. Ivan Begovac currently acts as the main mentor and he also the head of specialist training in child and adolescent psychiatry at the Ministry of Health. Other mentors are: Assoc. Prof. Mara Tripković, Prof. Zorana Kušević, MD, PhD and Assoc. Prof. Gordan Majić. Specialist examinations in child and adolescent psychiatry are also held at the Unit, and mostly so since the introduction of the new residency program. More than a dozen specialist examinations were held by professors Ivan Begovac and Zorana Kušević and assistant professors Mara Tripković and Gordan Majić.

#### **Current projects and previous scientific projects over the past ten years:**

- *Support from the University of Zagreb:* The concept of appropriateness for treatment and emotional regulation during inpatient treatment of adolescents with mental disorders; school year 2019-2020 to date – current project; headed by Prof. Ivan Begovac, PhD.
- *International bilateral German-Croatian project* between the Psychosomatics Clinic in Ulm and the Department of Psychological Medicine, Zagreb: *A cross-cultural comparison between Germany and Croatia patients with bulimia nervosa: the role of childhood trauma, attachment style, emotional regulation and family functioning;* Leaders: Prof. Joern von Wietersheim PhD and Prof. Ivan Begovac, PhD; project duration: 1 January, 2013 - 31 December, 2020. The project resulted in a number of scholarships, study visits and publications.
- *Perinatal biomarkers of normal and abnormal brain development in premature infants revealed by structural and diffusion MRI, CSF,* principal investigator: Milan Radoš; 2021- present; associate: Iris Žunić-Išasegi, PhD, Child and Adolescent Psychiatry and Psychotherapy Unit of the University Hospital Centre Zagreb,
- *Role of RNA binding protein CELF1 in normal and abnormal human neuronal development, UKF/CSF:* Principal investigator: Željka Krsnik; 2021- present; associate: Iris Žunić-Išasegi, PhD, the Child and Adolescent Psychiatry and Psycho-

Išasagi sa Zavoda za dječju i adolescentnu psihiatriju i psihoterapiju, KBC Zagreb.

- *Scientific Centre of Excellence for Basic, Clinical, and Translational Neuroscience* (principal investigator: Miloš Judaš; 2017 – do danas; suradnica: dr. sc. Iris Žunić-Išasagi sa Zavoda za dječju i adolescentnu psihiatriju i psihoterapiju, KBC Zagreb).
  - *Potpore Sveučilišta Zagreb*: Pokazatelji terapijskog odgovora u shizofreniji, BMI 1.45, Školska godina 2018; voditelj prof.dr.sc. Marina Šagud; suradnica na projektu prof. dr. sc. Zorana Kušević;
  - *Potpore Sveučilišta Zagreb*: Utjecaj religioznosti na ishod liječenja depresije: klinički i biokemijski pokazatelji, BM106 školska godina 2017; voditelj prof.dr.sc. Marina Šagud; suradnica na projektu prof. dr. sc. Zorana Kušević.
  - *Potpore Sveučilišta Zagreb*: Učinak akutne reakcije na stres i depresivnog poremećaja na patologiju krvožilnog sustava, školska godina 2016; voditelj prof.dr.sc. Marina Šagud; suradnica na projektu prof. dr. sc. Zorana Kušević.
  - *Potpore Sveučilišta Zagreb*: Koncept prikladnosti za liječenje i emocionalna regulacija tijekom stacionarnog liječenja adolescenata s psihičkim poremećajima; školska godina 2018; voditelj doc. dr. sc. Ivan Begovac.
  - *Potpore Sveučilišta Zagreb*: Prediktivno istraživanje terapijske alijanse i emocionalne regulacije tijekom stacionarnog liječenja adolescenata s psihičkim poremećajima; školska godina 2016/2017; voditelj doc. dr. sc. Ivan Begovac.
  - *Potpore Sveučilišta Zagreb*: Terapijska alijansa kao prediktor psihoterapijskog liječenja kod adolescenata s poremećajima jedenja; školska godina 2015/2016; voditelj doc. dr. sc. Ivan Begovac.
  - *Potpore Sveučilišta Zagreb*: Terapijska alijansa kao prediktor psihoterapijskog liječenja kod adolescenata s anksioznim poremećajima; školska godina 2014/2015; voditelj doc. dr. sc. Zorana Kušević.
  - *Potpore Sveučilišta u Zagrebu*: Prediktivno istraživanje terapijske alijanse i emocionalne regulacije tijekom liječenja adolescenata s emocionalnim poremećajima; školska godina 2013/2014; voditelj doc. dr. sc. Ivan Begovac.
  - *Projekt Ministarstva znanosti*: Osobine ličnosti i obitelji bolesnika s poremećajima jedenja nakon oporavka (108-0000000-3625); voditelj doc. dr. sc. Ivan Begovac (prethodni voditelj prof. dr. sc. Vesna Vidović). Trajanje do 1. 1. 2015;
- therapy Unit of the University Hospital Centre Zagreb,
- *Scientific Centre of Excellence for Basic, Clinical, and Translational Neuroscience* (principal investigator: Miloš Judaš; 2017 – to date; associate: present; associate: Iris Žunić-Išasagi, PhD, the Child and Adolescent Psychiatry and Psychotherapy Unit of the University Hospital Centre Zagreb).
  - *Support from the University of Zagreb*: Indicators of therapeutic response in schizophrenia, BMI 1.45, School year 2018; principal investigator: Prof. Marina Šagud, PhD; collaborator on the project Prof. Zorana Kušević, PhD;
  - *Support from the University of Zagreb*: The influence of religiosity on the outcome of depression treatment: clinical and biochemical indicators, BM106, school year 2017; principal investigator: Prof. Marina Šagud, PhD; collaborator on the project Prof. Zorana Kušević, PhD.
  - *Support from the University of Zagreb*: The effect of acute stress reaction and depressive disorder on the pathology of the vascular system, school year 2016; headed by Prof. Marina Šagud, PhD; collaborator on the project Prof. Zorana Kušević, PhD.
  - *Support from the University of Zagreb*: The concept of appropriateness for treatment and emotional regulation during inpatient treatment of adolescents with mental disorders; school year 2018; headed by Assistant Prof. Ivan Begovac.
  - *Support from the University of Zagreb*: Predictive research of therapeutic alliance and emotional regulation during inpatient treatment of adolescents with mental disorders; school year 2016/2017; headed by Assistant Professor Ivan Begovac.
  - *Support from the University of Zagreb*: Therapeutic alliance as a predictor of psychotherapy treatment in adolescents with eating disorders; school year 2015/2016; headed by Assistant Professor Ivan Begovac.
  - *Support from the University of Zagreb*: Therapeutic alliance as a predictor of psychotherapy treatment in adolescents with anxiety disorders; school year 2014/2015; headed by Assistant Professor Zorana Kušević.
  - *Support from the University of Zagreb*: Predictive research of therapeutic alliance and emotional regulation during the treatment of adolescents with emotional disorders; school year 2013/2014; headed by Assistant Professor Ivan Begovac.
  - *Project of the Ministry of Science*: Personality traits and families of patients with eating disorders after recovery (108-0000000-3625); headed by Associate Prof. Ivan Begovac (previous supervisor: Prof. Vesna Vidović, Ph.D.). Project duration: until January 1, 2015.

**Izbor knjiga ili poglavlja u knjigama u zadnjih desetak godina** (djelatnici Zavoda u zadnjih desetak godina imaju više od stotinjak objavljenih poglavlja u udžbenicima):

- Ivan Begovac i suradnici. Dječja i adolescentna psihijatrija, e-izdanje: Sveučilište u Zagrebu Medicinski fakultet, 2021. Dostupno besplatno na digitalnom repozitoriju Medicinskog fakulteta u Zagrebu: <https://urn.nsk.hr/urn:nbn:hr:105:694914>. Ukupno ima 1123 stranica, 81 poglavlja, 38 koautora, prvi sveučilišni udžbenik pri Medicinskom fakultetu u Zagrebu, koji je isključivo publiciran putem e-izdanja.
- Begovac I. Psihički poremećaji u dječjoj i adolescentnoj psihijatriji. U: Begić D. (ur.) Psihijatrija. Zagreb: Medicinska naklada, 2022.
- Kušević Z. Poremećaji eliminacije; „Disocijativni i somatoformni poremećaji“; Majić G. „Obiteljska i partnerska (bračna) terapija. U: Begić D. (ur.) Psihijatrija. Zagreb: Medicinska naklada, 2022.
- Begovac I. Regulacijski poremećaji malog djeteta. U: Tješić-Drinković D, Senečić-Čala I, Vuković J. Pedijatrija danas: Uočimo rane znakove bolesti. Zagreb: Medicinska naklada, 2017.
- Begovac I. Psihički poremećaji dječje i adolescentne dobi. U: Begić D, Jukić V, Medved V. (ur.). Psihijatrija. Zagreb: Medicinska naklada, 2015.
- Kušević Z. Disocijativni somatoformni poremećaji. U: Begić D, Jukić V, Medved V. (ur.). Psihijatrija. Zagreb: Medicinska naklada, 2015.
- Kušević Z. Intelektualne teškoće. U: Begić D, Jukić V, Medved V. (ur.). Psihijatrija. Zagreb: Medicinska naklada, 2015.
- Begovac I. Savez u individualnoj psihoterapiji // Psihoterapijski pravci. Kozarić-Kovačić D, Frančišković T. (ur.) Zagreb: Medicinska naklada, 2014.
- Begovac, Ivan. Psihoterapija adolescenata // Psihoterapijski pravci. Kozarić-Kovačić D, Frančišković T. (ur.) Zagreb: Medicinska naklada, 2014.
- De Zan. Slika i crtež u psihoterapiji djece i obitelji. Zagreb: Medicinska naklada, 2013.
- Buzov Ivan, Begovac Ivan. Tajne jedne duše. Zagreb: Medicinska naklada, 2012.

**Važniji i izabrani članci djelatnika Zavoda publiciranih u zadnjih desetak godina (u zadnjih desetak godina postoji više od pedesetak publiciranih radova u međunarodnim časopisima):**

- Ivanova MY, Achenbach TM, Turner L, Almqvist F, **Begovac I**, i sur. Effects of individual differences, society, and culture on youth-rated problems and strengths in 38 societies. *Child Psychol Psychiatry*. 2022 Feb 15. doi: 10.1111/jcpp.13569. Online ahead of print. PMID: 35167140
- Katušić A, Žunić Išasegi I, Predrijevac, N, Raguž, M, Čaleta, T, Seitz S, Blažević A, Radoš M, Kostović

**A selection of books or chapters in books published in the last ten years** (our employees have published more than one hundred chapters in various textbooks):

- Ivan Begovac et al. Child and adolescent psychiatry, e-edition: University of Zagreb, School of Medicine, 2021. Available for free at the digital repository of the Zagreb School of Medicine: <https://urn.nsk.hr/urn:nbn:hr:105:694914>. The book comprises 1123 pages and 81 chapters. It was written by 38 co-authors and it is the first university textbook of the Zagreb School of Medicine published only in the e-textbook version.
- Begovac I. Psihički poremećaji u dječjoj i adolescentnoj psihijatriji. In: Begić D. (ed.) Psihijatrija. Zagreb: Medicinska naklada, 2022.
- Kušević Z. Poremećaji eliminacije; „Disocijativni i somatoformni poremećaji“; Majić G. „Obiteljska i partnerska (bračna) terapija. In: Begić D. (ed.) Psihijatrija. Zagreb: Medicinska naklada, 2022.
- Begovac I. Regulacijski poremećaji malog djeteta. In: Tješić-Drinković D, Senečić-Čala I, Vuković J. Pedijatrija danas: Uočimo rane znakove bolesti. Zagreb: Medicinska naklada, 2017.
- Begovac I. Psihički poremećaji dječje i adolescentne dobi. In: Begić D, Jukić V, Medved V. (ed.). Psihijatrija. Zagreb: Medicinska naklada, 2015.
- Kušević Z. Disocijativni somatoformni poremećaji. In: Begić D, Jukić V, Medved V. (ed.). Psihijatrija. Zagreb: Medicinska naklada, 2015.
- Kušević Z. Intelektualne teškoće. In: Begić D, Jukić V, Medved V. (ed.). Psihijatrija. Zagreb: Medicinska naklada, 2015.
- Begovac I. Savez u individualnoj psihoterapiji // Psihoterapijski pravci. Kozarić-Kovačić D, Frančišković T., editors. Zagreb: Medicinska naklada, 2014.
- Begovac, Ivan. Psihoterapija adolescenata // Psihoterapijski pravci. Kozarić-Kovačić D, Frančišković T., editors. Zagreb: Medicinska naklada, 2014.
- De Zan. Slika i crtež u psihoterapiji djece i obitelji. Zagreb: Medicinska naklada, 2013.
- Buzov Ivan, Begovac Ivan. Tajne jedne duše. Zagreb: Medicinska naklada, 2012.

**Selection of significant articles published by the Unit's employees in the last ten years (more than fifty papers were published in international journals):**

- Ivanova MY, Achenbach TM, Turner L, Almqvist F, Begovac I , et al. Effects of individual differences, society, and culture on youth-rated problems and strengths in 38 societies. *Child Psychol Psychiatry*. 2022 Feb 15. doi: 10.1111/jcpp.13569. Online ahead of print. PMID: 35167140
- Katušić A, Žunić Išasegi I, Predrijevac, N, Raguž, M, Čaleta, T, Seitz S, Blažević A, Radoš M, Kostović



- 10.1111/jcpp.13569. Online ahead of print. PMID: 35167140
- Katušić A, Žunić Išasegi I, Predrijevac, N, Raguž, M, Ćaleta, T, Seitz S, Blažević A, Radoš M, Kostović I: Linking integrity of visual pathways trajectories to visual behavior deficit in very preterm infants. *Infant Behaviour and Development*, 67, 2022; 101697, 12;
  - Žunić Išasegi I, Kopić J, Smilović D, Krsnik Ž, Kostović I: Transient subplate sublayer forms unique corridor for differential ingrowth of associative pulvinar and primary visual projection in the prospective visual cortical areas of the human fetal occipital lobe. *Cerebral Cortex*, 9, 2021; bhab197, 13
  - Raguž M, Radoš M, Kostović Srzentić M, Kovačić N, Žunić Išasegi I, Benjak V, Ćaleta, T, Vukšić M, Kostović I: Structural changes in the cortico-ponto- cerebellar axis at birth are associated with abnormal neurological outcomes in childhood. *Clinical Neuroradiology* 33944956, 16, 2021.
  - Jurić Vukelić D, Kušević Z, Vuksan-Ćusa B. The Role of Religiosity in Coping with Infertility Treatment. *Psychiatr Danub*. 2021 Spring-Summer;33(Suppl 4):960-964.
  - Karlica Utrobić D, Karlica H, Ljubić Ž, Kušević Z. Visual Evoked Potentials in Evaluating Sudden Visual Loss in Adolescents: A Psychosomatic Perspective. *Psychiatr Danub*. 2021 Spring-Summer;33(Suppl 4):674-675.
  - Sagud M, Nikolac Perkovic M, Dvojkovic A, Jakšić N, Vuksan-Cusa B, Zivkovic M, Kusevic Z, Mihaljević-Peles A, Pivac N. Distinct association of plasma BDNF concentration and cognitive function in depressed patients treated with vortioxetine or escitalopram. *Psychopharmacology (Berl)*. 2021 Jun;238(6):1575-1584. doi: 10.1007/s00213-021-05790-2. Epub 2021 Feb 9.
  - Dvojkovic A, Nikolac Perkovic M, Sagud M, Nedic Erjavec G, Mihaljević Peles A, Slob Strac D, Vuksan Cusa B, Tudor L, Kusevic Z, Konjevod M, Zivkovic M, Jevtovic S, Pivac N. Effect of vortioxetine vs. escitalopram on plasma BDNF and platelet serotonin in depressed patients. *Prog Neuropsychopharmacol Biol Psychiatry*. 2021 Mar 8;105:110016.
  - Begovac I, Majić G, Tripković M, Pleština S. Roditeljstvo/skrbništvo, djeca i obitelj – klinički pristup. *Paediatrica Croatica*, Vol. 64 No. 2, 2020.
  - Rescorla LA; Blumenfeld MC; Ivanova MY; Achenbach TM; Almqvist F; Bathiche M; Begovac I et al. International Comparisons of the dysregulation profile based on reports by Parents, Adolescents, and Teachers. *Journal of Clinical Child and Adolescent Psychology*; Volume: 48; Issue: 6; Pages: 866-880; Published: Nov 2, 2019
  - Jurić Vukelić D, Kušević Z, Horvatić J. Alexithymia and psychological distress among women undergoing in vitro fertilization. *Psychiatr Danub* 2012; 24 (3): 2019 Dec;31(4):473-477.
  - I: Linking integrity of visual pathways trajectories to visual behavior deficit in very preterm infants. *Infant Behavior and Development*, 67, 2022; 101697, 12;
  - Žunić Išasegi I, Kopić J, Smilović D, Krsnik Ž, Kostović I: Transient subplate sublayer forms unique corridor for differential ingrowth of associative pulvinar and primary visual projection in the prospective visual cortical areas of the human fetal occipital lobe. *Cerebral Cortex*, 9, 2021; bhab197, 13
  - Raguž M, Radoš M, Kostović Srzentić M, Kovačić N, Žunić Išasegi I, Benjak V, Ćaleta, T, Vukšić M, Kostović I: Structural changes in the cortico-ponto- cerebellar axis at birth are associated with abnormal neurological outcomes in childhood. *Clinical Neuroradiology* 33944956, 16, 2021.
  - Jurić Vukelić, D, Kušević Z, Vuksan-Ćusa B. The Role of Religiosity in Coping with Infertility Treatment. *Psychiatr Danub* 2012; 24 (3): 2021 Spring-Summer;33(Suppl 4):960-964.
  - Karlica Utrobić D, Karlica H, Ljubić Ž, Kušević Z. Visual Evoked Potentials in Evaluating Sudden Visual Loss in Adolescents: A Psychosomatic Perspective. *Psychiatr Danub* 2012; 24 (3): 2021 Spring-Summer;33(Suppl 4):674-675.
  - Sagud M, Nikolac Perkovic M, Dvojkovic A, Jakšić N, Vuksan-Cusa B, Zivkovic M, Kusevic Z, Mihaljević-Peles A, Pivac N. Distinct association of plasma BDNF concentration and cognitive function in depressed patients treated with vortioxetine or escitalopram. *Psychopharmacology (Berl)*. 2021 Jun;238(6):1575-1584. doi: 10.1007/s00213-021-05790-2. Epub 2021 Feb 9.
  - Dvojkovic A, Nikolac Perkovic M, Sagud M, Nedic Erjavec G, Mihaljević Peles A, Slob Strac D, Vuksan Cusa B, Tudor L, Kusevic Z, Konjevod M, Zivkovic M, Jevtovic S, Pivac N. Effect of vortioxetine vs. escitalopram on plasma BDNF and platelet serotonin in depressed patients. *Prog Neuropsychopharmacol Biol Psychiatry*. 2021 Mar 8;105:110016.
  - Begovac I, Majić G, Tripković M, Pleština S. Roditeljstvo/skrbništvo, djeca i obitelj – klinički pristup. *Paediatrica Croatica*, Vol. 64 No. 2, 2020.
  - Rescorla LA; Blumenfeld MC; Ivanova MY; Achenbach TM; Almqvist F; Bathiche M; Begovac I et al. International Comparisons of the dysregulation profile based on reports by Parents, Adolescents, and Teachers. *Journal of Clinical Child and Adolescent Psychology*; Volume: 48; Issue: 6; Pages: 866-880; Published: Nov 2, 2019
  - Jurić Vukelić D, Kušević Z, Horvatić J. Alexithymia and psychological distress among women undergoing in vitro fertilization. *Psychiatr Danub* 2012; 24 (3): 2019 Dec;31(4):473-477.

- Adolescents, and Teachers. *Journal of Clinical Child and Adolescent Psychology*; Volume: 48; Issue: 6; Pages: 866-880; Published: Nov 2, 2019.
- Jurić Vukelić D, **Kušević Z**, Horvatić J. Alexithymia and psychological distress among women undergoing in vitro fertilization. *Psychiatr Danub*. 2019 Dec;31(4):473-477.
  - Rescorla LA, Althoff RR, Achenbach TM, Ivanova MY; International ASEBA Consortium. Collaborators (54) Almqvist F, **Begovac I**, Bilenberg N, Bird H, Chahed M, Chen W, et al. Correction to: Effects of society and culture on parents' ratings of children's mental health problems in 45 societies. *Eur Child Adolesc Psychiatry*. 2019 Aug; 28(8):1153.
  - Batista M, Žigić Antić L, Žaja O, **Jakovina T**, Begovac I. Predictors of eating disorder risk in anorexia nervosa adolescents. *Acta Clin Croat*. 2018 Sep;57(3):399-410. doi: 10.20471/acc.2018.57.03.01.
  - **Jakovina T**, Crnković Batista M, Ražić Pavičić A, Žurić Jakovina I, **Begovac I**. Emotional dysregulation and attachment dimensions in female patients with bulimia nervosa. *Psychiatr Danub*. 2018 Mar;30(1):72-78. doi: 10.24869/psych.2018.72.
  - Ivanova MY, Achenbach TM, Rescorla LA, Guo J, Althoff RR, Kan KJ, Almqvist F, **Begovac I**, i sur. Testing Syndromes of Psychopathology in Parent and Youth Ratings Across Societies. *J Clin Child Adolesc Psychol*. 2018 Jan 24:1-14.
  - **Tripković M**, Bakija I, Sindik J, Marlais M, Zečević I. Family Financial Situation, Parental Marital Status and Self-Harm amongst Adolescents in Croatia. *Acta Clin Croat*. 2017 Sep;56(3):469-477.
  - **Santrić L**, Richter D, Begovac I. Klinička slika konverzivnog poremećaja u hitnoj pedijatrijskoj službi: Prikaz triju bolesnika. *Pediatr Croat* 2016; 60: 117-20.
  - Sagud M, Nikolac Perkovic M, Vuksan-Cusa B, Maravic A, Svob Strac D, Mihaljević Peles A, Zivkovic M, **Kusevic Z**, Pivac N. A prospective, longitudinal study of platelet serotonin and plasma brain-derived neurotrophic factor concentrations in major depression: effects of vortioxetine treatment. *Psychopharmacology (Berl)*. 2016 Sep;233(17):3259-67.
  - Hanževački M, **Jakovina T**, Bajić Ž, Tomac A, Mercer S. Reliability and validity of the Croatian version of Consultation and Relational Empathy (CARE) Measure in primary care setting. *Croat Med J* 2006; 47 (1): 2015 Feb;56(1):50-6.
  - **Kušević Z**, Čusa BV, Babić G, Marčinko D. Could alexithymia predict suicide attempts - a study of Croatian war veterans with post-traumatic stress disorder. *Psychiatr Danub* 2012; 24 (3): 2015 Dec;27(4):420-3.
  - Batista M, Mestrovic A; Vekic AM; Malenica M; Kukuruzovic M; **Begovac I**. Coping skills in children with epilepsy evaluation of cognitive behavioral therapy intervention. *acta clinica croatica*. 2015; 54; 4: 467- 474.
  - **Tripković M**, Matijević V, Marković H, Ercegović N: Effect of motoric limitation on the expression

- **Kušević Z, Ćusa BV, Babić G, Marčinko D.** Could alexithymia predict suicide attempts - a study of Croatian war veterans with post-traumatic stress disorder. *Psychiatr Danub.* 2015 Dec;27(4):420-3.
- Batista M, Mestrovic A; Vekic AM; Malenica M; Kukuruzovic M; **Begovac I.** Coping skills in children with epilepsy evaluation of cognitive behavioral therapy intervention. *acta clinica croatica.* 2015; 54; 4; 467- 474.
- **Tripković M, Matijević V, Marković H, Ercegović N:** Effect of motoric limitation on the expression of aggressiveness among adolescents, *Acta Clinica Croatica.*, 2015. Vol 54. 38-45.
- Burt SA, Rescorla LA, Achenbach TM, Ivanova MY, Almqvist F, **Begovac I et al.** The association between aggressive and non-aggressive antisocial problems as measured with the Achenbach System of Empirically Based Assessment: A study of 27,861 parent-adolescent dyads from 25 societies. *Personality and Individual Differences.* 2015; 85; 86; 92.;
- Rescorla LA, Bochicchio L, Achenbach TM, Ivanova MY, Almqvist F, **Begovac I, et al.** Parent-teacher agreement on children's problems in 21 societies. *J Clin Child Adolesc Psychol.* 2014; 43(4):627-42.
- Shahini M, Rescorla LA, Ahmeti AP, **Begovac I, Dobrean A, Marković J, Rudan V, Wancata J, Wolanczyk T, Zhjeqi V, Zukauskiene R.** Parent-reported behavioural and emotional problems in Albanian Kosovar children. *Epidemiol Psychiatr Sci.* 2014 Apr 4: 1-8.
- **Kušević Z, Marušić K.** The relationship between alexithymia and psychopathology. *Lijec Vjesn.* 2014 Jan-Feb;136(1-2):44-8.
- **Tripković M, Vuković IS, Frančišković T, Pisk SV, Krnić S.** Depression and Auto-aggressiveness in Adolescents in Zagreb. *Psychiatria Danubina* 2014: Vol 26, Suppl 3, pp 422-8.
- Krnić S., Pisk SV, Romac D., **Tripković M.** Clinically significant Depressive disorder in Adolescence, Cross-sectional study of two Croatian Counties, *Psychiatria Danubina*, 2014: Vol 26, Suppl 3, pp 302-4
- Čorlukić M, **Tripković M, Radovančević Lj, Boban S.** Psychotherapy and affective neuroscience; Social psychiatry, 42, 2014, 248-253.
- Ćakić S, Begovac B, Pleština S, Jakovina T, Crnković M, **Begovac I.** Bullying among children in Split, Croatia: Association with general, psychosocial, behavioral and school variables. *Društvena istraživanja* 2013; 22: 693-711.
- Erdelja S, Vokal P, Bolfan M, Erdelja SA, Begovac B, **Begovac I.** Delinquency in incarcerated male adolescents is associated with single parenthood, exposure to more violence at home and in the community, and poorer self-image. *Croatian Medical Journal* 2013; 54: 460-8.
- Rescorla LA, Ginzburg S, Achenbach TM, Ivanova MY, Almquist F, **Begovac I. et al.**, Cross-informant agreement between parent-reported and adolescent self-reported problems in 25 societies. *Journal of clinical child & adolescent psychology* 2013; 42(2): 262-73.
- **Begovac I, Majić G, Grgić V, Begovac B.** The Process of a Member's Planned Termination from an Analytic Group. *Group Analysis* 2013 (46), 1. 18-32.
- of aggressiveness among adolescents, *Acta Clinica Croatica.*, 2015. Vol 54. 38-45.
- Burt SA, Rescorla LA, Achenbach TM, Ivanova MY, Almqvist F, **Begovac I et al.** The association between aggressive and non-aggressive antisocial problems as measured with the Achenbach System of Empirically Based Assessment: A study of 27,861 parent-adolescent dyads from 25 societies. *Personality and Individual Differences.* 2015; 85; 86; 92.;
- Rescorla LA, Bochicchio L, Achenbach TM, Ivanova MY, Almqvist F, **Begovac I, et al.** Parent-teacher agreement on children's problems in 21 societies. *J Clin Child Adolesc Psychol.* 2014; 43(4):627-42.
- Shahini M, Rescorla LA, Ahmeti AP, **Begovac I, Dobrean A, Marković J, Rudan V, Wancata J, Wolanczyk T, Zhjeqi V, Zukauskiene R.** Parent-reported behavioural and emotional problems in Albanian Kosovar children. *Epidemiol Psychiatr Sci.* 2014 Apr 4: 1-8.
- **Kušević Z, Marušić K.** The relationship between alexithymia and psychopathology. *Lijec Vjesn.* 2014 Jan-Feb;136(1-2):44-8.
- **Tripković M, Vuković IS, Frančišković T, Pisk SV, Krnić S.** Depression and Auto-aggressiveness in Adolescents in Zagreb. *Psychiatria Danubina* 2014: Vol 26, Suppl 3, pp 422-8.
- Krnić S., Pisk SV, Romac D., **Tripković M.** Clinically significant Depressive disorder in Adolescence, Cross-sectional study of two Croatian Counties, *Psychiatria Danubina*, 2014: Vol 26, Suppl 3, pp 302-4
- Čorlukić M, **Tripković M, Radovančević Lj, Boban S.** Psychotherapy and affective neuroscience; Social psychiatry, 42, 2014, 248-253.
- Ćakić S, Begovac B, Pleština S, Jakovina T, Crnković M, **Begovac I.** Bullying among children in Split, Croatia: Association with general, psychosocial, behavioral and school variables. *Društvena istraživanja* 2013; 22: 693-711.
- Erdelja S, Vokal P, Bolfan M, Erdelja SA, Begovac B, **Begovac I.** Delinquency in incarcerated male adolescents is associated with single parenthood, exposure to more violence at home and in the community, and poorer self-image. *Croatian Medical Journal* 2013; 54: 460-8.
- Rescorla LA, Ginzburg S, Achenbach TM, Ivanova MY, Almquist F, **Begovac I. et al.**, Cross-informant agreement between parent-reported and adolescent self-reported problems in 25 societies. *Journal of clinical child & adolescent psychology* 2013; 42(2): 262-73.
- **Begovac I, Majić G, Grgić V, Begovac B.** The Process of a Member's Planned Termination from an Analytic Group. *Group Analysis* 2013 (46), 1. 18-32.

- Erdelja S, Vokal P, Bolfan M, Erdelja SA, Begovac B, **Begovac I.** Delinquency in incarcerated male adolescents is associated with single parenthood, exposure to more violence at home and in the community, and poorer self-image. Croatian Medical Journal 2013; 54: 460-8.
- Rescorla LA, Ginzburg S, Achenbach TM, Ivanova MY, Almquist F, **Begovac I.** et al., Cross-informant agreement between parent-reported and adolescent self-reported problems in 25 societies. Journal of Clinical Child & Adolescent Psychology 2013; 42(2): 262-73.
- **Begovac I.**, Majić G, Grgić V, Begovac B. The Process of a Member's Planned Termination from an Analytic Group. Group analysis 2013; 46(1): 18- 32.
- Tomac A, Jakovina T, DeZan D, **Begovac I.**, Pleština S, Maček I, Dimitrov M, Bambulović I, Ražić A, Galez Mihaldinec D, Sabol F. Individualna i grupna psihoanalitička psihoterapija scenskom ekspresijom ili analitička psihodrama u Klinici za psihološku medicinu Medicinskog fakulteta Sveučilišta u Zagrebu. Double, 2013: 126-31.
- **Tripković M.**, Frančišković T, Grgić N, Ercegović N, Zečević I. Family Factors Associated with Auto-aggressiveness in Adolescents in Croatia, Coll. Anthropol., 2013. Vol 37, No 4,1081-88.
- Rescorla LA, Ivanova MY, Achenbach TM, **Begovac I.**, Chahed M, Drugli MB et al. International epidemiology of child and adolescent psychopathology: 2. Integration and applications of dimensional findings from 44 societies. Journal of the American Academy of Child and Adolescent Psychiatry 2012; 51(12): 1273-83.
- Begovac B. **Begovac I.**. Dreams of deceased children and countertransference in the group psychotherapy of bereaved mothers: clinical illustration. Death Studies 2012; 36: 723.41.
- Mihaljević S, Vuksan-Ćusa B, Marčinko D, Koić E, **Kušević Z.**, Jakovljević M. Spiritual well-being, cortisol, and suicidality in Croatian war veterans suffering from PTSD. J Relig Health. 2011 Jun;50(2):464-73.

## PANDEMIJA COVID INFKEKCIJE I UTJECAJ NA MENTALNO ZDRAVLJE U RH

Poznato je iz literature da polovica psihičkih poremećaja počinje prije 14. godine, odnosno dvije trećine prije 24. godine, a tu se ubrajaju depresija, anksiozni poremećaji, PTSP i drugi, tako da znanje o utjecaju covid-19 infekcije može dati odgovor na djetetovo sadašnje i buduće mentalno zdravlje, razvoj, kao i učenje i dobro osjećanje (16,17).

## THE COVID-19 PANDEMIC AND ITS IMPACT ON MENTAL HEALTH IN CROATIA

It is known from the literature that one half of mental disorders begin before the age of 14, and two-thirds before the age of 24. This also includes depression, anxiety disorders, PTSD and other disorders, which implies that knowledge about the impact of the COVID-19 pandemic can provide answers to the child's current and future mental health, development, learning abilities and well-being (16,17).

Most research indicates an increased frequency of disorders during the pandemic, comparing the year 2019 and 2020 and pointing to the fact that earlier mental disorders may increase the risk of disorders related to the pandemic or induced by psychological trauma. Some authors unequivocally suggest an epidemic of mental disorders (18). Research shows that currently one in six children has mental health problems, while in 2017, one in nine children had such problems. There is also a lack of regular habilitation procedures for children who have intellectual disabilities, autistic spectrum disorders or some other developmental difficulties.

The most common symptoms related to COVID-19 mentioned in the literature are: anxiety disorders, sep-

Većina istraživanja ukazuje na povećanu frekvenciju poremećaja tijekom pandemije, uspoređujući godinu 2019 i 2020, kao i to da raniji mentalni poremećaji mogu povećati rizik za poremećaje koji su povezani s pandemijom ili koji su inducirani psihičkom traumom. Pojedini autori jednoznačno govore o epidemiji psihičkih poremećaja (18). Istraživanja pokazuju da sada jedno od šestoro djece imaju problema s mentalnim zdravljem, dok je u godini 2017. jedno dijete na devetoro djece imalo takve probleme. Uočava se također manjak redovitih habilitacijskih postupaka prema djeci koja imaju intelektualne teškoće ili autistični spektar poremećaja ili neke druge razvojne poteškoće.

Najčešći simptomi koji se navode u literaturi, povezani s COVID bolešću, jesu anksiozni poremećaji, separacijski anksiozni poremećaj, depresija i PTSP. Indikacije za pregled specijalista su pokušaji suicida, naglo samoozljeđivanje, intenzivan strah, panika, bespomoćnost, disocijativni simptomi, ekstremna konfuzija, nekontrolirano žalovanje, intruzivne misli, teško kognitivno oštećenje, te somatske smetnje. Istraživanja iz prijašnjih pandemija pokazuju da vidljivi simptomi neće nestati odmah nakon traumatskog događaja, već da će određeni simptomi trajati i više godina nakon karantene.

Kako da se organizacijski bolje organiziraju službe za prevenciju i liječenje ovih stanja? Britanska vlada je uložila dodatna finansijska sredstva za pospješenje službi mentalnog zdravlja (nagovješteno je u ožujku godine 2021. posebno 79 milijuna funti za službe mentalnog zdravlja, koje se tiču djece i adolescenata).

U Hrvatskoj u vezi COVID-a postoje smjernice dva ju društava Liječničkog zbora, a koje se odnose na mentalno zdravlje i dječju psihijatriju, napisane godine 2020. i dostupne su na stranicama HLZ-a (19).

U RH postoji sličan trend povećanja psihičkih smetnji, koje su opisane u drugim zemljama. Tako je u Hrvatskoj došlo do povećanja nasilja u obitelji, došlo je do povećanja kaznenih djela na štetu djeteta do 14 godina (izvor MUP: u godini 2019. bilo je ukupno 2364; dok je u godini 2020 bilo ukupno 2572 nasilja u obitelji) (20), a bilježi se i povećani broj upućivanja djece specijalistima (izvor je HZZO: u godini 2019 kategorija F00-F99- od 0 do 6 godina: 6417; od 7-19 godina: 13069; dok je u godini 2020 kategorija F00-F99- od 0 do 6 godina: 19188; od 7-19 godina: 25182) (21). Stacionarno psihijatrijsko liječenje maloljetnika pri KBC-u Zagrebu pokazuje također trend povećanja: u godini 2019; ukupan broj hospitalizacija bio je 113; s dijagnozom F5 (poremećaji jedenja) ukupno 18; u godini 2020; ukupan broj hospitalizacija bio je 134; s F5 ukupno 36; dok je u godini 2021., ukupan broj hospitalizacija bio 162 s F5 dijagnozom ukupno 34.

aration anxiety disorder, depression and PTSD. Indications for specialist examination are suicide attempts, incidents of self-harm, intense fear, panic, helplessness, dissociative symptoms, extreme confusion, uncontrolled mourning, intrusive thoughts, severe cognitive impairment, and somatic disturbances. Research from previous pandemics shows that visible symptoms will not disappear immediately after a traumatic event and that certain symptoms will last for several years after the quarantine.

The question arises: How to better organize services for the prevention and treatment of these conditions? The British government has dedicated additional funding to boost mental health services (£79 million was announced in the March of 2021 specifically for mental health services for children and adolescents).

In 2020, Croatia has adopted guidelines on the coronavirus pandemic prepared by two bodies of the Medical Association specifically focusing on mental health and child psychiatry. The guidelines are available on the Croatian Medical Association's website (19).

In Croatia, there is a similar trend of increasing mental disorders, which have been described in other countries. There has been an increase in domestic violence and criminal offenses against children under the age of 14. According to the Ministry of Interior Affairs, there were 2,364 cases of domestic violence in 2019, while in 2020 there was a total of 2,572 such cases (20). Also, in the same period more children were referred to specialists. According to the Croatian Health Insurance Fund, in 2019, there were 6417 referrals in the F00-F99 category from 0 to 6 years of age and 13069 referrals from 7 to 19 years of age, while in 2020, in the F00-F99 category there were 19188 referrals from 0 to 6 years of age and from 7 to 19 years of age there were 25182 referrals (21). Inpatient psychiatric treatment of minors at the University Hospital Centre Zagreb also indicates an increasing trend. In 2019, the total number of hospitalizations reached 113, out of which number 18 were diagnosed with F5 (eating disorders). In the next year, the total number of hospitalizations was 134, out of which number 36 were diagnosed with F5, while in 2021, the total number of hospitalizations jumped to 162 and 34 patients diagnosed with F5.

Children exposed to violence, children with neurodevelopmental difficulties (autistic spectrum disorders, intellectual disabilities) as well as children with existing psychological disorders are a particularly risky group.

Until now, the number of psychiatrists in Croatia has been insufficient. This particularly applies to the number of child psychiatrists in Croatia, i.e., there are about 45 child psychiatrists, while about 120 are needed. Even before the COVID-19 crisis, the Ministry of Health as well as heads of certain institutions and hos-

Posebno rizičnu skupnu čine djeca izložena nasilju, djeca s neurorazvojnim poteškoćama (autistični spektar poremećaja, intelektualne teškoće) kao i djeca s postojećim psihičkim smetnjama.

U RH je i do sada bio nedostatan broj psihijatara. To se posebno odnosi na broj dječjih psihijatara u RH (ima ih oko 45, a potrebno ih je oko 120), te se i prije kovid krize apeliralo na Ministarstvo zdravstva da se što više raspisuju specijalizacije za tu deficitarnu struku, ali i na ravnatelje pojedinih institucija i bolnica (trenutno je u edukaciji u RH više od 20 specijalizanata). Nadalje, u RH postoji nedostatnost stacionarnih kreveta (ima ih oko 60, a trebalo bi ih biti oko 120) (na to ukazuje i Twinning projekt iz godine 2017/2018, a kojemu je potpisnica s hrvatske strane i HZJZ i Ministarstvo zdravstva) (22), ali se ne čine dovoljni naporci da se to poboljša. Postoje samo četiri ustanove koje su ovlaštene za liječenje maloljetnika odvojenih od punoljetnika, a to su KBC Zagreb, KBC Osijek, KBC Rijeka i Psihijatrijska bolnica za djecu i mladež, Zagreb. Ovo je određeno pravilnikom, a koji se naslanja na Zakon o osobama s duševnim smetnjama, koji je stupio na snagu godine 2015., u kojim su djeca s psihičkim smetnjama s obzirom na svoju vulnerabilnost posebno zaštićena Zakonom. Međutim, u praksi se čini da to nije dovoljno saživilo u praksi.

### BUDUĆE I ZAKLJUČNE SMJERNICE, FORMIRANJE KLINIKE ZA DJEČJU I ADOLESCENTNU PSIHIJATRIJU I PSIHOTERAPIJU PRI KBC-U ZAGREB

Iz prethodno navedenog teksta postoji snažna potreba za poboljšanjem organizacijske skrbi u Hrvatskoj u području dječje i adolescentne psihijatrije, a tako i formiranje nove Klinike za dječju i adolescentnu psihijatriju i psihoterapiju pri KBC-u Zagreb, koja bi onda mogla sustavnije i lakše odgovoriti na porast psihičkih smetnji kod djece i adolescenata.

U Hrvatskoj i pri KBC-u Zagreb postoji unatrag osamdeset godina značajna povijest dječje i adolescentne psihijatrije (23). Dječja i adolescentna psihijatrija je zasebna specijalnost odvojena od odrasle psihijatrije i ima svoje različitosti od odrasle psihijatrije. Dječja psihijatrija u RH bi trebala biti prepoznata kao prioritetna djelatnost koju treba razvijati, ali u praksi to nije slučaj.

Dječja i adolescentna psihijatrija je od godine 2011. u Republici Hrvatskoj odvojena specijalizacija od psihijatrije za odrasle (ne postoji ni zajedničko deblje s psihijatrijom) sljedeći europske trendove, a zlaganjem eminentnih dječjih psihijatara, sukladno europskim zakonskim regulativama, ali i hrvatskih zakona i propisa.

pitals were called to provide as many specializations for this deficient profession as possible. Currently in Croatia, there are more than 20 residents in training. Furthermore, there is a shortage of inpatient beds; i.e., there are about 60 inpatient beds while 120 are needed, as indicated in the Twinning project from 2017/2018 signed by the Croatian Institute of Public Health and the Ministry of Health (22). However, not enough efforts are being made to improve the shortage. Only four institutions that are authorized to treat minors separately from adults, i.e., University Hospital Centres in Zagreb, Osijek and Rijeka and the Psychiatric Hospital for Children and Adolescents in Zagreb. This is determined by the regulations that result from the Law on Protection of Persons with Mental Disorders from 2015, according to which children with mental disorders are protected by the Law as a vulnerable group. However, the implementation in practice has so far been insufficient.

### CONCLUDING GUIDELINES FOR THE FUTURE - THE DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOTHERAPY AT THE UNIVERSITY HOSPITAL CENTRE ZAGREB

The elaboration of the current situation indicates that there is a strong need to improve all aspects of organisation in the field of child and adolescent psychiatry in Croatia, as well as to establish a new Department of Child and Adolescent Psychiatry and Psychotherapy at the University Hospital Centre Zagreb in order to be able to systematically respond to all the challenges related to an increasing number of psychological disorders in children and adolescents.

Child and adolescent psychiatry in Croatia and at the University Hospital Centre Zagreb has an eight decades long tradition (23). It is a separate specialty program organised separately from adult psychiatry and due to its specificities. Child psychiatry in Croatia should be recognized as a priority profession that needs to be further developed. However, in practice this is not the case.

Thanks to the efforts of eminent child psychiatrists, since 2019 child and adolescent psychiatry has been a residency program separate from adult psychiatry (there is no common branch with psychiatry) following European trends and in accordance with European legislation and Croatian laws and by-laws.

According to the Croatian Law on Protection of Persons with Mental Disorders (Official Gazette No. 76/14, which entered into force on January 1, 2015), separate units for minors and adults must be established (architecturally and functionally). Thus, it is no longer possible to integrate diagnostics and treat-



Prema Zakonu osoba s duševnim smetnjama Republike Hrvatske (Narodne Novine broj 76/14, koji je stupio na snagu dana 1.1. 2015.), moraju se oformiti zasebne cjeline maloljetnika u odnosu na punoljetnike (arhitektonski i funkcionalno). Prema ovome, dakle, nije više moguća integracija dijagnostike i liječenja djece i adolescenata s nekim drugim pacijentima. Sukladno tome dječja psihijatrija zahtijeva svoju posebnost i ne može se miješati s drugim strukama.

Finansijski pokazatelji i veće cijene usluga u dječjoj psihijatriji, nego što su to prije bile ukazuju da je u Hrvatskoj potrebno dalje razvijati ambulantne službe dječje psihijatrije (uključujući i dnevne bolnice), kao i nedostatne stacionarne kapacitete, te dati snažnu podršku novim organizacijskim jedinicama iz dječje i adolescentne psihijatrije, dakle otvaranjem klinika za dječju i adolescentnu psihijatriju u cijeloj Hrvatskoj.

U statutu KBC-a Zagreb navedena je samostalna djelatnost dječje i adolescentne psihijatrije (u bolničkoj i specijalističko-konzilijarnoj djelatnosti) u odnosu na druge djelatnosti, pa je logično da postoji onda i zasebna Klinika za tu posebnu djelatnost. Dodatna posebna okolnost jest da postoji Zakon o osobama s duševnim smetnjama, a koji posebno štiti maloljetnike s psihičkim smetnjama, u odnosu na odrasle osobe sa psihičkim smetnjama, odnosno traži se odvojeno liječenje za maloljetnike od odraslih. Postojećim organizacijskim oblikom da je dječja psihijatrija dio odrasle psihijatrije narušava se smisao Zakona o osobama s duševnim smetnjama, jer se nalaze u istoj organizacijskoj jedinici i maloljetnici i punoljetnici. Iz svega navedenoga pod ovom točkom postoji još veća potreba za samostalnom Klinikom za dječju i adolescentnu psihijatriju unutar KBC-a Zagreb. Dakle, treba uvažiti nužnost posebnosti djelatnosti dječje i adolescentne psihijatrije, što bi onda moglo kvalitetnije otvoriti svoje usluge cijelom pučanstvu.

Stručno vijeće KBC-a Zagreba je na svojoj redovitoj sjednici u studenom 2017. dalo suglasnost za formiranje zasebne Klinike za dječju i adolescentnu psihijatriju pri KBC-u Zagreb.

Dana 14. studenog 2018. održana je tematska sjednica Saborskog odbora za zdravstvo i socijalnu skrb na temu dječje i adolescentne psihijatrije uz nazočnost tri pravobraniteljice, kao i prisutnost tadašnjeg pomoćnika ministra zdravstva prof. dr. Vilija Beroša, a danas ministra zdravstva. Jednoglasno je zaključeno da se osigura daljnja potpora razvoju dječje psihijatrije, otvaranje dodatnog stacionarnog odjela pri KBC-u Zagreb, kao i pružanje samostalnosti jedinica, odnosno formiranje novih klinika iz dječje i adolescentne psihijatrije u cijeloj RH, a koji zadovoljavaju minimalne uvjete određene pravilnicima.

Osnovna vizija nove Klinike za dječju i adolescentnu psihijatriju i psihoterapiju pri KBC-u Zagreb trebala

ment of children and adolescents with other groups of patients. Accordingly, child psychiatry implies its own specific features and cannot be mixed with other professions.

Financial indicators and higher prices of services in child psychiatry than before indicate that in Croatia it is necessary to further develop child psychiatry outpatient services (including day hospitals), as well as insufficient inpatient capacities, and to provide strong support to new organizational units for child and adolescent psychiatry. Therefore, a special department for child and adolescent psychiatry should be established for the whole of Croatia.

The statutes of the University Hospital Centre Zagreb stipulate that child and adolescent psychiatry are an independent activity (in the framework of hospital and specialist-advisory activity) in relation to other activities. It is then logical that there should be a separate department established for that special activity. In addition to that, the Law on Protection of Persons with Mental Disorders specifically protects minors with mental disorders as opposed to adults with mental disorders, i.e., it requires separate treatment of minors. Within the existing form of organisation, child psychiatry makes part of adult psychiatry, which violates the meaning of the Law on Protection Persons with Mental Disorders, since both minors and adults fall under the same organizational unit. All of the above indicates that there is an even greater need for the establishment of an independent Department of Child and Adolescent Psychiatry within the University Hospital Centre Zagreb. It is, thus, necessary to recognize a very specific nature of child and adolescent psychiatry, which could then provide its services to the broader population in a better way.

At its regular session in November 2017, the Expert Council of the University Hospital Centre Zagreb approved the establishment of a separate Department of Child and Adolescent Psychiatry.

On November 14, 2018, a thematic session of the Parliamentary Committee for Health and Social Care was held on the topic of child and adolescent psychiatry with the presence of three ombudspersons and the current Minister of Health, Prof. Vili Beroš. A unanimous decision was reached to ensure further support for the development of child psychiatry, opening of an additional inpatient department at the University Hospital Centre Zagreb, and to provide independent units, i.e., to establish new child and adolescent psychiatry clinics throughout the Republic of Croatia, which meet the minimum requirements set by relevant regulations.

The new Department of Child and Adolescent Psychiatry and Psychotherapy within the University Hospital Centre Zagreb should provide concrete, high-quality

bi biti konkretna visoko kvalitetna psihijatrijska i psihoterapijska pomoć djeci i adolescentima i njihovim obiteljima, koji su u nevolji i koji traže pomoći, uz dodatnu nastavnu i znanstveno istraživačku djelatnost, iz područja dječje i adolescentne psihijatrije. Dosadašnji Zavod se bavi dijagnostikom, liječenjem, njegom i (re)habilitacijom bolesnika, uključujući najsloženije oblike visokodiferencirane medicine u stacionarnoj djelatnosti, dnevnoj bolnici i poliklinici, te se to povezuje sa znanstveno-nastavnom djelatnosti, te tako ispunjava uvjete prerastanja u samostalnu Kliniku.

psychiatric and psychotherapeutic help to children, adolescents and their families faced with problems and looking for help, as well as additional teaching and scientific research activities in the field of child and adolescent psychiatry. So far, the Unit has been providing diagnostics, medical treatment, care and (re)habilitation, including the most complex forms of highly differentiated medical care organised through inpatient, day hospital and polyclinic activities. These activities are linked with scientific and teaching activities, meaning that all preconditions for organising an independent department are being met.

## LITERATURA / REFERENCES

1. Beck-Dvoržak Maja. Hrvatska enciklopedija, mrežno izdanje. Leksikografski zavod Miroslav Krleža, 2021. Dostupno na: <http://www.enciklopedija.hr/Natuknica.aspx?ID=6520>. Pristupljeno 8. 5. 2022.
2. Betlheim R, Lerotic G. (ur.) Stjepan Betlheim – Radovi, pisma, dokumenti, 1898-1970. Zagreb: Izdanja antibarbarus, 2006.
3. Blažević Duška. Hrvatska enciklopedija, mrežno izdanje. Leksikografski zavod Miroslav Krleža, 2021. Dostupno na: <http://www.enciklopedija.hr/Natuknica.aspx?ID=8129>. Pristupljeno 8. 5. 2022.
4. Orlić D, Letica S. (ur.) Vodeći hrvatski liječnici. Zagreb: Nacionalni rodoslovni centar i institut za vrednovanje i promicanje znanstvenih i stručnih postignuća, 2004.
5. Mihaljević-Peleš A. (ur.) Klinika za psihijatriju, KBC Zagreb, Sveučilište u Zagrebu, Medicinski fakultet, 1921-1971-2016. Zagreb, Klinički bolnički centar, Medicinski fakultet, Sveučilište u Zagrebu, 2016.
6. Begić D. Katedra za psihijatriju i psihološku medicinu. In: Pećina M, Klarica M. (ed.) Medicinski fakultet Sveučilište u Zagrebu, Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, 2017.
7. Klain E. Uvod. In: Betlheim R, Lerotic G, ed. Stjepan Betlheim- Radovi, pisma, dokumenti, 1898-1970. Zagreb: Izdanja antibarbarus; 2006, 9-24.
8. Cividini-Stranić E. Moja sjećanja na profesora Stjepana Betlheima. In: Betlheim R, Lerotic G. (ed) Stjepan Betlheim – Radovi, pisma, dokumenti, 1898-1970. Zagreb: Izdanja antibarbarus, 2006, 25-29.
9. Gregurek R. Klinika za psihološku medicinu. In: Reiner Ž. (ed.) Klinički bolnički centar. Zagreb: Klinički bolnički centar; 2009, str. 178-185.
10. Beck-Dvoržak M, Bućan N. In memoriam Dr Stjepan Betlheim 1898-1970. Lijec Vjesn 1971; 93(3): 395-6.
11. Hajnšek S. Klinika za neurologiju. In: Reiner Ž, ed. Klinički bolnički centar. Zagreb: Klinički bolnički centar; 2009, str. 118-133.
12. Jakovljević M. Klinika za psihijatriju. In: Reiner Ž, ed. Klinički bolnički centar. Zagreb: Klinički bolnički centar, 2009, 166-177.
13. Beck-Dvoržak M. Dječja psihijatrija. U: Lopašić R, Betlheim S, Dogan S. (ur). Psihijatrija. Beograd-Zagreb: Medicinska knjiga; 1959, str. 303-330.
14. Begovac I. (ur.) Dječja i adolescentna psihijatrija. Zagreb: Medicinski fakultet Sveučilišta u Zagrebu, 2021. Dostupno na: <https://urn.nsk.hr/urn:nbn:hr:105:694914>.
15. Marangunić M. Psihijatrijska bolnica za djecu i mladež, 1971-2001. Zagreb: Psihijatrijska bolnica za djecu i mladež, 2001.
16. Rider EA, Ansari E, Varrin PH et al. Mental health and wellbeing of children and adolescents during the COVID-19 pandemic. BMJ 2021; 374: n1730.
17. Fegert JM, Vitiello B, Plener PL et al. Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. Child Adolesc Psychiatry Ment Health 2020; 14: 20.
18. Huang H, Ougrin D. Impact of the COVID-19 pandemic on child and adolescent mental health services. BJPsych Open, 7(5), 2021. E145. doi:10.1192/bjo.2021.976
19. Hrvatski liječnički zbor. Dostupno na: <https://www.hlz.hr/category/covid-19/page/4/>. Pristupljeno 8.5.2022.
20. Ministarstvo unutarnjih poslova. Dostupno na: [https://mup.gov.hr/UserDocs/Images/statistika/2021/ozujak/Statisticki\\_pregled\\_I\\_II\\_2021.pdf](https://mup.gov.hr/UserDocs/Images/statistika/2021/ozujak/Statisticki_pregled_I_II_2021.pdf). Pristupljeno 8.5.2022.
21. Hrvatski zavod za javno zdravstvo. Dostupno na: <https://www.hzjz.hr/hrvatski-zdravstveno-statisticki-ljetopis/hrvatski-zdravstveno-statisticki-ljetopis-za-2020-tablicni-podaci/>. Pristupljeno 8.5.2022.
22. Hrvatski zavod za javno zdravstvo. Dostupno na: <https://www.hzjz.hr/medunarodna-istrazivanja/osiguravanje-optimalne-zdravstvene-skrbi-za-osobe-s-poremećajima-mentalnog-zdravlja/>. Pristupljeno 8.5.2022.
23. Nikolić S, Rudan V, Vidovic V. Child and adolescent psychiatry in Croatia. In: Remschmidt H. & van Engeland H. Child and adolescent psychiatry in Europe - Historical development, current situation and future perspectives. Darmstadt: Stein-kopff & New York: Springer, 1999, 41- 54.

# **Razvoj sestrinstva na Klinici za psihijatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb**

## **/ Development of Nursing at the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb**

Marija Božićević, Zoran Bradaš, Ljubica Dragija, Zdenka Aurer

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb i Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

*/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb and the School of Medicine of the University of Zagreb, Zagreb, Croatia*

ORCID: 0000-0002-5286-720X (N. Jakšić)

### **ADRESA ZA DOPISIVANJE /**

#### **CORRESPONDENCE:**

Marija Božićević, mag. sestrinstva

Klinika za psihijatriju i psihološku medicinu

Klinički bolnički centar Zagreb

Kišpatičeva 12

10 000 Zagreb, Hrvatska

E-pošta: mariabozicevic@hotmail.com

**TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsih.2022.187>

Sestrinstvo u psihijatriji počelo se pojavljivati u kasnom 19. stoljeću kao nova dimenzija brige za psihički oboljele osobe te u kontekstu psihijatrije kao znanstvene discipline. Dvadeseto stoljeće bilo je ključno za procvat i napredak psihijatrijskog sestrinstva kao potpuno priznate i neovisne profesije uključeno već i u znanstveno područje medicine u cijelom svijetu. Razvoj psihijatrijskog sestrinstva u Hrvatskoj započeo je osnivanjem Bolnice Vrapče 1879. godine, a tom razvoju doprinijele su i medicinske sestre i tehničari Klinike za psihijatriju i psihološku medicinu KBC-a Zagreb.

U današnjem vremenu, kompetencije medicinskih sestara i tehničara u psihijatriji usmjerenе su na pružanje sigurne, kvalitetne i kreativne sestrinske skrbi, na komunikaciju unutar multidisciplinarnog tima te provođenje intervencija utemeljenih na znanju, dokazima i usklađenih sa standardima sestrinske profesije.

Psychiatric nursing started emerging in the late 19th century as a new dimension of care for mentally ill persons in the context of psychiatry as a scientific discipline. The twentieth century had a pivotal role for the flourishing and advancement of psychiatric nursing as a fully recognized and independent profession already included in the scientific field of medicine all over the world. The development of psychiatric nursing in Croatia began with the establishment of the Vrapče Hospital in 1879, and nurses and medical technicians of the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb have largely contributed to this development.

Nowadays, the competencies of nurses and medical technicians in psychiatry are directed at providing safe, quality and creative nursing care, communicating within a multidisciplinary team and conducting knowledge- and evidence-based interventions aligned with the standards of the nursing profession.

Na Klinici za psihijatriju i psihološku medicinu trenutačno je zaposleno 70 medicinskih sestara i tehničara; 37 medicinskih sestara i tehničara srednje stručne spreme, 21 prvostupnik sestrinstva, 9 magistrica i magistara sestrinstva i 3 diplomirane medicinske sestre.

U skladu s naobrazbom i kompetencijama sudjeluju u provođenju ili samostalno provode specifične intervencije, neinvazivne i invazivne dijagnostičke i terapijske postupke kod hospitaliziranih, ambulantnih i dnevno-bolničkih bolesnika.

Krajem 19.stoljeća medicinske sestre počinju intenzivno razmišljati o različitim aspektima svoga rada i potrebi za jasnim smjernicama unutar profesije i profesionalnih aktivnosti.

Pojavljuje se veliki broj teoretičarki sestrinstva koje su doprinijele jačem razvoju novonastale profesije od kojih su najznačajnije Linda Richards i Hildegard E. Peplau.

Medicinske sestre i tehničari posljednjih desetljeća u svijetu, pa tako i u Hrvatskoj, bilježe sve izrazitiji kvantitativni rast i danas već prednjače u ukupnoj strukturi ljudskih potencijala u zdravstvenom sustavu.

Paralelno s kvantitativnim rastom teče i proces kvalitativnog razvoja, pa su medicinske sestre i tehničari danas, zahvaljujući osnovnoj izobrazbi u stručnim ili znanstvenim institucijama, specijalizacijama ili subspecijalizacijama, te cijeloživotnom obrazovanju ovladali poželjnom količinom stručnog znanja.

Medicinska sestra/tehničar u psihijatrijskom timu čini važnu kariku u procesu liječenja i zdravstvene njegi, a atmosfera koju stvara tim utječe na razvijanje pozitivnog terapijskog okruženja i bolju psihološku njegu.

Kompetencije medicinske sestre u zaštiti mentalnog zdravlja imaju veliki raspon, od jednostavnog savjetovanja, savjetovanja u kriznim situacijama, intervencijama u hitnim stanjima do primjene farmakoterapije, kao psihosocioterapije.

Zdravstvena njega u mentalnom zdravlju je planirana briga sa psihijatrijskim djelovanjem.

## RAZVOJ PSIHIJATRIJSKOG SESTRINSTVA U HRVATSKOJ

Razvoj psihijatrijskog sestrinstva u Hrvatskoj započeo je osnivanjem Bolnice Vrapče 1879. godine. Za prve bolesnike brinule su redovnice uz pomoć priučenih bolničara – čuvara i pomoćnog osoblja, a njega bolesnika sastojala se od brige za održavanje osobne higijene i higijene prostorija, čuvanja bolesnika od bijega i ozljeda, te vođenja radne terapije.

The Department of Psychiatry and Psychological Medicine currently employs 70 nurses and medical technicians out of which number 37 have secondary education, 21 are bachelors in nursing, 9 are masters of nursing and 3 are graduate nurses.

In accordance with their education and competencies, they participate in the implementation or independently carry out specific interventions, non-invasive and invasive diagnostic and therapeutic procedures in hospitalized, outpatient and day-hospital patients.

At the end of the 19th century, nurses began to think intensively about various aspects of their work and the need for clear guidance within the profession and professional activities.

A large number of nursing theoreticians appeared and contributed to the further development of this newly created profession, the most significant of which were Linda Richards and Hildegard E. Peplau.

In recent decades, nurses and medical technicians worldwide, including in Croatia, have seen an increasing quantitative growth and today they are already at the forefront in the overall structure of human resources in the healthcare system.

In parallel with quantitative growth, the process of qualitative development has also been taking place. Thanks to their basic training in professional or scientific institutions, specializations or subspecializations, as well as lifelong education and training, nurses and medical technicians have mastered a desirable amount of expertise.

The nurse/medical technician in the psychiatric team makes an important link in the treatment and the overall health care process, as the atmosphere created by the team influences the development of a positive therapeutic environment and better psychological care.

Nurses in mental health care cover a wide scope of competencies, ranging from simple counselling, counselling in crisis situations and emergency interventions to the application of pharmacotherapy, psychotherapy and socio-therapy.

Mental health care is a planned care that involves psychiatric treatment.

## DEVELOPMENT OF PSYCHIATRIC NURSING IN CROATIA

The development of psychiatric nursing in Croatia had begun with the establishment of the Vrapče Hospital in 1879. The first patients were cared for by nuns with the help of trained paramedics — guards and support personnel. Patient care consisted of taking care of personal and facilities hygiene, keeping patients from escaping and injuring themselves, and conducting work therapy.

Znanje se stjecalo radom na odjelu pod nadzorom iskusnih časnih sestara i uz stručnu podršku liječnika.

Sestrinska psihijatrijska praksa pratila je razvoj psihijatrijske znanosti, stručno obrazovanje za sestre i razvoj sestrinstva uopće. Uvođenjem novih postupaka u liječenje bolesnika ukazivala se potreba za obrazovanijim kadrovima. Bolnica Vrapče 1932. godine osniva prvu Bolničarsku školu za njegu duševnih bolesnika, koju su osim zaposlenika Bolnice pohađali i zaposlenici drugih zdravstvenih ustanova. Iako je prva Škola za sestre pomoćnice osnovana 1921. godine, školovane medicinske sestre zapošljavaju se u psihijatrijskim bolnicama tek krajem 40-tih godina 20. stoljeća (1).

Zaslugom doktora Štampara 1953. godine osnovana je Viša škola za sestre koja je bila pripojena Medicinskom fakultetu.

Godine 1959. ponovo je za stjecanje temeljne naobrazbe medicinskih sestara bio uveden srednjoškolski obrazovni program u trajanju od 4 godine.

Hrvatska udruga medicinskih sestara (HUMS) nastala je na temeljima Društva medicinskih sestara i tehničara Hrvatske koje je rad započelo 1926. godine te je bila član Međunarodnog vijeća sestara od 1929. godine.

Neuropsihijatrijska sekcija Društva medicinskih sestara Hrvatske kao stručna sekcija osnovana je 1971. godine. Njen rad prekinuo se 1977. godine, a reaktivirana je u veljači 1980. godine kada predsjedništvo preuzimaju medicinske sestre Klinike za neurologiju, psihijatriju, alkoholizam i druge ovisnosti tada Kliničke bolnice doktor Mladen Stojanović, sada KBC Sestre milosrdnice.

Neuropsihijatrijska sekcija bila je stručno vrlo aktivna, njene su članice sudjelovale na stručnim skupovima organiziranim na razini RH i tadašnje Jugoslavije, a prisustvovale su i na međunarodnim skupovima. U tom razdoblju donosi se odluka o organiziranju Dana neuropsihijatrijske sekcije te o dodjeli priznanja i nagrada aktivnim članicama povodom tih dana. Predsjedništvo sekcije prelazi iz Bolnice Dr. Mladen Stojanović u Psihijatrijsku bolnicu Jankomir, a potom u Psihijatrijsku bolnicu Vrapče. Nažlost, 1991. godine zbog ratnih zbivanja u našoj zemlji, rad sekcije postaje manje aktivan, sastanci se rjeđe održavaju, ali rad ipak ne prestaje. U razdoblju od 1980. do 1990. sekcija prati sve promjene u zdravstvu i školstvu, uključuje se u izradu programa za edukaciju medicinskih sestara na petom stupnju KV ljestvice, za rad u socijalnoj psihiatriji, a zalaže se i za otvaranje studija za medicinske sestre (sedmi stupanj). U travnju 1994. godine rad sekcije se ponovo intenzivira. Na izbornoj skupštini pred-

Knowledge was acquired through work on the ward under the supervision of experienced nuns and with the professional support of medical doctors.

As a practice, psychiatric nursing followed the development of psychiatry as a field of science, vocational education and training for nurses and the development of nursing in general. With the introduction of new procedures in the patient treatment, the need for more educated personnel became evident. In 1932, the Vrapče Hospital founded the first Paramedic School for Mental Health Care, which was attended by the Hospital employees as well as employees of other medical institutions. Despite the fact that the first School for Nursing Assistants was founded in 1921, trained nurses were recruited in psychiatric hospitals as late as the end of the 1940s (1).

In 1953, thanks to doctor Štampar, the Nursing College was established and annexed to the School of Medicine.

In 1959, a secondary 4-year educational programme was reintroduced for the basic training in nursing.

The Croatian Association of Nurses (HUMS) emerged from the Association of Nurses and Technicians of Croatia, which began its work in 1926 and was affiliated to the International Council of Nurses in 1929.

The neuropsychiatric section of the Society of Nurses of Croatia was founded in 1971 as an expert section. Its work was terminated in 1977 and then reactivated in the February of 1980 when the nurses of the Clinic for Neurology, Psychiatry, Alcoholism and Other Addictions, at the time belonging to the University Hospital Dr. Mladen Stojanović (Sestre milosrdnice University Hospital), took over the presidency.

The neuropsychiatric section was very active and its members participated in professional conferences organized in Croatia and the former Yugoslavia, as well as in international conferences. During this period, a decision was made to organise days dedicated to the neuropsychiatric section together with an award in order to recognize the achievements of its active members. The presidency of the section was initially transferred from the University Hospital Dr. Mladen Stojanović to the Jankomir Psychiatric Hospital and then to the Vrapče Psychiatric Hospital. Unfortunately, in 1991, due to the war in our country, the section became less active; its meetings were held less frequently, however, it did not stop operating. In the period from 1980 to 1990, the section monitored all changes in health care and education, became actively involved in the development of training programmes in nursing (at the fifth level) and social psychiatry, and was also advocating for the opening of nursing studies (at the seventh level). In April 1994, the section intensified its activities again. At the electoral assembly, the presidency and the executive committee of the section was taken over by the nurses employed at the Department of Psychiatry of

sjedništvo, to jest izvršni odbor sekcije preuzimaju medicinske sestre Klinike za psihijatriju KBC-a Rebro. Odlučeno je da dotadašnja Neuropsihijatrijska sekcija promjeni ime u Psihijatrijska sekcija.

S obzirom na političke promjene u zemlji i na uspostavu samostalne i neovisne države Hrvatske dolazi i do promjena u ustrojstvu sestrinske udruge. Psihijatrijska sekcija prilagođava svoj poslovnik i izrađuje novi pečat. Donosi se i plan rada koji obuhvaća organizaciju i sudjelovanje na stručnim skupovima, suradnju među psihijatrijskim ustanovama te poticanje stručnog usavršavanja medicinskih sestara za rad s duševnim bolesnicima. Odlučeno je da se i dalje u skladu s tradicijom održavaju dani psihijatrijske sekcije, danas Hrvatskog psihijatrijskog društva medicinskih sestara i tehničara (2).

Dana 9. 5. 1995. u Psihijatrijskoj bolnici Jankomir održani su 1. dani psihijatrijske sekcije kojima je predsjedavala Darja Benussi. Svake četiri godine predsjedništvo je prelazilo u drugu psihijatrijsku ustanovu: KBC Zagreb, KBC Sestre milosrdnice, Klinika za psihijatriju Jankomir i Klinika za psihijatriju Vrapče. Klinika za psihijatriju KBC-a Zagreb mandat je ponovo preuzeila 2011. godine. Za predsjednika Društva imenovan je Zoran Bradaš, mag. med. techn. a za tajnicu društva Marija Božićević, mag. med. techn. U četiri godine mandata održana su četiri kongresa s međunarodnim sudjelovanjem i tri simpozija. Uz svaki kongres i simpozij štampan je zbornik radova odnosno udžbenik. U organizaciji simpozija sudjelovali su prof. dr. sc. Alma Mihaljević-Peleš i prof. dr. sc. Darko Marčinko.

Radovi iz psihijatrijskog sestrinstva često su objavljivani i u sestrinskim časopisima.

*Sestrinska riječ* prvi je naš sestrinski časopis koji je izlazio u Zagreb 1933.-1941., a glavna urednica bila je Lujza Wagner Janović (190.-1945.). Stručno glasilo Hrvatske udruge medicinskih sestara, *Sestrinski glasnik*, izlazi od 1995. godine. *Croatian Nursing Journal*, recenzirani je sestrinski časopis koji su pokrenuli Zdravstveno veleučilište Zagreb i Hrvatska komora medicinskih sestara 2017. godine. Časopis objavljuje izvore radove s ciljem unaprjeđenja i razmjene znanja i iskustva, te omogućavanja praćenja suvremenih stručnih i istraživačkih trendova u području sestrinstva i drugih zdravstvenih znanosti.

Časopis za primjenjene zdravstvene znanosti (engl. *Journal of Applied Health Sciences*) pokrenut je s namjerom objavljivanja izvornih istraživačkih, teorijskih i metodoloških znanstvenih i stručnih radova u rujnu 2015. godine.

Svakako jedan od najvažnijih događaja u modernoj povijesti hrvatskog sestrinstva bio je i izglasavanje

the University Hospital Centre Zagreb. A decision was reached to change the name of the former Neuropsychiatric Section to the Psychiatric Section.

Due to the political changes in the country and the establishment of an independent Croatian state, the changes in the organization of the nursing association were introduced. The Psychiatric Section aligned its rules of procedure and made a new seal. A work plan was also adopted to include organisation and participation in professional conferences, cooperation between psychiatric institutions and fostering professional training of nurses for work with mental patients. It was decided that the days of the psychiatric section of the Croatian Psychiatric Association of Nurses and Technicians (2) continue to be held in accordance with the tradition.

The 1st days of the psychiatric section were held on 9 May 1995 and chaired by Darja Benussi at the Jankomir Psychiatric Hospital. Every four years the presidency rotated from one psychiatric institution to another, i.e., University Hospital Centre Zagreb, Sestre milosrdnice University Hospital, Jankomir Clinic for Psychiatry and the Vrapče Clinic for Psychiatry. The Department of Psychiatry of the University Hospital Centre Zagreb took over the presidency once again in 2011. Zoran Bradaš, M.Sc. in Medical Technology, was appointed president and Marija Božićević, M.Sc. in Medical Technology, was appointed secretary of the Association. Over the four years of the mandate, four congresses with international participation and three symposiums were held. Each congress and symposium was accompanied with a collection of papers or a textbook published. Professors Alma Mihaljević-Peleš, PhD, and Darko Marčinko, PhD, participated in the organisation of the symposia.

Papers on psychiatric nursing were also published in nursing journals.

*Sestrinska riječ* is the first Croatian magazine dedicated to nursing. It was published in Zagreb during the period 1933 to 1941 with Lujza Wagner Janović as the editor-in-chief (190-1945). *Sestrinski glasnik* is the professional journal of the Croatian Association of Nurses circulating since 1995. *Croatian Nursing Journal* is a peer-reviewed nursing journal launched by the University of Applied Health Sciences Zagreb and the Croatian Chamber of Nurses in 2017. The journal publishes original articles with the aim of improving and exchanging knowledge and experience and enabling monitoring of modern professional and research trends in the field of nursing and other health sciences.

*Journal of Applied Health Sciences* was launched in September 2015 with the intention of publishing original research and theoretical and methodological scientific and professional papers.

The passing of the Law on Nursing in 2003 and the establishment of the Croatian Chamber of Nurses and



Zakona o sestrinstvu u Hrvatskom saboru 2003. godine i osnivanje Hrvatske komore medicinskih sestara i tehničara.

Do 2009. godine u Hrvatskoj, medicinske sestre i tehničari koji su brinuli za psihički oboljele osobe nisu imali drugo obrazovanje osim zvanja medicinske sestre/tehničara općeg smjera.

Formalno školovanje za psihijatrijske sestre/tehničare počinje 2009. g. prvim diplomskim specijalističkim studijem u Zagrebu u akademskoj godini 2010./2011.

## RAZVOJ SESTRINSTVA NA KLINICI ZA PSIHIJATRIJU KBC-a ZAGREB

Prva neuropsihijatrijska klinika osnovana je u Zagrebu 1921. godine, četiri godine nakon osnutka Medicinskog fakulteta. Prvi bolesnici primljeni su na liječenje 1923. godine. Klinika je tada imala oko 45 kreveta i bila je smještena u zgradu u Kukovićevoj ulici. U KBC Zagreb preseljena je 1946. godine.

Neuropsihijatrijska klinika podijeljena je na kliniku za neurologiju i kliniku za psihijatriju 1971. godine. Iste godine iz odjela za psihoterapiju dotadašnje Neuropsihijatrijske klinike formira se Centar za mentalno zdravlje koji je 1988. godine dobio status klinike za psihološku medicinu (3).

U prvim danima njegu psihijatrijskih bolesnika odnosno čuvanje bolesnika na Klinici provodili su neškolovani, priučeni bolničari. Jedini školovani bolničar bio je Mile Kalafatić.

Medicinske sestre na psihijatrijske odjele dolaze 1954. godine; tada je za odjelnu sestru Muške psihijatrije postavljena viša medicinska sestra Josipa Smoldlaka. Na odjelu Ženske psihijatrije glavna sestra bila je kratko Milica Ostrovidov, a zatim Višnja Šupe.

Razdvajanjem Neuropsihijatrijske klinike 1971. godine, vms Josipa Smoldlaka postaje prva glavna sestra Psihijatrijske klinike s centrom za mentalno zdravlje i na toj dužnosti ostaje do odlaska u mirovinu 1984. godine. Cijeli svoj radni vijek vms Josipa Smoldlaka je provela na Klinici za psihijatriju i svojim radom i zalaganjem doprinijela njenom razvoju. Organizirala je zdravstvenu skrb za bolesnike, uvela mjere sprječavanja intrahospitalnih infekcija te sudjelovala u specifičnim dijagnostičko-terapijskim postupcima (elektro-šokovi, inzulinske kome). Poticala je edukaciju novopriđelih medicinskih sestara i tehničara te bolničara koji su već radili na Klinici. Predavala je na školi za bolničare, bila suosnivačica Psihijatrijske sekcije i

Medical Technicians was certainly one of the most important events in the modern history of Croatian nursing.

Until 2009, Croatian nurses and technicians caring for mentally ill persons had no other form of formal education than general training for nurses and medical technicians.

Formal education in psychiatric nursing and medical technology was introduced in 2009 with the first graduate specialist study organised in Zagreb in the academic year 2010 /2011.

## DEVELOPMENT OF NURSING AT THE DEPARTMENT OF PSYCHIATRY AT THE UNIVERSITY HOSPITAL CENTRE ZAGREB

The first neuropsychiatric clinic was founded in Zagreb in 1921, four years after the founding of the School of Medicine. The first patients were admitted to treatment in 1923. At the time, the clinic had about 45 beds and was located in a building on Kukovićeva Street. It was moved to the University Hospital Centre Zagreb in 1946.

In 1971, the neuropsychiatric clinic was divided into a neurology clinic and a psychiatry clinic. During the same year, the Centre for Mental Health was formed from the psychotherapy department of the former Neuropsychiatric Clinic. The Centre received the status of a clinic for psychological medicine in 1988 (3).

In the first days, untrained paramedics carried out the care for psychiatric patients at the Clinic. Mile Kalafatić was the only trained paramedic.

In 1954, nurses started working in psychiatric wards as well. The senior nurse Josip Smoldlaka was appointed ward nurse of the Male Psychiatry. The senior nurse Milica Ostrovidov was appointed ward nurse of the Female Psychiatry Department for a brief period of time, followed by Višnja Šupe.

After the division of the Neuropsychiatric Clinic in 1971, the senior nurse Josipa Smoldlaka was appointed first head nurse of the Psychiatric Clinic (with a mental health centre) and remained on that position until her retirement in 1984. Josipa Smoldlaka spent her entire working life at the Clinic for Psychiatry and had largely contributed to its development with her work and dedication. She organized patient health care, introduced measures to prevent intrahospital infections and participated in specific diagnostic and therapeutic procedures (electroshocks, insulin comas). She also encouraged the education of new nurses, medical technicians and paramedics already working at the Clinic. She taught at the school for paramedics, was a co-founder of the Psychiatric Section and secretary of the Associa-



tajnica Udruženja medicinskih sestara Jugoslavije. Aktivno je sudjelovala i organizirala brojne stručne skupove i kongrese u zemlji i inozemstvu te bila članica Uređivačkog odbora „Naše novine“, službenog glasila KBC-a Zagreb. Te iste godine, za odjelu sestru Muškog odjela imenovana je vms Ružica Petrak. Njen profesionalni put obilježila su sudjelovanja u edukaciji učenika srednje medicinske škole, studenata Više medicinske škole te pomoć u nastajanju i autorstvo u prvom psihijatrijskom udžbeniku za studente Visoke zdravstvene škole u Zagrebu. Dužnost glavne sestre Klinike za psihijatriju obnašala je od 1984. godine sve do umirovljenja 2010. godine.

Godine 1975. na Klinici za psihijatriju formiran je odjel socijalne psihijatrije. Odjelna sestra tog odjela postaje vms Darja Benussi. Osim što je sudjelovala u razvoju socijalne psihijatrije u Hrvatskoj i bila suosnivač istog odjela u KBC-u Zagreb, vms Darja Benussi ostala je zapamćena kao osoba koje se zalagala za razvoj sestrinstva u psihijatriji i ukazivala na potrebu za educiranim psihijatrijskim sestrama. Bila je suradnica u nastajanju Prvog psihijatrijskog udžbenika za studente Visoke zdravstvene škole te provodila edukaciju studenata. Uvela je i koristila, kao dio sestrinske dokumentacije, Sestrinsku ocjensku ljestvicu za ležeće ispitnike (NOSIE-30) kao mjeru terapijskog pomaka kod hospitaliziranih shizofrenih bolesnika (4). Zbog iznimnog truda koji je Darja Benussi ulagala u razvoj i napredak sestrinske struke, struka ju je izabrala za prvu predsjednicu Psihijatrijske sekcije medicinskih sestara i tehničara. U njezinu čast i čast onoga što je značila za medicinske sestre u psihijatriji, nakon njezine smrti 2004. godine, Psihijatrijsko društvo medicinskih sestara i tehničara počinje dodjeljivati svojim članovima godišnju nagradu s njezinim imenom za iznimian doprinos u razvoju psihijatrijskog sestrinstva u Republici Hrvatskoj. Dobitnici ove prestižne nagrade bili su i djelatnici Klinike za psihijatriju i psihološku medicinu: Marija Detelić, Zoran Bradaš i Marija Božičević (5). Godine 1983. osnivaju se dvije dnevne bolnice u kojima su radile vms Marija Detelić i vms Marija Bartolić. U poliklinici se organizira patronažna skrb za psihijatrijske bolesnike koje je obilazila vms Đurđica Novak.

Centar za krizna stanja sa četiri kreveta i 24-satnom telefonskom službom otvara se 1986. godine. U njemu je tada radilo pet medicinskih sestara koje su skrbile za ležeće bolesnike, ali i primale telefonske pozive preusmjeravajući ih drugim suradnicima.

Razvojem Klinike nastaju kadrovske promjene i dopune. Sukladno tome, odjelnim sestrama po-

tion of Nurses of Yugoslavia. In addition to that, Josipa Smoldlaka actively participated in, organized a host of professional meetings and congresses in the country and abroad and was a member of the Editorial Board of *Naše novine*, the official newsletter of the University Hospital Centre Zagreb. In the same year, the senior nurse Ružica Petrak was appointed ward nurse of the Male Psychiatry Department. Her professional path was marked by the training of senior nursing students, students of the Medical School and providing assistance in the establishment and publishing of the first psychiatric textbook for students of the Health Polytechnic in Zagreb. She was the head nurse of the Clinic of Psychiatry from 1984 until her retirement in 2010.

In 1975, a department of social psychiatry was formed at the Clinic of Psychiatry. The senior nurse Darja Benussi was appointed ward nurse of that department. In addition to participating in the development of social psychiatry in Croatia and being one of the co-founders of the department of social psychiatry at the University Hospital Centre Zagreb, the senior nurse Darja Benussi is remembered as a person who advocated the development of nursing in psychiatry and emphasized the need for well trained psychiatric nurses. She took part in the establishment of the First Psychiatric Textbook for the students of the Health Polyclinic and conducted the training of students. Darja Benussi introduced and used, as part of the nursing documentation, the Nursing Assessment Scale for Recumbent Subjects (NOISE-30) as a measure of therapeutic shift in hospitalised schizophrenic patients (4). Due to exceptional efforts that Darja Benussi invested in the development and advancement of the nursing profession, her colleagues elected her the first president of the Psychiatric Section of Nurses and Medical Technicians. Following her passing in 2004, in her honour and in the honour of everything she did for psychiatry nurses, the Psychiatric Association of Nurses and Technicians started awarding its members an annual award bearing her name for outstanding contributions to the development of psychiatric nursing in Croatia. Employees of the Department of Psychiatry and Psychological Medicine were awarded this prestigious award, namely Marija Detelić, Zoran Bradaš and Marija Božičević (5). In 1983, two day hospitals were established in which senior nurses Marija Detelić and Marija Bartolić worked. The polyclinic organized nursing home care for psychiatric patients performed by the senior nurse Đurđica Novak.

The Crisis Centre with four beds and a 24-hour telephone service was established in 1986. At the time, five nurses worked at the Crisis Centre and cared for recumbent patients but also received phone calls diverting patients to other co-workers.

With the development of the Clinic, personnel changes and additions were introduced. Accordingly, over time the following ward nurses were appointed: Mira Vuko-

stavljeni su tijekom vremena: Mira Vukobratović, vms, Ljubica Janežić, vms, Andelka Rukelj, vms, Jadranka Butorac, prvostupnica sestrinstva, Marija Dujmović, prvostupnica sestrinstva, Mirica Mavračić, prvostupnica sestrinstva, Zoran Bradaš, mag. sestrinstva, Marija Božičević, mag. sestrinstva i Ivanka Babić, prvostupnica sestrinstva (4).

## RAZVOJ SESTRINSTVA NA KLINICI ZA PSIHOLOŠKU MEDICINU KBC-a ZAGREB

Klinika za psihološku medicinu formalno se osamostalila pod imenom Centar za mentalno zdravlje 1971. godine, a od 1987. godine Centar stječe status klinike Medicinskog fakulteta Sveučilišta u Zagrebu i mijenja ime u Klinika za psihološku medicinu. Prva glavna sestra Centra za mentalno zdravlje bila je Katica Embreš. Nakon njezine smrti mjesto glavne sestre klinike preuzima Senada Klarić. Na tom položaju ostaje do 1996., kada to mjesto preuzima Ljiljana Godan i ostaje glavna sestra klinike do 2008. godine. Od 2008. do 2016. mjesto glavne sestre obnaša Tereza Uremović. Godine 2017. glavna sestra Klinike postaje Zdenka Aurer koja na tom mjestu ostaje do rujna 2019. Iste se godine administrativno i funkcionalno spajaju Klinika za psihijatriju i Klinika za psihološku medicinu. Glavna sestra nove Klinike za psihijatriju i psihološku medicinu je Jadranka Butorac, a od rujna 2021. Zdenka Aurer.

U vrijeme postojanja Klinike za psihološku medicinu medicinske sestre aktivno promiču specifičan psihoterapijski pristup u intervencijama zdravstvene njege, a u tom se pravcu i educiraju. Tako je prva edukacija iz grupne analize za medicinske sestre na KBC-u Zagreb organizirana i održana na Klinici za psihološku medicinu (1997.-2002.). Pohađa je i završava ukupno 8 medicinskih sestara iz Klinike za psihološku medicinu i 5 medicinskih sestara iz Klinike za psihijatriju. Svih godina, a posebno ratnih i poratnih devedesetih pa do danas, medicinske sestre intenzivno sudjeluju u terapijskim procesima kao koterapeuti i terapeuti, a naročito se to odnosi na terapijski rad s hrvatskim braniteljima. Usput se nastavljaju kontinuirane edukacije te sudjelovanje na različitim stručnim skupovima i kongresima, a redovito na skupovima Psihijatrijskog društva HUMS-a. Na Klinici se niz godina, sve do danas, prakticira i uči autogeni trening kao specifična tehnika relaksacije. Od specifičnih edukacija, danas na klinici imamo certificiranu učiteljicu autogenog treninga po Schultzu (Ljubica Dragija, diplomirana med. sestra), a uskoro i prvu medicinsku sestru – grupnog analitičara u Hrvatskoj (Zdenka Aurer, magistra

bratović, senior nurse, Ljubica Janežić, senior nurse, Andelka Rukelj, senior nurse, Jadranka Butorac, Bachelor of Nursing, Marija Dujmović, Bachelor of Nursing, Mirica Mavračić, Bachelor of Nursing, Zoran Bradaš, Master of Nursing, Marija Božičević, Master of Nursing and Ivanka Babić, Bachelor of Nursing (4).

193

## DEVELOPMENT OF NURSING AT THE DEPARTMENT OF PSYCHOLOGICAL MEDICINE OF THE UNIVERSITY HOSPITAL CENTRE ZAGREB

The Department of Psychological Medicine formally became independent under the name Mental Health Centre in 1971. Since 1987, it acquired the status of a clinic of the School of Medicine at the University of Zagreb and changed its name to the Department of Psychological Medicine. The first head nurse of the Mental Health Centre was Katica Embreš. After her passing, Senada Klarić took over the position of the head nurse of the Department. She remained in this position until 1996, when Ljiljana Godan took over the position and remained the head nurse of the Department until 2008. From 2008 to 2016, Teresa Uremović held the position of the head nurse. Zdenka Aurer became the head nurse of the Department in 2017 and held the position until September 2019. In the same year, the Department of Psychiatry and the Department of Psychological Medicine merged administratively and functionally. Jadranka Butorac became the head nurse of the new Department of Psychiatry and Psychological Medicine succeeded by Zdenka Aurer in September 2021.

At the time when the Department of Psychological Medicine was operating, nurses actively promoted a specific psychotherapeutic approach in health care interventions and underwent the relevant training. The first training in group analysis for nurses at the University Hospital Centre Zagreb was thus organized and held at the Department of Psychological Medicine (1997-2002). It was attended and completed by eight nurses employed at the Department of Psychological Medicine and five nurses employed at the Department of Psychiatry. During the whole period and particularly during the Croatian War of Independence and the post-war period in the 1990s until the present day, as co-therapists or therapists, nurses have been intensively involved in therapeutic processes with a special emphasis on therapeutic work with Croatian veterans. In parallel with that, they have been undergoing continuous training and participating in various professional conferences and congresses. They have also regularly attended meetings of the HUMS Psychiatric Association. For many years, autogenic training, as a specific relaxation technique, has been practiced and taught at the Department. Some nurses were trained in certain specific fields. Our department currently employs one certified Schultz Autogenic Training specialist (Ljubica



sestrinstva). Surađujemo sa Hrvatskom komorom dentalne medicine na njihovim stručnim skupovima, prezentirajući teme iz komunikacijskih vještina i mentalnog zdravlja.

## SESTRINSTVO NA KLINICI ZA PSIHIJATRIJU I PSIHOLOŠKU MEDICINU KBC-a ZAGREB DANAS

U današnjem vremenu kompetencije medicinskih sestara i tehničara u psihijatriji usmjerenе su na pružanje sigurne, kvalitetne i kreativne sestrinske skrbi, na komunikaciju unutar multidisciplinarnog tima te provođenje intervencija utemeljenih na znanju, dokazima i usklađenih sa standardima sestrinske profesije.

Intervencije se provode prema načelima psihijatrijske zdravstvene njege; medicinske sestre i tehničari u svom pristupu i radu s bolesnicima koriste holizam, poštuju jedinstvenost ljudskog bića, privatnost i dostojanstvo, podržavaju terapijsku komunikaciju, bezuvjetno prihvaćanje i uključivanje bolesnika te im pomažu pri učinkovitoj prilagodbi.

Medicinske sestre i tehničari sudjeluju u svim oblicima liječenja, dijagnostičkim postupcima, rehabilitacijskim i socioterapijskim postupcima, provode edukaciju bolesnika i obitelji poštujući etičke i stručne standarde.

Na Klinici za psihijatriju i psihološku medicinu trenutno je zaposleno 70 medicinskih sestara i tehničara; 37 medicinskih sestara i tehničara srednje stručne spreme, 21 prvostupnik sestrinstva, 9 magistrica i magistara sestrinstva i 3 diplomirane medicinske sestre.

U skladu s naobrazbom i kompetencijama sudjeluju u provođenju ili samostalno provode specifične intervencije, neinvazivne i invazivne dijagnostičke i terapijske postupke kod hospitaliziranih, ambulantnih i dnevno-bolničkih bolesnika. Navest ćemo samo neke: aplikacija elektrokonvulzivne terapije, TMS, aplikacija farmakoterapije, snimanje EEG-a, provođenje asistiranog hranjenja i parenteralne nutritivne potpore u suradnji s Centrom za kliničku prehranu, suradnja s multidisciplinarnim timom (internisti-gastroenterolozi, intenzivisti, magistri farmacije, medicinska sestra specijalizirana za kliničku prehranu).

Medicinske sestre i tehničari sudjeluju u provođenju grupne analitičke psihoterapije kao koterapeuti, provode treninge socijalnih vještina u maloj i velikoj grupi te vode radionice komunikacijskih vještina. Također organiziraju biblioterapiju, art terapiju, narativnu terapiju, filmoterapiju, socioterapijske

Dragija, graduate nurse) and in the near future the first nurse group analyst in Croatia (Zdenka Aurer, Master of Nursing). We closely cooperate with the Croatian Chamber of Dental Medicine at their professional meetings where we present topics such as communication skills and mental health.

## CURRENT STATE OF NURSING AT THE DEPARTMENT OF PSYCHIATRY AND PSYCHOLOGICAL MEDICINE OF THE UNIVERSITY HOSPITAL CENTRE ZAGREB

In today's time, the competencies of nurses and medical technicians in psychiatry are focused on providing safe, quality and creative nursing care, communication within a multidisciplinary team and conducting knowledge and evidence-based interventions aligned with the standards of the nursing profession.

Interventions are carried out according to the principles of psychiatric health care. In their approach and work with patients, nurses and medical technicians apply holism while respecting the uniqueness of every human being as well as their privacy and dignity. They also support therapeutic communication, unconditional acceptance and patient inclusion while helping patients to effectively adapt.

Nurses and technicians participate in all forms of treatment, rehabilitation and diagnostic and socio-therapeutic procedures and they carry out various forms of training of patients and their families at the same time respecting ethical and professional standards.

The Department of Psychiatry and Psychological Medicine currently employs 70 nurses and technicians, 37 nurses and technicians with secondary education, 21 bachelors in nursing, 9 masters of nursing, and 3 graduate nurses.

In accordance with their education and competencies, they participate in the implementation or independently carry out specific interventions as well as non-invasive and invasive diagnostic and therapeutic procedures in hospitalized, outpatient and day-hospital patients. Some of those interventions include the application of electroconvulsive therapy, TMS, pharmacotherapy, EEG imaging, assisted feeding and parenteral nutritional support in cooperation with the Centre for Clinical Nutrition along with the cooperation with a multidisciplinary team (composed of internists, gastroenterologists, intensivists, pharmacists, and a nurse specializing in clinical nutrition).

Nurses and medical technicians participate in group analytical psychotherapy as co-therapists, conduct social skills training in smaller and larger groups and lead communication skills workshops. They also organize



izlaska s pacijentima dnevne bolnice, muzikoterapiju, logoterapiju, radionice o pravilnoj prehrani, dnevnom unosu hrane i tjelovježbi. Provode relaksacijske tehnike, sudjeluju u supervizijskim grupama tima dnevne bolnice, procjenjuje disfunkciju te promatraju i evaluiraju napredak bolesnika. Sudjeluju u projektima i znanstveno istraživačkom radu Klinike, promoviraju mentalno zdravlje i destigmatizaciju psihički oboljelih osoba, pomažu u edukaciji obitelji bolesnika i drugih članova međuljudske podrške (zajednice) o problemima mentalnog zdravlja. Medicinske sestre i tehničari na Klinici nositelji su kolegija na preddiplomskim i diplomskim sveučilišnim i stručnim studijima sestrinstva (Medicinski fakultet Sveučilišta u Zagrebu, Sveučilište Sjever, Zdravstveno veleučilište Zagreb, Veleučilište u Bjelovaru), mentori su iz područja vježbovne nastave te mentori studentima za izradu završnih i diplomskih radova.

Osim formalnog obrazovanja, medicinske sestre i tehničari educirani su ili polaze edukaciju iz različitih psihoterapijskih pravaca. Većina medicinskih sestara i tehničara završili su uvodni tečaj iz grupne analize. Edukaciju za grupnog terapeuta na Institutu za grupnu analizu završilo je ukupno 7 prvostupnica sestrinstva/medicinskih sestara.

Magistra sestrinstva Božica Petriček ima završenu edukaciju iz muzikoterapije.

Nekoliko prvostupnica i magistara završile su ili počinju edukaciju iz logoterapije, a nekoliko prvostupnica završava diplomski studij sestrinstva.

Magistar sestrinstva Zoran Bradaš prvi je doktorand na doktorskom studiju.

Sestrinski kadar aktivno je uključen i u pružanje psihološke podrške zaposlenicima KBC-a, organiziraju tečajeve i predavanja medicinskim sestrama i tehničarima u KBC-u.

U tijeku su predavanja i tri tečaja treće kategorije za medicinske sestre i tehničare u organizaciji Klinike:

- Komunikacijski i psihološki aspekti rada u zdravstvenom timu, Ljubica Dragija, diplomirana medicinska sestra
- Upravljanje stresom u sestrinstvu, Zdenka Aurer, magistra sestrinstva
- Komunikacijska kultura u izazovnim vremenima, Marija Božičević, magistra sestrinstva
- Prevencija agresivnog ponašanja i načini zbrinjavanja, Zoran Bradaš, magistar sestrinstva.

Glavna sestra Klinike za psihijatriju i psihološku medicinu, Zdenka Aurer, magistra sestrinstva, već pet godina vodi grupu mladih srijedom kao i grupe pacijenata na odjelu.

bibliotherapy, art therapy, narrative therapy, film therapy, socio-therapeutic outings with day hospital patients, music therapy, logotherapy, and workshops on proper nutrition, daily food intake and exercising. In addition to that, they carry out relaxation techniques, participate in the supervision groups of the day hospital team, assess dysfunction, and observe and evaluate patient progress. They participate in projects and scientific research activities organised by the Department, promote mental health and destigmatization of mentally ill persons, assist in the education of patients' families and other members of interpersonal support (community) on mental health problems. Nurses and technicians at the Department hold lectures at undergraduate and graduate university and college nursing studies (The School of Medicine of the University of Zagreb, University North, University of Applied Health Sciences Zagreb, Technical College in Bjelovar) and act as mentors in training classes and the preparation of final and graduate thesis.

In addition to formal education, nurses and medical technicians have been trained or are undergoing training in various psychotherapeutic fields. Most nurses and medical technicians have completed an introductory course in group analysis. A total of 7 Bachelors of Nursing have completed the training in group therapy at the Institute of Group Analysis.

Božica Petriček, Master of Nursing, has completed training in music therapy.

Several bachelors or masters of nursing have already completed or are undergoing training in logotherapy while some bachelors are completing graduate studies in nursing.

Zoran Bradaš, Master of Nursing, is the first PhD student undergoing doctoral studies.

Nursing staff is also actively involved in providing psychological support to the employees of the University Hospital Centre Zagreb where they also organize courses and lectures for nurses and medical technicians.

Three courses of the third category for nurses and medical technicians organized by the Department are currently underway:

- Communication and psychological aspects of work in medical teams, held by Ljubica Dragija, graduate nurse;
- Stress Management in Nursing, held by Zdenka Aurer, Master of Nursing;
- Communication Culture in Challenging Times, held by Marija Božičević, Master of Nursing, and
- Prevention of Aggressive Behaviour and Methods of Care, held by Zoran Bradaš, Master of Nursing.

For five consecutive years, the head nurse of the Department of Psychiatry and Psychological Medicine, Zdenka Aurer, Master of Nursing, has been leading a

Magistar sestrinstva Zoran Bradaš bio je član radne skupine za izradu smjernica za psihosocijalne postupke i psihoterapiju „Psihički poremećaji sa psihozom i shizofrenija“.

Smjernice su izrađene u organizaciji društava Hrvatskog liječničkog zbora (Hrvatskog društva za kliničku psihijatriju, Hrvatskog društva za psihoterapiju, psihosocijalne metode i ranu intervenciju kod psiho-tičnih poremećaja, Hrvatskog društva za afektivne poremećaje) i Hrvatskog psihijatrijskog društva, te uz podršku Udruge za promicanje mentalnog zdravlja Svitanje (6).

Prvostupnica Ivanka Babić 2014. imenovana je na razini KBC-a kontakt osobom zaduženom za koordinaciju za pružanje zdravstvene zaštite za hrvatske branitelje i članove njihovih obitelji.

U projektu *Recover-e (large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe)* sudjelovali su: Zoran Bradaš, magistar sestrinstva, Božica Petriček, magistra sestrinstva, Filip Malekinušić, magistar sestrinstva, Ana Koričančić Makar, prvostupnica sestrinstva, Maja Ciber, prvostupnica sestrinstva, Denis Gopo, prvostupnik sestrinstva, Antonio Toni Zovko, prvostupnik sestrinstva, Silvija Vinković, medicinska sestra i Marina Jurički, medicinska sestra.

Projekt je financiran od Europske unije u sklopu Programa za istraživanje i inovacije Horizon 2020, broj 779362. Cilj ovog projekta je uvođenje mobilnih timova stručnjaka za mentalno zdravlje u liječenju osoba s teškim duševnim poremećajima, te usporedba novog modela liječenja u lokalnom kontekstu u odnosu na dosadašnji način liječenja.

Magistra sestrinstva Marija Božičević sudjelovala je u projektu „Warmi“ te je izabrana za suradnicu na projektu u Republici Hrvatskoj. Taj projekt regionalnog središta za Latinsku Ameriku i Karibe globalne Inovacijske mreže mentalnog zdravlja (MHIN LAC) ima za cilj promicanje i provedbu programa za promociju i zaštitu mentalnog zdravlja, provedbu istraživanja na području mentalnog zdravlja te umrežavanje i razmjenu iskustava raznih stručnjaka iz oblasti mentalnog zdravlja.

Tijekom godina, na Klinici za psihijatriju i psihološku medicinu radio je veliki broj medicinskih sestara i tehničara. Iako pojmenice nisu svi spomenuti, svatko od njih je svojim predanim radom, trudom i zalaganjem gradio povijest sadašnjost i budućnost naše Klinike te su uvelike doprinijeli razvoju struke i skrbi za psihijatrijske bolesnike.

Svima njima dugujemo posebnu zahvalnost.

group of young people every Wednesday together with patient groups on the ward.

Master of Nursing Zoran Bradaš was a member of the working group for the development of guidelines for psychosocial procedures and psychotherapy, titled “Psychological disorders with psychosis and schizophrenia”.

The guidelines have been developed by the Croatian Medical Association (Croatian Association of Clinical Psychiatry, Croatian Association of Psychotherapy, Psychosocial Methods and Early Intervention in Psychotic Disorders, Croatian Association of Affective Disorders) and the Croatian Psychiatric Association with the support of the Association for the Promotion of Mental Health - Svitanje (6).

In 2014, Bachelor Ivanka Babić was appointed contact person in charge of coordinating the provision of health care for Croatian veterans and their family members at the level of the University Hospital Centre Zagreb.

The following members of the staff have participated in the project *Recover-e (large-scale implementation of community based mental health care for people with severe and enduring mental ill health in Europe)*: masters of nursing Zoran Bradaš, Božica Petriček, and Filip Malekinušić, bachelors of nursing Ana Koričančić Makar, Maja Ciber, Denis Gopo, and Antonio Toni Zovko, and nurses Silvija Vinković and Marina Jurički.

The project is funded by the European Union under the Horizon 2020 Research and Innovation Programme, no. 779362. The aim of the project is to introduce mobile teams of mental health professionals in the treatment of individuals with severe mental disorders and to compare the new model of treatment in the local context with the one previously applied.

Master of Nursing Marija Božičević has participated in the project “Warmi” and was chosen a project associate in Croatia. This project of the regional hub for Latin America and the Caribbean of the global Mental Health Innovation Network (MHIN LAC) aims to promote and implement programmes for the promotion and protection of mental health, implementation of mental health research and networking and exchange of experiences of various professionals in the field of mental health.

Over the years, many nurses and medical technicians worked at the Department of Psychiatry and Psychological Medicine. Although not all mentioned by name, with their dedicated work, efforts and commitment each one of them helped built the past, present and future of our Department and have largely contributed to the development of the profession and overall care for psychiatric patients.

We owe a debt of gratitude to all of them.



**Sestrinske publikacije:**

- Bagarić Š, Repovečki S, Bradaš Z. Mjesto, uloga i značenje medicinske sestre u psihijatriji. U: Jukić V. (ur.) Hrvatska psihijatrija početkom 21. stoljeća. Zagreb: Medicinska naklada, Hrvatsko psihijatrijsko društvo i Klinika za psihijatriju Vrapče, 2018. str. 344-349.
- Bambulović I. Medicinska sestra/tehničar u području rada dječje i adolescentne psihijatrije. U: Begovac I (ur.). Dječja i adolescentna psihijatrija. Zagreb: Sveučilište u Zagrebu, Medicinski fakultet, 2021, str. 968-973.
- Božičević M, Bradaš Z. (ur.). Brendiranje i znanstveno istraživanje u sestrinstvu. Zagreb: HUMS, 2014.
- Božičević M, Bradaš Z. (ur.). Psihijatrijsko sestrinstvo u zajednici. Zagreb: HUMS, 2012.
- Božičević M, Bradaš Z. (ur.). Sestrinske dijagnoze u zdravstvenoj skrbi psihijatrijskog bolesnika. Zagreb: HUMS, 2011.
- Božičević M, Bradaš Z. (ur.). Upravljanje kvalitetom i sigurnost psihički oboljelih osoba. Zagreb: HUMS, 2013.
- Božičević M, Bradaš Z. Medicinska sestra/tehničar kao koordinator između bolesnika i članova liječničkog tima prilikom izvođenja elektrostimulativne terapije. U: Bradaš Z, Božičević M, Mihaljević Peleš A. (ur.). Biologiska psihijatrija. Zagreb: HUMS, 2011.
- Bradaš Z, Božičević M, Marčinko D. (ur.). Suicidologija. Zagreb: HUMS, 2012.
- Bradaš Z, Božičević M, Marčinko D. (ur.). Poremećaji hranjenja u psihijatriji. Zagreb: HUMS, 2013.
- Bradaš Z, Božičević M, Mihaljević Peleš A. (ur.). Biologiska psihijatrija. Zagreb: HUMS, 2011.
- Bradaš Z, Božičević M. Izvanbolničko liječenje i rehabilitacija osoba s psihičkim poremećajima – kompetencije medicinske sestre/tehničara u ambulantni za koordinaciju liječenja. U: Božičević M, Bradaš Z. (ur.). Upravljanje kvalitetom i sigurnost psihički oboljelih osoba. Zagreb: HUMS, 2013.
- Bradaš Z, Božičević M. Prijedlog kompetentnosti medicinske sestre u zajednici u cilju zagovaranja mentalnog zdravlja. Hrvatski časopis za javno zdravstvo 2012; Vol 9 br. 33.
- Bradaš Z, Božičević M. Sestrinski protokol – elektrostimulativna terapija. U: Bradaš Z, Božičević M, Mihaljević Peleš A. (ur.). Biologiska psihijatrija. Zagreb: HUMS, 2011.
- Canjuga I, Železnik D, Božičević M, Nekić M. Razlike u samoprocjeni samopoštovanja, socijalne i emocionalne usamljenosti s obzirom na sociodemografske karakteristike starijih osoba. Socijalna psihijatrija 46 (2018), 3; 229-250

**Nursing publications:**

197

- Bagarić Š, Repovečki S, Bradaš Z. Mjesto, uloga i značenje medicinske sestre u psihijatriji. In: Jukić V., (ed.) Hrvatska psihijatrija početkom 21. stoljeća. Zagreb: Medicinska naklada, Croatian Psychiatric Society and the Vrapče Department of Psychiatry, 2018, p. 344-349.
- Bambulović I. Medicinska sestra/tehničar u području rada dječje i adolescentne psihijatrije. In: Begovac I. (ed.) Dječja i adolescentna psihijatrija. Zagreb: University of Zagreb, Faculty of Medicine, 2021, pp. 968-973.
- Božičević M, Bradaš Z., (ed.) Brendiranje i znanstveno istraživanje u sestrinstvu. Zagreb: HUMS, 2014.
- Božičević M, Bradaš Z., (ed.) Psihijatrijsko sestrinstvo u zajednici. Zagreb: HUMS, 2012.
- Božičević M, Bradaš Z., (ed.) Sestrinske dijagnoze u zdravstvenoj skrbi psihijatrijskog bolesnika. Zagreb: HUMS, 2011
- Božičević M, Bradaš Z., (ed.) Upravljanje kvalitetom i sigurnost psihički oboljelih osoba. Zagreb: HUMS, 2013.
- Božičević M, Bradaš Z. Medicinska sestra/tehničar kao koordinator između bolesnika i članova liječničkog tima prilikom izvođenja elektrostimulativne terapije. In: Bradaš Z, Božičević M, Mihaljević Peleš A., (ed.) Biologiska psihijatrija. Zagreb: HUMS, 2011
- Bradaš Z, Božičević M, Marčinko D., (ed.) Suicidologija. Zagreb: HUMS, 2012.
- Bradaš Z, Božičević M, Marčinko D., (ed.) Poremećaji hranjenja u psihijatriji. Zagreb: HUMS, 2013.
- Bradaš Z, Božičević M, Mihaljević Peleš A., (ed.) Biologiska psihijatrija. Zagreb: HUMS, 2011
- Bradaš Z, Božičević M. Izvanbolničko liječenje i rehabilitacija osoba s psihičkim poremećajima – kompetencije medicinske sestre/tehničara u ambulantni za koordinaciju liječenja. In: Božičević M, Bradaš Z., (ed.) Upravljanje kvalitetom i sigurnost psihički oboljelih osoba. Zagreb: HUMS, 2013.
- Bradaš Z, Božičević M. Prijedlog kompetentnosti medicinske sestre u zajednici u cilju zagovaranja mentalnog zdravlja. Hrvatski časopis za javno zdravstvo 2012; Vol 9 br. 33.
- Bradaš Z, Božičević M. Sestrinski protokol – elektrostimulativna terapija. In: Bradaš Z, Božičević M, Mihaljević Peleš A., (ed.) Biologiska psihijatrija. Zagreb: HUMS, 2011
- Canjuga I, Železnik D, Božičević M, Nekić M. Razlike u samoprocjeni samopoštovanja, socijalne i emocionalne usamljenosti s obzirom na sociodemografske karakteristike starijih osoba. Socijalna psihijatrija 46 (2018), 3; 229-250



- jalne i emocionalne usamljenosti s obzirom na sociodemografske karakteristike starijih osoba. *Socijalna psihijatrija*, 46 (2018), 3; 229-250
- Canjuga I, Železnik D, Neuberg M, Božičević M, Cikač T. Does the impaired capacity for self-care impact the prevalence of social and emotional loneliness among elderly people? *Working with older people*, 22 (2018), 4; 211-223 doi:10.1108/WWOP-01-2018-0001.
  - Godan Lj, Uremović T, Dragija Lj, Brajković L. Ovisnost o nikotinu kod oboljelih od posttraumatiskog stresnog poremećaja. VII. dani psihijatrijske sekcije. Zagreb: HUMS, 2001.
  - Kudlek Mikulić S, Mihaljević-Peleš A, Šagud M, Bajs Janović M, Ganoci L, Grubišin J, Kuzman Rojnić M, Vuksan Ćusa B, Bradaš Z, Božina N. Brain-derived neurotrophic factor serum and plasma levels in the treatment of acute schizophrenia with olanzapine or risperidone: 6-week prospective study./ *Nordic Journal of Psychiatry*, 71 (2017), 7; 513-520 doi:10.1080/08039488.2017.1340518.
  - Matić I, Takšić I, Božičević M. The sense of coherence and subjective well-being as resources of resilience in the time of stressful situations: COVID-19 outbreak and earthquakes. *Psychiatria Danubina* 2021; 33(4): 639-645 doi:10.24869/psyd.2021.639.
  - Šagud M, Vuksan-Ćusa B, Živković M, Vlatković S, Kramarić M, Bradaš Z, Mihaljević-Peleš A. Antipsychotics: to combine or not to combine? *Psychiatria Danubina*, 25 (2013), 3; 306-310.
  - Veronek J, Živoder I, Poljak D, Božičević M. Edukacijske potrebe i motivacijski čimbenici kod studenata sestrinstva: kvalitativna studija među slovenskim i hrvatskim nastavnicima preddiplomske nastave sestrinstva. *Socijalna psihijatrija*, 48 (2020), 4; 367-381
  - Vuksan Ćusa B, Klepac N, Jakšić N, Bradaš Z, Božičević M, Palac N, Šagud M. The Effects of Electroconvulsive Therapy Augmentation of Antipsychotic Treatment on Cognitive Functions in Patients With Treatment-Resistant Schizophrenia. *Journal of Eect*, [Epub ahead of print] (2017), [Epub ahead of print; 29053485, 5 doi:10.1097/YCT.0000000000000463
  - Zagorščak K, Buhin Cvek A, Sajko M, Božičević M. Stavovi i predrasude studenata Studija sestrinstva prema psihički bolesnim osobama. *Socijalna psihijatrija*, 45 (2017), 3; 209-216.
  - Canjuga I, Železnik D, Neuberg M, Božičević M, Cikač T. Does the impaired capacity for self-care impact the prevalence of social and emotional loneliness among elderly people? *Working with older people*, 22 (2018), 4; 211-223 doi:10.1108/WWOP-01-2018-0001.
  - Godan Lj, Uremović T, Dragija Lj, Brajković L. Ovisnost o nikotinu kod oboljelih od posttraumatiskog stresnog poremećaja. The 7th days of the Psychiatric Section. Zagreb: HUMS, 2001.
  - Kudlek Mikulić S, Mihaljević-Peleš A, Šagud M, Bajs Janović M, Ganoci L, Grubišin J, Kuzman Rojnić M, Vuksan Ćusa B, Bradaš Z, Božina N. Brain-derived neurotrophic factor serum and plasma levels in the treatment of acute schizophrenia with olanzapine or risperidone: 6-week prospective study/Nordic Journal of Psychiatry, 71 (2017), 7; 513-520 doi:10.1080/08039488.2017.1340518.
  - Matić I, Takšić I, Božičević M. The sense of coherence and subjective well-being as resources of resilience in the time of stressful situations: COVID-19 outbreak and earthquakes. *Psychiatria Danubina* 2021; 33 (4): 639-645 doi:10.24869/psyd.2021.639.
  - Šagud M, Vuksan-Ćusa B, Živković M, Vlatković S, Kramarić M, Bradaš Z, Mihaljević-Peleš A. Antipsychotics: to combine or not to combine? *Psychiatria Danubina*, 25 (2013), 3; 306-310.
  - Veronek J, Živoder I, Poljak D, Božičević M. Edukacijske potrebe i motivacijski čimbenici kod studenata sestrinstva: kvalitativna studija među slovenskim i hrvatskim nastavnicima preddiplomske nastave sestrinstva. *Socijalna psihijatrija*, 48 (2020), 4; 367-381
  - Vuksan Ćusa B, Klepac N, Jakšić N, Bradaš Z, Božičević M, Palac N, Šagud M. The Effects of Electroconvulsive Therapy Augmentation of Antipsychotic Treatment on Cognitive Functions in Patients With Treatment-Resistant Schizophrenia. *Journal of Eect*, [Epub ahead of print] (2017), [Epub ahead of print; 29053485, 5 doi:10.1097/YCT.0000000000000463
  - Zagorščak K, Buhin Cvek A, Sajko M, Božičević M. Stavovi i predrasude studenata Studija sestrinstva prema psihički bolesnim osobama. *Socijalna psihijatrija*, 45 (2017), 3; 209-216.

1. Klinika za psihijatriju Vrapče [Internet]. Zagreb: Klinika za psihijatriju Vrapče [cited 2022 Mar 30]. Available from: <https://bolnica-vrapce.hr/sestrinstvo/>
2. Benussi D. Zbornik radova 1. Dani psihijatrijske sekcije. Zagreb: HUMS, 1995.
3. Jukić V, Hotujac Lj. Povijest psihijatrije. U: Hotujac Lj i sur. Psihijatrija. Zagreb: Medicinska naklada, 2006, str. 1-12.
4. Mihaljević-Peleš A. Monografija Klinike za psihijatriju 1921. – 1971. – 2016. Zagreb: Klinika za psihijatriju, 2016.
5. Bradaš Z. Kompetencije i intervencije visokoobrazovane medicinske sestre/tehničara u biologiskom pristupu liječenja psihičkih poremećaja. Zagreb: Sveučilište u Zagrebu, Medicinski fakultet, 2015.
6. Štrkalj Ivezić S, Restek Petrović B, Grah M, Bajs Janović M, Brečić P, Stijačić D, Mužinić L, Čaćić P, Jandrić K, Grubiša M, Bradaš Z, Pjević Z. Psihički poremećaj sa psihozom i shizofrenija; Smjernice za psihosocijalne postupke i psihoterapiju. Zagreb: HPD, HLZ, 2017.

# **Psiholozi na Klinici za psihijatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb**

## **/ Psychologists at the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb**

Leonida Akrap, Nenad Jakšić, Ana Čima Franc, Kornelija Oelsner,  
Trpimir Jakovina, Ida Šamanović, Zrinka Zarevski, Aleksandra Plavec,  
Ana-Strahinja Ratković Uršić

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Zagreb, Hrvatska

/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia

ORCID: 0000-0002-5286-720X (N. Jakšić)

### **ADRESA ZA DOPISIVANJE /**

#### **CORRESPONDENCE:**

Dr. sc. Nenad Jakšić, mag. psych., klinički  
psiholog

Klinika za psihijatriju i psihološku medicinu

Klinički bolnički centar Zagreb

Kišpatičeva 12

10 000 Zagreb, Hrvatska

E-pošta: nenad\_jaksic@yahoo.com

**TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsihs.2022.200>

### **POVIJEST**

Od vremena prvih psihologinja zaposlenih na Klinici za psihijatriju, odnosno Centru za mentalno zdravlje, profesorce Zlate Radošević i Katarine-Zlate Defilipis, koje su pionirski utirale put novim generacijama kolega, afirmirajući struku ponajprije svojim osobnim integritetom, vještinama i talentom, bitno se promjenio način obrazovanja i osposobljavanja, kao i zahtjevi svakodnevne prakse kliničkih psihologa u psihijatrijskim ustanovama. Za razliku od razdoblja „samoukih“ psihologa, koji su svojim fakultetskim obrazovanjem bili bolje pripremljeni za znanstveno-istraživački nego za klinički rad, danas u praksi dolazimo s visokom razinom kompetencija i praktičnih znanja. Zahvaljujući novim kolegijima i specijalističkim programima na matičnim fakultetima te sustavu vježbeništva i licenciranja od Hrvat-

### **HISTORY**

Education, training and the requirements of clinical psychology daily practice in psychiatric institutions have significantly changed since the times of professors Zlata Radošević and Katarina-Zlata Defilipis, the first psychologists employed at the Department of Psychiatry, i.e., the Centre for Mental Health, who had paved the way for new generations of colleagues and endorsed the profession thanks to their personal integrity, skills and talent. In contrast to “self-taught” psychologists who were educated in a way preparing them more for scientific research and much less for clinical work, nowadays we are able to enter practice with a high level of competence and practical knowledge. Thanks to new college courses, specialist programmes and the system of traineeships and licensing organised by the Croatian Psychological Chamber

ske psihološke komore (HPK), ostvarena je uspješnija cirkulacija i integracija znanstvenih spoznaja i kliničkih iskustava. Time je kliničarima omogućeno permanentno obrazovanje, kao i istovremeno sudjelovanje u oblikovanju obrazovnog procesa.

Druga značajna transformacija prakse psihologa zaposlenih u bolnicama posljednjih desetljeća odnosi se na promjenu fokusa i obima usluga s pretežno psihodijagnostičkih aktivnosti na tretmane, tj. neposredno pružanje pomoći pacijentima putem psihološkog savjetovanja, psihodjekucije i psihoterapije. Taj proces afirmacije pomagačkog aspekta psihologiske djelatnosti uvjetovan je različitim društvenim i administrativnim okolnostima (npr. Odluka HZZO 2013. o novim uslugama psihologa), ubrzan tijekom i nakon Domovinskog rata, a zahvaća kliničku psihologiju u RH općenito. No, kao svojevrsnu prekretnicu, „lokalnu“ preteču ovih promjena izdvojili bismo osnivanje Centra za krizna stanje 1985. pri našoj Klinici, u kojem je po prvi puta zaposleno dvoje psihologa s primarnim zadatkom pružanja psihološke pomoći putem tele-apel službe, kriznih intervencija i kratkih oblika psihoterapije, uključujući i sudjelovanje u sustavu dežurstava tele-apel službe (u čemu smo aktivni i danas). Početkom i tijekom Domovinskog rata telefonska služba tadašnjeg Centra za krizna stanja imala je važnu ulogu u pružanju psihološke podrške cjelokupnom stanovništu, kao i u organizaciji prvih edukacija iz kriznih tele-apel intervencija za druge pomagačke službe i udruge u RH.

## SADAŠNOST

Kao članovi stručnih interdisciplinarnih timova psiholozi na Klinici sudjeluju u radu svih kliničkih zavoda te svim ambulantnim, dnevnobolničkim i bolničkim vidovima djelatnosti. Uкупno je trenutno zaposleno 9 psihologa, svi sa statusom kliničkog psihologa (stečena posebna dopusnica HPK ili završena specijalizacija iz kliničke psihologije). S obzirom na podatak da je kasnih 70-tih godina na dvije tadašnje psihiatrijske klinike djelovalo ukupno 9 kolega (1), čini se da, usprkos naraslomu obimu potreba i usluga, u tom pogledu od tada nismo napredovali.

## Psihodijagnostika

Trudimo se na Klinici očuvati tradiciju visokih standarda obuhvatnosti, individualiziranosti i temeljnosti u provedbi postupaka psihologiske procjene pacijenata. Opiremo se shvaćanju psihodijagnostike kao „testiranja“, tj. rutinske, mehaničke i brze procedure koja se može provoditi „na traci“. Radi se o sveobuhvatnom, multimedodskom i kompleksnom skupu postupaka, kojim se, osim podataka korisnih

(CCP), a more successful circulation and integration of scientific discoveries and clinical experiences have been achieved. In this way, clinicians are able to receive permanent education and simultaneously participate in the shaping of the educational process.

Another significant transformation of the practice for psychologists employed in hospitals that has taken place over recent decades is related to changing the focus and scope of services from predominantly psychodiagnostic activities to treatments, i.e., the immediate provision of assistance to patients through psychological counselling, psychoeducation and psychotherapy. The process of affirmation of the helping aspect of psychology is conditioned by various social and administrative circumstances (e.g. Decision of the Croatian Health Insurance Fund from 2013 on new psychology services). It was accelerated during and after the Croatian War of Independence and it comprises clinical psychology in Croatia in general. An important turning point and precursor of these changes was the establishment of the Crisis Centre at our Clinic in 1985. For the first time, the Centre employed two psychologists whose primary task was to provide psychological assistance via a phone line, crisis interventions and short forms of psychotherapy, including participation in the system of on-call phone services that we still provide. At the beginning and during the Croatian War of Independence, the open phone line of the Crises Centre played an important role in providing psychological support to the entire population, as well as in organizing the first forms of education in crisis phone line interventions for other assistance services and associations in Croatia.

## PRESENT TIME

As members of professional interdisciplinary teams, psychologists at the Department participate in the work of all the clinical institutes and all the outpatient, day-hospital and hospital aspects of activities. The Department currently employs nine clinical psychologists who acquired their special permit from the Croatian Chamber of Psychologists or completed their specialization in clinical psychology. Given the fact that in the late 1970s nine colleagues worked at two psychiatric clinics, it seems that despite the increasing volume of various needs and services, we have not progressed in this regard since.

## Psychodiagnostics

At the Department, we strive to preserve the tradition and maintain high standards of coverage, individual approach and thoroughness in the implementation of psychological evaluation of patients. We do



za postavljanje pravovremene i točne dijagnoze, procjenjuju osobine ličnosti pacijenta, njegove zdrave snage, kognitivne sposobnosti, aktualna motivacija i životna situacija, kapacitet za promjenu i mogućnost profitiranja od određenih oblika terapije, i slično. Od psihologa se zahtijeva dobro poznavanje psihopatologije, psihometrijskih karakteristika psiholoških instrumenata, sposobnosti osmišljavanja, integriranja i razumljivog saopćavanja mnoštva prikupljenih podataka, i nadasve, komunikacijske vještine potrebne za uspostavljanje atmosfere povjerenja i suradnje s pacijentom. Nerijetko je tijekom postupka ili pri saopćavanju rezultata dijagnostike pacijentu potrebna emocionalna podrška, savjetovanje ili čak krizna intervencija.

U radu koristimo provjerene i najsvremenije psihološke instrumente (testove, upitnike) te se redovito educiramo za njihovu primjenu, uglavnom putem tečaja u organizaciji Naklade Slap. Neki od nas, kao eksperti za pojedine tehnike i sami su edukatori kolega širom RH (npr. za projektivnu tehniku „Mosaic“). No, i dalje najkorisnija tehnika psihološke projekcije ostaje klinički intervju, stoga puno ulazemo u razvijanje svojih komunikacijskih i psihoterapijskih znanja i vještina.

### **Psihološki tretmani**

Osim psihološkog savjetovanja i psahoeduksije, svi psiholozi Klinike educirani su i u radu s pacijentima primjenjuju individualne i grupne psihoterapijske oblike tretmana: kognitivno-bihevioralnu, geštalt, logoterapiju, transakcijsku analizu, integrativnu i psihoanalitičku psihoterapiju, grupnu analizu te psihodramu. Kao samostalni voditelji ili koterapeuti psiholozi su osobito aktivni u radu velikih i malih grupa pacijenata u okviru dnevnih bolnica svih zavoda. Na Zavodu za shizofreniju od 2010. prvi u RH, u suradnji s Neuropsihologijskom klinikom iz Hamburga, provodimo grupni i individualni metakognitivni trening, inovativni tretman za pacijente sa psihozom, koji kombinira elemente kognitivno-bihevioralne terapije, kognitivne rehabilitacije i psahoeduksije. Osim toga, ambulantno su provođeni metakognitivni treninzi specifično usmjereni na pacijente s depresijom i graničnim poremećajem ličnosti, kao i analitički orijentirana terapija za traumatizirane osobe. Među nama ima i pionira u RH iz područja seksualne terapije, koji osim psihoterapijskog rada sudjeluju i kao edukatori i supervizori u ovom području. Od 2009. godine psiholog vodi *neurofeedback* laboratorij s fokusom na tretmane za poboljšanje koncentracije u pacijenata s različitim psihijatrijskim poremećajima.

not understand psychodiagnostics as a form of “testing” or a routine, mechanical and rapid procedure that can be carried out automatically. We see it as a comprehensive, multi-methodological and complex set of procedures which, combined with the information useful for setting a timely and accurate diagnosis, are used to assess the patient’s personality traits, healthy strengths, cognitive abilities, current motivation and life situation, capacity for change and the possibility of profiting from certain forms of therapy. Psychologists are required to have a good knowledge of psychopathology and psychometric characteristics of psychological instruments and need to have the ability to design, integrate and intelligibly communicate a multitude of data collected. Above all, there is a need to have necessary communication skills in order to establish an atmosphere of trust and cooperation with the patient. During the procedure or on the occasion when the results of diagnostics are being communicated, the patient very often needs emotional support, counselling or even crisis intervention.

In our work we use proven and state-of-the-art psychological instruments (tests, questionnaires) and regularly undergo trainings for their application, mainly organized by Naklada Slap. Some of us, as experts in particular techniques, provide trainings for colleagues throughout Croatia (e.g. for the “Mosaic” projective technique). However, a clinical interview is still the most useful psychological assessment technique and, therefore, we invest a fair amount in developing our communication skills and psychotherapeutic knowledge.

### **Psychological treatments**

In addition to psychological counselling and psycho-education, in working with patients all psychologists at the Department are educated in individual and group psychotherapeutic forms of treatment, i.e., cognitive-behavioural, gestalt, logotherapy, transactional analysis, integrative and psychoanalytic psychotherapy, group analysis and psychodrama. As independent therapy leaders or co-therapists, they are particularly involved in the work with large and small groups of patients in day hospitals. Since 2010 and in cooperation with the Clinical Neuropsychology Unit from Hamburg, our Unit for Schizophrenia has been the first to conduct group and individual metacognitive trainings as an innovative treatment for patients with psychosis that combines various elements of cognitive-behavioural therapy, cognitive rehabilitation and psychoeducation. In addition to that, metacognitive trainings specifically aimed at patients with depression and borderline personality disorder were performed on an outpatient basis, as well as the analytically oriented therapy for trauma-

Iako smo većinom psiholozi „opće prakse“, neki od nas fokusirali su se na rad s pacijentima sa psihozom, reakcijama na stres i posttraumatskim stanjima, patologijom ličnosti, seksualnom problematikom ili emocionalnim teškoćama koja prate somatske bolesti, dok su se neki fokusirali na rad s djecom, što je posebna grana kliničke psihologije. Osim toga, aktivno surađujemo s drugim somatskim klinikama i zavodima unutar KBC-a Zagreb, poput kardiologije, endokrinologije, urologije i nefrologije, a sudjelujemo i u predtransplantacijskim obradama pacijenata. Redovito pružamo psihološku podršku zaposlenicima KBC-a Zagreb, što je postalo osobito važno tijekom pandemije COVID-19.

Od 2018. do danas sudjelujemo u radu mobilnih timova, projektu koji se na Klinici provodi u suradnji s nizozemskim Institutom Trimbos pod vodstvom prof. dr. sc. Rojnić-Kuzman, koji se oslanja na koncept psihiatrije u zajednici, kojim se pacijentima s najtežim psihičkim bolestima i njihovim obiteljima pruža izvaninstitucionalna podrška.

Kao vanjski suradnici sudjelujemo u nastavnim programima Filozofskog fakulteta Sveučilišta u Zagrebu, Fakulteta hrvatskih studija Sveučilišta u Zagrebu, Filozofskog fakulteta Sveučilišta u Osijeku, Medicinskog fakulteta Sveučilišta u Zagrebu i Medicinskog fakulteta Sveučilišta u Osijeku. Više stotina studenata psihologije obavilo je studentsku praksu na našoj Klinici, djelujemo kao mentori Poslijediplomskog specijalističkog studija iz kliničke psihologije i kao mentori tijekom odradivanja vježbeničkog staža psihologa. Iz naših redova potekli su i neki od sada aktivnih nastavnika na studijima psihologije Sveučilišta u Zagrebu.

## Znanstveno-istraživački rad

S obzirom na temeljna znanja i kompetencije stечene tijekom sveučilišnog obrazovanja u području kvantitativne metodologije, statistike i psihometrije, klinički psiholozi posebno su vješti u osmišljavanju i provođenju istraživačkih aktivnosti, a ta znanja primjenjuju u okviru multidisciplinarnih znanstvenih timova u zdravstvenom sustavu. Psiholozi Klinike sudjeluju u znanstveno-istraživačkim djelatnostima u području psihopatologije, samostalno ili u suradnji s kolegama psihijatrima i ostalim liječnicima unutar KBC-a Zagreb, ali i s drugim psihijatrijskim ustanovama unutar i izvan RH. Pritom objavljujemo stručne i znanstvene radove o različitim psiho(pato)loškim fenomenima relevantnim u kontekstu razvoja psihijatrijskih i somatskih bolesti, uključujući ratne i civilne posttraumatske reakcije i posljedice (2-7), patološke crte i strukture ličnosti (8-10), suicidalnost (8,11,12), kognitivne deficite (13), kvalitetu

tized people. Our team also comprises a number of pioneers in the field of sexual therapy in Croatia. Besides psychotherapeutic work, they have also been participating as educators and supervisors in this field. Since 2009, our psychologists have been running a neurofeedback laboratory focusing on treatments to improve concentration in patients with various psychiatric disorders.

Although we are psychologists working mostly as “general practitioners”, some of us have focused on working with patients with psychosis, stress reactions and post-traumatic conditions, personality pathology, sexual problems or emotional disabilities that accompany somatic diseases, while others have focused on working with children as a special branch of clinical psychology. Furthermore, we actively collaborate with other somatic clinics and departments within the University Hospital Centre Zagreb, i.e., departments of cardiology, endocrinology, urology and nephrology, and participate in pre-transplant treatment of patients. We regularly provide psychological support to the employees of the University Hospital Centre Zagreb, which has proved to be particularly important during the COVID-19 pandemic.

From 2018 until today, we have been participating in the work of mobile teams. This project is implemented at the Department in cooperation with the Trimbos Institute from the Netherlands, under the leadership of professor Rojnić-Kuzman, PhD. The mobile teams project relies on the concept of community psychiatry and provides non-institutional support to patients with the most severe mental illnesses as well as to their families.

As external associates, we participate in the curricula of the Faculty of Humanities and Social Sciences, School of Medicine and the Faculty of Croatian Studies of the University of Zagreb and the Faculty of Humanities and Social Sciences and the School of Medicine of the University of Osijek. Several hundred students of psychology have completed student internships at our Department and we act as mentors of the Postgraduate Specialist Study Programme in Clinical Psychology as well as mentors during the psychologist traineeship. Some of the currently active teachers at the psychology studies of the University of Zagreb also come from our ranks.

## Scientific and research work

Given the basic knowledge and competencies acquired during university education in the field of quantitative methodology, statistics and psychometry, clinical psychologists are particularly skilled in designing and conducting research activities, and they apply this knowledge in multidisciplinary sci-



života (14), seksualne smetnje i tretmane (15-18), učinak psiholoških i psihiatrijskih tretmana (19-21), *neurofeedback* tretmana (22), poremećaje hra-njenja (23), kao i psihometrijske validacije mjernih instrumenata (24-26).

Psiholozi Klinike bili su formalni članovi velikih znanstvenih projekata, među kojima možemo izdvojiti međunarodni projekt „Molekularni mehanizmi PTSD-a“, pod voditeljstvom tadašnjeg predstojnika Klinike za psihiatriju prof. dr. sc. Mira Jakovljevića, u kojemu su u više država ispitivani genetski i psihološki aspekti ratom uzrokovanog PTSD-a. Naš interes za znanost i praćenje najnovijih znanstvenih spoznaja iz kliničke psihologije i psihiatrije očituje se i u djelatnosti nekih psihologa s Klinike u radu uredništva međunarodnog časopisa *Psychiatria Danubina*. Više psihologa koji su nekoć radili ili su trenutno zaposleni na Klinici steklo je titulu doktora znanosti, a aktualno je troje kliničkih psihologa u procesu stjecanja tog znanstvenog zvanja.

tific teams within the health system. Psychologists at our Clinic participate in scientific research in the field of psychopathology independently or in cooperation with fellow psychiatrists and other doctors working at the University Hospital Zagreb, as well as with other psychiatric institutions in Croatia and abroad. In parallel with that, we publish professional and scientific papers on various psycho(patho)logical phenomena relevant for the development of psychiatric and somatic diseases, including war and civil post-traumatic reactions and consequences (2-7), pathological traits and personality structures (8-10), suicidality (8,1,12), cognitive deficits (13), quality of life (14), sexual disorders and treatments (15-18), effect of psychological, psychiatric (19-21), or neurofeedback treatments (22), eating disorders (23), and psychometric validation of measuring instruments (24-26).

Our psychologists have formally taken part in large scientific projects, e.g. “Molecular mechanisms of PTSD”, an international project headed by professor Miro Jakovljević, in the framework of which various genetic and psychological aspects of war-related PTSD were examined in several countries. Our interest in science and latest scientific discoveries in clinical psychology and psychiatry is also evidenced in the fact that a number of psychologists from the Clinic currently work for the editorial board of the international journal *Psychiatria Danubina*. Several psychologists who previously worked or are currently employed at the Clinic have earned their doctor of science degrees, and three clinical psychologists are currently in the process of acquiring it.

## LITERATURA / REFERENCES

- Anić N. Razvoj kliničke psihologije u Hrvatskoj. U: Kolesarić V. Prilozi povijesti psihologije u Hrvatskoj. Zagreb: FF press, 2019.
- Jokić-Begić N, Begić D. Quantitative electroencephalogram (qEEG) in combat veterans with post-traumatic stress disorder (PTSD). *Nord J Psychiatry* 2003; 57: 351-5.
- Oelsner K. Healing stories – New perspectives for trauma patients. Oralna prezentacija. 19. IAGP kongres, Rovinj, 2015.
- Jakšić N, Aukst Margetić B, Marčinko D. Comorbid Depression and Suicide Ideation in Patients with Combat-Related PTSD: The Role of Temperament, Character, and Trait Impulsivity. *Psychiatr Danub* 2017; 29: 51-9.
- Jakšić N, Aukst Margetić B, Šimunović Filipčić I, Šagud M, Jakovljević M. Temperament, Character, and Subjective Well-Being in Croatian War Veterans Suffering From Posttraumatic Stress Disorder. *J Nerv Ment Dis* 2020; 208: 340-3.
- Jakšić N, Tudor L, Nedić Erjavec G, Nikolic Perković M, Konjevod M, Švob Štrac D et al. Childhood trauma types and symptom severity in Croatian war veterans suffering from posttraumatic stress disorder (PTSD). *Psychiatry Res* 2020; 284: 112762.
- Lončar I, Lončar M. Anger in Adulthood in Participants Who Lost Their Father During the War in Croatia When They Were in Their Formative Age. *Psychiatr Danub* 2016; 28: 363-71.
- Jakšić N, Marčinko D, Skočić Hanžek M, Rebernjak B, Ogrodniczuk JS. Experience of Shame Mediates the Relationship Between Pathological Narcissism and Suicidal Ideation in Psychiatric Outpatients. *J Clin Psychol* 2017; 73: 1670-1681.
- Jakšić N, Marčinko D, Bjedov S, Mustać F, Bilić V. Personality Organization and Depressive Symptoms Among Psychiatric Outpatients: The Mediating Role of Shame. *J Nerv Ment Dis* 2022; doi: 10.1097/NMD.0000000000001494.
- Jakšić N, Čuržik D. Antisocijalni poremećaj ličnosti i psihopatija – pregled suvremenih spoznaja. *Soc psihijat* 2012; 40: 57-69.
- Akrap L. Psihološka procjena suicidalnoga ponašanja. U: Marčinko D i sur. *Suicidologija*. Zagreb: Medicinska naklada, 2011.

12. Jakšić N, Aukst Margetić B. Comments on the Role of the Character Dimension Self-Transcendence in Suicidal Phenomena. *J Clin Psychiatry* 2017; 78: e161.
13. Akrap L, Jakšić N. Uloga neurokognitivnih deficitova kod šizofrenije – istraživanja i klinička praksa. *Soc psihijat* 2016; 44: 3-13.
14. Brajković L, Gregurek R, Kušević Z, Ratković AS, Braš M, Đorđević V. Life satisfaction in persons of the third age after retirement. *Coll Antropol* 2011; 35: 665-71.
15. Šamanović I. Rad sa žrtvama seksualnog nasilja. U: Mužinić L, Vukota Lj. Tretman seksualnih delikvenata i zaštita zajednice. Zagreb: Medicinska naklada i Psihijatrijska bolnica Vrapče, 2010.
16. Šamanović I. Kvalitet privrženosti, samopoštovanje i rizično seksualno ponašanje, Magistarski specijalistički rad. Zagreb: Filozofski fakultet, 2012.
17. Šamanović I. Najčešći seksualni poremećaji u žena. U: Mrduljaš-Đujić N i sur. Osnove seksualne medicine. Split: Izdavač Redak, 2017.
18. Šamanović I. Klinički intervju i dijagnostika seksualnog nasilja. Pozvano predavanje: Specijalizirana edukacija za stručnjake iz područja mentalnog zdravlja RH, 2021.
19. Brajković L, Jevtović S, Bilić V, Braš M, Lončar Z. The efficacy of a brief supportive psychodynamic therapy in treating anxious-depressive disorder in Daily Hospital. *Coll Antropol* 2009; 33: 245-51.
20. Akrap L, Jakšić N, Čuržik D, Čipčić-Schmidt S. Metacognitive training for patients with schizophrenia (MCT): a Croatian pilot study of its efficacy. Poster prezentacija: 1. međunarodna konferencija o kreativnoj psihofarmakoterapiji. Dubrovnik, 2013.
21. Oelsner K. Feel good, do good. Oralna prezentacija. XX. IAGP kongres. Malmo, 2018.
22. Čima Franc A. Primjena neurofeedback metode u tretmanu depresije. Specijalistički rad. Filozofski fakultet u Zagrebu, Odsjek za psihologiju, 2017.
23. Jakovina T, Crnković Batista M, Ražić Pavičić A, Žurić Jakovina I, Begovac I. Emotional dysregulation and attachment dimensions in female patients with bulimia nervosa. *Psychiatr Danub* 2017; 30: 72-78.
24. Jakšić N, Ivezić E, Jokić-Begić N, Suranyi Z, Stojanović-Špehar S. Factorial and Diagnostic Validity of The Beck Depression Inventory-II (BDI-II) in Croatian Primary Health Care. *J Clin Psychol Med Settings* 2013; 20: 311-22.
25. Jakšić N, Milas G, Ivezić E, Wertag A, Jokić-Begić N, Pincus AL. The Pathological Narcissism Inventory (PNI) in transitional post-war Croatia: Psychometric and cultural considerations. *J Psychopathol Behav Assess* 2014; 36: 640-52.
26. Jakšić N, Aukst-Margetić B, Rozsa S, Brajković L, Jovanović N, Vuksan-Ćusa B et al. Psychometric properties and factor structure of the Temperament and Character Inventory – Revised (TCI – R) in a Croatian psychiatric outpatient sample. *Compr Psychiatry* 2014; 27: 177-86.



# **Radna terapija za kvalitetniji svakodnevni život pacijenata**

## **/ Occupational Therapy for a Better Everyday Life of Patients**

**Tihana Beinrauch, Anđela Šuker, Kristina Kain**

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Zagreb, Hrvatska

/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia

ORCID: 0000-0003-3260-7539 (T. Beinrauch)

### **ADRESA ZA DOPISIVANJE /**

#### **CORRESPONDENCE:**

Tihana Beinrauch

Klinika za psihijatriju i psihološku medicinu,

Klinički bolnički centar Zagreb

Kišpatićeva 12

10 000 Zagreb, Hrvatska

E-mail: tbeinrau@kbc-zagreb.hr

**TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsihs.2022.206>

Stara izreka kaže da ni Rim nije izgrađen u jednom danu, odnosno do uspjeha se ne dolazi preko noći. Od antičkog doba postavljeni su temelji gotovo svih znanosti uključujući i medicinu. Znanost se tako tijekom vremena kontinuirano razvija, a u današnje doba i svakodnevno uključuje nove znanstvene spoznaje. Jedna od novijih, suvremenih znanstvenih disciplina jest i okupacijska znanost i primjena radne terapije kao zdravstvene djelatnosti čiji je cilj omogućiti pojedincima i skupinama postizanje optimalnog funkcioniranja u aktivnostima dnevnog života.

### **RAZVOJ RADNE TERAPIJE**

Radna terapija relativno je nova profesija u usporedbi s drugim medicinskim područjima, ali začetci radne terapije sežu u antičku povijest i temeljni principi radne terapije stoljećima su integrirani u liječenje. Iako su u prošlosti pacijenti koji boluju od mentalnih bolesti izolirani i skrivani od društva, vremenom su se razvili humaniji pristupi za liječenje psihičkih poremećaja i bolesti, poput sanatorija u kojima su se oso-

An old saying goes that Rome was not built in one day. In other words, success is not achieved overnight. The same goes for science as the foundations of almost all sciences, including medicine, were laid in ancient times. Science has thus continuously evolved over time, and nowadays new scientific knowledge appears on a daily basis. One of the more recent and modern scientific disciplines is occupational science and applied occupational therapy. It is a healthcare activity whose goal is to enable individuals and groups to achieve optimal functioning in daily activities.

### **DEVELOPMENT OF OCCUPATIONAL THERAPY**

Occupational therapy is a relatively new profession compared to other medical fields, but the beginnings of occupational therapy date back to ancient history. In fact, the basic principles of occupational therapy have been integrated into medical treatment for centuries. Although patients with mental illness were often isolated and hidden from society in the past, more humane approaches to treating mental disorders and illnesses have developed over time. These include sana-

be s takvim bolestima moglo s većom slobodom baviti smislenim aktivnostima i s većim razumijevanjem koristi koje pruža rad u svakodnevnim zadatcima.

Radna terapija se pojavila kao profesija 1917. godine u Sjedinjenim Američkim Državama kada je osnovano Nacionalno društvo za promicanje radne terapije (sada poznato kao *American Occupational Therapy Association*, AOTA). Ovo društvo je ustanovljeno zbog snažnog iskaza koristi okupacijskih aktivnosti za dobrobit zdravlja ljudi (1,2).

I u Hrvatskoj je iste godine zabilježeno provođenje radne terapije zdravstveno edukativnim programima za vojne invalide. Potreba za radnom terapijom pojavila se i nakon Drugog svjetskog, te Domovinskog rata zbog velikog broja civilnih i vojnih invalida. Prva službena viša edukacija radnih terapeuta u Hrvatskoj započinje 1986. godine dvogodišnjim programom, a od 1999. godine odvajanjem od Medicinskog fakulteta program edukacije radnih terapeuta postaje trogodišnji, osnivanjem Studija radne terapije koji se i danas održava na Zdravstvenom veleučilištu u Zagrebu (3). Nakon završetka studija radni terapeuti nastavljaju edukaciju koja se temelji na teorijskom i praktičnom strukovnom znanju u određenim užim, specijaliziranim područjima za koje dobivaju certifikate i licence (npr. senzorička integracija). Na osnovi teorijskih i praktičnih znanja, koja su u skladu s načelima profesionalne etike, radni se terapeut može svrstati u suvremenog stručnjaka unutar zdravstvenog tima.

Europska mreža za višu edukaciju radnih terapeuta (*European Network of Occupational Therapy in Higher-Education*, ENOTHE) – organizacija nastala u okviru Europske komisije – ima za opći cilj harmonizirati sve europske edukacijske programe iz radne terapije (škole, institucije, sveučilišta) kako bi se promoviralo jedinstvo u edukaciji te unaprijedilo znanje iz struke radne terapije. Nova klasifikacija (ICF) Svjetske zdravstvene organizacije podržava struku radne terapije naglašavajući povratak osobe/korisnika zdravstvene i socijalne zaštite u prirodno životno okružje (izvaninstitucionalna skrb) te neovisnost i kvalitetu života kao krajnji ishod rehabilitacije.

Radna terapija je namijenjena pacijentima čije su sposobnosti obavljanja svakodnevnih aktivnosti umanjene razvojem, ozljedom ili bolešću, starenjem, psihološki, socijalno, kulturno ili kombinacijom navedenog (4).

U zakonskom reguliranju radne terapije u Republici Hrvatskoj, Hrvatski sabor je na sjednici 10. srpnja 2009. godine donio Zakon o djelatnostima u zdravstvu (NN 87/09) i radna terapija je po prvi put postala zakonski regulirana djelatnost. Temeljem navedenog Zakona, 3. veljače 2010. godine, osnovana je Hrvatska komora zdravstvenih radnika (HKZR) (5). Radni terapeuti su zdravstveni djelatnici i licencirani članovi te komore.

toriums where people with such illnesses had greater freedom to engage in meaningful activities thus reaping the benefits of work activities in everyday tasks.

Occupational therapy emerged as a profession in 1917 in the United States when the National Occupational Therapy Association (now known as American Occupational Therapy Association or AOTA) was founded. This association was established because of the strong indications that occupational activities were highly beneficial for human health (1,2).

In the same year, occupational therapy with health-care educational programs for disabled war veterans was also recorded in Croatia. The need for occupational therapy again appeared after the Second World War and the Homeland War due to a large number of disabled civilians and war veterans. The first official higher education program of occupational therapists in Croatia began in 1986 as a two-year program. In 1999, with the separation from the School of Medicine, the occupational therapist education program became a three-year program, called Occupational Therapy Study Program which is still organised at the University of Applied Health Sciences in Zagreb (3). After completing their studies, occupational therapists continue their education based on theoretical and practical professional knowledge in specific narrow, more specialised areas for which they receive certificates and license (e.g. sensory integration). Based on theoretical and practical knowledge which is in line with the principles of professional ethics, an occupational therapist can professionally join a healthcare team.

The European Network of Occupational Therapists in Higher Education (ENOTHE) - an organisation created within the European Commission - aims to harmonise all European educational programs in occupational therapy (schools, institutions, universities) in order to promote consistent education and improve knowledge in the field of occupational therapy. The new ICF classification of the World Health Organization supports the profession of occupational therapy by emphasising the return of the person / beneficiary of health and social care to their natural living environment (extra-institutional care) and independence and quality of life as the end result of rehabilitation.

Occupational therapy is intended for patients whose ability to perform daily activities is impaired by development, injury or disease, aging, psychological, social or cultural reasons, or by a combination of the above (4).

In the legal regulation of occupational therapy in the Republic of Croatia, the Croatian Parliament passed the Healthcare Activities Act (OG 87/09) at its session of 10 July 2009, and occupational therapy became a legally regulated activity for the first time. Pursuant to the said Act, on 3 February 2010, the Croatian Chamber of Healthcare Workers was established (5). Occupational therapists are healthcare professionals and licensed members of that chamber.

*Djelatnost radne terapije obuhvaća postupke u liječenju psihičkih i fizičkih stanja kroz specifične aktivnosti sa svrhom dosezanja njihove najviše razine funkcije i neovisnosti u svim vidovima svakodnevnog života (6).*

U praksi se pokazalo da su radnim terapeutima korisna dodatna znanstvena istraživanja koja svojim rezultatima omogućuju kvalitetnije provođenje radnoterapijske intervencije, pa se stoga težilo razvijanju okupacijske znanosti.

Okupacija u kontekstu znanosti o okupaciji sasvim sigurno nije samo ono što nazivamo rad (engl. *work, labour*), već obuhvaća sve aspekte ljudskog aktivnog procesa življenja (7).

Okupacija može biti bilo koja aktivnost za koju osoba ima određeni stupanj interesa, odnosno okupirati se, (čime) ukazuje na ispunjavanje svog vremena nekom aktivnošću.

Okupacijska znanost je mlada interdisciplinarna akademска disciplina koju je 1989. godine ustanovila prof. Elisabeth June Yerxa sa Sveučilišta South California, na kojem je iste godine osnovan prvi doktorski studij iz okupacijske znanosti (8). U središtu interesa okupacijske znanosti je istraživanje osobina i obrazaca svrhovitih i smislenih aktivnosti kojima se ljudi bave tijekom života, te njihove povezanosti sa zdravlјem i dobrobiti pojedinaca, skupina i cijele zajednice (9,10).

Znanost o okupaciji obuhvaća brojne discipline i proširuje ih na nova, primijenjena područja, okuplja i sve više znanstvenika/istraživača u nacionalne i međunarodne organizacije i društva (npr. *The International Society for Occupational Science, The Canadian Society of Occupational Scientists* i dr.). Znanstveni radovi s rezultatima istraživanja i promišljanja iz okupacijske znanosti objavljaju se u znanstvenim časopisima povezanim s ovom disciplinom.

Na Klinici za psihijatriju i psihološku medicinu KBC-a Zagreb radni terapeuti postavili su temelje provedbom prvog istraživanja i objavom rada „Radnoterapijska perspektiva okupacijske neravnoteže nastale kao posljedica pandemije i njezina uloga u razvoju stresa u kliničkoj medicini“ (11) iz područja okupacijske znanosti 2021. godine u sklopu znanstvene publikacije *Stres u kliničkoj medicini – biologiski, psihodinamski i socijalni faktori* (12).

## RADNA TERAPIJA NA KLINICI ZA PSIHIJATRIJU I PSIHOLOŠKU MEDICINU KBC-a ZAGREB

Iako su prethodnih desetljeća na tadašnjoj Klinici za psihijatriju i Klinici za psihološku medicinu održavane brojne kreativne radionice za pacijente na kojima

*The activity of occupational therapy includes procedures in the treatment of mental and physical conditions through specific activities with the aim of achieving their highest level of function and independence in all aspects of everyday life (6).*

In practice, it has been shown that occupational therapists benefit from additional scientific research, the results of which enable better implementation of occupational therapy interventions. This has contributed to the development of occupational science.

Occupation in the context of occupational science is not mere work or labour, but something that encompasses all aspects of an active human life (7).

Occupation can be any activity in which a person has a certain degree of interest, i.e. an interest in activities with which a person occupies himself or herself, thus actively fulfilling his or her time.

Occupational science is a young interdisciplinary academic discipline established in 1989 by Professor Elisabeth June Yerxa of the University of South California, where the first doctoral study in occupational science was established in the same year (8). At the heart of occupational science is research into the characteristics and patterns of purposeful and meaningful activities that people engage in throughout their lives, and their connection to the health and well-being of individuals, groups, and the community as a whole (9,10).

Occupational science encompasses a number of disciplines and extends them to new, applied areas, bringing together more and more scientists / researchers in national and international organisations and societies (e.g. the International Society for Occupational Science, The Canadian Society of Occupational Scientists, etc.). Scientific papers with research results and analysis within occupational science are published in scientific journals related to this discipline.

Occupational therapists from the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb have contributed to this research field by conducting the first research study, published as the paper “Occupational therapy perspective on occupational imbalance resulting from the pandemic and its role in stress development in clinical medicine” (11). This paper was published in 2021 as part of the scientific publication *Stress in Clinical Medicine - Biological, Psychodynamic and Social Factors* (12).

## OCCUPATIONAL THERAPY AT THE DEPARTMENT OF PSYCHIATRY AND PSYCHOLOGICAL MEDICINE OF THE UNIVERSITY HOSPITAL CENTRE ZAGREB

Although in the previous decades the then Department of Psychiatry and the Department of Psychological Medicine held numerous creative workshops

su bili elementi radne terapije, može se reći da je tek dolaskom prvog licenciranog i educiranog radnog terapeuta 2017. godine na tadašnju Kliniku za psihološku medicinu, te drugog radnog terapeuta 2018. godine na Kliniku za psihijatriju, započela sveobuhvatna radna terapija koja uključuje procjenu, plan, intervenciju i evaluaciju pacijenta. Spajanjem navedenih dviju klinika nastaje Klinika za psihijatriju i psihološku medicinu, te se postaje timu 2020. godine priključio još jedan radni terapeut.

Na Klinici za psihijatriju i psihološku medicinu radna terapija se provodi svakodnevno na svim zavodima i dnevnim bolnicama. Radni terapeuti na Klinici rade s odraslim i dječjom populacijom, a radnoterapijske aktivnosti provode se u kreativnim i edukativnim grupama i obuhvaćaju provođenje aktivnosti dnevnog života, trening socijalnih i komunikacijskih vještina, pojedinačno provođenje aktivnosti samozbrinjavanja, aktivnosti produktivnosti i aktivnosti slobodnog vremena.

U svom radu na Klinici educirani i licencirani radni terapeuti primjenjuju načela i razne metode radne terapije koji se temelje na odgovarajućem znanju bioloških, medicinskih, humanističkih, psiholoških, so-

for patients with elements of occupational therapy, it can be said that comprehensive occupational therapy that includes assessment, plan, intervention and evaluation of the patient only began with the arrival of the first licensed and educated occupational therapist at the then Department of Psychological Medicine in 2017 and with the arrival of the second occupational therapist at the Department of Psychiatry in 2018. These two departments then merged into the Department of Psychiatry and Psychological Medicine and in 2020 another occupational therapist joined the existing team.

At the Department of Psychiatry and Psychological Medicine, occupational therapy is conducted daily in all divisions and day hospitals. Occupational therapists at the Department work with adults and children, and occupational therapy activities are conducted in creative and educational groups. They include daily activities, training in social and communication skills, individual self-care activities, productivity activities and leisure activities.

In their work at the Department, educated and licensed occupational therapists apply the principles and various methods of occupational therapy based on appropriate knowledge in biology, medicine, humanities,

Radni terapeut provodi radnoterapijsku procjenu kako bi se utvrdile okupacije u kojima pacijent teško ili nikako ne sudjeluje, odnosno kako bi se ustanovili razlozi zašto pacijent ima poteškoće u sudjelovanju u određenim okupacijama. Što je problem? Kako riješiti problem?  
 / An occupational therapist conducts occupational therapeutic assessment in order to determine the occupations in which the patient has trouble participating or in which the patient does not participate at all. The assessment tries to establish why the patient experiences difficulties participating in certain occupations. What is the problem? How can the problem be solved?

| PROCJENA<br>/ ASSESSMENT   | PLAN<br>/ PLAN   | INTERVENCIJA<br>/ INTERVENTION   | EVALUACIJA<br>/ EVALUATION   |
|--|--|--|--|
| Radnoterapijskom procjenom utvrđujemo zbog kojih teškoća u svakodnevnom životu pacijent dolazi radnemu terapeutu. Inicijalna procjena pacijenta počinje uskladivanjem i stvaranjem suradnog odnosa i prikupljanjem informacija o potrebama pacijenta kako bi se postigli ciljevi za postizanje krajnjeg ishoda.<br>/ Occupational therapy assessment determines the difficulties experienced by the patient in everyday life which bring the patient to the occupational therapist. Initial assessment of the patient begins by personalized engagement with the patient to create rapport in order to collect information on the needs of the patient to better define the goals and the final outcome. | Uzimajući u obzir rezultate procjene, radni terapeut i pacijent zajedno će planirati postupke koje će implementirati u intervenciji, kako bi s provođenjem okupacija postigli pacijentove ciljeve. Planom se određuje niz smislenih aktivnosti i postupaka kojima se potiče pacijenta da se uključi u intervenciju i sudjeluje u postizanju željenih ciljeva.<br>/ By taking into consideration the results of the assessment the occupational therapist and the patient will jointly plan the procedures to be implemented in the intervention in order to achieve the patient's goals. The plan determines a series of meaningful activities and procedures which stimulate the patient to engage in the intervention and to participate in the achievement of targeted goals. | Primjena plana, uz provođenje adekvatnih aktivnosti (u radnoterapijskom postupku) uključuje i opervaciju pacijenta i opažanje promjena, te dodatne procjene i prilagodbu radnoterapijskih postupaka kako bi intervencija dovela do željenih ciljeva. Intervencija idealno završava zadovoljstvom pacijenta ostvarenim planom i postizanjem zadanih ciljeva.<br>/ The application of the plan together with the implementation of adequate activities (in the occupational therapy procedure) also includes the observation of the patient and the observation of changes as well as an additional assessment and adjustment of occupational therapy procedures so that the intervention can produce targeted goals. Ideally, the intervention finishes with the patient's satisfaction with the achieved plan and fulfilment of defined targets. | Kako znati je li plan uspio? Provedbom završne procjene, koja se često naziva finalnom procjenom ili evaluacijom, utvrđuje se uspjeh i rezultati provedenog plana. Završna procjena pokazuje radnom terapeutu i samom pacijentu koliki je napredak postignut i u kojoj su mjeri ostvareni ciljevi postavljeni planom, odnosno koliko je pacijent zadovoljan intervencijom.<br>/ How to know if the plan has been successful? By conducting the final assessment which is often called final evaluation, we assess the success and the result of the implemented plan. The final assessment shows to the occupational therapist and the patient the progress achieved and the extent of fulfilment of targeted goals, i.e. the level of patient's satisfaction with the intervention. |

Slijed radnoterapijskog postupka  
 / Sequence of occupational therapy procedure

cioloških, motoričkih znanja i tehnoloških i okupacijskih znanosti, zajedno s teorijama okupacija i sudjelovanja u njima, s ciljem zadovoljenja okupacijskih i zdravstvenih potreba pacijenta. Pri tome učinkovito koriste profesionalno i etičko prosuđivanje tijekom radnoterapijskog postupka, prihvataju i poštuju individualne različitosti, uvjerenja, običaje pacijenata i njihov utjecaj na okupacije i sudjelovanje u njima. Kako bi se postigao optimalni međuodnos izvedbe okupacije, zdravlja i dobrobiti pacijenta odrasle i dječje populacije, potrebna je suradnja radnih terapeuta i komunikacija sa svim članovima tima.

Radni terapeuti na Klinici uspostavljaju odnos s pacijentom u individualnom radu ili grupnom radu, u svrhu prevencije, rehabilitacije i tretmana s ciljem uključenja pacijenata u izvedbu dnevnih okupacija. Radnoterapijski potencijal okupacija ostvaruje se korištenjem analize i sinteze aktivnosti/okupacija.

Slijed radnoterapijskog postupka počinje radnoterapijskim intervjuom koji može biti strukturirani ili polustrukturirani. Potom se provode radnoterapijske procjene – standardizirane i nestandardizirane, te se procjenjuju funkcionalne sposobnosti pacijenta uključujući fizičke, emocionalne, kognitivne i senzorne komponente. Temeljem intervjeta, procjena i promatrana aktivnosti pacijenta, definira se radnoterapijska intervencija te kratkoročni i dugoročni ciljevi.

Radnoterapijska intervencija provodi se individualnim i/ili grupnim radom s ciljem:

- ostvarivanja samostalnosti pacijenta
- uspostavljanja kontrole nad aktivnostima dnevnog života
- treninga socijalnih i životnih vještina
- treninga pamćenja, koncentracije, pažnje i vizualizacije
- treninga korištenja tehnologije i informatičkog sustava
- treninga prostorne i vremenske orijentacije
- provođenja vježbi suočavanja sa stresom
- povećanja produktivnosti i zadovoljstva pacijenta
- osnaživanja, motiviranja i edukacije pacijenta za sudjelovanjem u aktivnostima
- primjene metoda senzoričke integracije
- ergonomске prilagodbe, adaptacije pomagala i edukacije o primjeni.

Tijekom provođenja radnoterapijske intervencije mogu se koristiti elementi likovnog izražavanja s različitim teksturama, te razne vrste terapijskih metoda kako bi se postigla grupna kohezija. Radni terapeut analizira, evaluira i dokumentira cjelokupni radnoterapijski proces.

psychology, sociology, motor skills, technological and occupational sciences, together with theories of occupation and participation in order to meet the occupational and health needs of the patient. In doing so, they effectively use professional and ethical judgment during the occupational therapy process, accepting and respecting the individual differences, beliefs, customs of patients and their impact on occupations and participation in them. In order to achieve an optimal relationship between occupational performance and health and well-being of adult and pediatric patients, the cooperation of occupational therapists and communication with all team members is required.

Occupational therapists at the Department establish a relationship with the patient in individual or group therapy for the purpose of prevention, rehabilitation and treatment with the aim of involving patients in the performance of daily occupations. Occupational therapy potential is achieved by using analysis and synthesis of activities / occupations.

The sequence of the occupational therapy procedure begins with an occupational therapy interview that can be structured or semi-structured. The interview is followed by occupational therapy assessments - standardised and non-standardised. At this stage the patient's functional abilities are assessed, including physical, emotional, cognitive and sensory components. Based on the interview, assessment and observation of the patient's activities, occupational therapy intervention and short-term and long-term goals are defined.

Occupational therapy intervention is carried out by individual and / or group work with the aim of:

- achieving patient independence
- establishing control over the activities of daily living
- social and life skills training
- training in memory, concentration, attention and visualization
- training in the use of technology and information system
- spatial and temporal orientation training
- conducting stress coping exercises
- increasing productivity and patient satisfaction
- empowering, motivating and educating the patient to participate in activities
- applying sensory integration methods
- ergonomic adjustments, aid adaptations and application education.

During the implementation of occupational therapy intervention, elements of artistic expression with different materials can be used, as well as various types of therapeutic methods in order to achieve group cohesion. The occupational therapist analyses, evaluates and documents the entire occupational therapy process.

## RADNOTERAPIJSKE METODE U RADU S DJECOM I ADOLESCENTIMA

Na Zavodu za dječju i adolescentnu psihiatriju i psihoterapiju radni terapeut je prisutan u stacionarnom dijelu Zavoda, provodi radnoterapijske intervencije kao dio multidisciplinarnog tima te je uključen u sve odjelne aktivnosti.

Radnoterapijski postupak na Zavodu sastoji se od prikupljanja i analize podataka djeteta, koristeći se radnoterapijskim intervjuom te procjenama. Na primjer, okupacijska samoprocjena djece (COSA-procjena) u opažanju mlađih i djece gledajući njihov vlastiti smisao za sposobnosti izvođenja aktivnosti i važnost svakodnevnih aktivnosti života sastoji se od niza pitanja koji se odnose na svakodnevno sudjelovanje u aktivnostima vezanim za školu, dom i zajednicu u kojoj se nalaze. Neke od aktivnosti koje se procjenjuju su odijevanje, spavanje, briga o vlastitim stvarima, domaća zadaća itd.

*Short Child Occupational Profil* (SCOP-procjena) opisuje djetetovo sudjelovanje u aktivnostima procjenjujući djetetove vještine, volju, navike i okolinu bez obzira na njegove simptome, dijagnozu, dob ili liječenje.

Priprema, planiranje i provođenje radne terapije, observacija djetetovog izvođenja aktivnosti, procjena senzorno-motoričkih, kognitivnih te psihosocijalnih komponenti, razvoj interesa i vještina, upotreba kreativnih aktivnosti u terapijske svrhe i evaluacija usredotočeni su na omogućavanje pacijentu da se ponovno uključi u aktivnosti svakodnevnog života. Radni terapeuti se oslanjaju na niz metoda radne terapije kako bi pomogli djeci da razumiju i nose se sa svojom svakodnevnom funkcijom. Modeli i pristupi koje radni terapeut koristi u radu su model humane okupacije (13) te model okupacije adaptacijom (14), kognitivno bihevioralni pristup, senzorno integracijski, socijalni, psihoterapijski i funkcionalno rehabilitacijski pristupi (15)..

Radni terapeuti na Zavodu pomažu djetetu izgraditi niz vještina, uspostaviti dobre navike i rutine i postaviti ciljeve terapije. Kod djece znatno je narušeno njihovo samopouzdanje i samopoštovanje, a uloga radnog terapeuta je pružiti djetetu potrebnu podršku i omogućiti djetetu da poboljša motoričke vještine (gruba i fina motorika), senzoričke (taktilni, proprioceptivni, vestibularni, vizualni, auditivni i gustatorni podražaji), perceptivne, kognitivne (razina uzbudivanja, raspon pažnje, orientacija, pamćenje, rješavanje problema, učenje, generalizacija) i psihosocijalne (osobne vrijednosti, interes, komunikacija, ponašanje, interpersonalne vještine,

## OCCUPATIONAL THERAPY METHODS IN WORKING WITH CHILDREN AND ADOLESCENTS

211

At the Division of Child and Adolescent Psychiatry and Psychotherapy, an occupational therapist is present in the inpatient part of the Division where he or she conducts occupational therapy interventions as part of a multidisciplinary team. The occupational therapist is involved in all activities of the division.

The occupational therapy procedure at the Division consists of collecting and analysing the child's data using occupational therapy interviews and assessments. For example, the occupational self-assessment of children (COSA-assessment) measures the perceived competence of young people and children regarding their own sense of occupational competence and the importance of everyday activities. It consists of a series of questions related to daily participation in school, home and community activities. Some of the activities that are assessed are dressing, sleeping, taking care of their own things, homework, etc.

The Short Child Occupational Profile (SCOP assessment) describes a child's participation in activities by assessing the child's skills, will, habits and environment regardless of his or her symptoms, diagnosis, age or treatment.

Preparation, planning and implementation of occupational therapy, observation of the child's performance, assessment of sensory-motor, cognitive and psychosocial components, development of interests and skills, use of creative activities for therapeutic purposes and evaluation are focused on enabling the patient to re-engage in daily activities. Occupational therapists rely on a range of occupational therapy methods to help children understand and cope with their daily function. The models and approaches used by the occupational therapist in their work include the model of human occupation (13), the occupational adaptation model (14), the cognitive-behavioral approach, sensory integration, social, psychotherapeutic and functional rehabilitation approaches (15).

Occupational therapists at the Division help the child to build a range of skills, establish good habits and routines and set goals for therapy. Children's self-confidence and self-esteem are significantly impaired, and the role of occupational therapists is to provide the child with the necessary support and enable the child to improve motor skills (gross and fine motor skills), sensory skills (tactile, proprioceptive, vestibular, visual, auditory and gustatory stimuli), perceptual skills, cognitive skills (level of cognitive arousal, attention span, orientation, memory, problem solving, learning, generalization) and psychosocial skills (personal values, interest, communication, behavior, interpersonal skills, self-expression, self-mastery, self-control) (16).

samoizražavanje, samosvladavanje, samokontrola) (16).

Neki od primjera rada s djecom su odlazak u šetnju u bolnički park gdje radni terapeut potiče adolescentne pacijente na grupnu koheziju i radi na svim ranije navedenim vještinama. Također djetetova samostalnost u izvođenju aktivnosti kuhanja na odjelu potiče stvaranje pozitivnih navika, budi osjećaj postignuća, ugode i napredovanja. Različitim kreativnim medijima radni terapeut potiče psihomotorne i voljne aktivnosti, emocije te integrativne funkcije svijesti (17). Cilj intervencije je razvijanje djetetovih potencijala na najvišu moguću razinu, povećanje kvalitete njegovog života, osjećaja dobrobiti te povećanje zadovoljstva tijekom izvođenja aktivnosti svakodnevnog života.

### **IMPLEMENTIRANJE NOVIH METODA ZA BOLJU ZDRAVSTVENU SKRB PACIJENATA**

Dana 27. listopada svake godine diljem svijeta obilježava se Svjetski dan radne terapije. U Klinici za psihijatriju i psihološku medicinu KBC-a Zagreb tog se dana na radionicama s pacijentima promiče kultura zajedništva i prihvaćanje različitosti kako bi se ojačala svijest da svaki pacijent svojom jedinstvenošću i osobnošću sudjeluje u izgradnji boljeg i zdravijeg društva. Pripadnost pacijenta društvu označava inkluzivne vrijednosti kojima on kao član zajednice doprinosi okupacijskoj uključenosti u tu zajednicu, a ostvarenjem osjećaja pripadnosti vidi sebe kao ravnopravnu, cijenjenu i uključenu osobu. Stvara osjećaj zadovoljstva životom društvenom interakcijom i povezanošću, te međusobnu podršku i uzajamnost svih članova zajednice.

Radni terapeuti u Klinici za psihijatriju i psihološku medicinu stalno prate i implementiraju nove metode kako bi unaprijedili skrb za svoje pacijente. Jedna od njih je metoda senzoričke integracije u psihijatriji koja se ostvaruje korištenjem senzoričkog poligona. Terapijski pristup senzoričkoj integraciji izvorno je razvila Jean Ayres, koja je definirala senzoričku integraciju kao „proces kojim ljudi registriraju, moduliraju i diskriminiraju osjeće primljene kroz senzoričke sustave (18).

Na Klinici za psihijatriju i psihološku medicinu radni terapeuti dizajnirali su senzorički poligon na kojem su terapiju počeli provoditi 2021. g. na Svjetski dan radne terapije (19). Princip ove metode je da se pacijent, dok prolazi senzoričku stazu poligona, fokusira na vizualne, auditivne, olfaktorne i taktilne poticaje, što utječe na njegov somatosenzorni, vestibularni i proprioceptivni sustav, dok se tijelo aktivira

Some examples of work with children are going for a walk in the hospital park where an occupational therapist encourages adolescent patients to achieve group cohesion and works on all the skills listed earlier. Also, the child's independence in performing cooking activities on the ward encourages the creation of positive habits, awakens a sense of achievement, comfort and progress. Through various creative media, the occupational therapist encourages psychomotor and voluntary activities, emotions and integrative functions of consciousness (17). The goal of the intervention is to develop the child's potential to the highest possible level, increase the quality of his or her life, sense of well-being and increase satisfaction during the activities of everyday life.

### **IMPLEMENTATION OF NEW METHODS FOR BETTER HEALTH CARE OF PATIENTS**

World Occupational Therapy Day is celebrated around the world on October 27 every year. That day is also marked at the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb. On that day the Department organises patient workshops which promote a culture of togetherness and acceptance of diversity in order to strengthen the awareness that each patient with their uniqueness and personality participates in building a better and healthier society. The patients' affiliation with society means inclusive values by which they, as members of the community, contribute to occupational inclusion in that community, and by achieving a sense of belonging, they see themselves as equal, respected and included persons. This creates a sense of satisfaction with life through social interaction and connection, as well as fosters mutual support and reciprocity of all members of the community.

Occupational therapists at the Department of Psychiatry and Psychological Medicine are constantly monitoring and implementing new methods to improve care for their patients. One of them is the sensory integration method in psychiatry, which is achieved by using a sensory polygon. The therapeutic approach to sensory integration was originally developed by Jean Ayres, who defined sensory integration as “the process by which people register, modulate, and discriminate the sensations received through the sensory systems (18).

At the Department of Psychiatry and Psychological Medicine, occupational therapists designed a sensory polygon on which they began conducting therapy in 2021 on World Occupational Therapy Day (19). The principle of this method is that the patient, while passing the sensory path of the polygon, focuses on visual, auditory, olfactory and tactile stimuli, which affects his or her somatosensory, vestibular and proprioceptive system, while the body is activated during the therapeu-

ra tijekom terapijskog procesa i zadane aktivnosti. Prolazeći poligonom pokreti tijela se usporavaju ili ubrzavaju što dovodi do odgovarajuće senzoričke reakcije.

Korištenjem metode terapije senzoričkom integracijom radni terapeuti kod pacijenata postižu supresiju nekontroliranog ponašanja i afektivne nestabilnosti uz istovremeno povećani kognitivni odgovor. Rezultat toga očituje se smanjenom uznenirenosti, usamljenosti i suzdržanosti pacijenta. Važno je naglasiti da je uspjeh implementacije senzoričkih poligona i drugih inovativnih metoda uvjetovan pozitivnim stavovima i pristupom radnih terapeuta te ostalih članova interdisciplinarnog tima.

## ZAKLJUČAK

Radna terapija je zdravstvena djelatnost čiji je cilj pomoći pojedincima ili skupinama pacijenata koji zbog različitih čimbenika imaju problema u postizanju optimalnog funkciranja u aktivnostima svakodnevnog života, uključujući samozbrinjavanje, produktivnost i organizaciju slobodnog vremena.

Radni terapeuti na Klinici za psihijatriju i psihološku medicinu sudjeluju i provode radnoterapijska istraživanja u kliničkoj praksi, kontinuirano se educiraju i uvode stečena znanja u svakodnevni rad na Klinici.

Na Klinici se provode i kliničke vježbe za Studij radne terapije na kojima radni terapeut mentorira i koordinira pripravnike prvostupnike radne terapije.

Ciljevi rada radnog terapeuta na Klinici su omogućiti što veću samostalnost pacijenta, raditi s pacijentom na usvajanju i čuvanju zdravih navika i sposobnosti, osnažiti ga i usmjeriti k socijalizaciji učenjem raznih vještina koje su mu potrebne za život u zajednici. Uloga radnog terapeuta na Klinici je uspješno vratiti pacijenta na pravi put, a kako još jedna izreka kaže, možda i taj put vodi do Rima.

## LITERATURA / REFERENCES

1. [www.myotspot.com/history-of-occupational-therapy/](http://www.myotspot.com/history-of-occupational-therapy/)
2. <https://hr.thpanorama.com/articles/salud-mental/terapia-ocupacional-historia-en-qu-consiste-tipos-actividades-comunes.html>
3. [www.zvu.hr/strucni-studij-radne-terapije/](http://www.zvu.hr/strucni-studij-radne-terapije/)
4. [www.hurt.hr/radna-terapija/](http://www.hurt.hr/radna-terapija/)
5. Zakon o djelatnostima u zdravstvu (NN 87/09)
6. [www.wfot.com](http://www.wfot.com)
7. Townsend E. Occupation: potential for personal and social transformation. J Occup Sci 1997; 4(1): 18-26.
8. Bartolac A. Što je znanost o okupaciji? JAHR 2013; 4(8): 819-41.
9. Zemke R, Clark F. Occupational Science: The evolving discipline. Philadelphia: FA DAVIS Co, 1996.
10. Christiansen CH, Townsend EA. Introduction to occupation: The Art and Science of Living. London: Pearson, 2010.

tic process and assigned activities. When engaging with the polygon, body movements are slowed down or accelerated, which leads to an appropriate sensory response.

By using the method of sensory integration therapy, occupational therapists achieve suppression of uncontrolled behavior and affective instability in patients while at the same time also enhancing cognitive response. The result is reduced patient anxiety, reduced loneliness, and restraint. It is important to emphasise that the success of the implementation of sensory polygons and other innovative methods is conditioned by the positive attitudes and approach of occupational therapists and other members of the interdisciplinary team.

## CONCLUSION

Occupational therapy is a healthcare activity whose goal is to help individuals or groups of patients who, due to various factors, have problems in achieving optimal functioning in everyday life activities, including self-care, productivity and organisation of leisure time.

Occupational therapists at the Department of Psychiatry and Psychological Medicine participate in and conduct occupational therapy research in clinical practice, continuously learn and introduce the acquired knowledge in everyday work at the Clinic.

The Department also helps implement exercises for the Occupational Therapy Study Program, where the occupational therapist mentors and coordinates the trainees with a bachelor's degree in occupational therapy.

The goals of the occupational therapist at the Department are to enable greater patient independence, work with the patient to adopt and maintain healthy habits and abilities, empower and direct the patient toward socialisation by learning various skills needed for living in the community. The role of the occupational therapist at the Department is to successfully return the patient onto the right path, and as another saying goes, maybe that path will also lead to Rome.

11. Beinrauch T, Vasilj I. Radnoterapijska perspektiva okupacijske neravnoteže nastale kao posljedica pandemije i njezina uloga u razvoju stresa u kliničkoj medicini. U: Marčinko D. i sur. Stres u kliničkoj medicini – biologički, psihodinamski i socijalni faktori. Zagreb: Sveučilište u Zagrebu, Medicinski fakultet, 2021., str. 337-351.
12. Marčinko D. i sur. Stres u kliničkoj medicini – biologički, psihodinamski i socijalni faktori. Zagreb: Sveučilište u Zagrebu, Medicinski fakultet, 2021.
13. Kielhofner G, Burke JP. A Model of Human Occupation. *Am J Occup Ther* 1980; 34: 572-81.
14. Reed KL, Sanderson SN. Concepts of Occupational Therapy. Philadelphia: Lippincott, Williams and Wilkins, 1999.
15. Kovač I, Šimunović D. Osnove fizikalne i radne terapije. Zagreb: Medicinski fakultet, 2020.
16. Rodger S, Ziviani J. Occupational Therapy with Children – Understanding Children's Occupations and Enabling Participation. Oxford: Blackwell, 2006.
17. Noyes S., Sokolow H, Arbesman M. Evidence For Occupational Therapy Intervention With Employment And Education For Adults With Serious Mental Illness: A Systematic Review. *Am J Occup Ther* 2018; 72(5): 7205190010p
18. Ayres AJ. Sensory Integration and Learning Disorders. Western Psychological Services, 1973.
19. [www.kbc-zagreb.hr/povodom-svjetskog-dana-radne-terapije-u-klinici-za-psihijatriju-i-psihosku-medicinu-na-rebru-otvoren-novi-senzoricki-poligon.aspx](http://www.kbc-zagreb.hr/povodom-svjetskog-dana-radne-terapije-u-klinici-za-psihijatriju-i-psihosku-medicinu-na-rebru-otvoren-novi-senzoricki-poligon.aspx)

# **Povezanost Katedre za psihijatriju i psihološku medicinu Medicinskog fakulteta s Klinikom za psihijatriju i psihološku medicinu Kliničkog bolničkog centra Zagreb**

## **/ Links between the Department of Psychiatry and Psychological Medicine of the School of Medicine with the Clinical Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb**

**Dražen Begić**

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

*/ Clinical Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Zagreb, Croatia*

ORCID: 0000-0001-5852-2053 (D. Begić)

### **ADRESA ZA DOPISIVANJE /**

### **CORRESPONDENCE:**

Prof. dr. sc. Dražen Begić, dr. med.

Klinika za psihijatriju i psihološku medicinu,

Klinički bolnički centar Zagreb

Kišpatičeva 12

10 000 Zagreb, Hrvatska

E-mail: drazen.begic@mef.hr

**TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsih.2022.215>

### **POVIJEST**

Na Medicinskom fakultetu Sveučilišta u Zagrebu djeluju 34 katedre, među njima i Katedra za psihijatriju i psihološku medicinu. Današnja Katedra za psihijatriju i psihološku medicinu utemeljena je kao Katedra za neuropsihijatriju 1921. godine kada je osnovana i Klinika za neuropsihijatriju u okviru Medicinskog fakulteta u Zagrebu koji je osnovan nekoliko godina prije (1917. godine). S razvojem neuropsihijatrijske klinike usko je povezana i povijest Katedre za neuropsihijatriju.

### **HISTORY**

There are 34 departments at the School of Medicine of the University of Zagreb, including the Department of Psychiatry and Psychological Medicine. Today's Department of Psychiatry and Psychological Medicine was founded as the Department of Neuropsychiatry in 1921 when the Clinical Department of Neuropsychiatry was established within the School of Medicine in Zagreb, which was founded a few years earlier (1917). The history of the Clinical Department of Neuropsychiatry is closely related to the development of the Department of Neuropsychiatry at the School of Medicine.

Klinika za neuropsihijatriju prvotno je bila smještena u prizemlju i podrumu zgrade škole u Martićevu ulici, a zatim djeluje u Kukovićevoj ulici (dan je to ulica Ante Kovačića).

Prvi pročelnik Katedre za neuropsihijatriju bio je prof. dr. Mihajlo Lapinski. Lapinski, sa Sveučilišta u Kijevu, je 1921. godine izabran za „javnog redovnog profesora iz neurologije i psihijatrije“ na Medicinskom fakultetu u Zagrebu. Od 1923. godine u neuropsihijatrijskoj klinici i katedri rade dr. Stjepan Poljak, dr. Drago Čop i dr. Đuro Vranešić.

U programu nastave Medicinskog fakulteta iz 1921. godine navedeno je da se u 7. semestru predaje „Neuropatološka propedeutika“ (2 sata tjedno), a u 9. i 10. semestru „Neuropatologija i psihijatrija“ (6 sati tjedno). Prvi su studenti četvrtu godinu upisali 1922. godine. Prof. Lapinski predaje predmet „Neurologija i psihijatrija“, a privatni docent dr. Nikola Krainsky „Opću patologiju živčanog sistema“.

Iako se prof. Lapinski u prvom redu bavio neurologijom (poznat je i kao osnivač kijevske neurološke škole) pokazivalo je interes i za psihijatriju, što se vidi u nekim njegovim radovima (npr. rad iz 1923. godine o „Slučaju neurastenije uslijed adneksitisa“). Lapinski je na dužnosti predstojnika Klinike i pročelnika Katedre bio od 1921. do 1928. godine. Nakon odlaska prof. Lapinskog, Klinika i Katedra su bez predstojnika od 1928. do 1932. godine (do dolaska doc. dr. Lopašića). U tom razdoblju sve poslove obavljaju asistenti dr. Josip Breitenfeld, dr. Đuro Vranešić i dr. Viktor Ostrovidov. U nastavu je kratko tijekom ak. god. 1929/30. bio uključen i docent dr. Stjepan Poljak.

Zamah u razvoju psihijatrije i neurologije počet će 1932. godine dolaskom doc. dr. Radoslava Lopašića za predstojnika Neuropsihijatrijske klinike. On je habilitirao na Medicinskom fakultetu s temom „Alkoholizam kao etiološki faktor kod neuroloških i psihijatrijskih oboljenja“, a 1934. godine izabran je za izvanrednog profesora. U zimskom semestru ak. god. 1937/38. prof. Lopašić predaje predmet „Klinička psihijatrija i neurologija“, a u ljetnom semestru iste godine predaje i balneologiju s klimatologijom.

Radoslav Lopašić bio je predstojnik Klinike i pročelnik Katedre od 1932. do 1966. godine, s prekidom od 1942. do 1944. godine kada je bio smijenjen s tih dužnosti (i upućen na rad u ambulantu). Prema nekim dokumentima u tom je razdoblju Katedru i Kliniku vodio dr. Đuro Vranešić. Lopašić je ponovno postavljen za šefu 1944. godine, kada je imenovan i redovitim profesorom.

Prof. Lopašić posebno je posvećen dijagnostici živčanih i duševnih bolesti, sudskoj psihijatriji, duševnoj higijeni i općem pregledu u fizikalnoj medicini. On

The Clinical Department of Neuropsychiatry was originally located on the ground floor and basement of the school building in Martićeva Street. It later moved to Kukovićeva Street (today's Ante Kovačić Street).

The first Head of the Chair of Neuropsychiatry was Professor Mihajlo Lapinski, MD, PhD. Lapinski came from the University of Kiev and was elected as a "Full Public Professor of Neurology and Psychiatry" at the School of Medicine in Zagreb in 1921. In 1923, Dr. Stjepan Poljak, Dr. Drago Čop and Dr. Đuro Vranešić started working at the Clinical Department of Neuropsychiatry and the Chair of Neuropsychiatry at the School of Medicine.

The curriculum of the School of Medicine from 1921 contained the course of "Neuropathological Propedeutics" in the 7th semester (2 hours a week) and the course of "Neuropathology and Psychiatry" in the 9th and 10th semester (6 hours per week). The first students enrolled in the fourth year in 1922. Professor Lapinski then taught the course called "Neurology and Psychiatry", while private Assistant Professor Dr. Nikola Krainsky taught "General Pathology of the Nervous System".

Although Professor Lapinski primarily engaged in neurology (he is also known as the founder of the Kiev Neurological School), he also showed interest in psychiatry, as seen in some of his papers (e.g., a 1923 paper on the "Case of Neurasthenia due to Adnexitis"). Lapinski served as Head of the Clinical Department and Head of the Chair from 1921 to 1928. After Professor Lapinski's departure, the Clinical Department and the Chair of the School of Medicine were without a head from 1928 to 1932, until the arrival of Assistant Professor Lopašić. During this period, all activities were performed by assistants Dr. Josip Breitenfeld, Dr. Đuro Vranešić and Dr. Viktor Ostrovidov. In 1929/30, Assistant Professor Dr. Stjepan Poljak was briefly involved in teaching.

The momentum in the development of psychiatry and neurology began in 1932 with the arrival of Assistant Professor Dr. Radoslav Lopašić as Head of the Clinical Department of Neuropsychiatry. He completed his habilitation at the School of Medicine with the topic "Alcoholism as an etiological factor in neurological and psychiatric diseases", and in 1934 he was elected Associate Professor. In the winter semester of the academic year 1937/38, Professor Lopašić taught the subject "Clinical Psychiatry and Neurology", and in the summer semester of the same year he taught balneology with climatology.

Radoslav Lopašić was Head of the Clinical Department and Head of the Chair of the School of Medicine from 1932 to 1966, with a break from 1942 to 1944 when he was removed from these posts and sent to work in the infirmary. According to some documents, Dr. Đuro Vranešić led both the Chair and the Department and Clinical Department during this period. Lopašić was reinstated as Head in 1944, when he was appointed Full Professor.

Professor Lopašić was especially dedicated to the diagnosis of nervous and mental illnesses, judicial psy-

je zaslužan za ukupno unaprjeđenje psihijatrijske i neurološke službe te za odgoj novih naraštaja neuropsihijatara. U poslijeratnom razdoblju zalagat će se za samostalni razvoj psihijatrije i neurologije te neuropatologije.

Klinika je 1947. godine jednim dijelom premještena u Zakladnu bolnicu Rebro (današnji Klinički bolnički centar Zagreb). Ovaj se dio naziva Klinika A i obuhvaća stacionar, a u Klinici B (smještenoj u Draškovićevoj ulici) je poliklinička služba.

Na Klinici stasa novi naraštaj liječnika poput Sergija Dogana, Zvonimira Sušića, Nade Puškarić, Arnulfa Rosenzweiga. Kasnije na Kliniku dolaze Stjepan Betlheim, Zlatko Novak, Nikola Peršić, Duška Blažević, Nenad Bohaček, Norman Sartorius i drugi.

Profesor Lopašić je širokogrudno i poticajno razvijao psihijatrijske i neurološke timove. Voditelj psihijatrijskog tima postao je dr. Nikola Peršić, a voditelj neurološkog tima dr. Sergije Dogan.

Godine 1953. formiran je i zasebni Odjel za psihoterapiju (preteča kasnijeg Centra za mentalno zdravlje, odnosno Klinike za psihološku medicinu).

Prof. dr. Sergije Dogan bio je predstojnik Neuropsihijatrijske klinike od 1966. do 1971. godine, a pročelnik Katedre za neuropsihijatriju od 1966. do 1974. godine. Klinika za neuropsihijatriju se 1971. godine dijeli na Kliniku za neurologiju i Kliniku za psihijatriju.

Isto se događa i s katedrama. Godine 1974. se od dotadašnje jedne formiraju dvije katedre: Katedra za neurologiju s neuropatologijom i Katedra za psihijatriju s medicinskom psihologijom i mentalnom higijenom.

Kolegij neuropsihijatrija se iste godine dijeli u dva kolegija – neurologija i psihijatrija. Sve ove promjene prethodile su i razdvajaju specijalizacije iz neuropsihijatrije u dvije nove specijalizacije (iz psihijatrije i neurologije), što se u Hrvatskoj dogodilo 1975. godine.

Prof. dr. Nikola Peršić postao je 1971. godine predstojnik Klinike za psihijatriju, a 1974. godine pročelnik novostvorene Katedre za psihijatriju s medicinskom psihologijom i mentalnom higijenom. Kolegij medicinska psihologija predaje se kao samostalan predmet od ak. god. 1965./66.

Prof. Peršić osniva poslijediplomski studij iz socijalne psihijatrije, koji uz suradnju prof. Muačevića i prof. Trbovića prerasta u studij socijalne psihijatrije i sociopatologije. Pod vodstvom prof. Bohačeka Centar za studije psihoaktivnih tvari će 1984. godine postati Suradni centar SZO za izobrazbu kadrova i istraživanja iz područja mentalnog zdravlja.

chiatry, mental hygiene and general examination in physical medicine. He was responsible for the overall improvement of psychiatry and neurology, and for the education of new generations of neuropsychiatrists as well. In the post-war period, he advocated the independent development of psychiatry and neurology and neuropathology.

In 1947, the Clinical Department was partly transferred to the Rebro Foundation Hospital (today's University Hospital Centre Zagreb). This part was called Clinical Department A which also included the infirmary, while Clinical Department B (located in Draškovićeva Street) served as a polyclinic service.

A new generation of doctors was educated at the Clinical Department, such as Sergije Dogan, Zvonimir Sušić, Nada Puškarić and Arnulf Rosenzweig. Later, Stjepan Betlheim, Zlatko Novak, Nikola Peršić, Duška Blažević, Nenad Bohaček, Norman Sartorius and others joined the Clinical Department.

Professor Lopašić selflessly developed and encouraged psychiatric and neurological teams. After him, Dr. Nikola Peršić became Head of the psychiatric team and Dr. Sergije Dogan became Head of the neurological team.

In 1953, a separate Clinical unit of Psychotherapy was formed (the forerunner of the later Centre for Mental Health, that is, the Clinical Department of Psychological Medicine).

Professor Sergije Dogan, MD, PhD, was Head of the Clinical Department of Neuropsychiatry from 1966 to 1971, and Head of the Department of Neuropsychiatry from 1966 to 1974. In 1971, the Clinical Department of Neuropsychiatry was divided into the Clinical Department of Neurology and the Clinical Department of Psychiatry.

The same happened with university departments. Namely, in 1974, two departments were formed from the former one: Chair of Neurology with Neuropathology and Chair of Psychiatry with Medical Psychology and Mental Hygiene.

The academic course of Neuropsychiatry was also divided into two courses in the same year – Neurology and Psychiatry. All these changes preceded the separation of neuropsychiatric specialisation into two new specialisation areas (psychiatry and neurology), which happened in Croatia in 1975.

Professor Nikola Peršić, MD, PhD became Head of the Clinical Department of Psychiatry in 1971, and in 1974 he became Head of the newly created Chair of Psychiatry with Medical Psychology and Mental Hygiene. The academic course of Medical Psychology was taught as a standalone course from the academic year 1965/66.

Professor Peršić founded a postgraduate study programme of social psychiatry, which, with the cooperation of Professor Muačević and Professor Trbović, grew into a study programme of social psychiatry and socio-

Nakon umirovljenja prof. Peršića 1986. godine, predstojnik Klinike postao je prof. Marko Trbović, a pročelnik Katedre prof. Vasko Muačević. U ak. god. 1988/89. započeo je poslijediplomski studij iz biologijske psihijatrije. To je bio prvi (a ispostavilo se i posljednji) takav studij u bivšoj državi. Godine 1990. predstojnikom Klinike postao je prof. Muačević.

U okviru Neuropsihijatrijske klinike prof. dr. Stjepan Betlheim je 1953. godine osnovao Odjel za psihoterapiju. Prof. Betlheim je okupio psihijatre zainteresirane za učenje psihanalitičke teorije i prakse, individualne i grupne. Njegovi prvi učenici bili su Duška Blažević, Neda Bućan Maletić, Eugenija Cividini Stranić i Eduard Klain.

Pedesetih je godina 20. stoljeća Maja Beck Dvoržak u okviru Neuropsihijatrijske klinike osnovala i vodila prvu psihijatrijsko/psihoterapijsku ambulantu za djecu i adolescente, također i blisko povezane s timom Odjela za psihoterapiju iste klinike.

Godine 1969. Odjel za psihoterapiju preseljava u novu zgradu, te uskoro prerasta u Centar za mentalno zdravlje (CZMZ), prvu psihoterapijsku ustanovu u zemlji s Poliklinikom za psihoterapiju odraslih, Poliklinikom za psihoterapiju djece i adolescenata te stacionarom. Prva predstojnica CZMZ-a bila je prof. dr. sc. Duška Blažević. Gotovo dvadeset godina kasnije, 1988. godine, pod predstojništvom prof. dr. sc. Muradifa Kulenovića CZMZ postaje Klinika za psihološku medicinu.

Nakon utemeljenja Klinike za psihološku medicinu dotadašnji kolegij „Medicinska psihologija“ postaje „Psihološka medicina“, a to za sobom povlači promjenu imena Katedre u današnji naziv, Katedra za psihijatriju i psihološku medicinu.

Uz nastavnu djelatnost (predmet „Psihološka medicina“) CZMZ je bio središnji edukacijski centar iz dinamskih psihoterapija u Republici Hrvatskoj. Prvi edukatori iz dinamskih psihoterapijskih tehnika bili su spomenuti učenici prof. Betlheima, a edukatori iz dječje psihijatrije i dinamske psihoterapije su prof. dr. sc. Maja Beck Dvoržak i doc. dr. sc. Milica Vlatković Prpić. Programi edukacije iz psihoterapije bili su dobro organizirani i slijedili europske programe, a što je tijekom godina omogućilo grupi psihoterapeuta iz Klinike da razvije međunarodno priznatu edukaciju iz psihanalize u Hrvatskoj, koja se vremenom pretvorila u samostalnu edukaciju psihanalitičara preko Hrvatskog psihanalitičkog društva, člana Internacionalnog psihanalitičkog udruženja (IPA).

Sredinom sedamdesetih godina prošlog stoljeća u CZMZ-u su osnovana i dva poslijediplomska studija

pathology. Under the leadership of Professor Bohaček, the Centre for Psychoactive Substances Research became in 1984 the WHO Collaborating Centre for Research and Training in Mental Health.

After the retirement of Professor Peršić in 1986, Professor Marko Trbović became Head of the Clinical Department, and Professor Vasko Muačević became Head of the Department. The postgraduate study programme of biological psychiatry began in the academic year 1988/89. It was the first (and the last, as it later turned out) study programme of that kind in the former state of Yugoslavia. In 1990, Professor Muačević became Head of the Clinical Department.

As part of the Clinical Department of Neuropsychiatry, Professor Stjepan Betlheim, MD, PhD founded the Clinical Unit of Psychotherapy in 1953. Professor Betlheim brought together psychiatrists interested in learning psychoanalytic theory and practice, both as individual and group sessions. His first students were Duška Blažević, Neda Bućan Maletić, Eugenija Cividini Stranić and Eduard Klain.

In the 1950s, Maja Beck Dvoržak founded and ran the first psychiatric/psychotherapy outpatient clinic for children and adolescents within the Clinical Department of Neuropsychiatry, also closely related to the team of the Clinical Unit of Psychotherapy at the same Clinical Department.

In 1969 the Department of Psychotherapy moved to a new building, and soon grew into the Centre for Mental Health, the first psychotherapy institution in the country with the Polyclinic for Adult Psychotherapy, Polyclinic for Psychotherapy of Children and Adolescents and the infirmary. The first Head of the Centre for Mental Health was Professor Duška Blažević, MD, PhD. Almost twenty years later, in 1988, under the leadership of Professor Muradif Kulenović, MD, PhD, the Centre for Mental Health became the Clinical Department of Psychological Medicine.

After the establishment of the Clinical Department of Psychological Medicine, the course of “Medical Psychology” became “Psychological Medicine”, entailing the change in the name of the Chair to today’s name, the Chair of Psychiatry and Psychological Medicine.

In addition to teaching activities (the course “Psychological Medicine”), the Centre for Mental Health was the central educational centre for psychodynamic therapies in the Republic of Croatia. The first educators of psychodynamic therapeutic techniques were the aforementioned students of Professor Betlheim, and the educators in child psychiatry and psychodynamic therapy were Professor Maja Beck Dvoržak, MD, PhD and Assistant Professor Milica Vlatković Prpić, MD, PhD. Education programmes in psychotherapy were well organised and harmonised with European programmes. This allowed a group of psychotherapists from the Clinical Department to develop internationally recognised

(„Psihoterapija“ i „Dječja i adolescentna psihijatrija“). Od 1994. počele su se provoditi uže specijalizacije iz psihoterapije te dječje i adolescentne psihijatrije.

Godine 2010. osnovan je Centar za palijativnu medicinu, medicinsku etiku i komunikacijske vještine Medicinskog fakulteta Sveučilišta u Zagrebu (CEPAMET) čiji je prvi voditelj bio prof. dr. sc. Veljko Đorđević. Od 2016. godine CEPAMET vodi prof. dr. sc. Marijana Braš.

Godine 2011. specijalizacija iz psihijatrije podijeljena je na specijalizaciju iz psihijatrije (odraslih) te dječje i adolescentne psihijatrije, čiji je nosilac u najvećem dijelu Zavod za dječju i adolescentnu psihijatriju Klinike za psihološku medicinu. Iste godine Katedra za psihijatriju i psihološku medicinu povećala je broj sati iz dječje i adolescentne psihijatrije u dodiplomskoj nastavi s 5 na 30 sati nastave, te je tako oformljen „mali kolegij“ unutar predmeta „Psihijatrija“, prvi i za sada jedinstven za medicinske fakultete u RH.

Godine 2014. počela je nastava reformiranog poslijediplomskog specijalističkog studija „Psihijatrija“.

Godine 2015. osniva se Centar za unaprjeđenje mentalnog zdravlja pri Medicinskom fakultetu Sveučilišta u Zagrebu te otvara Savjetovalište za studente medicine pod voditeljstvom prof. dr. sc. Vlaste Rudan.

Predstojnici Klinike za psihijatriju nakon prof. Muačevića bili su prof. Ljubomir Hotujac, prof. Miro Jakovljević i prof. Alma Mihaljević-Peleš, a predstojnici Klinike za psihološku medicinu nakon prof. Kulenovića su prof. Vladimir Gruden, prof. Rudolf Gregurek i prof. Marijana Braš.

Godine 2019. u KBC-u Zagreb došlo je do spajanja Klinike za psihijatriju i Klinike za psihološku medicinu u Kliniku za psihijatriju i psihološku medicinu, čija je predstojnica prof. dr. sc. Alma Mihaljević-Peleš, a od 2020. godine njezin je predstojnik prof. dr. sc. Darko Marčinko.

Popis dosadašnjih pročelnika Katedre:

- prof. dr. sc. Mihajlo Lapinski (1921.-1928.)
- prof. dr. sc. Radoslav Lopašić (1932.-1941. i 1944.-1966.)
- prof. dr. sc. Sergije Dogan (1966.-1974.)
- prof. dr. sc. Nikola Peršić (1974.-1986.)
- prof. dr. sc. Vasko Muačević (1986.-1988.)
- prof. dr. sc. Eduard Klain (1988.-1998.)
- prof. dr. sc. Vera Folnegović-Šmalc (1998.-2000.)

psychoanalysis education in Croatia over the years. It has eventually turned into an independent education programme of psychoanalysts through the Croatian Psychoanalytic Society, a member of the International Psychoanalytic Association (IPA).

In the mid-1970s, two postgraduate studies (“Psychotherapy” and “Child and Adolescent Psychiatry”) were established at the Centre for Mental Health. In 1994 subspecialisation programmes in psychotherapy and child and adolescent psychiatry were put into place.

In 2010, the Centre for Palliative Medicine, Medical Ethics and Communication Skills of the School of Medicine, University of Zagreb was established. Its first Head was Professor Veljko Đorđević, MD, PhD. Since 2016, the Centre for Palliative Medicine, Medical Ethics and Communication Skills has been led by Professor Marijana Braš, MD, PhD.

In 2011, the specialisation in psychiatry was divided into specialisation in psychiatry (adults) and child and adolescent psychiatry, whose organiser is, for the most part, the Division of Child and Adolescent Psychiatry of the Clinical Department of Psychological Medicine. In the same year, the Chair of Psychiatry and Psychological Medicine increased the number of teaching hours in child and adolescent psychiatry in the undergraduate teaching programme from 5 to 30 hours of teaching, thus forming a “small course” within the main course of “Psychiatry”, the first and so far unique in medical schools in the Republic of Croatia.

In 2014, the reformed postgraduate specialist study programme of “Psychiatry” began classes.

In 2015, the Center for Mental Health Improvement was established at the School of Medicine, University of Zagreb, and a Counseling Centre for Medical Students was opened under the leadership of Professor Vlasta Rudan, MD, PhD.

The heads of the Clinical Department of Psychiatry after Professor Muačević were Professor Ljubomir Hotujac, MD, PhD, Professor Miro Jakovljević, MD, PhD and Professor Alma Mihaljević-Peleš, MD, PhD while the heads of the Clinical Department of Psychological Medicine after Professor Kulenović, MD, PhD were Professor Vladimir Gruden, MD, PhD, Professor Rudolf Gregurek, MD, PhD and Professor Marijana Braš, MD, PhD.

In 2019, the Clinical Department of Psychiatry and the Clinical Department of Psychological Medicine at the University Hospital Centre Zagreb merged into the Department of psychiatry and psychological medicine, headed by Professor Darko Marčinko, MD, PhD since 2020.

List of former heads of the Department:

- Professor Mihajlo Lapinski, MD, PhD (1921-1928)
- Professor Radoslav Lopašić MD, PhD (1932-1941 and 1944-1966)
- Professor Sergije Dogan, MD, PhD (1966-74)

- prof. dr. sc. Vesna Vidović i prof. dr. sc. Ljubomir Hotujac (dijele mandat 2000.-2003.)
- prof. dr. sc. Ljubomir Hotujac (2003.-2006.)
- prof. dr. sc. Rudolf Gregurek (2006.-2009.)
- prof. dr. sc. Alma Mihaljević-Peleš (v. d. pročelnika 2009.-2010.)
- prof. dr. sc. Miro Jakovljević (2010.-2012.)
- prof. dr. sc. Dražen Begić (od 2012.).

Katedra je dala dva dekana i dva prodekanata Medicinskog fakulteta. Dekani su bili prof. dr. Radoslav Lopašić (ak. god. 1948./49.) i prof. dr. Sergije Dogan (1966.-1970.), a prodekan prof. dr. Dezider Julius (ak. god. 1949./50.) i prof. dr. Nikola Peršić (1970.-1972.).

Veliki je broj djelatnika Klinike uz klinički rad sudjelovao i u nastavi na Medicinskom fakultetu i aktivnostima Katedre. U Klinici za psihijatriju KBC-a Zagreb to su Nikola Peršić, Nenad Bohaček, Vasko Muačević, Marko Trbović, Zlatko Vinek, Aleksandar Maletić, Maja Mihovilović, Lidija Opačić, Miljenko Jakupčević, Tomo Brataljenović, Javorka Zimonja-Krišković, Miro Jakovljević, Radomir Palmović, Ljubomir Hotujac, Jovan Bamburač, Vojislav Stojanović, Damir Papić, Vlado Jukić, Vesna Medved, Alma Mihaljević-Peleš, Dražen Begić, Vesna Popović-Knapić, Mirta Mahnik, Dinko Vukelja, Igor Filipčić, Marina Šagud, Darko Marčinko, Martina Rojnić Kuzman, Milena Skočić Hanžek, Nikolina Jovanović, Mladen Lončar, Radmila Topic, Milivoj Kramarić, Špiro Janović, Branka Aukst Margetić, Maja Bajs Janović, Bjanka Vuksan Čusa, Maja Živković, Jasmina Grubišin, Suzan Kudlek Mikulić, Neda Greš, Vlasta Štalekar.

Na Klinici za psihološku medicinu KBC-a Zagreb to su Stjepan Betlheim, Duška Blažević, Eugenija Cividini-Stranić, Maja Beck Dvoržak, Milica Prpić, Neda Bućan, Eduard Klain, Staniša Nikolić, Muradif Kulenović, Vladimir Gruden, Vesna Vidović, Rudolf Gregurek, Vlasta Rudan, Liljana Moro, Gordana Lerotić, Zdenka Brumen Budanko, Nikola Jović, Ivan Buzov, Mirna Peršić Brida, Josip Đaković, Damir De Zan, Veljko Đorđević, Marijana Braš, Herman Vukušić, Vedran Bilić, Saša Jevtović, Andrea Ražić Pavičić, Vesna Grgić, Aran Tomac, Ivan Begovac, Zorana Kušević, Silvana Pleština, Andelina Bokić Sabolić, Gordan Majić, Mara Tripković, Lana Santrić, Dubravka Galež, Trpimir Jakovina.

## Nastava

U okviru Katedre odvijaju se diplomski studij medicine na hrvatskom i engleskom jeziku, te studij sestrinstva. Na hrvatskom studiju nastava se odvija u redovnim i izbornim kolegijima.

- Professor Nikola Peršić, MD, PhD (1974-1986)
- Professor Vasko Muačević, MD, PhD (1986-1988)
- Professor Eduard Klain, MD, PhD (1988-98)
- Professor Vera Folnegović-Šmalc, MD, PhD (1998-2000)
- Professor Vesna Vidović, MD, PhD and Professor Ljubomir Hotujac, MD, PhD (shared mandate between 2000-2003)
- Professor Ljubomir Hotujac, MD, PhD (2003-2006)
- Professor Rudolf Gregurek, MD, PhD (2006-2009)
- Professor Alma Mihaljević-Peleš, MD, PhD (Acting Head between 2009-2010)
- Professor Miro Jakovljević, MD, PhD (2010-2012)
- Professor Dražen Begić, MD, PhD (since 2012).

The Department gave two deans and two vice-deans of the School of Medicine. Professor Radoslav Lopašić, MD, PhD (1948/49) and Professor Sergije Dogan, MD, PhD (1966-1970) were Deans while Professor Dezider Julius, MD, PhD (1949/50) and Professor Nikola Peršić, MD, PhD (1970-1972) were Vice-Deans.

In addition to clinical work, many employees at the Clinical Department also participated in teaching at the School of Medicine and other activities of the Chair at the School of Medicine. Such employees of the Clinical Department of Psychiatry at the University Hospital Centre Zagreb include: Nikola Peršić, Nenad Bohaček, Vasko Muačević, Marko Trbović, Zlatko Vinek, Aleksandar Maletić, Maja Mihovilović, Lidija Opačić, Miljenko Jakupčević, Tomo Brataljenović, Javorka Zimonja-Krišković, Miro Jakovljević, Radomir Palmović, Ljubomir Hotujac, Jovan Bamburač, Vojislav Stojanović, Damir Papić, Vlado Jukić, Vesna Medved, Alma Mihaljević-Peleš, Dražen Begić, Vesna Popović-Knapić, Mirta Mahnik, Dinko Vukelja, Igor Filipčić, Marina Šagud, Darko Marčinko, Martina Rojnić Kuzman, Milena Skočić Hanžek, Nikolina Jovanović, Mladen Lončar, Radmila Topic, Milivoj Kramarić, Špiro Janović, Branka Aukst Margetić, Maja Bajs Janović, Bjanka Vuksan Čusa, Maja Živković, Jasmina Grubišin, Suzan Kudlek Mikulić, Neda Greš, Vlasta Štalekar.

Such employees at the Clinical Department of Psychological Medicine of the University Hospital Centre Zagreb were: Stjepan Betlheim, Duška Blažević, Eugenija Cividini-Stranić, Maja Beck Dvoržak, Milica Prpić, Neda Bućan, Eduard Klain, Staniša Nikolić, Muradif Kulenović, Vladimir Gruden, Vesna Vidović, Rudolf Gregurek, Vlasta Rudan, Liljana Moro, Gordana Lerotić, Zdenka Brumen Budanko, Nikola Jović, Ivan Buzov, Mirna Peršić Brida, Josip Đaković, Damir De Zan, Veljko Đorđević, Marijana Braš, Herman Vukušić, Vedran Bilić, Saša Jevtović, Andrea Ražić Pavičić, Vesna Grgić, Aran Tomac, Ivan Begovac, Zorana Kušević, Silvana Pleština, Andelina Bokić Sabolić, Gordan Majić, Mara Tripković, Lana Santrić, Dubravka Galež, Trpimir Jakovina.

### Redovni kolegiji:

1. Psihijatrija (voditelj D. Begić, suvoditelji N. Mimica, I. Begovac)
2. Psihološka medicina (voditelj R. Gregurek)

Naša je Katedra u jednom trenutku imala relativno mali broj izbornih kolegija. S obzirom na veliku zainteresiranost studenata za takvom nastavom u nekoliko godina nastao je niz novih izbornih predmeta, tako da smo po njihovom broju među najzastupljenijim katedrama.

### Izborni kolegiji:

1. Anksiozni poremećaji (A. Mihaljević-Peleš)
2. Dijete u krizi – dijagnostičke metode u dječjoj i adolescentnoj psihijatriji (I. Begovac)
3. Funkcioniranje ličnosti u zdravlju i bolesti (I. Filipčić)
4. Gospodin Horvat ide doktoru (I. Begovac)
5. Hitna stanja u psihijatriji (M. Šagud)
6. Interpersonalni odnosi (D. Marčinko)
7. Komunikacija u medicini (M. Braš)
8. Liaison psihijatrija (psihički problemi tjelesnih bolesnika) (R. Gregurek)
9. Liječenje najčešćih mentalnih poremećaja u medicini (N. Mimica)
10. Medicina ljudske seksualnosti (D. Begić)
11. Osnove medicinske seksologije i psihologije (M. Jakovljević)
12. Ovisnosti (V. Jukić, N. Mimica)
13. Posttraumatski stresni poremećaj (dijagnostika i terapija) (R. Gregurek, A. Mihaljević-Peleš)
14. Profesionalizam u psihijatriji (M. Jakovljević)
15. Psihička trauma u adolescenciji (M. Skočić Hanžek)
16. Psihijatrija starije životne dobi (N. Mimica)
17. Psihoterapija (Z. Kušević)
18. Psichotraumatologija (M. Jakovljević)
19. Studij medicine na engleskom jeziku također obuhvaća redovne i izborne kolegije.

### Redovni kolegiji:

1. Psychiatry (A. Mihaljević-Peleš)
2. Psychological Medicine (R. Gregurek)

### Izborni kolegiji:

1. Problems of Addiction (N. Mimica)
2. Psychosomatic Medicine (R. Gregurek)

### Na Studiju sestrinstva redovni su kolegiji:

1. Psihologija sestrinstva (N. Henigsberg)
2. Rehabilitacija (suradnik S. Štrkalj Ivezić)

## Teaching

The Department organises the graduate study programme of medicine both in Croatian and English, as well as the study programme of nursing. The programme in Croatian contains mandatory and elective courses.

### Mandatory courses:

1. Psychiatry (course coordinator D. Begić, course coordinator assistants N. Mimica, I. Begovac)
2. Psychological medicine (course coordinator R. Gregurek)

Our Chair used to have a relatively small number of elective courses. However, given the great interest of students in our courses, several new elective courses have emerged over the years, so that in terms of the number of elective courses, we are a very productive Chair.

### Elective courses:

1. Anxiety disorders (A. Mihaljević-Peleš)
2. Child in crisis – diagnostic methods in child and adolescent psychiatry (I. Begovac)
3. Functioning of personality in health and disease (I. Filipčić)
4. Mr. Horvat needs to see a doctor (I. Begovac)
5. Emergencies in psychiatry (M. Šagud)
6. Interpersonal relations (D. Marčinko)
7. Communication in medicine (M. Braš)
8. Liaison Psychiatry (mental health problems of patients suffering from physical illnesses) (R. Gregurek)
9. Treatment of the most common mental disorders in medicine (N. Mimica)
10. Medicine of human sexuality (D. Begić)
11. Basics of medical sexology and psychology (M. Jakovljević)
12. Addictions (V. Jukić, N. Mimica)
13. Posttraumatic stress disorder (diagnostics and therapy) (R. Gregurek, A. Mihaljević-Peleš)
14. Professionalism in psychiatry (M. Jakovljević)
15. Psychological trauma in adolescence (M. Skočić Hanžek)
16. Old age psychiatry (N. Mimica)
17. Psychotherapy (Z. Kušević)
18. Psychotraumatology (M. Jakovljević)
19. Medical studies in English also include mandatory and elective courses.

### Mandatory courses:

1. Psychiatry (A. Mihaljević-Peleš)
2. Psychological Medicine (R. Gregurek)

### Elective courses:

1. Problems of Addiction (N. Mimica)
2. Psychosomatic Medicine (R. Gregurek)

Izborni kolegij:

1. Mentalna higijena i psihosomatska medicina (R. Gregurek)

U okviru Katedre odvijaju se ovi poslijediplomski studiji:

1. Dječja i adolescentna psihijatrija (I. Begovac)
2. Psihijatrija (D. Begić)
3. Psihoterapija (R. Gregurek)

Model trajnog usavršavanja liječnika održavanjem različitih tečajeva postao je veoma popularan i korištan način provođenja edukacije na Fakultetu. Naši su nastavnici organizirali niz tečajeva od kojih se neki već tradicionalno ponavljaju. Također članovi Katedre sudjeluju u brojnim tečajevima organiziraniima u okviru drugih katedri, zavoda i vijeća predmeta.

Održani tečajevi trajnog usavršavanja i tečajevi I. kategorije:

1. Antidepresivi u kliničkoj praksi (A. Mihaljević-Peleš, M. Šagud, M. Živković)
2. Antipsihotici u kliničkoj praksi (A. Mihaljević-Peleš, M. Šagud, M. Živković)
3. Histerija (D. Marčinko, V. Rudan)
4. Klinička primjena antipsihotika (A. Mihaljević-Peleš, M. Šagud)
5. Narcistični poremećaj ličnosti i njegova dijagnostička opravdanost (D. Marčinko, V. Rudan)
6. Nelagoda u kulturi 21. stoljeća – psihičarska rasprava (D. Marčinko, V. Rudan)
7. Od nasilja do dijaloga (V. Rudan, D. Marčinko)
8. Osnove palijativne medicine (V. Đorđević, M. Braš, L. Brajković)
9. Poremećaji hranjenja: od razumijevanja do liječenja (D. Marčinko)
10. Poremećaji ličnosti: stvarni ljudi, stvarni problemi (D. Marčinko, M. Jakovljević, V. Rudan)
11. Psihički poremećaji u somatskoj medicini i tjelesne bolesti u duševnih bolesnika (I. Filipčić, M. Jakovljević)
12. Psihoanalitički model komunikacije u vremenu brzih promjena (D. Marčinko, V. Rudan)
13. Psihodinamika ljubavi i mržnje (D. Marčinko, V. Rudan)
14. Suvremeni pristup transseksualnosti (N. Jokić-Begić, D. Begić)
15. Suvremeno liječenje anksioznih poremećaja (D. Begić)
16. Suvremeno razumijevanje i liječenje psihotičnih poremećaja (V. Medved, N. Jovanović)
17. Suvremeno razumijevanje i liječenje psihotičnih poremećaja (V. Medved, V. Jukić, M. Rojnić Kuzman)

The programme of Nursing contains the following mandatory courses:

1. Psychology of Nursing (N. Henigsberg)
2. Rehabilitation (associate S. Štrkalj Ivezić)

Elective course:

1. Mental hygiene and psychosomatic medicine (R. Gregurek)

The Chair also organises the following postgraduate studies:

1. Child and adolescent psychiatry (I. Begovac)
2. Psychiatry (D. Begić)
3. Psychotherapy (R. Gregurek)

Continuous training programmes and courses offered to doctors have become a very popular and useful way of education at the School of Medicine. Our teachers have organised a series of courses, some of which are traditionally reiterated. Members of the Department also participate in several training courses organised within other departments, divisions and faculty groups.

Continuous training courses and category I courses include:

1. Antidepressants in clinical practice (A. Mihaljević-Peleš, M. Šagud, M. Živković)
2. Antipsychotics in clinical practice (A. Mihaljević-Peleš, M. Šagud, M. Živković)
3. Hysteria (D. Marčinko, V. Rudan)
4. Clinical use of antipsychotics (A. Mihaljević-Peleš, M. Šagud)
5. Narcissistic personality disorder and its diagnostic justification (D. Marčinko, V. Rudan)
6. Discomfort in the 21st century culture - psychodynamic debate (D. Marčinko, V. Rudan)
7. From violence to dialogue (V. Rudan, D. Marčinko)
8. Basics of palliative medicine (V. Đorđević, M. Braš, L. Brajković)
9. Eating disorders: from understanding to treatment (D. Marčinko)
10. Personality disorders: real people, real problems (D. Marčinko, M. Jakovljević, V. Rudan)
11. Mental disorders in somatic medicine and physical illness in mental patients (I. Filipčić, M. Jakovljević)
12. Psychoanalytic model of communication in times of rapid change (D. Marčinko, V. Rudan)
13. Psychodynamics of love and hate (D. Marčinko, V. Rudan)
14. Modern approach to transsexuality (N. Jokić-Begić, D. Begić)
15. Modern treatment of anxiety disorders (D. Begić)
16. Modern understanding and treatment of psychototic disorders (V. Medved, N. Jovanović)

18. Suvremeno razumijevanje i liječenje shizofrenije (V. Medved, N. Jovanović)  
19. Žalovanje (V. Rudan, D. Marčinko)

Osim na matičnom fakultetu članovi Katedre suđeluju u održavanju različitih oblika diplomske i poslijediplomske nastave na Filozofskom fakultetu, Studiju socijalnog rada Pravnog fakulteta, Edukacijsko-rehabilitacijskom fakultetu, Hrvatskim studijima, Katoličko bogoslovnom fakultetu i Fakultetu filozofije i religijskih znanosti Sveučilišta u Zagrebu te Zdravstvenog veleučilišta Zagreb.

Postoji i suradnja i sudjelovanje u nastavi na Filozofskom fakultetu u Rijeci, Medicinskim fakultetima u Splitu i Osijeku te Sveučilištu Sjever i Sveučilištu u Mostaru.

## Nastavna literatura

Članovi Katedre napisali su nekoliko temeljnih udžbenika iz psihijatrije (sl. 1), psihološke medicine, dječje i adolescentne psihijatrije, suicidologije, psihotraumatologije.

Prvi sveobuhvatni udžbenik psihijatrije bio je onaj koji su uredili Radoslav Lopašić kao glavni urednik te Stjepan Betlheim i Sergije Dogan kao urednici. Knjiga je izašla u tri izdanja (1959., 1961. i 1965. godine) i desetljećima bila osnovno štivo iz psihijatrije na području bivše države. Razvitak psihijatrije i nova organizacija nastave na Medicinskom fakultetu iziskivali su novi udžbenik. Njega je priredio Vasko Muačević sa suradnicima 1995. godine. U toj knjizi je uvedena (tada) suvremena klasifikacija psihičkih poremećaja i bolesti (prema ICD-10). Iste je godine Miro Jakovljević sa suradnicima objavio knjigu „Psihijatrija za studente stručnih zdravstvenih studija“ koju su koristili i studenti medicine. Daljnji razvitak struke doveo je do nove knjige koju su stvorili Ljubomir Hotujac i suradnici 2006. godine.

No, potreba za još novijom knjigom, koja obuhvaća i recentne klasifikacije (DSM-5) te nove terapijske postupke i lijekove, ostvarila se izdavanjem udžbenika koji su uredili Dražen Begić, Vlado Jukić i Vesna Medved 2015. godine.

Najnovija je knjiga udžbenik „Psihijatrija“ urednika Dražena Begića. U njoj 20 autora na sveobuhvatan način prikazuje područje suvremene psihijatrije. To je prvi udžbenik u nas koji slijedi novu ICD-11 klasifikaciju.

Dražen Begić je osluškujući želju studenata za novom knjigom napisao udžbenik „Psihopatologija“, u kojoj je sadržana opća, ali i specijalna psihopatologija, s rječnikom pojmova iz područja psihopatologije.

17. Modern understanding and treatment of psychotic disorders (V. Medved, V. Jukić, M. Rojnić Kuzman)  
18. Modern understanding and treatment of schizophrenia (V. Medved, N. Jovanović)  
19. Mourning (V. Rudan, D. Marčinko)

In addition to teaching at the School of Medicine (alma mater), the faculty members of the Chair teach a number of graduate and postgraduate courses at the Faculty of Humanities and Social Sciences, the Study of Social Work of the Law School, the Faculty of Education and Rehabilitation Studies, the Croatian Studies, the Catholic Faculty of Theology and the Faculty of Philosophy and Religious Sciences of the University of Zagreb and the University of Applied Health Sciences Zagreb.

The Department also participates in teaching activities at the Faculty of Humanities and Social Sciences in Rijeka, medical schools in Split and Osijek, as well as University North and the University of Mostar.

## Teaching literature

Members of the Chair have written several fundamental textbooks in psychiatry (Fig. 1), psychological medicine, child and adolescent psychiatry, suicidology and psychotraumatology.

The first comprehensive psychiatry textbook was the one edited by Radoslav Lopašić as editor-in-chief and Stjepan Betlheim and Sergije Dogan as editors. The book was published in three editions (1959, 1961 and 1965) and for decades served as compulsory reading in psychiatry in the territory of the former state. The development of psychiatry and the new organisation of teaching at the School of Medicine required a new textbook. It was prepared by Vasko Muačević and his associates in 1995. This book introduced the (then) modern classification of mental disorders and diseases (according to the ICD-10). In the same year, Miro Jakovljević and his associates published the book “Psychiatry for Students of Professional Health Studies”, which was also used by medical students. Further development of the profession led to a new book created by Ljubomir Hotujac and associates in 2006.

However, the need for an even newer book, which also included recent classifications (DSM-5) and new therapeutic procedures and medicines, was satisfied with the publication of a textbook edited by Dražen Begić, Vlado Jukić and Vesna Medved in 2015.

The latest book is the textbook “Psychiatry” by editor Dražen Begić. It contains the work of 20 authors who, in a most comprehensive way, present the field of modern psychiatry. It is the first textbook in our country to follow the new ICD-11 classification.

Dražen Begić, motivated by students' desire for a new book, wrote the textbook “Psychopathology”, which

Knjiga je doživjela četiri izdanja (2011., 2014., 2016. i 2021. godine).

U području psihološke medicine značajna je knjiga Duške Blažević, Eugenije Cividini-Stranić i Maje Beck-Dvoržak „Medicinska psihologija“ iz 1979. godine. Eduard Klain napisao je „Psihološku medicinu“ 1999. godine, a iste godine u suradnji s Vesnom Vidović napisao je i knjigu „Osnove medicinske psihologije“. Rudolf Gregurek je s dvije knjige zaokružio ovo područje: „Suradna i konzultativna psihiatrija“ (2006. godine) i „Psihološka medicina“ (2011. godine).

Staniša Nikolić napisao je veliki broj knjiga iz dječje i adolescentne psihiatije od kojih su najvažnije „Psihiatrija dječje i adolescentne dobi“ iz 1982. godine te „Mentalni poremećaji djece i omladine“ koja je izašla u tri dijela (1988., 1990. i 1992. godine). Nikolić je s Marijanom Marangunić 2004. godine napisao knjigu „Dječja i adolescentna psihiatrija“.

Knjiga „Dječja i adolescentna psihiatrija“ namijenjena studentima, liječnicima i specijalizantima nastala je 2021. godine. Urednik Ivan Begovac i 72 autora napisali su opsežno i sveobuhvatno djelo. Taj je udžbenik objavljen samo u elektroničkom obliku.

Darko Marčinko je 2011. godine uredio knjigu „Suicidologija“, prvi udžbenik takve vrste u nas.

Eduard Klain i Rudolf Gregurek napisali su 2000. godine knjigu „Posttraumatski stresni poremećaj. Hrvatska iskustva“, a Mladen Lončar i Neven Henigsberg su 2007. godine uredili knjigu „Psihičke posljedice traume“.

Temeljni udžbenici koje su napisali ili uredili članovi Katedre:

1. Begić D, Jukić V, Medved V. (ur.) Psihiatrija. Zagreb: Medicinska naklada, 2015.
2. Begić D. (ur.) Psihiatrija, Zagreb: Medicinska naklada, 2022.
3. Begić D. Psihopatologija. Zagreb: Medicinska naklada, 2011., 2014., 2016., 2021.
4. Begovac I. (ur.) Dječja i adolescentna psihiatrija. Zagreb: Medicinski fakultet, 2021. <https://urn.nsk.hr/urn:nbn:hr:105:694914>.
5. Blažević D, Cividini-Stranić E, Beck-Dvoržak M. Medicinska psihologija. Zagreb: Jumena, 1979.
6. Gregurek R. (ur.) Suradna i konzultativna psihiatrija. Zagreb: Školska knjiga, 2006.
7. Gregurek R. Psihološka medicina. Zagreb: Medicinska naklada, 2011.
8. Gregurek R, Klain E. Posttraumatski stresni poremećaj. Hrvatska iskutsva. Zagreb: Medicinska naklada, 2006.
9. Hotujac Lj. i sur. Psihiatrija. Zagreb: Medicinska naklada, 2006.

contains general, but also special psychopathology, with a glossary of terms in the field of psychopathology. The book has been republished in four editions (2011, 2014, 2016 and 2021).

In the field of psychological medicine, “Medical Psychology” from 1979 stands out as an important textbook written by Duška Blažević, Eugenia Cividini-Stranić and Maja Beck-Dvoržak. Eduard Klain wrote “Psychological Medicine” in 1999, and in the same year, in collaboration with Vesna Vidović, he wrote “Basics of Medical Psychology”. Rudolf Gregurek enriched this area with two books: “Collaborative and Consultative Psychiatry” (2006) and “Psychological Medicine” (2011).

Staniša Nikolić wrote many books in child and adolescent psychiatry, the most important of which are “Psychiatry of Child and Adolescent Age” from 1982 and “Mental Disorders of Children and Youth” which was published in three parts (1988, 1990 and 1992). Nikolić wrote the book “Child and Adolescent Psychiatry” with Marijana Marangunić in 2004.

The book “Child and Adolescent Psychiatry” intended for students, doctors and residents was created in 2021. Editor Ivan Begovac and 72 authors have written an extensive and comprehensive work. This textbook is published only in the electronic form.

In 2011, Darko Marčinko edited the book “Suicidology”, the first textbook of its kind in Croatia.

In 2000, Eduard Klain and Rudolf Gregurek wrote the book “Posttraumatic Stress Disorder”. In 2007, Mladen Lončar and Neven Henigsberg edited the book “Psychological Consequences of Trauma”.

Fundamental textbooks written or edited by members of the Department are as follows:

1. Begić D, Jukić V, Medved V. (eds.) Psychiatry. Zagreb: Medicinska naklada, 2015
2. Begić D. (ed.) Psychiatry. Zagreb: Medicinska naklada, 2022
3. Begić D. Psychopathology. Zagreb: Medicinska naklada, 2011, 2014, 2016, 2021
4. Begovac I. (ed.) Child and adolescent psychiatry. Zagreb: School of Medicine, 2021 <https://urn.nsk.hr/urn:nbn:hr:105:694914>.
5. Blažević D, Cividini-Stranić E, Beck-Dvoržak M. Medical Psychology. Zagreb: Jumena, 1979
6. Gregurek R. (ed.) Collaborative and consultative psychiatry. Zagreb: Školska knjiga, 2006
7. Gregurek R. Psychological Medicine. Zagreb: Medicinska naklada, 2011
8. Gregurek R, Klain E. Posttraumatic stress disorder. Croatian experience. Zagreb; Medicinska naklada, 2000
9. Hotujac Lj. et al. Psychiatry. Zagreb: Medicinska naklada, 2006

10. Jakovljević M. (ur.) Psihijatrija: za studente stručnih zdravstvenih studija. Samobor: A. G. Matoš, 1995.
11. Klain E, Vidović V. Osnove medicinske psihologije. Zagreb: Medicinski fakultet, 1999.
12. Klain E. i sur. Psihološka medicina. Zagreb: Golden marketing, 1999.
13. Lončar M, Henigsberg N. Psihičke posljedice traume. Zagreb: Medicinska naklada, 2007.
14. Lopašić R, Betlheim S, Dogan S. (ur.) Psihijatrija. Beograd, Zagreb: Medicinska knjiga, 1958, 1961, 1965.
15. Marčinko D. i sur. Suicidologija. Zagreb: Medicinska naklada, 2011.
16. Muačević V. i sur. Psihijatrija, Zagreb: Medicinska naklada, 1996.
17. Nikolić S, Marangunić M. Psihijatrija djeće i adolescentne dobi. Zagreb: Školska knjiga, 2004.
18. Nikolić S. Mentalni poremećaji u djece i omladine 1. Zagreb: Školska knjiga, 1988.
19. Nikolić S. Mentalni poremećaji u djece i omladine 2. Zagreb: Školska knjiga, 1990.
20. Nikolić S. Mentalni poremećaji u djece i omladine 3. Zagreb: Školska knjiga, 1992.
21. Nikolić S. Psihijatrija djeće i adolescentne dobi. Zagreb: Školska knjiga, 1982.
10. Jakovljević M. (ed.) Psychiatry: for students of professional health studies. Samobor: A.G. Matoš, 1995
11. Klain E, Vidović V. Basics of Medical Psychology. Zagreb: School of Medicine, 1999
12. Klain E et al. Psychological Medicine. Zagreb: Golden Marketing, 1999
13. Lončar M, Henigsberg N. Psychological consequences of trauma. Zagreb: Medicinska naklada, 2007.
14. Lopašić R, Betlheim S, Dogan S. (eds.) Psychiatry. Belgrade, Zagreb: Medicinska knjiga, 1958, 1961, 1965
15. Marčinko D. et al. Suicidology. Zagreb: Medicinska naklada, 2011
16. Muačević V. et al. Psychiatry, Zagreb: Medicinska naklada, 1996.
17. Nikolić S, Marangunić M. Psychiatry of child and adolescent age. Zagreb: Školska knjiga, 2004
18. Nikolić S. Mental disorders in children and youth Part 1. Zagreb: Školska knjiga, 1988
19. Nikolić S. Mental disorders in children and youth Part 2. Zagreb: Školska knjiga, 1990
20. Nikolić S. Mental disorders in children and youth Part 3. Zagreb: Školska knjiga, 1992
21. Nikolić S. Psychiatry of child and adolescent age. Zagreb: Školska knjiga, 1982



**SLIKA 1.** Temeljni udžbenici iz psihijatrije koje su napisali ili uredili članovi Katedre za psihijatriju i psihološku medicinu

**FIGURE 1** Basic psychiatry textbooks written or edited by members of the Department of Psychiatry and Psychological Medicine

1. Begić D. Katedra za psihijatriju i psihološku medicinu. *mef.hr* 2020; 39(1): 111.
2. Begić D. Katedra za psihijatriju i psihološku medicinu. U: Pećina M, Klarica M. (ur). Medicinski fakultet. Sveučilište u Zagrebu. 1917-2017. Zagreb: Medicinski fakultet Sveučilišta u Zagrebu, 2017
3. Jukić V. Devedeset godina Katedre za (neuro)psihijatriju Medicinskog fakulteta Sveučilišta u Zagrebu. *mef.hr* 2012;31.
4. Jukić V. Povijest psihijatrije. U: Begić D, Jukić V, Medved V. (ur.) *Psihijatrija*. Zagreb: Medicinska naklada, 2015.

# Aktivnosti Hrvatskog psihijatrijskog društva

## / Activities of the Croatian Psychiatric Association

Alma Mihaljević-Peleš<sup>1</sup>, Martina Rojnić Kuzman<sup>1</sup>,  
Mateja Grizelj Benussi<sup>2</sup>

<sup>1</sup>Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska; <sup>2</sup>Zavod za javno zdravstvo Varaždinske županije, Varaždin, Hrvatska

/<sup>1</sup>Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, School of Medicine of the University of Zagreb, Zagreb, Croatia; <sup>2</sup>Institute of Public Health of Varaždin County, Varaždin, Croatia

ORCID: 0000-0003-3742-0757 (A. Mihaljević-Peleš)

### ADRESA ZA DOPISIVANJE /

#### CORRESPONDENCE:

Prof. dr. sc. Alma Mihaljević-Peleš, dr. med.

Klinika za psihijatriju i psihološku medicinu

Klinički bolnički centar Zagreb

Kišpatićeva 12

10 000 Zagreb, Hrvatska

E-pošta: alma.mihaljevic.peles@mef.hr

TO LINK TO THIS ARTICLE: <https://doi.org/10.24869/spsihs.2022.227>

Hrvatsko psihijatrijsko društvo krovna je organizacija psihijatara u Republici Hrvatskoj. Društvo je utemeljeno 1992. g. u tadašnjoj Klinici za psihijatriju KBC-a Zagreb. Od utemeljenja do danas predsjednici su bili: prof. dr. sc. Vasko Muačević (1992.-1994., KBC Zagreb), prof. dr. sc. Ljubomir Hotujac (1994.-2010., KBC Zagreb), prof. dr. sc. Vlado Jukić (2010.-2018., Klinika za psihijatriju Vrapče) i prof. dr. sc. Alma Mihaljević-Peleš (2018.-, KBC Zagreb). U proteklim godinama HPD je postalo najznačajnije hrvatsko psihijatrijsko društvo. Glavna misija HPD-a je unaprjeđenje psihijatrijske skrbi u Republici Hrvatskoj, što se temelji na postojećem Statutu društva. Od značajnijih zadataka Društva izdvajamo:

#### Rad na stalnom stručnom i znanstvenom usavršavanju članstva

HPD redovito organizira konferenciju Hrvatski psihijatrijski dani. Posljednji, 17. hrvatski psihijatrijski dani održani su u Opatiji od 20. do 23. 10. 2021.. Društvo organizira i nacionalne kongrese svake 4 godine, posljednji, 7. hrvatski psihijatrijski kongres održan je u Opatiji od 24. do 27. 10. 2018. Sljedeći

The Croatian Psychiatric Association (HPD) is the umbrella organization of psychiatrists in the Republic of Croatia. It was founded in 1992 in the then Department of Psychiatry of the University Hospital Centre Zagreb. From its foundation until today, the presidents were: Professor Vasko Muačević, MD, PhD (1992–1994, University Hospital Centre Zagreb), Professor Ljubomir Hotujac, MD, PhD (1994–2010, University Hospital Centre Zagreb), Professor Vlado Jukić, MD, PhD (2010–2018, University Psychiatric Hospital Vrapče) and Professor Alma Mihaljević-Peleš, MD, PhD (2018–, University Hospital Centre Zagreb). In recent years, the HPD has become the most important Croatian psychiatric association. Its main mission, as laid down in its current Statute, is to improve psychiatric care in the Republic of Croatia. Some of the most important tasks of the HPD are listed below.

#### Work towards continuous professional and scientific training of members

The HPD regularly organises the conference entitled Croatian Psychiatric Days. The last, 17th Croatian Psychiatric Days were held in Opatija from 20 to 23

8. hrvatski psihijatrijski kongres planira se od 16. do 19. 10. 2022., također u Opatiji. Potom se već treći put organizira kongres o psihotraumi. Zadnji, 3. hrvatski kongres o psihotraumi održan je *online* u Splitu od 11. do 12. 11. 2021. Osim tog održano je niz seminara, webinara, predavanja, telekonferencije, stručnih i znanstvenih sastanaka s ciljem povećanja znanja i vještina svih članova HPD-a, podizanja kvalitete njihovog rada, prije svega kliničkog, psihijatrijskog, medicinskog, ali i stručnog u najširem smislu.

#### **Rad na destigmatizaciji osoba s psihičkim smetnjama, članova njihovih obitelji, odnosno psihičke bolesti općenito**

Jedan od glavnih ciljeva Svjetskog udruženja psihijatara i Europskog udruženja psihijatara je rad na smanjivanju stigmatizacije. Sva korisna i u nas primjenjiva vanjska iskustva se implementiraju i u Republici Hrvatskoj. Postojeći programi destigmatizacije se proširuju. Različitosti i manjinska prava različitih skupina bolesnika nastoje se ugraditi u sustav destigmatizacije psihičke bolesti. Medijski istupi i javne kampanje su podrška programima de-stigmatizacije.

#### **Aktivna suradnja sa zdravstvenim, stručnim, znanstvenim, nastavnim i drugim organizacijama (vladinim i nevladinim), medijima te svim drugim zainteresiranim organizacijama i pojedincima u svrhu unaprjeđenja psihijatrijske skrbi**

Nadležna ministarstva (zdravstva, hrvatskih branitelja, socijalne skrbi, znanosti i obrazovanja) su i sukreatori psihijatrijske skrbi, te se stalno produžuje suradnja s resornim ministarstvima i njihovim tijelima (npr. Povjerenstvo za psihijatriju, Tijela vještačenja, Odbor za znanstveno-istraživački rad, Hrvatska zaklada za znanost).

Aktivna je suradnja sa Zavodom za javno zdravstvo i Ministarstvom zdravstva na programima za promociju mentalnog zdravlja, primjerice, Twinning projekt (2016.) Osiguravanje optimalne zdravstvene skrbi za osobe s poremećajima mentalnog zdravlja koji je rezultirao istoimenim smjernicama.

Poboljšana je i suradnja s Hrvatskim liječničkim zborom (i njegovim društвima, prije svega Psihijatrijskim društвom), Hrvatskom liječničkom komorom, Hrvatskim liječničkim sindikatom.

Aktivno surađujemo s medicinskim fakultetima (i njihovim katedrama za psihijatriju), te s ostalim zdravstvenim fakultetima, visokim i višim školama.

Osmišljavamo programe zajedničkog rada s udruženima pacijenata – Životna linija.

October 2021. The HPD also organises national congresses every four years; the last, 7th Croatian psychiatric congress was held in Opatija from 24 to 27 October 2018. The next, 8th Croatian psychiatric congress is foreseen for 16 to 19 October 2022, also in Opatija. Furthermore, the HPD has organised the congress on psychotrauma for the third time now. The last one, 3rd Croatian Congress on Psychotrauma was held online in Split from 11 to 12 November 2021. In addition to those events, a number of seminars, webinars, lectures, teleconferences, professional and scientific meetings were held with the aim of increasing knowledge and skills of all HPD members, raising the quality of their work, primarily clinical, psychiatric, medical, but also professional in the broadest sense.

#### **Work towards destigmatisation of persons with mental disorders and members of their families, or of mental illness in general**

One of the main aims of the World Psychiatric Association and the European Psychiatric Association is to work towards reducing stigmatisation. All useful and applicable external experiences are implemented in the Republic of Croatia. The existing destigmatisation programmes are expanded. Diversity and minority rights of different groups of patients are issues to be built into the system of destigmatisation of mental illness. Media appearances and public campaigns support destigmatisation programmes.

#### **Active cooperation with health, professional, scientific, teaching and other organisations (governmental and non-governmental), the media and all other interested organisations and individuals with the aim of improving psychiatric care**

Competent ministries (health, Croatian veterans, social policy, science and education) are also co-creators of psychiatric care, and cooperation with competent ministries and their bodies is constantly increasing (e.g., Psychiatric Commission, Expert Bodies, Committee for Scientific Research, Croatia Science Foundation).

There is active cooperation with the Institute of Public Health and the Ministry of Health on mental health promotion programmes, for example, the twinning project (2016) Ensuring Optimal Health Care for People with Mental Health Disorders, which resulted in the guidelines of the same name.

Cooperation with the Croatian Medical Association (and its societies, primarily the Psychiatric Society), Croatian Medical Chamber and Croatian Medical Trade Union has also been improved.

We cooperate actively with schools of medicine (and their departments of psychiatry), as well as with other health faculties, colleges and universities.



## **Kontinuirano praćenje stanja duševnog zdravlja populacije**

Djelujemo na otkrivanju epidemioloških, kliničkih, terapijskih i drugih obilježja psihičkih poremećaja i bolesti. Prije pandemije dovršen je prijedlog Strategije razvoja mentalnog zdravlja u RH, ali zbog pandemijskih razloga strategija nije ušla u proceduru. Tijekom pandemije COVID-19 provedena su dva istraživanja vezano za pandemiju i potres. Jedno je ispitivanje bilo povezano s europskim istraživanjem mentalnih poremećaja tijekom pandemije, a drugo je provedeno u Klinici za psihijatriju i psihološku medicinu i uključilo je ne samo mentalne poremećaje povezane s pandemijom, nego i s potresom.

Tijekom 2020. i 2021. provedene su dvije javne kampanje o depresiji kao posljedici djelovanja pandemijskih okolnosti i potresa na stanje mentalnog zdravlja opće populacije. Kampanja 2020. zvala se Ispod površine, a 2021. Čujem te/Ispod površine. Obje su financirane iz donacijskih sredstava s ciljem podizanja svijesti o potrebi povećanja skrbi o mentalnom zdravlju populacije.

### **Rad na stručnim smjernicama**

U našoj zemlji postoji problem s manjkom stručnih smjernica i preporuka za otkrivanje i liječenje različitih poremećaja i bolesti, ali i postupanja u određenim kliničkim situacijama.

HPD je izradio smjernice za liječenje shizofrenije, depresije, bipolarnog poremećaja, i PTSP-a. Djelomično postoje i smjernice za ovisnosti. U idućem razdoblju bi trebalo poboljšati smjernice za područja ovisnosti, poremećaja ličnosti, poremećaja hranjenja, demencija, te poremećaja iz područja dječje i adolescentne psihijatrije, na način da se poboljšaju dosadašnje smjernice ili predlože nove.

Moramo istaći da se HPD najviše istakao s brzim stvaranjem smjernica za postupanje s mentalnim bolesnicima u doba pandemije COVID-19, uključujući i Izjavu Hrvatskog psihijatrijskog društva o pristupu i liječenju osoba s duševnim smetnjama tijekom epidemije koronavirusom, zajedno s ostalim psihijatrijskim društvima, u svrhu prevencije stigmatizacije ljudi s mentalnim poremećajima pri određivanju načina liječenja COVID-19. Smjernice su bile objavljene i na službenoj stranici Europskog psihijatrijskog udruženja.

### **Osiguravanje odgovarajućih uvjeta rada te primjerena organizacija psihijatrijske skrbi u Republici Hrvatskoj**

Ovaj cilj ostvaruje se u suradnji s Ministarstvom zdravstva, Hrvatskog zavoda za zdravstveno osi-

We design cooperation programmes with patients' associations, e.g., Životna linija (Life Line).

229

### **Continuous monitoring of the mental health of the population**

We work towards detecting epidemiological, clinical, therapeutic and other features of mental disorders and illnesses. Before pandemic, the proposal of the Mental Health Development Strategy in the Republic of Croatia was completed, but due to reasons related to the pandemic, the strategy did not enter the procedure. During the COVID-19 pandemic, two studies were conducted related to the pandemic and earthquake. One study was related to the European survey on mental disorders during pandemic and the other one was conducted at the Department of Psychiatry and Psychological Medicine and included not only pandemic-related but also earthquake-related mental disorders.

During 2020 and 2021, two public campaigns were conducted on depression as a consequence of the impact of the pandemic and earthquake on the mental health status of the general population. The 2020 campaign was called *Ispod površine* (Under the Surface) and the 2021 campaign *Čujem te/Ispod površine* (I hear you/Under the Surface). Both were funded by donations and their aim was to raise awareness of the need to increase mental health care for the population.

### **Work on professional guidelines**

The problem in our country is that there is a lack of professional guidelines and recommendations for the detection and treatment of various disorders and illnesses, as well as for procedures in certain clinical situations.

The HPD has developed guidelines for the treatment of schizophrenia, depression, bipolar disorder and PTSD. There are also some guidelines for addictions. In the forthcoming period, guidelines for addiction, personality disorders, eating disorders, dementia and disorders in the field of child and adolescent psychiatry should be improved by amending the existing guidelines or proposing new ones.

We must point out that HPD stood out most with its quick reaction to develop guidelines for the treatment of mentally ill persons during the COVID-19 pandemic. Together with other psychiatric associations it has issued the Statement on the access to and treatment of persons with mental disorders during the coronavirus epidemic with the aim of preventing the stigmatisation of persons with mental disorders when deciding on the methods of treatment of COVID-19. These guidelines were also published on the official website of the European Psychiatric Association.

guranje, tijelima državne i lokalne uprave kao „vlasnicima“ klinika, bolnica, domova zdravlja i psihijatrijskih ordinacija, osiguravajućim društvima, Hrvatskom udružom poslodavaca, komorama i sindikatima te privatnim sektorom u području zdravstva. Radi se na poboljšanju uvjeta rada osiguravanjem adekvatnih prostora za bolesnike i djelatnike, poboljšanjem uvjeta rada i osiguravanjem plaćanja zdravstvenih usluga.

HPD se posebno bori za odobravanje novih lijekova za najmoderne liječenje naših bolesnika, a trajno se radi na izradi novih postupaka DTP i DTS, kako bi se izravni rad s bolesnicima što bolje vrednovao.

HPD je osigurao organizaciju mobilnih timova s više od 20 dobrovoljaca članova HPDa, pod koordinacijom prim. dr. sc. Marine Kovač, te Hrvatskog zavoda za javno zdravstvo i Ministarstva zdravstva radi pružanja akutne pomoći u pružanju skrbi za mentalno zdravlje stradalima u potresu u Sisku, Petrinji i Glini, 29. 12. 2021, na inicijativu dr. Sare Medved i dr. Hrvoja Handla za inicijaciju i održavanje projekta

#### **Izdavanje službenog časopisa *Socijalna psihiatrija* i drugih publikacija**

HPD je značajno pomogao u izdavanju i kvaliteti časopisa „Socijalna psihiatrija“ čiji je izdavač Medicinska naklada u suradnji s Klinikom za psihiatriju i psihološku medicinu KBC-a Zagreb i Akademijom medicinskih znanosti Hrvatske. Socijalna psihiatrija je službeno glasilo HPD-a. Društvo pomaže u recenzentskom postupku, te širenju broja pretplatnika,

Ostale publikacije izdaju se u svrhu obilježavanja važnih obljetnica, predstavljanja novih smjernica, predstavljanja rezultata istraživačkih projekata itd. U proteklim godinama od važnijih publikacija izdana je biografija profesora Nikole Peršića, prijevod Psihopatologije Karla Jaspersa, publikacija Hrvatska psihiatrija u 21. stoljeću i Biografija profesora Normana Sartoriusa.

#### **Međunarodna suradnja**

HPD ima razvijenu suradnju s krovnim psihiatrijskim udruženjima u regiji, u EU, s Europskom psihiatrijskom asocijacijom (EPA) i Svjetskim udruženjem psihiyatara (WPA). U upravni odbor Europslog udruženja psihiyatara izabrana je prof. dr. sc. Martina Rojnić Kuzman, koja je ujedno i tajnik Sekcija Europskog psihiatrijskog udruženja, a za regionalnog predstavnika Svjetskog udruženja psihiyatara izabran je prof. dr. sc. Igor Filipčić, kao delegat HPD-a.

#### **Ensuring appropriate working conditions and appropriate organisation of psychiatric care in the Republic of Croatia**

This aim is achieved in cooperation with the Ministry of Health, Croatian Health Insurance Fund, state and local government bodies as “owners” of clinics, hospitals, health centres and psychiatric offices, with insurance companies, the Croatian Employers’ Association, chambers and trade unions and the private sector in the field of health. We are working towards improving working conditions by providing adequate facilities for patients and employees and ensuring payment for health services.

The HPD is especially working towards the approval of new medicaments with the aim of providing the most modern treatment for our patients and we are constantly working on the development of new diagnostic and therapeutic procedures and diagnostic and therapeutic groups so that the direct work with patients would give better results.

At the initiative of Sara Medved, MD and Hrvoje Handl, MD, the HPD organised mobile teams with more than 20 volunteers, its members, under the coordination of Chief Physician Marina Kovač, MD, PhD, the Croatian Institute of Public Health and the Ministry of Health to provide acute mental health care to the victims of the earthquake which hit Sisak, Petrinja and Gline on 29 December 2020.

#### **Official journal *Socijalna psihiatrija* (Social Psychiatry) and other publications**

The HPD has significantly contributed to the publication and quality of the journal *Socijalna psihiatrija* published by Medicinska naklada in cooperation with the Department of Psychiatry and Psychological Medicine of the University Hospital Centre Zagreb and the Croatian Academy of Medical Sciences. *Socijalna psihiatrija* is the official journal of HPD. The HPD contributes in terms of providing reviews and expanding the number of subscribers.

Other publications are published to mark important anniversaries, present new guidelines, present the results of research projects, etc. In recent years, the most important publications are the biography of Professor Nikola Peršić, the translation of General Psychopathology by Karl Jaspers, the publication about the Croatian psychiatry in the 21st century and the biography of Professor Norman Sartorius.

#### **International cooperation**

The HPD has a developed cooperation with umbrella psychiatric associations in the region, in the EU, with the European Psychiatric Association (EPA) and the World Psychiatric Association (WPA). Professor



Nadalje, više od 30 članova HPD-a je ujedno uključeno u projekt *EPA Ambassadors*, te sudjeluju u provedbi projekata *EPA Ambassadors*.

Ranija međunarodna suradnja rezultirala je uspješnom aplikacijom i provedbom projekta *mPIVAS: m-health Psychoeducational Intervention Versus Antipsychotic-Induced Side-effects*, financiranog od Europske unije (*Life Learning Programmes, Leonardo da Vinci Partnership*), od 2013. do 2015. godine, koji je nizom edukativnih i diseminacijskih aktivnosti članova HPD-a rezultirao i izradom mobilne aplikacije za praćenje nuspojava na lijekove (1), kao i nagradom „*Succes story*“ dodijeljenom od Agencije za mobilnost i programe EU.

## SEKCIJA MLADIH PSIHIJATARA I SPECIJALIZANATA PSIHIJATRIJE

Sekcija mladih psihiyatara i specijalizanata psihiatriti je Hrvatske je dio Hrvatskog psihiatrijskog društva (HPD-a), a osnovana je 2005. godine s ciljem promicanja edukacije iz psihiatriti. Sekcija je stvorena na inicijativu prof. dr. sc. Martine Rojnić Kuzman i prof. dr. sc. Nikoline Jovanović, tada entuzijastične specijalizantice psihiatriti, a danas vodeće stručnjakinje u svome polju.

Sekcija je uvijek uživala veliku podršku Hrvatskog psihiatrijskog društva i vodećih psihiatrijskih klinika. Predsjednica HPD-a, profesorica Alma Mihaljević-Peleš aktivno podržava rad Sekcije i spremno uključuje mlade u rad HPD-a. Pri osnivanju podršku je pružio profesor Ljubomir Hotujac, a profesor Vlado Jukić je tijekom svog mandata kao predsjednik HPD-a, mladima pružao bezuvjetnu podršku te je Sekcija kao zahvalu odlučila svoje godišnje nagrade nazvati po njemu. Profesor Norman Sartorius zaslужan je za povezivanje s kolegama pri Europskoj psihiatrijskoj asocijaciji. Sekciju su spremno podržali i drugi centri diljem Hrvatske. Na inicijativu profesorice Tanje Frančišković iz Rijeke cijeli jedan broj *Socijalne psihiatriti* bio je posvećen mladim psihiatrima i specijalizantima. Objavljeni su i radovi (dva rada) na temu promjene programa specijalizacije (2,3).

Dosadašnji predsjednici sekcije bili su: Igor Filipčić – predsjednik radne skupine za osnivanje Sekcije, Martina Rojnić Kuzman, Nikolina Jovanović, Iva Rakoš, Marko Tomičević, Ivana Kekin, Irena Rojnić Palavra, Marko Ćurković, Mateja Grizelj Benussi i Sara Medved – buduća predsjednica.

Danas je radom sekcije obuhvaćeno više od 300 članova, a sekciju vodi odbor od 17 članova, koji su izabrani na izbornoj skupštini u prosincu 2021. godine

Martina Rojnić Kuzman, MD, PhD was elected to the EPA Board and is also the secretary for EPA sections. As a delegate of the HPD, Professor Igor Filipčić, MD, PhD was elected regional representative of the WPA.

Furthermore, more than 30 HPD members are also included in the EPA Ambassadors project and participate in its implementation.

Earlier international cooperation resulted in the successful implementation of the mPIVAS project: m-health Psychoeducational Intervention Versus Antipsychotic-Induced Side-Effects, funded by the European Union (Life Learning Programs, Leonardo da Vinci Partnership), from 2013 to 2015. A series of educational and dissemination activities of HPD members within this project resulted in the development of a mobile application for monitoring side-effects of medicaments (1), as well as the “Success Story” award given by the Agency for Mobility and EU Programmes.

## SECTION OF YOUNG PSYCHIATRISTS AND PSYCHIATRY RESIDENTS

The Section of Young Psychiatrists and Psychiatry Residents of Croatia is part of the Croatian Psychiatric Association (HPD) established in 2005 with the aim of promoting education in psychiatry. It was established at the initiative of Professor Martina Rojnić Kuzman, MD, PhD and Professor Nikolina Jovanović, MD, PhD, then an enthusiastic psychiatry resident and today a leading expert in her field.

The Section has always received great support from the Croatian Psychiatric Association and leading psychiatric clinics. HPD president, Professor Alma Mihaljević-Peleš, actively supports the work of the Section and readily includes young colleagues in the work of the HPD. Professor Ljubomir Hotujac provided support during the establishment and Professor Vlado Jukić provided unconditional support to young colleagues during his term as HPD president so the Section decided to name its annual award after him. Professor Norman Sartorius is credited with establishing connections with colleagues from the European Psychiatric Association. The Section was readily supported by other centres throughout Croatia. At the initiative of Professor Tanja Frančišković from Rijeka, an entire issue of *Socijalna psihiatrica* was dedicated to young psychiatrists and residents. Two papers about changing the residency programme were also published (2, 3).

Former presidents of the section were: Igor Filipčić – president of the working group for the establishment of the Section, Martina Rojnić Kuzman, Nikolina Jovanović, Iva Rakoš, Marko Tomičević, Ivana

te imaju mandat na dvije godine. Izabrano vodstvo čine:

1. Osječko-baranjska, Vukovarsko-srijemska i Brodsko-posavska županija – Ivana Pavličević-Tomas; 2. Međimurska, Varaždinska, Krapinsko-zagorska i Koprivničko-križevačka županija – Andrej Prošev; 3. Istarska, Primorsko-goranska i Karlovačka županija – Igor Salopek; 4. Ličko-senjska, Šibensko-kninska i Zadarska županija – Mate Jureško; 5. Splitsko-dalmatinska i Dubrovačko-neretvanska županija – Marin Kirigin; 6. Sisačko-moslavačka, Bjelovarsko-bilogorska, Virovitičko-podravska i Požeško-slavonska županija – Višnja Mandac; 7. – 12. Zagreb i Zagrebačka županija (6 mjesta) – Marko Ćurković (Klinika za psihijatriju Vrapče), – Ivona Šimunović Filipčić (KBC Zagreb), – Daniela Vojnović (KBC Sestre milosrdnice); – Sara Medved (KBC Zagreb), – Natko Gereš (Klinika za psihijatriju Sveti Ivan); – Anja Melada Žaja (KB Dubrava); 13. – 14. Dječja i adolescentna psihijatrija – Stjepan Greguraš, Iva Radoš; 15. – 16. Zavodi za javno zdravstvo – Mateja Grizelj Benussi; Tijana Petek; 17. Medicinski fakulteti – doktorandi – Dina Bošnjak Kuharić.

Članovi Sekcije mogu biti liječnici specijalizanti psihijatrije i psihijatri u dobi do 40 godina ili do 7 godina specijalističkog staža.

Glavni projekt aktualnog Odbora je organizacija prvo Forum mladih psihijatara, čije se održavanje planira tijekom 2022. odine i koji bi se u perspektivi održavao kontinuirano s ciljem još boljeg povezivanja i razmjene iskustava i znanja među mladim psihijatrima. Inicijativu je pokrenula aktualna predsjednica Mateja Grizelj Benussi, a Odbor je prihvatio prijedlog te je kreirana radna skupina, tj. organizacijski odbor koji je preuzeo organizaciju Foruma.

Područja djelovanja Sekcije su poboljšanje edukacije tijekom specijalizacije i rane specijalističke karijere, identifikacija postojećih problema istraživanjima i objavljivanjem rezultata, u cilju podizanja kvalitete specijalističkog usavršavanja, stručno-znanstvene aktivnosti, podrška specijalantima i mladim specijalistima u specifičnim pitanjima i pitanjima od općeg interesa, povezivanje i umrežavanje u zemlji i svijetu, informiranje, zaštita digniteta osoba s duševnim smetnjama, prosvjećivanje javnosti na području mentalnog zdravlja i sl.

Već u prvoj godini svog rada Sekcija postiže svoje prve značajne ciljeve te nakon provedenog istraživanja među specijalantima psihijatrije i objave rezultata 2006. godine dolazi do poboljšanja u sustavu mentoriranja specijalizanata.

Tijekom godina Sekcija je izrasla u pokretačku snagu i mjesto povezivanja mladih psihijatara i speci-

Kekin, Irena Rojnić Palavra, Marko Ćurković, Mateja Grizelj Benussi and Sara Medved – future president.

Today, the work of the Section includes more than 300 members and it is led by a board of 17 members elected at the assembly held in December 2021 for a two-year mandate. The elected leadership consists of:

1. Osijek-Baranja, Vukovar-Srijem and Brod-Posavina counties – Ivana Pavličević-Tomas; 2. Međimurje, Varaždin, Krapina-Zagorje and Koprivnica-Križevci counties – Andrej Prošev; 3. Istria, Primorje-Gorski Kotar and Karlovac counties – Igor Salopek; 4. Lika-Senj, Šibenik-Knin and Zadar counties – Mate Jureško; 5. Split-Dalmatia and Dubrovnik-Neretva counties – Marin Kirigin; 6. Sisak-Moslavina, Bjelovar-Bilogora, Virovitica-Podravina and Požega-Slavonia counties – Višnja Mandac; 7. – 12. Zagreb and Zagreb County (6 places) – Marko Ćurković (University Psychiatric Hospital Vrapče), Ivona Šimunović Filipčić (University Hospital Centre Zagreb), Daniela Vojnović (Sestre milosrdnice University Hospital Centre), Sara Medved (University Hospital Centre Zagreb), Natko Gereš (Psychiatric Hospital Sveti Ivan), Anja Melada Žaja (Clinical Hospital Dubrava); 13. – 14. child and adolescent psychiatry – Stjepan Greguraš, Iva Radoš; 15. – 16. institutes of public health – Mateja Grizelj Benussi, Tijana Petek; 17. schools of medicine – doctoral students – Dina Bošnjak Kuharić.

Psychiatry residents and psychiatrists under the age of 40 or with up to seven years of specialist experience can become members of the Section.

The main project of the current board is the organisation of the first Forum of Young Psychiatrists, planned for 2022 and to be held continuously in the future with the aim of improving networking and exchanging experience and knowledge among young psychiatrists. The initiative was proposed by the current president Mateja Grizelj Benussi, the board accepted the proposal and a working group was established, i.e., the organising committee that took over the organisation of the Forum.

Areas of activity of the Section are: improving education during residency and early specialist career, identifying existing problems through research and publishing results with the aim of increasing the quality of residency training, professional and scientific activities, support to residents and young specialists in specific issues and issues of general interest, establishing connections and networking on national and international level, informing, protection of dignity of persons with mental disorders, education of the public about mental health, etc.

In the very first year of its work, the Section achieved its first significant objective: after conduct-

jalizanata diljem Hrvatske organizacijom mnogih značajnih aktivnosti te svojim članovima pruža mogućnost sudjelovanja i oblikovanja vlastite znanstvene i stručne budućnosti, a time i sudjelovanja u stvaranju politike mentalnog zdravlja u svojoj zemlji.

U ožujku 2020. godine Sekcija je pokrenula vlastiti časopis pod nazivom PsihijARTrija, koji je dostupan u online obliku. Časopis je pokrenut entuzijazmom Irene Rojnić Palavre, uz nesebičan angažman Igora Salopeka, Nikole Žaje i Andreja Proševa.

Sekcija aktivno i kontinuirano sudjeluje na domaćim psihiatrijskim kongresima, uvijek je aktivna na najvećem domaćem psihiatrijskom kongresu, Hrvatskim psihiatrijskim danima i na nacionalnom kongresu sesijama mladih i „PHD days“. Sekcija kontinuirano dodjeljuje dvije godišnje nagrade pod nazivom „Nagrada Doktor Vlado Jukić za najbolji znanstveni CC rad“ te „Nagrada Doktor Vlado Jukić za doktorsku disertaciju“.

Sekcija je sudjelovala u organizaciji pomoći stradalnicima potresa na inicijativu Sare Medved i Igora Salopeka organizacijom mobilnih timova.

Sekcija surađuje i s drugim sekcijama mladih liječnika te sudjeluje u organizaciji multidisciplinarnih skupova i radionica. Jedna od uspješnijih suradnji je ona s Radnom skupinom mladih kardiologa Hrvatskog kardiološkog društva, a na inicijativu Irene Rojnić Palavre.

Članovi sekcije aktivno sudjeluju u Europskom udruženju mladih psihiyatara (EFPT) i mreži *Young Psychiatrist's Network* te redovito sudjeluju na međunarodnim forumima i skupovima te su istaknuti i prepoznati članovi u europskoj i svjetskoj mreži mladih psihiyatara. Članovi naše Sekcije obnašali su i još uvijek obnašaju funkcije u europskim i svjetskim udruženjima. Tako je Martina Rojnić Kuzman bila predsjednica EFPT-a u razdoblju 2008.-2011. godine, Irena Rojnić Palavra je bila u Nadzornom odboru EFPT-a u razdoblju 2015.-2016. godine, a sada je član mladih psihiyatara (*WPA ECP section board member*), dok Nikola Žaja tijekom 2019.-2022. godine obavlja funkciju glavnog tajnika EFPT-a, a član je još i u CINP *Young Member Engagement Task Force* i EPA *Early Career Psychiatrists Committee Task Force on Professional Development*.

Jedna od važnih aktivnosti na međunarodnoj razini je i razmjena. Specijalantima iz Europe se nude različiti programi na našim klinikama, a naši specijalizanti na isti način imaju priliku oputovati na različite europske klinike gdje mogu sudjelovati u različitim programima.

ing research among psychiatry residents and publishing the results in 2006, there was an improvement in the system of mentoring residents.

Over the years, the Section has grown to become a driving force and a place to establish connections with young psychiatrists and residents from entire Croatia by organising many important activities and providing its members the opportunity to participate and shape their own scientific and professional future and thus participate in the creation of mental health policy in their country.

In March 2020, the Section launched its own journal called *PsihijARTrija* (PsychiARTy), which is available online. The journal is the result of the enthusiasm of Irena Rojnić Palavra, with the selfless engagement of Igor Salopek, Nikola Žaja and Andrej Prošev.

The Section participates actively and continuously in national psychiatric congresses, it is always active in the largest national psychiatric congress *Croatian Psychiatric Days*, at the national congress of youth sections and PHD Days. The Section continuously awards two annual prizes entitled “Doctor Vlado Jukić award for the best scientific CC work” and “Doctor Vlado Jukić award for doctoral dissertation”.

The Section participated in the provision of help to earthquake victims at the initiative of Sara Medved and Igor Salopek by organising mobile teams.

The Section also cooperates with other sections of young physicians and participates in the organisation of multidisciplinary conferences and workshops. One of the most successful collaborations is with the Working Group of Young Cardiologists of the Croatian Cardiac Society, established at the initiative of Irena Rojnić Palavra.

Members of the Section actively participate in the European Federation of Psychiatric Trainees (EFPT) and Young Psychiatrist's Network, regularly participate in international forums and conferences and are prominent and recognised members in the European and global networks of young psychiatrists. Members of our Section held and still hold positions in European and world associations: Martina Rojnić Kuzman was EFPT president in the period 2008–2011, Irena Rojnić Palavra was a member of the EFPT Supervisory Board in the period 2015–2016 and is now a board member of the Section of Early Career Psychiatrists of the World Psychiatric Association, while Nikola Žaja holds the function of the EFPT secretary general for the period 2019–2022 and is also a member of the CINP Young Member Engagement Task Force and the EPA Early Career Psychiatrists Committee Task Force on Professional Development.

HPD se financira iz donacijskih sredstava i članarina svojih članova. Sredstva se troše pažljivo i štedljivo, a stalno se planiraju novi izvori mogućih prihoda (donacije, reklame). Tijekom proteklog razdoblja uočili smo neke nedostatke u rukovođenju i izboru predstavnika HPD. Sukladno tome potrebno je pokrenuti neke izmjene statuta. Sastanci uprave Društva odvijaju se prema potrebi, a trebalo bi osigurati redovite sjednice uprave Društva radi boljeg provođenja i planiranja aktivnosti. Na Izbornoj skupštini koja nam slijedi ove 2022. g. pokušat ćemo boljim kandidacijskim postupkom omogućiti veću demokratizaciju Društva, a nakon Izbora novog predsjednika pokrenut ćemo i postupak izmjene Statuta društva kako bismo osigurali veći utjecaj članova Društva na provođenje programa i proklamiranih ciljeva društva.

One of the important activities at the international level is exchange. Residents from Europe are offered different programmes in our hospitals and our residents have the same opportunity to travel to different European hospitals to participate in different programmes.

The HPD is financed from donations and membership fees of its members. Funds are spent carefully and effectively, and new sources of possible income (donations, advertisements) are constantly considered. Over the past period, we have noticed some shortcomings in the management and selection of HPD representatives. That is why certain amendments to the Statute need to be initiated. Meetings of the board are held as needed, but they should be held regularly with the aim of improving planning and the implementation of activities. At the electoral assembly foreseen for 2022, we will try to provide a higher level of democratisation within the HPD by improving the candidacy procedure and after the election of a new president, we will initiate the procedure for amending the HPD Statute to ensure that HPD members have more impact on the programme and stated objectives.

## LITERATURA / REFERENCES

1. Rojnic Kuzman M, Andlauer O, Burmeister K, Dvoracek B, Lencer R, Koelkebeck K et al. Effective assessment of psychotropic medication side effects using PsyLOG mobile application. *Schizophr Res* 2018; 192: 211-212. doi: 10.1016/j.schres.2017.04.038. Epub 2017 Apr 28.
2. Kuzman MR, Jovanović N, Vidović D, Margetić BA, Mayer N, Zelić SB et al. Problems in the current psychiatry residency training program in Croatia: residents' perspective. *Coll Antropol* 2009; 33(1): 217-23.
3. Jovanović N, Rojnić Kuzman M, Mayer N, Aukst Margetić B, Blažević Zelić S, Vidović D et al. Specijalističko usavršavanje iz psihijatrije u Hrvatskoj iz perspektive edukatora (Psychiatric residency training in Croatia – the educators prospective). *Soc Psihijat* 2010; 38 (1): 67-74.

# **Psihijatrija pred izazovima našeg vremena: u potrazi za svojim autentičnim identitetom**

## **/ Psychiatry Confronted with the Challenges of Our Time: in Search of Authentic Identity**

**Miro Jakovljević**

Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb i Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

*/ Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb and the School of Medicine of the University of Zagreb, Croatia*

ORCID: 0000-0003-0420-357X

### **ADRESA ZA DOPISIVANJE /**

### **CORRESPONDENCE:**

Prof. dr. sc. Miro Jakovljević, dr. med.,  
professor emeritus  
E-mail: jakovljevic.miro@yahoo.com

**TO LINK TO THIS ARTICLE:** <https://doi.org/10.24869/spsihs.2022.235>

## **UVOD**

Kada sam dobio poziv prof. Marčinka, predstojnika Klinike za psihijatriju i psihološku medicinu, da u povodu 50-godišnjice Klinike, napišem članak o suvremenoj psihijatriji i o tome kuda ona ide, čemu stremi, koja su joj obilježja i koja od njih treba poboljšati, našao sam se u nedoumici. Kao dugogodišnji član Klinike i u jednom razdoblju njezin predstojnik razmišljaо sam kako izbalansirati biološko, psihološko i socijalno (sve čime se Klinika bavi) u ovom članku. Nisam pristalica redukcionizma, nego otvaranja (prema svemu onome što obilježava suvremenu i buduću psihijatriju), interdisciplinarnosti (uključenost drugih medicinskih disciplina, neuroznanosti i psihologije), transdisciplinarnosti (surađujući sa sociologijom, kulturnom antropologijom, etologijom, etikom, filozofijom, i sama postaje društvena znanost) i kreativnosti (koja se sve više treba vidjeti i u svakodnevnom kliničkom radu). Zbog toga i ovaj članak nastoji biti takav.

Psihijatrija se danas u našem turbulentnom VUCA (*volatile* – isparljiv, nestabilan i promjenjiv; *uncertain* – nesiguran i nepredvidiv; *complex* – složen; *ambiguous* –

## **INTRODUCTION**

When I received a call from Professor Marčinko, head of the Department of Psychiatry and Psychological Medicine, inviting me to write an article on the occasion of the 50th anniversary of the University Hospital about modern psychiatry and where it was going, what it aspires to, what its characteristics are and which of them need to be improved, I found myself in doubt. As a longtime member of the University Hospital and its head during one period, I thought about how to balance biological, psychological and social aspects of everything the University Hospital does in this article. I am not a supporter of reductionism, but rather of opening up (towards everything that characterizes modern and future psychiatry), interdisciplinarity (involvement of other medical disciplines, neurosciences and psychology), transdisciplinarity (collaborating with sociology, cultural anthropology, ethology, ethics, and philosophy, psychiatry becomes a social science) and creativity (which increasingly needs to be present in everyday clinical work). For these reasons, the intention of this article is also trying to include all these aspects.

In our turbulent VUCA times (*volatile*, *uncertain*, *complex*, *ambiguous*), psychiatry is faced with major and

nejasan i više značan) svijetu nalazi pred velikim i sve većim izazovima i novim definiranjem vlastita identiteta, ali i duševnog zdravlja i duševnih poremećaja. COVID-19 sindemija, rat u Ukrajini i za Ukrajinu, ali i sukobi i ratovi u drugim dijelovima svijeta, ubrzane promjene klime, zagađivanje zraka, vode i okoliša u cjelini, uzrokuju sve veću nestabilnost, nesigurnost, nepredvidivost, osjećaj bespomoćnosti i ugroženosti i strašne patnje kod sve većeg broja ljudi i pridonose fenomenima „novog normalnog“, „patološke normalnosti“ i „normalne patologije“, te sve većoj učestalosti raznovrsnih duševnih poremećaja (1,2,3,4,5,6,7). Kraj prošlog stoljeća bio je na neki proročki način obilježen ludističkom apokaliptikom i fenomenima krajologije ili endizama. Govorilo se o „kraju povijesti“, „kraju ideologije“, „kraju industrijskog društva“, „kraju logocentrizma“, „kraju znanosti“, „kraju psihijatrije“, pa čak i o „kraju čovjeka“. Nažalost, naš VUCA ANTROPOCENE svijet ulazi u novu fazu nemilosrdne kompeticije, velikih podjela i sukoba među kulturama i civilizacijama s vrlo štetnim posljedicama na mentalno zdravljje, kako na individualno, tako i na kolektivno i globalno mentalno zdravljje, a nije isključena ni mračna anti-utopija (*dark Anti-Utopia*) koju je spomenuo ruski predsjednik Vladimir Putin u svom govoru na samitu u Davosu 2021. godine. Kako nema zdravlja bez mentalnog zdravlja, tako nema ni mentalnog zdravlja bez kulture empatije i suočajnog društva, i *vice versa*. Znanstvena psihijatrija je oduvijek bila medicinska disciplina, ali postavlja se pitanje hoće li to uvijek biti tako i kakav će biti ugovor između društva i psihijatrije u budućnosti (8). Treba li se psihijatrija uključiti u poboljšanje društvenih i psihokulturalnih uvjeta koji bitno određuju mentalni distres i psihotraumatizaciju i u izgradnju zdravih društava i empatijske civilizacije ili psihijatrija treba biti samo medicinska disciplina koja lijeći duševne poremećaje pojedinaca? U svakom slučaju, psihijatrija treba integrirati biološku, psihološku, socijalnu i duhovnu dimenziju u svojim istraživanjima i skrbi koju pruža, a psihijatri bi trebali biti dobro educirani i utrenirani ne samo prijenosom postojećeg znanja i profesionalnih vještina već i pripremama za promjene i izazove koji se naziru na obzoru (2,9,10,11,12,13).

Psihijatrija je od svojih početaka pa sve do danas predmet brojnih i raznovrsnih kritika, kako od nepsihijatara psihologa, socijalnih radnika, sociologa, filozofa i antropologa tako i samih psihijatara. Na ruku kritičarima psihijatrije ide i činjenica o postojanju velikog broja raznovrsnih psihijatrijskih škola i pravaca koji u većoj ili manjoj mjeri osporavaju i omalovažavaju jedni druge (tablica 1) tako da se može govoriti o sindromu fragmentiranog identiteta i dezorganiziranom multiplom psihijatrijskom selfu (2,12). Nerijetko se radi i o neosnovanim napadima na psihijatriju,

increasing challenges and a need to find a new definition of its identity and mental health and mental disorders. The COVID-19 syndemic, war in Ukraine and for Ukraine, conflicts and wars in other parts of the world, accelerating climate changes, and air, water and environment pollution are causing increasing instability, insecurity, unpredictability, feelings of helplessness and vulnerability and terrible suffering in an increasing number of people and contributing to the most varied phenomena of new normality, pathological normality and normal pathology and an increasing incidence of various mental disorders (1,2,3,4,5,6,7). The end of the last century was in some prophetic way marked by ludic apocalypses and the phenomena of “endism”. There was talk of “the end of history”, “the end of ideology”, “the end of industrial society”, “the end of logocentrism”, “the end of science”, “the end of psychiatry”, and even the “end of humankind”. Unfortunately, our VUCA ANTHROPOCENE is entering a new phase of relentless competition, great divisions and conflicts between cultures and civilizations with very detrimental consequences for mental health, on both individual and collective and global levels. Bleak perspective of Anti-Utopia, mentioned by Russian President Vladimir Putin in his speech at the last year's Davos summit, is not an exception. Since there is no health without mental health, there is no mental health without a culture of empathy and compassionate society, and vice versa. Scientific psychiatry has always been a medical discipline, but the question arises whether this will always be the case and what will the contract between society and psychiatry be in the future (8). Should psychiatry be involved in improving the social and psycho-cultural conditions that essentially determine mental distress and psychotraumatization and building healthy societies and empathic civilizations, or should psychiatry be just a medical discipline that treats the mental disorders of individuals? In any case, psychiatry should integrate biological, psychological, social and spiritual dimensions in the research and the care it provides, and psychiatrists should be well educated and trained not only by the transfer of existing knowledge and professional skills but also by preparing for the changes and challenges that loom on the horizon (2,9,10,11,12,13).

From its beginnings up until the present day, psychiatry has been the subject of numerous and varied criticisms coming from non-psychiatrists psychologists, social workers, sociologists, philosophers and anthropologists, but also by many well-intentioned psychiatrists. The fact that there is a large number of diverse psychiatric schools and directions that challenge or disrespect each other to a greater or lesser extent (Table 1) is benefiting the critics of psychiatry. Therefore, one could argue that there is a fragmented identity syndrome and disorganized multiple psychiatric self (2, 12). We are often witnessing unfounded attacks on psychiatry resulting from ideology or a lack of understanding of what psychiatry does and what the

**TABLICA 1.** Psihijatrija u praksi: Sindrom razlomljenog profesionalnog identiteta  
**TABLE 1.** Psychiatry in practice: Fractured professional identity syndrome

237

|  |
|--|
| Medicinska psihijatrija – Biologiska psihijatrija – Biopsihijatrija – Farmakopsihijatrija – Organska psihijatrija – Klinička psihijatrija – Deskriptivna psihijatrija – Bihevioralna medicina – Psihodinamska psihijatrija – Egzistencijalistička psihijatrija – Socijalna psihijatrija – Komunalna psihijatrija – Holistička psihijatrija – Humanistička psihijatrija – Integrativna psihijatrija – Transkulturnala psihijatrija (Interkulturnala psihijatrija) – Etnopsihijatrija – Interpersonalna psihijatrija – Narativna psihijatrija – Neuropsihijatrija – Nova vrla psihijatrija – Energetska psihijatrija – Moralna psihijatrija – Spiritualna psihijatrija – Opća (generalna) psihijatrija – Specijalna psihijatrija<br>/ Medical Psychiatry - Biological Psychiatry - Biopsychiatry - Pharmaco-Psychiatry - Organic Psychiatry - Clinical Psychiatry - Descriptive Psychiatry - Behavioural Medicine - Psychodynamic Psychiatry - Psychodynamic Psychiatry - Existentialist Psychiatry - Social Psychiatry - Communal Psychiatry - Holistic Psychiatry - Humanistic Psychiatry - Integrative Psychiatry - Transcultural Psychiatry (Intercultural Psychiatry - Cultural Psychiatry) - Ethnopsychiatry - Interpersonal Psychiatry - Narrative Psychiatry - Neuropsychiatry - New Virtuous Psychiatry - Energy Psychiatry - Moral Psychiatry - Spiritual Psychiatry - General (General) Psychiatry - Special Psychiatry |
| Ekološka psihijatrija – Psihijatrija javnog zdravlja – Preventivna psihijatrija<br>/ Ecological Psychiatry - Psychiatry of Public Health - Preventive Psychiatry   |
| Sudska (forenzička) psihijatrija – Vojna psihijatrija – Ratna psihijatrija – Industrijska psihijatrija (psihijatrija rada) – Psihijatrija u zajednici – Pastoralna psihijatrija<br>/ Forensic Psychiatry - Military Psychiatry - War Psychiatry - Industrial Psychiatry (Occupational Psychiatry) - Community Psychiatry - Pastoral Psychiatry   |
| Prenatalna psihijatrija – Dječja psihijatrija – Adolescentna psihijatrija – Razvojna psihijatrija – Adultna psihijatrija – Gerontopsihijatrija – Feministička psihijatrija<br>/ Prenatal Psychiatry - Child Psychiatry - Adolescent Psychiatry - Developmental Psychiatry - Adult Psychiatry - Gerontopsychiatry - Feminist Psychiatry   |
| Akademска psihijatriја – Eksperimentalna psihijatriја – Znanstvena psihijatriја – Psihijatrija utemeljena na činjenicama (EBP) – Evolutivna psihijatriја – Molekularna psihijatriја – Genetska psihijatriја – Metapsihijatriја – Teorijska psihijatriја – Transdiscipliarna integrativna psihijatriја – Multidimenzionalna psihijatriја – Sistemski psihijatriја – Komparativna psihijatriја – Komplementarna psihijatriја – Komprehensivna psihijatriја – Konzultativna (liaisonska) psihijatriја – Kreativna psihijatriја – Dijalektička psihijatriја – Eklektička psihijatriја – Znanosti mentalnog zdravlja (Mental health sciences)<br>/ Academic Psychiatry - Experimental Psychiatry - Scientific Psychiatry - Fact-Based Psychiatry (EBP) - Evolutionary Psychiatry - Molecular Psychiatry - Genetic Psychiatry - Metapsychiatry - Theoretical Psychiatry - Transdisciplinary Integrative Psychiatry - Multidimensional Psychiatry - Systemic Psychiatry - Comparative Psychiatry - Complementary Psychiatry - Complementary Psychiatry - Comprehensive Psychiatry - Consultative (Liaison) Psychiatry - Creative Psychiatry - Dialectical Psychiatry - Eclectic Psychiatry - Mental Health Sciences   |
| Američka psihijatrija – Evropska psihijatrija<br>/ American Psychiatry - European Psychiatry   |
| Telepsihiatija (E-psihijatrija) – Virtualna psihijatrija – Avatar psihijatrija – Digitalna psihijatrija<br>/ Telepsychiatry (E-Psychiatry) - Virtual Psychiatry - Avatar Psychiatry - Digital Psychiatry   |
| Antipsihijatrija – Oficijalna (službena) psihijatrija – Alternativna psihijatrija – Politička psihijatrija – Radikalna psihijatrija – Kritička psihijatrija – Psihijatrija oslobođenja ( <i>Liberation psychiatry</i> ) – Toksična psihijatrija – Fragmentirana psihijatrija – Na marketingu utemeljena psihijatrija – Ortodoknska psihijatrija – Privatna psihijatrija – Folk psihijatrija<br>/ Antipsychiatry - Official Psychiatry - Alternative Psychiatry - Political Psychiatry - Radical Psychiatry - Critical Psychiatry - Liberation Psychiatry - Toxic Psychiatry - Fragmented Psychiatry - Marketing-Based Psychiatry - Orthodox Psychiatry - Private Psychiatry - Folk Psychiatry  |
| Moderna psihijatrija – Personalizirana psihijatrija – Pacijentu-prijateljska psihijatrija – Pacijentu usmjerena psihijatrija – Pozitivna psihijatrija – Postmoderna psihijatrija – Postpsihiatija<br>/ Modern Psychiatry - Personalized Psychiatry - Patient-friendly Psychiatry - Patient-oriented Psychiatry - Positive Psychiatry - Postmodern Psychiatry - Postpsychiatry  |

često ideološke naravi ili pak zbog nerazumijevanja onoga čime se bavi psihijatrija i nepoznavanja stvarne situacije. Među kritičarima ima nemali broj i onih koji su razočarani psihijatrijom, jer su imali nerealnu sliku o psihijatriji, o njenoj moći, dijagnostičkoj pouzdanosti i terapijskoj učinkovitosti. S obzirom da psihijatrija više od drugih grana medicine odražava duh vremena, kritičari ju često koriste da bi kritizirali društvo ili pozivali na društvene promjene, kao primjerice zagovornici tzv. radikalne psihijatrije.

Poznata je i metafora o psihijatriji kao čuvarici društva od ludosti i luđaka. Nažlost, u nekim vremenima u brojnim zemljama, ne samo u bivšem Sovjetskom savezu i Hitlerovo Njemačkoj, psihijatrija se zloupotrebljavala više ili manje i u političke svrhe. U psihijatriji, kao i drugim granama medicine, u liječenju su

real situation is. Among the critics, there are many who are disappointed with psychiatry because they had an unrealistic vision of psychiatry, its impact, diagnostic reliability and therapeutic effectiveness. Given that psychiatry reflects the spirit of the times more than other branches of medicine, the critics often use it to criticize society or to call for social change, such as the advocates of the so-called radical psychiatry.

The metaphor of psychiatry as the guardian of society from insanity and madmen is also something well known. Unfortunately, in a number of countries, not only in the former Soviet Union and Hitler's Germany, at certain points in time, psychiatry was abused to greater or lesser extent, often for political purposes. In psychiatry, as well as in other branches of medicine, methods that were harmful to patients were also used in the treatment. Some seemed more as punishment,

upotrebljavane i metode koje su bile štetne za bolesnike, neke su djelovale više kao kazna, otrovanje i mučenje bolesnika, o čemu govori i metafora toksične psihijatrije. Na greškama valja učiti, a ne ih ponavljati. Prema Normanu Sartoriusu (13,14) nijedna druga grana medicine nije razvila tako različite orientacije ni toliko animoziteta između protagonistova različitih teorijskih i praktičnih orientacija kao što je to slučaj s psihijatrijom. Poput bogova preplavljenih srdžbom, sekte u psihijatriji su, čini se, spremne odbaciti svako znanje i uvide drugih sekti: podjednako se napada i dobro i zlo drugih. Ujedinjenje je vitalan korak koji psihijatrija mora učiniti. Rat i srdžba unutar psihijatrije su čisto gubljenje vremena. Neuspjeh psihijatrije da do sada u zadovoljavajućoj mjeri integrira biomeđinske i psihosocijalne dimenzije profesionalnog znanja velika je prepreka napretku psihijatrije.

Položaj psihijatrije u društvu i medicini u velikoj mjeri ovisi o definiciji područja kojim se psihijatrija bavi, o određenju njezinih nadležnosti i kompetencija i u svezi s tim oblikovanjem koherentnog profesionalnog identiteta i kulture, odnosno vrijednosti na kojima se temelji (13,15,16,17,18,19,20). Znanstvena psihijatrija je oduvijek bila medicinska disciplina, ali postavlja se pitanje hoće li to uvijek biti tako i kakav će biti ugovor između društva i psihijatrije u budućnosti. Treba li se psihijatrija uključiti u poboljšanje društvenih i psihokulturalnih uvjeta koji bitno određuju mentalni distres, vulnerabilnost i psihotraumatizaciju i u zagovaranje zdravih društava i empatijske civilizacije (22) ili psihijatrija treba biti samo medicinska disciplina koja liječi duševne poremećaje pojedinaca? U svakom slučaju, psihijatrija treba integrirati biološku, psihološku, socijalnu i duhovnu dimenziju u svojim istraživanjima i skrbi koju pruža, a psihijatri bi trebali biti dobro educirani i utrenirani ne samo prijenosom postojećeg znanja i profesionalnih vještina već i pripremama za promjene i izazove koji se naziru na obzoru.

Položaj i ulogu psihijatrije u budućnosti određivat će njezina znanja i vjerovanja o pravoj prirodi čovjeka i njegova duševnog zdravlja i bolesti, dominantni oblici političke i društvene organizacije i suvremena tehnologija za kontrolu i modifikaciju individualnog i kolektivnog ponašanja. Na blisku budućnost psihijatrije, kako u kliničkom radu i liječenju tako i u istraživanjima, sve će više i brže utjecati umjetna inteligencija i digitalna tehnologija na kojoj se temelji telepsihiatija, digitalna i avatar psihijatrija (23).

U našem liberalnom vremenu fluidnih identiteta kada mnogi dovode u pitanje smisao i svrhu psihijatrije kakva je sada, kada je granica između različitih disciplina koje se bave duševnim zdravljem i psihijatrije vrlo fluidna, postavlja se pitanje što je primjerenije

poisoning or for torturing patients, which is reflected in the metaphor of "toxic psychiatry". One should learn from mistakes and not repeat them. According to Norman Sartorius (13, 14), no other branch of medicine has produced so many different orientations and as much animosity between the protagonists of various theoretical and practical directions as psychiatry. Like gods overwhelmed by anger, various sects in psychiatry are seemingly ready to reject all knowledge and insights reached by other sects: the good or the evil coming from the other side is equally attacked. Psychiatry must take a vital step towards unification. War and anger in psychiatry are a waste of time. The failure of psychiatry to adequately integrate the biomedical and psychosocial dimensions of professional knowledge up to this point is a major obstacle to the advancement of psychiatry.

The position of psychiatry in society and medicine largely depends on the definition of the field it covers, establishment of its competences and related shaping of a coherent professional identity and culture, i.e. the values on which it is based (13,15,16,17,18,19,20). Scientific psychiatry has always been a medical discipline, but the question arises as to will this always be the case and what will be the contract between society and psychiatry in the future. Should psychiatry engage in the improvement of social and psycho-cultural conditions that essentially determine mental distress, vulnerability and psychotraumatization and in the promotion of healthy societies and empathic civilizations (22) or should psychiatry be just a medical discipline that treats the mental disorders of individuals? Be it as it may, psychiatry should integrate biological, psychological, social and spiritual dimension in the research and the care it provides, and psychiatrists should be well educated and trained not only by the transfer of existing knowledge and professional skills, but also by preparing for the changes and challenges rolling on the horizon.

The position and role of psychiatry in the future will determine its findings and beliefs about the real nature of man and humankind as well as about its mental health and illnesses, dominant forms of political and social organization and modern technology for controlling and modifying individual and collective behaviour. Artificial intelligence and digital technology on which telepsychiatry, digital and avatar psychiatry is based (23) will influence the future of psychiatry at a continually increasing rate in clinical practice, treatment and research.

The liberal times we live in are marked with fluid identities. Many are questioning the meaning and purpose of psychiatry as it is, and the line between different disciplines dealing with mental health and psychiatry is very fluid. The question arises as to what is more appropriate: should mental health disciplines be components of psychiatry or should psychiatry,

da mentalno-zdravstvene discipline budu sastavnice psihijatrije ili da psihijatrija, bolje reći medicinska psihijatrija, bude samo jedna sastavnica mentalno-zdravstvenih disciplina kao što je to primjerice slučaj s neuroznanostima koje uključuju brojne i raznovrsne discipline kao što su neurobiologija, neuroimunologija, neurofarmakologija, neuroendokrinologija, neurogenetika, neuroetika, neuroinformatika, itd. Za nadati se ili bolje je reći za priželjkivati je da će umjetna inteligencija i suvremena digitalna tehnologija, dataizam i strojno učenje omogućiti integraciju fragmentarnih psihijatrijskih teorija u koherentni sustav kao i transdisciplinarnu integrativnu edukaciju psihijatara i drugih stručnjaka u oblasti mentalnog zdravlja koja će njihove uloge učiniti komplementarna. Naime, psihijatrija i discipline mentalnog zdravlja postale su toliko kompleksne i promjenjive da mnogi jednostavno više nemaju jasnu predodžbu o tomu tko su i što su njihove istinske profesionalne uloge u promoviranju duševnog zdravlja i liječenju duševnih poremećaja. Profesionalni identitet danas nema tako čvrstu strukturu kao ranije, postao je pitanjem izbora, pa ga pojedinac može mijenjati i po vlastitom nahođenju. Neizbjegna potreba psihijatara da budu u raznovrsnim i brojnim ulogama često dovodi i do konflikta interesa, ali i do konfuzije, fragmentacije ili difuzije profesionalnog identiteta što se negativno odražava na status psihijatrije. Pluralnost identiteta se očituje posjedovanjem i po nekoliko identiteta, koji su nerijetko proturječni i vrlo promjenjivi, naizmjenično preuzimaju nadzor nad osobom, a svaki od njih kao da ima vlastitu osobnu priču, sliku o sebi, uključujući i različita imena. Izmjenjujući identiteti preuzimaju kontrolu jedan od drugoga pri čemu mogu poricati ili kritizirati jedan drugoga, pa čak biti i u otvorenom sukobu. Moderna psihijatrija počiva na „velikim pričama“ i „velikim teorijama“ koje su polagale pravo na apsolutnu istinu, značajno su unaprijedile psihijatriju, ali nisu ispunile „velika očekivanja“, dok postmoderna psihijatrija nema velikih priča, ona je utemeljena na malim pričama koje su određene kontekstom, vrijednostima i smisлом. Iznimno je važno katkada zaštiti objektivnu stvarnost od relativizacije svega i svačega, ali i razlikovati pseudoznanost i scientizam od istinske znanosti u psihijatriji. Profesionalni identitet tjesno je povezan s osjećajem pripadnosti, a osjećaj pripadnosti povezan je tjesno s ulogama psihijatara ne samo u liječenju duševnih poremećaja već i promociji javnog i globalnog mentalnog zdravlja jer ono postaje sve intrigantnije područje i sve važnija tema za sudbinu naše globalne civilizacije. Od metapsihijatrije ili teorijske psihijatrije očekuje se da uz pomoć umjetne inteligencije, dataizma i strojnog učenja oblikuje koherentni profesionalni i znanstveni identitet psihijatrije i prevlada jaz između aktualnog modernizma, antimodernizma i postmodernizma u psihijatriji (2,14).

or rather medical psychiatry, be just one component of mental health disciplines, as, for example, is the case with neurosciences that comprise many diverse disciplines, such as neurobiology, neuroimmunology, neuropharmacology, neuroendocrinology, neuroinformatics, etc. It is to be hoped or, better said, to be desired that artificial intelligence and modern digital technology, dataism and machine learning will enable the integration of fragmentary psychiatric theories into a coherent system as well as transdisciplinary integrative education of psychiatrists and other professionals in the field of mental health that will make their roles complementary. To be more specific, psychiatry and mental health disciplines have become so complex and variable that many people simply no longer have a clear idea who they are or what their true professional roles are in promoting mental health and treating mental disorders. Professional identity today does not have a solid structure as it used to have. In other words, it has become a matter of choice and the individual can change it at his or her discretion. The inevitable need of psychiatrists to take diverse and multiple roles often leads to conflicts of interest, but also to confusion, fragmentation or diffusion of professional identity, which negatively reflects on the status of psychiatry. The plurality of identities is manifested in taking up several identities, which are often contradictory or highly variable, alternately taking control of a person, whereas each seems to have its own personal story, self-image, or even different names. Alternate identities take control from each other, whereby they can deny or criticize each other or even enter in open conflicts. Modern psychiatry is based on “great stories” and “great theories” that laid claim to absolute truth. They have significantly improved psychiatry, but they also failed to meet “great expectations”. Postmodern psychiatry, on the other hand, does not have great stories; it is based on small stories defined by their context, values and meaning. It is extremely important to sometimes protect the objective reality from the relativization of everything and anything, but it is equally important also to make a distinction between pseudoscience and scientism and genuine science in psychiatry. Professional identity is closely related to the sense of belonging, and the sense of belonging is closely related to the roles of psychiatrists, not only in the treatment of mental disorders, but also in the promotion of public and global mental health, as it becomes an increasingly intriguing field and an increasingly important topic for the fate of global civilization. Metapsychiatry, or theoretical psychiatry, is expected to shape a coherent professional and scientific identity of psychiatry with the help of artificial intelligence, dataism and machine learning and to overcome the gap between current modernism, antimodernism and postmodernism in psychiatry (2:14).

## METAPSIHIJATRIJA – TEORIJSKA PSIHIJATRIJA

Psihijatrija je oduvijek bila puna paradoksa, njezini znanstveni temelji nisu onakvi kakvi bi mogli i trebali biti, slika u javnosti je diabolična između glorifikacije i sotonizacije, status među srodnim profesijama je vrlo difuzan i ambivalentan, a njezin položaj u društvu nije primjeren istinskim potrebama čovjeka i društva, i sve većoj važnosti mentalnog zdravlja, kako iz individualne tako i kolektivne i globalne perspektive. Oblikovanje postulata i pravog identiteta psihijatrije i ispravne slike o njoj, njenoj važnosti i mogućnostima ne samo u liječenju duševnih poremećaja, već i u edukaciji i promociji duševnog zdravlja, sučeljavanju s problemima življenja i traumatskim stresovima može značajno pridonijeti većoj uspješnosti suvremene medicine, ali i izgradnji zdravijeg, sretnijeg i pravednijeg društva, pa čak i empatijske civilizacije. Stoga je iznimno važno pitanje što psihijatrija danas jest, a što nije, što bi trebala biti, a što ne. Sistematskim ispitivanjem postulata, odnosno konceptualnih osnova psihijatrije bavi se metapsihijatrija (2,19,23). Kao što metafizika kao filozofska disciplina pokušava odgovoriti na pitanje "što je to što jest a što je to što nije, što je bitak kao takav", a metapsihologija se definira kao psihologija psihologije, odnosno "znanstveno ispitivanje", ili bolje reći propitivanje "psihologije kao znanosti i struke", tako i metapsihijatrija, nažalost disciplina koja je tek u povojima, pokušava definirati što je to čime se psihijatrija bavi, gdje su njezine granice prema drugim disciplinama, što je to duševni poremećaj, je li to primarno socijalna konstrukcija ili je to i fizičko-biološka činjenica koja ne ovisi o onome tko procjenjuje stanje i ponašanje duševno bolesne ili duševno zdrave osobe, postoji li u prirodi u životinja ekvivalent duševnog ili bihevioralnog poremećaja, je li duševni poremećaj isključivo individualni fenomen ili, pak, i kolektivi i šire zajednice također mogu biti duševno poremećeni ili bolesni, zatim gdje je granica između duševno bolesnog ili poremećenog s jedne strane i duševno zdravog ili normalnog s druge strane, itd. Suvremena neuroznanost otkrila je mnoge tajne u funkciranju neurona, oblikovanju neuronalnih mrežai funkciranju središnjeg živčanog sustava u cjelini koje nam omogućuju da bolje razumijemo naše mentalne funkcije, razvoj i oblikovanje ličnosti, selfa i individualnog i kolektivnog identiteta, te nastanak, tijek, liječenje i ishod različitih duševnih poremećaja. Umjetna inteligencija i suvremena informacijska tehnologija omogućuje kreativni susret i komplementarnost različitih grana psihijatrije koje su ranije bile zasebni svjetovi. Stoga se sve više nameće potreba za teorijskom psihijatrijom kao poveznicom između akademske i kliničke psihijatrije i različitih

## METAPSYCHIATRY - THEORETICAL PSYCHIATRY

Psychiatry has always been full of paradoxes: its scientific foundations are not what they could and should be; the public image is diabolical as it ranges between glorification and satanization. The status among related professions is very diffuse and ambivalent, and its position in society does not correspond with the true needs of individuals and society, and the increasing importance of mental health, both from an individual and collective to global perspective. Shaping the postulates and the genuine identity of psychiatry together with an appropriate perception of its importance and possibilities not only in terms of treating mental disorders, but also in education, promoting and improving mental health and facing life problems and traumatic stress can significantly contribute to a better success of modern medicine. In addition to that, it can also contribute to building a healthier, happier and fairer society, even an empathic civilization. Therefore, the question of what psychiatry today is and what it is not, what it should be or should not be is of utmost importance. Metapsychiatry (2,19,23) deals with a systematic examination of the postulates, that is, the conceptual bases of psychiatry. In the same way as metaphysics, as a philosophical discipline, tries to negotiate the delicate question of "what is it that is and what is it that it is not, and what is being as such", and metapsychology is defined as the psychology of psychology, that is, "scientific examination" or, rather, the questioning of "psychology as a science and profession", metapsychiatry, which is, unfortunately, a discipline in its infancy, tries to define what it is that psychiatry does, where its boundaries are in respect of other disciplines, what is a mental disorder, whether it is primarily a social construction or whether it is also a physically and biologically established fact that does not depend on the one who assesses the condition and behaviour of a mentally ill or a mentally healthy person, whether in animals there is an equivalent of a mental or behavioural disorder, whether a mental disorder is exclusively an individual phenomenon or, in turn, a collective one belonging to a wide community that can also be mentally disturbed or unhealthy, and where the line lies between the mentally ill or disturbed and the mentally healthy or normal. Modern neuroscience has revealed many mysteries related to the functioning of neurons, formation of neural networks, and the functioning of the central nervous system as a whole that allow us to better understand our mental functions, development and the shaping of personality, self and individual and collective identity, as well as the emergence, course, treatment and outcome of various mental disorders. Artificial intelligence and modern information technology allow for a creative encounter and complementarity of the various branches of psychiatry that previously functioned as

neuro- i mentalno znanstvenih disciplina u dalnjem znanstvenom i profesionalnom rastu i razvoju psihijatrije. Za razvoj psihijatrije iznimno su važne sljedeće teme: suradnja medicinsko-neurobioloških i humanističkih disciplina koja uključuje integrativni, interdisciplinarni i transdisciplinarni pristup, utemeljenost na znanstvenim metodama i ljudskim pravima, usmjerenošć prema osobi (načela personalizirane medicine) i prema zajednici. Uz uspješno proučavanje, liječenje i prevenciju duševnih poremećaja psihijatrija ima još dvije važne misije: u davanju podrške promociji medicine usmjerene na osobu i izgradnji humanijeg i zdravijeg društva, odnosno promociji javnog i globalnog mentalnog zdravlja (24,25).

### Psihijatrija utemeljena na činjenicama

Koncept medicine utemeljene na činjenicama («evidence based medicine» - EBM) jedan je od temelja moderne psihijatrije («evidence-based» psihijatrija – EBP) i dobre kliničke prakse u psihijatriji (2,26). Nažalost, još postoji i medicinska praksa koja se ne temelji na provjerjenim dokazima, već na marketingu, pomodarstvu, pogrešnim vjerovanjima i krivim autoritetima. Filozofija EBM predmijeva kako medicinske intervencije uvijek moraju biti racionalne i mjerljive, a terapijske odluke moraju se zasnivati na činjenicama. Premda je danas EBP kao mantra koju neprekidno ponavlja najveći broj akademskih psihijatarata, za mnoge taj pojam ima različito značenje. Prema definiciji EBP predstavlja integraciju podataka iz najkvalitetnijih istraživanja (klinički relevantna na bolesnike usmjerena istraživanja) s kliničkom ekspertizom (da se brzo identificiraju jedinstvena zdravstvena stanja i dijagnoze, individualni rizici i koristi od potencijalnih intervencija, te osobne vrijednosti i očekivanja) s vrijednosnim sustavom bolesnika (jedinstvene preferencije, brige i očekivanja) što sve treba biti uključeno u donošenje kliničke odluke.

Činjenice su empirijski ili znanstveno validirani podatci koji podupiru specifični zaključak ili pridonose razrješenju konflikta. Za razliku od pozitivističkog stava u znanosti, znanstveni podatci nisu isključivo objektivni i neutralni, jer istraživači izvode istraživanja i interpretiraju podatke iz različitih perspektiva koristeći različite strategije mišljenja i procesiranja informacija, primjerice mehanističku, formističku, kontekstualnu i sistemsku (vidjeti 9). S druge strane, vrlo su različiti motivi istraživanja i interesni koji su s njima povezani. Mnoga istraživanja nedovjedno odražavaju znanstvenu znatiželju i potragu za istinom, te želju da se dođe do spoznaja koje će pomoći ljudima koji pate od neke bolesti. Međutim, prisutna su nerijetko i istraživanja koja nisu tako idealistička i altruistička koja su više komercijalno orijentirana

separate realms. For that reason, the need for theoretical psychiatry is an increasingly pressing issue as it can establish creative and complementary links between the academic and clinical psychiatry and various neuro- and mental- scientific disciplines in the further scientific and professional growth and development of psychiatry. For the development of psychiatry, the following topics are extremely important: cooperation between medical-neurobiological and humanistic disciplines involving an integrative, interdisciplinary and transdisciplinary approach, foundation on scientific methods, culture of empathy and human rights, and the orientation towards the person (according to the principles of personalized medicine) and the community. Apart from studying, providing treatment and preventing mental disorders, psychiatry has two other important missions: supporting the promotion of person-centred medicine and building a more humane and healthier society, that is, promoting public and global mental health (24, 25).

### Evidence-based psychiatry

The concept of evidence-based medicine (EBM) is one of the cornerstones of the modern-day, “evidence-based” psychiatry (EBP) and good clinical practice (2:26). Unfortunately, we still see medical practice, which is not based on verified evidence, but rather on marketing, fashion, wrong beliefs or ill-considered authority. The philosophy of EBP assumes that medical interventions always have to be rational and measurable while therapeutic decisions have to be based on facts. Although nowadays EBP seems more like a mantra that is being continuously repeated by the largest number of academic psychiatrists, for many, this term has an entirely different meaning. According to the definition, EBP represents the integration of data from the highest quality research (clinically relevant to patient-focused research) with clinical expertise (to quickly identify unique health conditions and diagnoses, individual risks and benefits from potential interventions together with personal values and expectations) and with the patient's value system (unique preferences, worries and expectations), which elements should all be taken into account while making clinical decisions.

Facts are empirically or scientifically validated data that support a specific conclusion or contribute to resolving conflicts. Unlike the positivist attitude held by many scientists, scientific data are not exclusively objective and neutral, as researchers perform research and interpret data from different perspectives and using different strategies for thinking and processing information, such as, for example, mechanistic, formistic, contextual or systemic thinking strategy (9). On the other hand, motives for research and interests associated with them can be very different. Many studies undoubtedly reflect scientific curiosity, search for truth

i povezana sa stjecanjem profita. Posljednjih godina sve više se dovodi u pitanje pouzdanost mnogih kliničkih studija i terapijskih smjernica pri čemu se spominju pojmovi kao što su «praksa zavedena podatcima» (*evidence-biased practice*), «praksa utemeljena na marketingu» (*marketing-based practice*), «praksa utemeljena na mišljenju eminencija» (*eminence or expert-based practice*), «pomodna klinička praksa» (*vogue-based practice*), «mitološka praksa» (*mythos-based practice*), pri čemu ima mnogo pretjerivanja, ali i istine nad kojom se treba dobro zamisliti (vidjeti 9). Pseudoznanost i marketinška pseudoeduksacija su značajan problem u suvremenoj psihijatriji. Isto tako nepobitna je činjenica kako je EBP imala i ima značajnu ulogu u podizanju znanstvene utemeljenosti i kvalitete psihijatrijske prakse tako da predstavlja jedan od temeljnih koncepata suvremene psihijatrije.

Usporedno s razvojem EBM u suvremenoj psihijatriji, publicira se sve veći broj različitih terapijskih algoritama, vodiča i smjernica za liječenje pojedinih duševnih poremećaja. Terapijski algoritmi i terapijske smjernice (vodiči) su slični instrumenti, ali se radi o različitim konceptima. Prema definiciji, Klinički algoritam je logička, korak-po-korak procedura za rješavanje nekog kliničkog problema, često pisan kao dijagram ili drvo odlučivanja u formi grafičkih prezentacija koraka ili sekvencijskih procedura koje treba poduzeti u dijagnostici i liječenju neke bolesti. S druge strane, Kliničke smjernice ili vodiči (*guidelines*) su službene preporuke kako nešto treba učiniti ili koje vrste aktivnosti treba poduzeti u specifičnim kliničkim situacijama. Kliničke smjernice su preporuke koje se sustavno razvijaju da pomognu liječnicima i bolesnicima u donošenju ispravne odluke o liječenju i skrbi u specifičnim situacijama, dok su terapijski algoritmi pokušaji da se razjasni, definira i prezentira donošenje odluka utemeljeno na striktnim pravilima po modelu „input-sequences-output“ (11). Kako sada stvari stoje, validni terapijski algoritmi u psihijatriji su puste želje («*wishful thinking*»), dok su terapijske smjernice s općim i specifičnim preporukama vrlo korisne u svakodnevnoj kliničkoj praksi, ako se ispravno razumiju i koriste. Terapijske smjernice su korisne prije svega za mlade psihijatra jer im omogućuju veći osjećaj sigurnosti. Isto tako terapijske smjernice pridonose ujednačavanju kliničke prakse i podizanju opće kvalitete psihijatrijske skrbi. Ne smije se zanemariti ni činjenica ako dođe do nekog neželenog ishoda ili komplikacije, a liječnik se držao terapijskih smjernica da mu to daje pravnu sigurnost, a što ne bi bio slučaj da je primijenio neki lijek ili proceduru koji nisu preporučeni u terapijskim smjernicama, pa čak i da je objektivno postojala veća šansa za povoljan ishod liječenja u usporedbi s onim što je preporučeno u smjernicama. Naime, uvijek je potrebno neko

and a desire to make discoveries that will help people who suffer from an illness. However, very often, there is not so idealistic and altruistic research that tends to be more commercially oriented and associated with the acquisition of profits. In recent years, the reliability of many clinical studies and therapeutic guidelines has increasingly been questioned. Concepts such as evidence-biased practice, marketing-based practice, eminence or expert-based practice, vogue-based practice, mythos-based practice are being mentioned. Much of it is exaggeration, however, there is also truth in those concepts to be well considered (9). Pseudoscience and marketing pseudoeducation pose a significant problem to modern psychiatry. It is also an irrefutable fact that EBP has played a very important role in improving scientific merits and quality of psychiatric practice. In that sense, it represents one of the fundamental concepts of modern psychiatry.

In parallel with the development of modern EBP, an increasing number of different therapeutic algorithms and guidelines for the treatment of certain mental disorders are being published. Therapeutic algorithms and therapeutic guidelines are similar instruments, but the two concepts are different. By definition, a clinical algorithm is a logical and strict, step-by-step procedure used for solving a clinical problem. It is often written as a diagram or a decision-making tree in which various steps or sequential procedures to be undertaken in the diagnosis and treatment of a disorder are graphically presented. On the other hand, clinical guidelines are official recommendations on how something should be done or what types of activities should be undertaken in specific clinical situations. Clinical guidelines are systematically developed recommendations that help doctors and patients make the right decision on treatment and care in specific situations, while therapeutic algorithms are attempts to clarify, define and present decisions based on strict rules according to the “input-sequences-output” model (11). As it stands now, valid therapeutic algorithms in psychiatry are wishful thinking, while therapeutic guidelines with general and specific recommendations are very useful in everyday clinical practice, if properly understood and used. Therapeutic guidelines are useful primarily for young psychiatrists because they provide them with a greater sense of security. Likewise, therapeutic guidelines contribute to balancing clinical practice and improving the general quality of psychiatric care. One should not ignore the fact that the psychiatrist who followed therapeutic guidelines has the legal protection in case of an undesirable outcome or complication, which would not be the case if he or she has proscribed a drug or a procedure that was not recommended in the therapeutic guidelines, even if there was objectively a greater chance of a favourable outcome of the treatment compared to what was recommended in the guidelines. That is to say, it always takes some time for new procedures, drugs and

## Psihijatrija utemeljena na vrijednostima

Dok medicina utemeljena na činjenicama (EBM) predstavlja odgovor na ogroman i stalno rastući broj kliničkih studija, tvrdnji i činjenica, teorija i koncepta, VBM je odgovor na rastući broj i složenost relevantnih vrijednosti koje treba imati u vidu pri donošenju odluka u medicini(11,27). Prema Fulfordu (27) teorija VBM se temelji na 5 načela: 1. načelo dvojne utemeljenosti odluke («two-feet» principle) – sve odluke, uključujući i onu o dijagnozi trebaju se temeljiti na činjenicama (*facts*) i vrijednostima (*values*); 2. načelo «škripećeg kotača» («*squeaky wheel*» principle) - ljudi su skloni zapažati vrijednosti samo kad su one različite ili suprotstavljene, zbog čega može doći do problema; 3. načelo znanstvenog poticaja («*science-driven*» principle) – znanstveni progres otvaranjem novih mogućnosti uvodi u igru mnoštvo novih vrijednosti u svim oblastima zdravstvene i psihijatrijske skrbi; 4. načelo bolesničke perspektive («*patient perspective*» principle) – u određenoj odluci na prvom mjestu težište treba biti na informaciji iz perspektive bolesnika ili bolesničkih skupina; 5. načelo multiperspektivnosti («*multiperspective principle*»). Konflikt različitih vrijednosti se razrješava finim balansom različitih pogleda na problem, a ne pozivanjem na propisano pravilo «ispravnog ishoda» (*right outcome*). Praksa VBM utemeljena je na sljedećim načelima: 1. pažljivo i empatično biranje riječi u određenom kontekstu da podiže svijest o vrijednostima – načelo sljepila za vrijednosti («*values-blindness*» principle); 2. mnoštvo empirijskih i filozofskih metoda omogućuje poboljšanje našega znanja o vrijednostima drugih ljudi («*value-myopia*» principle); 3. etička evaluacija je primarno usmjerena da istraži i utvrdi razlike u vrijednostima, a ne kao u kvazi-legalkoj bioetici na određivanje onoga što je ispravno («*space of values*» principle); 4. kultura empatije i komunikacijske vještine imaju u donošenju odluke stancijsku a ne egzekutivnu ulogu kao u kvazi-legalkoj bioetici («*how is done*» principle); 5. Premda se u VBM uključuju etičari i pravnici, slično uključivanju znanstvenika i statističara u EBM) donošenje odluke uvijek treba vratiti tamo gdje mu je pravo mjestima, pacijentima - korisnicima usluga i kliničarima - davaljima usluga (načelo «*tko odlučuje*»).

Etika, moral, hodegetika i profesionalizam u psihijatriji iznimno su važne teme za budućnost psihijatrije. Poštivanje ljudskih prava bolesnika je preduvjet i temelj uspješne i na osobu usmjerene psihijatrije. Meni se čini zgodnim FREDA (Fairness - pravednost, Respect - poštivanje, Equity - jednakost, Dignity -

methods of treatment to find their place in the therapeutic guidelines.

## Values-based psychiatry

While the evidence-based medicine (EBM) is a response to a huge and ever-increasing number of clinical studies, claims, facts, theories and concepts, values-based medicine is a response to the growing number and complexity of relevant values that have to be taken into consideration when making decisions about medicine (11, 27). According to Fulford (27), the theory of VBM is based on five principles: 1. The “two-feet” principle – all decisions, including the one on diagnosis, should be based on facts and values; 2. The “squeaky wheel” principle - people tend to notice values only when they are different or opposing, which may result in problems; 3. The science-driven principle – opening up new opportunities leads to scientific progress, which introduces a multitude of new values in all areas of health and psychiatric care; 4. The “patient perspective” principle – when reaching a decision, the focus should be on information primarily from the perspective of the patient or groups of patients; 5. The multiperspective principle - The problem of conflicting values is resolved by establishing a fine balance between diverse views on the problem, and not by referring to the prescribed rule of “right outcome”. The practice of VBM is based on the following principles see 27): 1. Careful and empathetic choice of words in a certain context raises awareness about the values (the values-blindness principle); 2. A multitude of empirical and philosophical methods allows one to learn about other people’s values (the value-myopia principle); 3. Ethical evaluation is primarily aimed at investigating and identifying differences in values, not to determine what is right as in quasi-legal bioethics (the “space of values” principle); 4. Empathy and communication skills play a substantive rather than an executory role in decision-making as it is the case in quasi-legal bioethics (the “how it is done” principle); 5. Although ethicists and lawyers play a role in VBM (just as scientists and statisticians play a role in the EBM) decision-making should always focus on patients or service users and clinicians or service providers (the “who decides” principle).

Ethics, morality, hodegetika and professionalism in psychiatry are extremely important topics for the future of psychiatry. Respect for the patient's human rights is a prerequisite and the very foundation of successful and person-oriented psychiatry. Personally, I favour the FREDA concept (Fairness, Respect, Equity, Dignity, Autonomy), i.e., a human rights-based concept approach to psychiatry introduced by the British Royal College of Psychiatrists. The absolutist and paternalistic model has been increasingly abandoned and replaced by the contractual and partner model in communication between doctors and patients. The ethics

dostojanstvo, *Autonomy* – sloboda izbora) koncept ljudskih prava u psihiatriji Britanskog kraljevskog udruženja psihiatara. Apsolutistički i paternalistički model se sve više napušta, a u praksi se potiču ugovorni model i partnerski model u komunikaciji između liječnika i bolesnika. Etičnost profesionalnog ponašanja nije samo stvar brojnih deklaracija o etičkim standardima, nego je primarno izraz moralnog razvoja neke osobe i njezine filozofije ljudskih prava.

### Narativna medicina u psihiatriji

Medicinsko znanje i praksa, ispitivanje anamneze i postavljanje dijagnoze u svojoj su biti narativni (11,28). Drži se kako je Hipokrat uveo metodu povijesti slučaja (*case history*) kao način opisivanja prirodnog tijeka bolesti, poznatog pod nazivom patografija. Psihoanaliza i neuropsihijatrija su zapravo utemeljene na povijestima slučaja (29). Ispitivanje anamneze uvijek znači konstruiranje priče o životu bolesnika u sklopu koje se mogu više ili manje razumjeti zdravstveni problemi ili simptomi bolesti. U postmodernoj psihiatriji kao pandan medicini utemeljenoj na činjenicama (EBM) često se navodi medicina utemeljena na naraciji (NBM - *narratives-based medicine*), premda ova dva pristupa nisu isključujuća. Organizaciono načelo EBM jest objektivnost o bolesti i liječenju koja se temelji na meta-analizama i randomiziranim kontroliranim kliničkim ispitivanjima, a polazi se od općeg, zajedničkog svim bolesnicima s nekom dijagnozom do pojedinačnog. U NBM organizacijsko načelo jest individualnost i subjektivnost o bolesti i liječenju, premda se i narativno nastoji standardizirati, a polazi se od pojedinačnog i subjektivnog. U praksi su granice između EBM i NBM ipak fluidne i nisu jasno definirane (29). Narativni pristup u psihiatriji u načelu treba rezultirati pluralnom, a ne samo jednom, istinom (29). Pacijente treba ohrabrvati da budu autori svojih priča i poticati ih da kreiraju priče sa sretnim završetkom. Uskladivanje priče bolesnika i priče liječnika u zajedničku komplementarnu priču (narativ bolesti, terapijski narativ) povezano je s umijećem empatijske terapijske komunikacije (30,31). Narativni self je važna sastavnica naše osobnosti, tako da su ljudi po svojoj prirodi usmjereni na konstruiranje, pričanje i slušanje priča (30). Odrastamo na različitim pričama o životu, ljubavi, prijateljstvu, ratu, pravdi, hrabrosti i u pričama otkrivamo istine o životu kao i različite vrijednosne sustave. Svatko od nas konstruira svoju subjektivnu stvarnost, a ta stvarnost ima oblik priče. Pričom dajemo smisao svojemu životu, ali i definiramo i odnose s drugim ljudima. Mnogi psihološki problemi i patnje nastaju kada ne uspijevamo u životnoj priči prepoznati ili dati smisao svojemu životu. Priče tvore zajedničku povijest, povezuju ljudе u vremenu i prostoru kao glumce,

of professional behaviour do not only reflect numerous declarations on ethical standards but also indicate the moral development of an individual and their philosophy of human rights.

### Narrative medicine in psychiatry

In their essence, medical knowledge and practice, examination of a medical history and diagnosis are narratives (11:28). It is believed that Hippocrates introduced the case history as a method of describing the natural course of an illness, better known as pathography. Psychoanalysis and neuropsychiatry are actually based on case histories (29). An examination of medical history always implies constructing a story about the patient's life in order to get a better understanding of health problems or symptoms of an illness. In postmodern psychiatry, narrative-based medicine (NBM) is often cited as a counterpart to evidence-based medicine (EBM), although the two approaches are not exclusive. The organizing principle of EBM is objectivity in assessing the illness and determining the treatment, based on meta-analyses and randomized controlled clinical trials, starting from what is prevalent and common to all patients with a particular diagnosis and then establishing what is relevant for an individual patient. In NBM, the organizational principle is individuality and subjectivity in assessing the illness and determining the treatment starting from the individual and subjective with an intention to standardize the narrative. In practice, the boundaries between EBM and NBM are fluid and not clearly defined (29). In principle, a narrative approach in psychiatry should result in multiple rather than in a single truth (29). Patients should be encouraged to use storytelling to create stories with a happy ending. Coordinating the patient's with the therapist's story into a single and complementary narrative (disorder-narrative, therapeutic narrative) is closely linked to the skills of empathic therapeutic communication (30, 31). Narrative self is an important part of our personality, and by their very nature people are focused on constructing, telling and listening to narratives (30). We grow up with different narratives about life, love, friendship, war, justice, and courage and through narratives we discover truths about life and learn about different value systems. Each one of us constructs one's own subjective reality in the form of a narrative. With narratives, we give meaning to our lives and also define relationships with other people. Many psychological problems and sufferings arise when we fail to recognize or give meaning to our lives in the narrative about our life. Narratives form a common history and connect people in time and space as actors, directors, storytellers and the audience. In a way, life consists of continuous reprocessing of past narratives and their gradual replacement or supplementation with the new ones. Two people are more likely to achieve

redatelje, pripovjedače i publiku/slušatelje. Život se na neki način sastoji od kontinuiranog prerađivanja starih priča i njihova postupnog zamjenjivanja ili nadopunjavanja novim pričama. Dvoje ljudi ima veću šansu ostvariti dobru komunikaciju i uspješan odnos ako njihova zajednička priča ima isti pogled na svijet, pretpostavke o odnosima i tumačenje događaja. Retrospektivne priče su one koje stvaramo poslije okončanja nekog odnosa a uključuju naše uvide i kasnije razumijevanje onoga što se događalo, ali i nesvesne potrebe i porive mijenjanjem nekih dijelova kako bi se bolje uklopili u kraj priče. Prospektivne priče stvaramo prije nego što neki odnos počne ili pak na njegovu početku, a mogu se u potpunosti razlikovati od retrospektivne priče. Priče imaju i iscjeljući karakter pa se mogu uspješno koristiti u psihoterapiji. Depatologiziranje života je eksplizitni terapijski cilj u nekim formama psihoterapije. Terapeut i pacijent zajednički prepoznaju i aktiviraju vitalizirajuće dijelove narativnog selfa kako bi razvili i oblikovali koherentnu životnu priču u novoj perspektivi (31).

## TRANSDISCIPLINARNA INTEGRATIVNA PSIHIJATRIJA

Suvremena psihijatrija je grana medicine koja predstavlja interdisciplinarno i transdisciplinarno područje gdje svoju teorijsku i praktično-terapijsku primjenu nalaze spoznaje i dostignuća iz raznovrsnih neurobioloških, psiholoških i socioloških znanosti, ali isto tako i umjetnosti, filozofije i religije (9,10,12). Vremenom su se oblikovale tri glavne grane u psihijatriji koje su poznate kao biologiska, psihodinamska i socijalna psihijatrija, a posljednjih godina sve više se nameće i spiritualna psihijatrija. Biologiska psihijatrija dobila je zamah s psihofarmakološkom revolucijom pedesetih godina prošlog stoljeća, a tijekom i nakon dekade mozga devedesetih godina prošlog stoljeća obogaćena je brojnim neuroznanstvenim disciplinama, tako da je danas temelj suvremene kliničke psihijatrije. Psihodinamska psihijatrija u modernom smislu započinje Freudovom psihanalizom, a danas uključuje preko tri stotine raznovrsnih pravaca i škola. Socijalna psihijatrija započinje Pinelovom reformom umobolnica i skidanjem okova s psihiatrijskih bolesnika, a vrhunac doseže sa socijalnim promjenama nakon II. svjetskog rata. U pojedinim razdobljima postojaо je veliki jaz između navedenih grana psihijatrije koje su bile teorijski, znanstveno-istraživački i praktično-terapijski svaka svijet za sebe, i ne samo da nije bilo suradnje već su bila prisutna i izrazita međusobna negiranja. U suvremenoj psihijatriji sve više je aktualan holistički, integrirajući, komplementarni, interdisciplinarni i transdisciplinarni pristup kako u proučava-

good communication and a successful relationship if their shared narrative has the same view of the world, assumptions about relationships and interpretation of events. Retrospective narratives are those narratives that we create after ending a relationship and they comprise our insights and subsequent understanding of past events together with unconscious needs and urges to change certain parts to better fit into the final narrative. We create prospective narratives before a relationship begins or at its beginning, and they may be completely different from the retrospective narrative. Narratives also have a healing potential and they can be successfully used in psychotherapy. Some forms of psychotherapy explicitly aim to depathologize life. The therapist and the patient jointly recognize and activate the vitalizing parts of the narrative self to develop and shape a coherent life story in a new perspective (31).

## TRANSDISCIPLINARY INTEGRATIVE PSYCHIATRY

Modern psychiatry is a branch of medicine and an interdisciplinary and transdisciplinary field in which findings and achievements of various neurobiological, psychological and sociological sciences, as well as art, philosophy and religion have their theoretical, practical and therapeutic application (9, 10, 12). Over time, three main branches of psychiatry have formed, i.e., biological, psychodynamic and social psychiatry. In recent years, spiritual psychiatry has been increasingly present. Biological psychiatry has gained momentum with the psychopharmacological revolution in the 1950s. During and after the "Decade of the Brain" in the 1990s, it was supplemented with a host of neuroscientific disciplines and today it is the basis of modern clinical psychiatry. Psychodynamic psychiatry in the modern sense begins with Freudian psychoanalysis and it currently includes over three hundred different directions and schools. Social psychiatry begins with Pinel's reform of mental hospitals when the shackles were taken off psychiatric patients, reaching its peak with the social changes after World War II. In certain periods of history, there was a large gap between the above-mentioned branches of psychiatry, as each one of them functioned, in terms of theory, scientific research, practice and therapy, individually and as a world of its own. Not only that there was no cooperation, but they often times opposed and denied each other. Modern psychiatry integrates holistic, integrating, complementary, interdisciplinary and transdisciplinary approaches both in the study and in the treatment of mental disorders. According to N. Ghaemi (32), there are four fundamental approaches to modern psychiatry: dogmatic, eclectic, pluralistic and integrative. Unfortunately, a fragmented and dogmatic approach is still very

nju tako i u liječenju duševnih poremećaja. Prema N. Ghaemiju (32) u suvremenoj psihijatriji postoje četiri temeljna pristupa: dogmatski, eklektički, pluralistički i integrativni. Nažalost, fragmentirani dogmatski pristup još je jako prisutan, primjerice kada ortodoksnii psihoanalitičari negiraju vrijednost psihofarmakoterapije definirajući je kao simptomatsku „kemijsku stezulju“, ili pak kada biologiski psihijatri za psihoterapiju tvrde da je samo „ispraznata sugestivna priča“ jer su duševni poremećaji istinske bolesti mozga. Danas prevladava eklektički pristup koji uključuje bio-psihosocijalni model, ali više na riječima nego na djelu, jer ne daje kliničarima praktične upute za konkretnе situacije i konkretne psihičke poremećaje. Pluralistički pristup „neka cvjeta tisuće cvjetova“ uključuje model dvostrukog tretmana s dva terapeuta (farmakoterapeut i psihoterapeut) i politečki pluralizam koji predstavlja korištenje nekoliko različitih modela, pristupa ili metoda. Kako u suvremenoj psihijatriji sve više prevladava potreba za holističkim, integrirajućim, komplementarnim, interdisciplinarnim i transdisciplinarnim pristupom ne samo u proučavanju nego i u liječenju duševnih poremećaja, to je sve potrebija i sve šira psihijatrijska edukacija. Neuroznanstvene discipline su omogućile bolji uvid u funkciranje mozga zahvaljujući novim metodama ispitivanja njegove strukture i funkcije. Psihofarmakologija je producirala obilje djelotvornih i sigurnih psihofarmaka, a oblikovane su i brojne efikasne psihoterapijske i socioterapijske metode, što sve skupa značajno pridonosi većoj terapijskoj moći suvremene psihijatrije. Kako u kliničkoj tako i u psihijatriji u zajednici sve više je prisutno timsko liječenje, a terapijski timovi su multidisciplinskog karaktera: osim psihijatra uključuju kliničkog psihologa, socijalnog radnika, medicinsku sestruru, radnog i okupacijskog terapeuta, katkada i duhovnika. Stoga profesionalizam nije usmjeren samo na ono što se događa između bolesnika i liječnika, nego i na profesionalnu kulturu empatije i kvalitetu odnosa, znanja i vještina u terapijskom i dijagnostičkom timu.

Transdisciplinarni holistički integrativni model temelji se na sistematiziranim i integriranim spoznajama o duševnim poremećajima iz sedam perspektiva na temelju četiri paradigm (tjelesna, duševno-tjelesna, tjelesno-energetska i tjelesno-duhovna) i četiri ontološke dimenzije (čovjek kao biološko/tjelesno, psihičko/duševno, socijalno i duhovno/transcendentalno biće). Različite perspektive u različitim fazama razvoja psihopatoloških procesa, ali i u različitim fazama liječenja omogućuju bolje razumijevanje i uspješnije liječenje. Svaka od sedam opisanih perspektiva ima svoje vrijednosti i nedostatke (tablica 2), i zapravo objašnjava samo jedan aspekt duševnog poremećaja.

much present, e.g. when orthodox psychoanalysts deny the importance of psycho-pharmacotherapy, defining it as a symptomatic “chemical clamp”. Also, some biological psychiatrists claim that psychotherapy is only an “empty suggestive story” since mental disorders are genuine brain conditions. The prevailing model today is the eclectic approach including bio-psycho-social model, but it relies more on words than on action since it does not provide clinicians with practical instructions for specific situations and concrete psychological disorders. The pluralistic let-a-thousand-flowers-bloom approach includes a double treatment model with two therapists (a pharmacotherapist and a psychotherapist). Polythetic pluralism presupposes the use of several different models, approaches or methods. As the need for a holistic, integrating, complementary, interdisciplinary and transdisciplinary approach is increasingly prevalent in modern psychiatry not only for the study but also for the treatment of mental disorders, a far-ranging psychiatric education is becoming more and more important. Neuroscientific disciplines have provided better insight into the functioning of the brain thanks to new methods of examining its structure and function. Psychopharmacology has produced an abundance of effective and safe psychoactive medication and many effective psychotherapeutic and socio-therapeutic methods have been formed, which all significantly contribute to the greater therapeutic capability of modern psychiatry. In both clinical and psychiatric communities there is a growing presence of team treatment. Therapy teams are of a multidisciplinary character and in addition to psychiatrist, they include a clinical psychologist, a social worker, a nurse, a working and occupational therapist, and sometime even a priest. Therefore, professionalism is focused not only on what happens between the patients and the therapist, but also on the professional culture of empathy and the quality of the relationship, as well as knowledge and skills of the therapy and diagnostics team.

The transdisciplinary holistic integrative model is based on systematized and integrated knowledge base about mental disorders from seven perspectives based on four paradigms (body paradigm, mind-body paradigm, body-energy and body-spirit paradigm) and four ontological dimensions (human being as a biological/physical, psychological/mental, social and spiritual/transcendental being). Different perspectives at different stages of the development of psychopathological processes at different stages of treatment allow for better understanding and more successful treatment. Each of the seven above-described perspectives has its own values and shortcomings (Table 2) and, in fact, explains only one aspect of a mental disorder.

Clinical complexity of mental disorders requires evaluation, understanding and formulation from seven

**TABLICA 2.** Pozitivne i negativne implikacije pojedinih perspektiva  
**TABLE 2.** Positive and negative implications of individual perspectives

| Perspektiva / Perspective   | Uzrok problema / Cause of the problem   | Rješenje problema / Problem solution  | Nedostatci / Disadvantages   |
|---|---|---|--|
| 1. Perspektiva bolesti / 1. Disorder perspective  | Poremećaj neuroplastičnosti, funkcija i strukture mozga, neurotransmitorski dizbalans, neuroendokrini dizbalans, blaga neuroinflamacija / Neuroplasticity Disorder, function and structure of the brain neurotransmitter instability, neuroendocrine instability, mild neuro-inflammation | Liječenje / Treatment:<br>• farmakoterapija / Pharmacotherapy<br>• EKT<br>• TMS   | Adverzivni događaji, nuspojave, stigma / Adverse events, side effects, stigma            |
| 2. Perspektiva osobe (dimensionalna perspektiva) / 2. Perspective of the individual (dimensional perspective) | Vulnerabilnost na stres / Vulnerability to stress   | Ovladavanje stresom/coping / Coping with stress   | Paternalizam / Paternalism   |
|   | Fragilnost / Fragility<br>Smanjena rezilijencija / Reduced resilience   | Jačanje rezilijencije/ličnosti / Strengthening resilience/personality   |  |
| 3. Bihevioralna perspektiva / 3. Behavioural perspective  | Neadaptivno ponašanje / Non-adaptive behaviour  | Promjena ponašanja / Behavioural change   | Stigmatizacija / Stigmatisation  |
|   | Naučena bespomoćnost / Learned helplessness   | Bihevioralna terapija / Behavioural therapy   |  |
|   | Socijalno prihvatljivi poraz / Socially acceptable defeat   | Nidoterapija / Nidotherapy  |  |
|   | Autoviktimizacija / Self-victimisation  |   |  |
| 4.a. Kognitivna perspektiva / 4.a. Cognitive perspective  | Pogrešna vjerovanja / False beliefs   | Promjena vjerovanja / Change of beliefs   | Paternalizam, stigma / Paternalism, stigma   |
|   | Negativna kognitivna trijada / Negative cognitive triad   | Kognitivna terapija / Cognitive therapy   |  |
| 4.b. Aksiološka perspektiva / 4.b. Axiological perspective  | Krive životne vrijednosti / Wrong life values   | Nove životne vrijednosti, aksioterapija / New life values, Axiotherapy<br>logoterapija / Logotherapy  | Paternalizam, stigma / Paternalism, stigma   |
| 5. Transcendentna perspektiva / 5. Transcendent perspective   | Poremećaj transcendentnosti / Transcendence Disorder  | Duhovno vodstvo / Spiritual guidance  | Paternalizam, stigma / Paternalism, stigma   |
|   | Krivo naučene životne lekcije / Wrong life values   | Life coaching, hagioterapija / Life coaching, hagiotherapy  |  |
|   | Promašen životni plan/smisao / Misguided life plan/meaning  | Logoterapija / Logotherapy  |  |
| 6. Narativna perspektiva / 6. Narrative perspective   | Gubitnički/destruktivni skript / Loser/destructive script   | Promjena skripta / Change of script   | Hostilne interpretacije, paternalizam / Hostile interpretations, paternalism             |
|   | Pogrešno naučene/nenaučene životne lekcije / Misguided/not correctly learnt life lessons  | Life coaching, narativna psihoterapija / Life coaching, narrative psychotherapy   |  |
| 7. Sustavna perspektiva / 7. Systematic perspective   | Uključuje sve ostale perspektive: poremećaj u jednom sustavu odražava se na sve druge sisteme / Includes all other perspectives: Disruption in one system is reflected in all other systems   | Sustavna (sistemska), integrativna, holistička terapija i kreativna psihofarmakoterapija / Systematic, Integrative, holistic and creative psychopharmacotherapy | Kompleksnost, manjak edukiranih psihijatara / Complexity, lack of educated psychiatrists |

Klinička kompleksnost duševnih poremećaja zahtjeva procjenu, razumijevanje i formulaciju u sedam perspektiva, ako se želi dobiti pouzdan dijagnostički

perspectives, if a reliable diagnostic model is to be obtained together with an effective and comprehensive therapy.

model kao i djelotvorna i cjelovita terapija. U liječenju su važne ove perspektive: 1. perspektiva bolesti, 2. kognitivna perspektiva; 3. behavioralna perspektiva i 4. spiritualna perspektiva; 5. narrativna perspektiva, 6. sistemská perspektiva, 7. perspektiva osobe. Navedene perspektive ne isključuju jedna drugu, već se međusobno nadopunjaju u kreiranju holističkog dijagnostičkog i terapijskog modela. U različitim fazama liječenja obično je primarna jedna perspektiva, ostale su sekundarne, ali su također važne.

Suvremena psihijatrija je grana medicine koja sve više zastupa integrativni interdisciplinarni i transdisciplinarni pristup u kojem svoju teorijsku i praktično-terapijsku primjenu nalaze spoznaje i dostignuća iz raznovrsnih neurobioloških, psiholoških i socioloških znanosti, ali isto tako i umjetnosti, filozofije i religije što je rezultiralo pravom eksplozijom novih informacija o funkcioniranju mozga u zdravlju i bolesti. Prema Tatarynu (33) sve strategije informacijskog procesiranja ili načine razmišljanja u suvremenoj medicini možemo svrstati u četiri paradigmę, a to su: 1. Tjelesna paradigmă (*body paradigm*); 2. Psihosomska ili somato-psihička paradigmă (*psychosomatic & mind-body paradigm*); 3. Tjelesno-energetska paradigmă (*body-energy paradigm*); i 4. Informacijsko-energetska paradigmă (*energy-information paradigm*). Prema tjelesnoj (somatic) ili materijalističkoj paradigm̄i postoji samo materijalno tijelo, a sve ono što zovemo duhovno i duševno (psihološko) je samo proizvod razvoja organa i tijela i ide iz materijalnog i tjelesnog. Prema somato-psihičkoj paradigm̄i postoji duševno i tjelesno, dvije različite realnosti ili dimenzije koje su povezane, i na tim temeljima se temelji takozvana psiho-somska (*mind-body*) medicina. Prema tjelesno-energetskoj paradigm̄i i u zdravlju i u bolesti postoji materijalno i energetsko, tako da su duševni ili psihološki fenomeni energetski i materijalni fenomeni koji su vezani za mozak. Prema tjelesno-duhovnoj paradigm̄i „nelokaln/oa, netjelesno/a biće/a ili stanja svijesti koje/a je/su tramscedentalna postoje/e i djeluje/u Univerzumu na materijalni svijet. Energetsko informacijska paradigmă se temelji na uvjerenju da se tijelo-duša-duh (*body-mind-spirit*) mogu opisati u terminima navodnih istančanih energija i bioenergetskih polja, tako da ova paradigmă sadrži elemente tjelesno-energetske i tjelesno duhovne paradigm̄e. Svi koncepti o čovjeku, zdravlju, bolesti, medicini i liječenju mogu se svrstati u neku od navedenih paradigm̄i. Koncept transdisciplinarne integrativne biologijske psihijatrije koji uključuje fizičko i metafizičko, te sve četiri dimenzije čovjekovog postojanja u zdravlju i bolesti temelji se na integraciji navedenih paradigm̄i u holističku paradigm̄u (*body-brain-energy-mind-spirit*). Ovakav pristup zahtijeva sve širu psihijatrijsku edukaciju.

The following perspectives are relevant for the treatment: 1. perspective of the disease, illness or disorder, 2. cognitive perspective; 3. behavioural perspective; 4. spiritual perspective; 5. narrative perspective, 6. systemic perspective, and 7. perspective of the person. These perspectives do not exclude but rather complement each other in creating a holistic diagnostic and therapeutic model. At different stages of the treatment, usually only one is considered as primary while the rest are secondary. Nevertheless, they are equally important.

Modern psychiatry is a branch of medicine that increasingly represents an integrative interdisciplinary and transdisciplinary approach in which findings and achievements from various neurobiological, psychological and sociological sciences have their theoretical and practical application, as well as art, philosophy and religion, which has resulted in a real explosion of new information on the functioning of the brain in health and disease. According to Tataryn (33), we can classify all information processing strategies or ways of thinking in modern medicine in four paradigms, namely: 1. body paradigm; 2. mind-body paradigm; 3. body-energy paradigm; and 4. body-spirit paradigm. According to the body or materialistic paradigm, there is only a material body, and everything what we call spiritual and mental (psychological) is only a product of the development of organs and bodies and results from the material and physical. According to the mind-body paradigm, there is a distinction between the mental and the somatic, as there are two different realities or dimensions that are interconnected. This is the foundation of the so-called mind-body or psychosomatic medicine. According to the body-energy paradigm, in both health and disease there are material and energy aspects, meaning that mental or psychological phenomena are actually energetic and material phenomena related to the brain. According to the body-spirit paradigm "non-local, nonphysical being or beings or states of consciousness that is/are transcendental" exist/s and act/s in the universe on the material world. The energy-information paradigm is based on the belief that body-mind-spirit can be described in terms of supposed refined energies and biofields. Therefore, this paradigm contains elements of the body-energy and body-spirit paradigms. All concepts about humans, health, disease, medicine and treatment can be classified into one of the above paradigms. The concept of transdisciplinary integrative biological psychiatry, including the physical and the metaphysical, and all four dimensions of human existence in health and disease are based on the integration of these paradigms into a holistic paradigm (body-brain-energy-mind-spirit). This approach requires ever-expanding psychiatric training.

The existence of a large number of models can also have a number of advantages if they are shaped into a complementary, integrative and transdisciplinary framework. That is, each of these models contains more or less useful information or truths about individual mental disorders,

Postojanje velikog broja modela može imati i brojne prednosti kada se ubliče u komplementarni, integrativni i transdisciplinski okvir. Naime, svaki od ovih modela sadrži više ili manje korisnih informacija i istina o pojedinim duševnim poremećajima, ali nijedan od njih ne objašnjava sve aspekte bilo kojeg duševnog poremećaja i njihova liječenja. Drugim riječima ni jedan od modela ne može se u potpunosti prihvati ili odbaciti. Zastupljenost mnoštva različitih modela i teorija duševnih poremećaja podsjeća na anegdotu o slijepcima koji su opisivali slona tako što je svaki od njih pipao pojedini ali drugi dio tijela i u skladu s tim ga opisao. Ako se radi o ne-empatičnim slijepcima koji ne uvažavaju jedni druge ili pak međusobno ne razgovaraju, svaki će imati svoje uvjerenje i držati da je samo on u pravu. Ako slijepci razgovaraju empatički od fragmentarnih opisa mogu sklopiti cjelovitu definiciju slona. Stoga je kreiranje integrativnih i holističkih modela pojedinih duševnih poremećaja od iznimne važnosti za daljnji razvoj psihijatrije kao vjerodstojne i terapijski moćne medicinske discipline.

Transdisciplinarni holistički integrativni model (9,10,12,33,34) temelji se na sistematiziranim i integriranim spoznajama o duševnim poremećajima iz sedam perspektiva (perspektiva bolesti, kognitivna perspektiva, biljevična perspektiva, narativna pespektiva, spiritualna pespektivna, sistemska pespektiva i personalizirana pespektiva ili pespektiva osobe) na temelju četiri paradigme (tjelesna, tjelesno-duševna, tjelesno-energetska i tjelesno-duhovna) i četiri ontološke dimenzije (čovjek kao biološko/tjelesno, psihičko/duševno, socijalno i duhovno/transcendentalno biće). Različite perspektive u različitim fazama razvoja psihopatoloških procesa, ali i u različitim fazama liječenja omogućuju bolje razumijevanje i uspješnije liječenje.

## KREATIVNA, NA OSOBU USMJERENA NARATIVNA PSIHOFARMAKOTERAPIJA POVEĆAVA KORIST A SMANJUJE RIZIK U LIJEČENJU DUŠEVNIH POREMEĆAJA

Pitanje individualiziranog i personaliziranog pristupa u dijagnostici i liječenju je iznimno važno i u psihijatriji (30,31,35,36,37,38,39,40). Personalizirana medicina jedan je od najvećih izazova u medicini danas, a u odgovoru na taj izazov psihijatrija može dati značajan doprinos u promoviranju medicine usmjerenog na osobu (*person centered medicine*). Do sada je prevladavala tzv. *blockbuster* medicina (ista terapija za istu dijagnozu) s težnjom preoblikovanja u tzv. stratificiranu medicinu (unutar jedne dijagnoze postoje različiti podtipovi za koje se daju odgovarajući lijekovi). Međutim, personalizirana medicina se definira na različite načine, najčešće da će se li-

but none of them explains all aspects of any mental disorder and its treatment. In other words, none of the partial models can be fully accepted or discarded. The representation of a multitude of different models and theories on mental disorders is reminiscent of an anecdote about blind people describing an elephant. Every person was touching a separate but different part of the elephant's body and describing it accordingly. If those blind people fail to empathize and respect each other or do not talk to each other, each will have their own belief and hold that only he or she is right. If blind people start to empathically talk to each other, they can make out a complete definition of the elephant from their fragmentary descriptions. Therefore, the creation of integrative and holistic models of certain mental disorders is of paramount importance for the further development of psychiatry as a credible and therapeutically relevant medical discipline.

The transdisciplinary holistic integrative model (9,10,12,33,34) is based on systematized and integrated findings about mental disorders from seven perspectives (disease/disorder perspective, cognitive perspective, behavioural perspective, narrative perspective, spiritual perspective, systemic perspective and the perspective of person) and based on four paradigms (body, psychosomatic/mind-body, body-energy and body-spirit) and four ontological dimensions (a human as biological/physical, psychological/mental, social and spiritual/transcendental being). Different perspectives at different stages of the development of psychopathological processes at different stages of treatment allow for better understanding and more successful treatment.

## CREATIVE, PERSON-CENTRED NARRATIVE PSYCHOPHARMACOTHERAPY INCREASES THE BENEFIT AND REDUCES THE RISK IN THE TREATMENT OF MENTAL DISORDERS

The issue of an individualized and personalized approach in diagnostics and treatment is also of utmost importance in psychiatry (30, 31, 35, 36, 37, 38, 39, 40). Personalized medicine is one of the biggest challenges in medicine today and in responding to this challenge, psychiatry can make a significant contribution in promoting person-centred medicine. So far, the so-called "blockbuster" medicine (the same therapy for the same diagnosis) has prevailed with a tendency of transformation into the so-called stratified medicine (one diagnosis comprises various subtypes for which appropriate drugs are given). However, personalized medicine is defined in different ways. Most frequent definition is that drugs will be prescribed on the basis of pharmacodiagnostic testing of predictive markers in each patient, which implies a strictly individualized

ječovi propisivati na temelju farmakodijagnostičkih testiranja prediktivnih biljega kod svakog bolesnika što implicira strogo individualizirani pristup u dijagnostici i liječenju. Farmakodijagnostika treba dati mehanicistički uvid u patogenezu različitih bolesti i njihov odgovor na pojedine lijekove što treba pridonijeti boljim znanstvenim temeljima medicine. Cilj je poboljšati sigurnost, podnošljivost, učinkovitost i ekonomičnost liječenja. Ovakav individualizirani pristup već je poprilično razvijen u nekim granama medicine, primjerice u onkologiji. Čini se da se u ovakovom konceptu impersonalne personalizirane medicine zanemaruje činjenica da čovjek nije samo biološko biće ni u zdravlju ni u bolesti, odnosno važnost psihološke, socijalne i duhovne dimenzije u liječenju.

Kreativna na osobu usmjerena narativna psihofarmakoterapija (KnOuNP-a) odražava težnju k povećanju dobrobiti bolesnika i smanjenju rizika od nepoželjnih nuspojava lijekova i komplikacija liječenja (30). Prema Jacquesu Derridi grčka riječ *farmakon* (sredstvo) ima dvostruko značenje: lijek i otrov, a vrlo su joj bliske riječi *farmakeus* (čarobnjak, magičar) i *farmakos* (žrtveni jarac). Kako jedna te ista tvar može biti i lijek i otrov, ovisno o dozi i osjetljivosti osobe, farmakoterapija u bilo kojoj grani medicine, pa tako i u psihiatriji uvijek ima dva naličja: korist i moguće opasnosti. Važno je imati na umu da bilo koja terapija, uključujući psihoterapiju i obiteljsku terapiju, može biti praćena neugodnim ili štetnim nuspojavama.

### Kreativna, na osobu usmjerena narativna psihofarmakoterapija je dio sveobuhvatnog i multidimenzionalnog liječenja

Tijekom i nakon desetljeća mozga (1990.-1999.) došlo je do velike ekspanzije psihofarmakoterapije uz pojavu većeg broja različitih, nerijetko i kontroverznih koncepta, psihofarmakoterapijskih paradigma i terapijskih algoritama (43). Registracija značajnog broja novih antidepresiva, antipsihotika i stabilizatora raspoloženja značajno je pridonijela pojavi farmakoterapijske renesanse i prevladavanju terapijskog nihilizma u liječenju duševnih poremećaja (30,37). Za suvremenu psihofarmakoterapiju tvrdi se da je znanstvena, racionalna, utemeljena na činjenicama (*evidence-based*), često tehnologizirana i polipragmatična. Na žalost, u praksi je nerijetko prisutan veliki jaz imedu velikih terapijskih mogućnosti i stvarnih rezultata u liječenju, a posebice kada je riječ o tzv. velikim duševnim poremećajima. Stoga po mišljenjima mnogih postoji još jako puno prostora za unaprjeđenje psihofarmakoterapije sa sadašnjim raspoloživim lijekovima. KnOuNP-a predstavlja umijeća i praksu empatijske učeće organizacije (vidjeti 40) u sklopu transdisciplinarne integracijske

approach in diagnosis and treatment. Pharmacodiagnostics should provide a mechanistic insight into the pathogenesis of various disorders and their response to individual drugs, which should contribute to better scientific foundations of medicine. The aim is to improve safety, tolerability, effectiveness and cost-effectiveness of treatment. This individualized approach is already quite developed in certain medical branches, e.g. in oncology. It seems that this concept of impersonal individualized medicine ignores the fact that humans are not only biological beings, neither in health nor in illness, that is, it ignores the importance of the person and psychological, social and spiritual dimensions in treatment.

A creative person-centered narrative psychopharmacology (CP-CNP) reflects the aspiration to increase the wellbeing of the patient and reduce the risk of undesirable side effects of medications and treatment complications (30). According to Jacques Derrida, the word *pharmakon* (agent), in Ancient Greek means two things: both "cure" and "poison", and the words *pharmakeus* (wizard, magician) and *pharmakós* (scapegoat) are very close to that word. Taking into consideration that the same substance can act both as medicine and poison, depending on the dosage and sensitivity of the person, pharmacotherapy in any branch of medicine, including psychiatry, always has two facets: the benefit and possible dangers. It is important to bear in mind that any therapy, including psychotherapy and family therapy, can be accompanied by unpleasant or harmful side effects or by nocebo response.

### Creative, person-centred narrative psychopharmacotherapy is part of a comprehensive and multidimensional treatment

During and after the "Decade of the Brain" (1990-1999), there was a great expansion of psychopharmacotherapy with the emergence of numerous different and often controversial concepts, psychopharmacotherapy paradigms and therapeutic algorithms (43). The registration of a significant number of new antidepressants, antipsychotics and mood stabilizers has contributed significantly to the emergence of the renaissance of pharmacotherapy and the overcoming therapeutic nihilism in the treatment of mental disorders (30,37). Modern psychopharmacotherapy is argued to be scientific, rational, evidence-based and often technologized and polypragmatic. Unfortunately, in practice we often see a large gap between major therapeutic possibilities and real results in treatments, especially when it comes to so-called major mental disorders. Therefore, in the opinion of many, there is still a lot of room for the improvement of psychopharmacotherapy with the currently available drugs. CP-CNP represents the skills and practice of a empathic learning organization (40) within the framework of a transdisciplinary integrative holistic

tivne holističke i personalizirane na osobu usmjerenе psihiatrije (9,10). Temelji se na kreativnom mišljenju i sistemskom procesiranju informacija, integraciji racionalnog i intuitivnog, te na kreiranju optimalnog terapijskog konteksta i kreativne suradnje s bolesnikom i njegovom obitelji. Ciljevi KnOuNP su da pomogne bolesniku da: 1. resetira identitet (*self-identity*), samo-poštovanje, granice selfa, hedonističke kapacitete i mentalnu agilnost; 2. da modificira rizične crte temperamenta i karaktera; 3. da modificira odgovore na stres, osnaži rezilienciju i antifragilnost; 4. da normalizira fiziološke funkcije (spavanje, apetit i uzimanje hrane, seksualne funkcije); 5. da poboljša kontrolu impulsa i ponašanja; 6. empatički modificira životni stil i životni skript s ciljem postizanja pozitivnog mentalnog zdravlja; 7. poča funkcije/oniranje zdravog selfa (31).

### KnOuNP-a uključuje optimalne kombinacije lijekova u svakoj fazi liječenja

U liječenju duševnih poremećaja obično razlikujemo tri faze liječenja: 1. fazu liječenja akutne epizode bolesti s ciljem što bržeg smirivanja i otklanjanja simptoma (simptomatska ili klinička remisija), 2. fazu stabilizacije s ciljem održavanja postignutih rezultata i daljnog poboljšanja stanja zdravlja bolesnika (funkcijska i socijalna remisija), i 3. fazu održavanje remisije, reziliencije i prevencije relapsa bolesti, odnosno prevencije pojave nove episode bolesti (personalna remisija). U svakoj fazi liječenja potrebno je odabratи prikladne psihootaktivne lijekove koji omogućuju kontrolu i eliminaciju što većeg broja simptoma, odnosno postizanje specifičnih terapijskih ciljeva. Lijekovi koji su doveli do uspješnog smirivanja akutne faze bolesti ne moraju uvijek biti i optimalan izbor u terapiji održavanja. U akutnoj fazi treba birati psihootaktivne lijekove tako da pokriva/ju što veći broj simptoma, a da budu i što bolje podnošljivosti. Iako je poželjna i idealna primjena samo jednog psihofarmaka, obično su u liječenju duševnih poremećaja, posebice u akutnoj fazi bolesti, nužne kombinacije lijekove. U takvim situacijama treba kombinirati lijekove čiji su mehanizmi djelovanja međusobno nadopunjivoći tako da dolazi do sinergizma terapijskog učinka, ali ne i nuspojava (34,38,45). Premda je uvriježeno mišljenje kako istovremena primjena više lijekova znači i više nuspojava i veći rizik za bolesnika, kreativne kombinacije lijekova mogu značajno smanjiti broj nuspojava i poboljšati prihvatljivost liječenja od strane bolesnika. Dok se u akutnoj fazi najčešće ne mogu izbjegći kombinacije antipsihotika, u terapiji održavanja treba uvijek težiti smanjenju broja lijekova i monoterapiji, prije svega novijim lijekovima dobre podnošljivosti koji se uzimaju u jednoj dnevnoj dozi ili u formi dugo-djelujućih injekcija (depo-preparata).

and personalized and person-centred psychiatry (9,10). It is based on creative thinking and systematic processing of information, integration of rational and intuitive, and on creating the optimal therapeutic context and creative cooperation with the patient and his or her family. CP-CNP aims to help the patient: 1. to reset self-identity, self-respect, self-boundaries, hedonistic capacities and mental agility; 2. to modify risky temperament and character traits; 3. to modify responses to stress, strengthen resilience and antifragility; 4. to normalize physiological functions (sleep, appetite and food intake, sexual functions); 5. to improve impulse and behaviour control; 6. to empathically modify the lifestyle and life script with the aim of achieving positive mental health; 7. to enhance healthy functions/functioning (31).

251

### CP-CNP includes optimal combinations of medicines at each stage of treatment

In the treatment of mental disorders, we usually distinguish three stages of treatment: Phase 1 - Treatment of the acute episode of the disorder with the aim of calming and eliminating symptoms as quickly as possible (symptomatic or clinical remission); Phase 2 - Stabilization with the aim of maintaining the achieved results and further improving the patient's health state (functional and social remission), and Phase 3 - Maintaining remission, resilience and full personal recovery and preventing the relapse of disorder, i.e. the occurrence of a new episode of the disorder (personal remission). At each stage of treatment, it is necessary to choose suitable psychoactive drugs, or better to say mental health medications (MHMs) in order to control and eliminate as many symptoms as possible, that is, to achieve specific therapeutic goals. MHMs that have been successful in the treatment of the acute phase of the disorder may not always be the optimal choice in maintenance therapy. In the acute phase, MHMs should be selected so to cover as many symptoms as possible with a good level of tolerance. Although it is desirable to apply only one MHM at a time, the treatment of mental disorders usually requires combinations of medications, particularly during the acute phase. In such cases, medications whose mechanisms of action are complementary to each other should be combined in order to achieve the best therapeutic effects and avoid side effects (34, 38, 45). In spite of the fact that it is commonly believed that the simultaneous use of multiple MHMs implies more side effects and a higher risk for the patient, creative combinations of medications can significantly reduce the number of side effects and improve the acceptance of treatment by patients. While various combinations of antipsychotics in the acute phase in most cases cannot be avoided, in maintenance therapy one should always strive to the reduction of the number of medications and monotherapy, primarily with newer medication with good tolerability in a single daily dose or in the form of long-acting injections (depot preparations).

Svrha liječenja ne sastoji se samo u suzbijanju ili otklanjanju simptoma duševnog poremećaja, već u zaustavljanju bolesnog procesa, otklanjanju uzroka koji mogu dovesti do relapsa bolesti, te u prevenciji suicidalnog i autodestruktivnog ponašanja, što kvalitetnije reintegraciji bolesnika u zajednicu, omogućavanju njegova daljnog psihosocijalnog razvoja i što bolje kvalitete življenja. Stoga koliko je važan optimalan izbor lijekova, toliko je važno da ih bolesnici uzimaju u dovoljnoj dozi i dovoljno dugo vremena. Hipodoziranje uzrokuje nedovoljan terapijski odgovor i izostanak potpune remisije, dok su prijevremeni prestanak uzimanja terapije i preveliko smanjenje doze najčešći uzroci relapsa simptoma i recidiva bolesti. Važno je istaknuti kako bolesnici s prвom epi-zodom duševnog poremećaja mogu biti veoma senzitivni na učinak psihoaktivnih lijekova. Stoga prvo liječenje treba uвijek započeti s vrlo malim dozama odabranog lijeka/lijekova koje se postupno titriraju. To je tzv. "start low, go slow" strategija koja je za većinu bolesnika mnogo prihvatljivija od strategije visokih ili udarnih doza. Za svakog bolesnika treba naći optimalnu dozu kojom se postiže najbolji terapijski učinak uz najmanje, ili, po mogućnosti, bez značajnih nuspojava. Ako je za postizanje terapijskog učinka nužno davanje visokih doza, onda ih treba početi postupno smanjivati čim se terapijski učinak stabilizira. Naime, dugotrajno davanje visokih doza antipsihotika može uzrokovati kompenzatornu hipersenzitativnost ili tzv. "up regulaciju" dopaminskih sustava u mozgu što može dovesti do tzv. rebound dopaminergičke hiperaktivnosti, ako se doza antipsihotika nagle smanji. To može rezultirati relapsom shizofrenih simptoma na isti način kao kada shizofreni bolesnik uzme velike količine amfetamina ("speed"). Davanje visokih doza lijeka u monoterapiji može se izbjечiti racionalnim kombinacijama psihoaktivnih lijekova.

Važno je istaknuti kako su duševni bolesnici u ranom stadiju razvoja bolesti veoma osjetljivi na potencijalne nuspojave psihofarmaka. Prikladnim izborom lijeka/ova i optimizacijom doze mogu se izbjечiti mnoge neugodne nuspojave što je od velike važnosti za daljnju suradnju bolesnika u liječenju i redovito uzimanje lijekova. Bolesniku treba skrenuti pažnju na mogućnost određenih nuspojava i unaprijed mu reći kako se te nuspojave mogu otkloniti. Smanjivanjem doze neke se nuspojave kao primjerice hipersedacija ili hipersalivacija mogu smanjiti ili eliminirati, katkada je potrebno dati korektivnu terapiju kao primjerice antikolinergike u slučaju ranih ekstrapiramidalnih nuspojava, a nekada je nužno promjeniti antipsihotik. Treba imati na umu da je moguća paradoksna pojava ekstrapiramidalnih nuspojava kada se smanjuje doza antipsihotika koji ima izražen antikolinergički učinak samo u visokim dozama.

The purpose of treatment is not only to combat or eliminate the symptoms of a mental disorder, but to stop the pathological process, eliminate the causes that can lead to relapse, prevent suicidal and self-destructive behaviour, contribute to the best possible reintegration of the patient into the community and to enable the patient's further psychosocial development and the best possible quality of life. As much as the optimal choice of medication is important, it is equally important for the patient to take sufficient doses over an appropriate period of time. Too low dosages may result in an insufficient therapeutic response and the absence of complete remission, while premature cessation of therapy and excessive dose reduction are the most common causes of symptom relapse and recurrence of the disorder. It is important to emphasize that patients experiencing the first episode of mental disorder may be very sensitive to the effect of MHMs. Therefore, the first treatment should always be initiated with very small doses of the selected medication, which has to be gradually titrated. That is the so-called "start low, go slow" strategy and for most patients it is a much more acceptable solution than the high or shock dose strategy. For each patient, an optimal dose should be found to achieve the best therapeutic effect with the least, or, preferably, no significant side effects. If it is necessary to administer high doses to achieve a therapeutic effect, they should be gradually reduced as soon as the therapeutic effect stabilizes. To be specific, prolonged administration of high doses of antipsychotics can result in compensatory hypersensitivity or the so-called "up regulation" of dopamine systems in the brain which can lead to the so-called "rebound" dopaminergic hyperactivity, if the dose of antipsychotics is reduced. This can result in the relapse of schizophrenic symptoms in the same way as when a schizophrenic patient takes large amounts of amphetamines (speed). Administering of high doses of medication during monotherapy can be avoided with rational combinations of MHMs.

It is important to point out that some psychiatric patients in the early stages of the development of the disorder are very sensitive to the potential side effects of psychoactive medication. With the appropriate choice of medication and dosage optimization it is possible to avoid many unpleasant side effects, which is of great importance for the further cooperation with the patient during the treatment and for the regular use of medications. The patient should be informed about possible side effects and how to eliminate them beforehand. By reducing the dosage, certain side effects, such as hypersedation or hypersalivation can be reduced or eliminated and sometimes it is necessary to administer corrective therapy, e.g. anticholinergics in case of early extrapyramidal side effects, or even change the prescribed antipsychotic. It needs to be borne in mind that the risk of extrapyramidal side effects is also possible if the antipsychotic dosage with pronounced anticholinergic effects only in high dosage is reduced.

## KnOuNP-a temelji se na kulturi empatije, teorije i prakse učeće organizacije i kreiranju optimalnog terapijskog konteksta i odnosa lječnik-bolesnik

Odavno je poznata moć konteksta pa je sasvim razumljiva logika potrebe kreiranja pozitivnog terapijskog konteksta u kojem se odvija psihofarmakoterapija (31,46). Naime, kontekst liječenja može znatno utjecati kako na različite psihosocijalne tako i na biološke varijable bolesnika te konačni ishod psihofarmakoterapije. Odavno je i u animalnim i u humanim eksperimentima utvrđeno da kontekst može značajno utjecati na rezultate klasičnog kondicionaranja. Bolesnici i njihove obitelji značajno utječu na rezultat liječenja. Osobno iskustvo s psihofarmacima i liječenjem može bitno utjecati na učinkovitost terapije. Nijedan psihofarmak nema samo jedan učinak, a različite osobe s istom psihijatrijskom dijagnozom različito reagiraju na neki psihofarmak. Svaki bolesnik je jedinstven, a osjetljivost bolesnika na psihofarmake je individualna. Kultura, obitelj i zajednica mogu značajno utjecati na reakciju bolesnika na psihofarmakoterapiju i ishod liječenja.

KnOuNP-a temelji se na na kulturi empatije utemeljenog „podijeljenog odlučivanja s bolesnikom i njegovom obitelji“ (*shared decision model*), mentalnom modelu bolesnika, poboljšanju njegovih sposobnosti upravljanja ponašanjem i životom (*personal mastery*) i zajedničkom učenju s bolesnikom i njegovom obitelji. Učenje u ovom kontekstu ne znači dobivanje više informacija, nego povećavanje sposobnosti dobivanja željenih rezultata (vidjeti (44) u liječenju. Mentalni modeli su duboko ukorijenjene vrijednosti, vjerovanja, predodžbe i generalizacije koje određuju kako neka osoba razumije sebe i svijet i kako poduzima određene akcije (vidjeti (44). Osobna umijeća (*personal mastery*) nisu samo vjestine i umijeća, već življenje života više na kreativan i proaktiv, a manje na samo reaktiv način (44). Prepoznavanje destruktivnog mentalnog modela (paranoidni: ja sam OK/dobar, drugi nisu OK/dobili); depresivni: ja nisam OK/dobar, drugi su OK/dobili); i nihilistički: ja nisam OK/dobar, a ni drugi nisu OK/dobili) omogućuje njegovu preobrazbu u kreativni mentalni (ja sam OK/dobar, a i drugi su OK/dobili, iako se razlikujemo) model. Kreativna empatijska komunikacija s bolesnikom i njegovom obitelji uključuje zajedničko postavljanje terapijskih ciljeva i definiranje slike poželjne budućnosti, odnosno slike života kako će bolesnik živjeti i ostvariti svoju životnu misiju. Zajednička vizija je prvi korak što omogućuje ljudima koji su nepovjerljivi jedni prema drugima da mogu početi raditi zajedno (44).

Zbog nedostatka uvida u bolest i iskrivljenog doživljavanja sebe i realiteta ili zbog stigmatizacije mnogi

## CP-CNP relies on a culture of empathy, theory and practice of the learning organization and the establishment of an optimal therapeutic context and doctor-patient relationship

The significance of context has long been known, and, therefore, the logic behind the need to create a positive therapeutic context in which psychopharmacotherapy takes place seems perfectly reasonable (31, 46). To be more precise, the context of treatment can significantly affect both the patient's psychosocial and biological variables and the final outcome of psychopharmacotherapy. The fact that the context can significantly impact the results of classical conditioning was established in experiments on animals and humans long time ago. Patients and their families essentially affect the result of treatment. Personal experience with MHMs and treatment can also significantly affect the effectiveness of therapy. All psychoactive medications have multiple effects and different people with the same psychiatric diagnosis may react very differently to a particular psychoactive drug. Every patient is unique and the patient's sensitivity to a psychoactive medication is entirely individual. The factors such as culture, family or community can significantly influence the patient's reaction to psychopharmacotherapy and the outcome of treatment.

CP-CNP is based on a culture of empathy resulting from the “shared decision model, the patient's mental model, improvement of the patient's personal mastery, and the mutual learning process together with the patient and his or her family. In this context, empathic learning does not mean getting more information but increasing the ability to obtain the desired results (44) in treatment. Mental models are deep-rooted beliefs, values, notions, and generalizations that determine how an individual understands oneself and the world and how he or she undertakes certain actions (44). Personal mastery is not just about skills and knowledge - it also implies living life in a more creative and proactive instead of a reactive way (44). The ability to recognize a destructive mental model (paranoid: I am OK/good, the others are not OK/good; depressed: I am not OK/good, the others are OK/good; and nihilistic: I am not OK/good, and the others are not OK/good either) allows its transformation into a creative mental model (I am good, and the others are a good, although we are different). Creative communication and empathy with the patient and his or her family includes commonly agreed therapeutic goals and defining the image of the desirable future, that is, the image of the patient's life in which he or she will be able to realize his or her life mission. A shared vision is the first step that allows people who distrust each other to be able to start working together (44).

Due to a lack of insight into the disorder and a distorted experience of oneself, many patients often reject the

bolesnici često odbijaju i samu pomisao ili aluziju na to da su možda bolesni kao i farmakoterapijsku ponudu da im se pomogne. Odbijaju otici psihijatru, pa i ako odu na uporno inzistiranje obitelji, tada najčešće samo traže potvrdu da je s njima sve u redu. Nažalost, najveći broj bolesnika dolazi u dodir s psihijatrom nakon što bolest već neko dulje vrijeme traje, kada dođe do jačih sukobljavanja s okolinom ili izrazito čudnog i bizarnog ponašanja. Katkada su patološka doživljavanja tako zastrašujuća za samog bolesnika da i sam potraži psihijatrijsku pomoć. Od izuzetne je važnosti empatično strpljivo i prikladno bolesniku i njegovoj obitelji objasniti prirodu bolesti i strategiju integralnog liječenja, te naglasiti važnost što ranijeg početka farmakoterapije kako bi se zau stavio psihopatološki proces u što ranijoj fazi. Važno je imati na umu činjenicu da je povijest medicine zapravo povijest placebo i noceba tako da je empatijsko poticanje placebo reakcije i prevencija nocebo reakcije bolesnika važna sastavnica KnOuNP-e (8,51,52). Kultura empatije je tjesno povezana s poštivanjem i promicanjem ljudskih prava tako da KnOuNP-a slijedi FREDA (*fairness – pravednost, nepristrandost, respect – poštovanje, equality – jednakost, dignity – dostojanstvo, autonomy – autonomija*) načela ljudskih prava jer su preduvjet dobre kliničke prakse i terapijskog saveza s bolesnikom i njegovom obitelji.

KnOuNP-a predstavlja umijeća i praksu empatijske učeće organizacije (vidjeti 44) u sklopu transdisciplinske holističke integrativne i personalizirane psihijatrije (10,11,31). Temelji se na kreativnom mišljenju i sistemskom procesiranju informacija, integraciji racionalnog i intuitivnog, te na kreiranju optimalnog terapijskog konteksta i kreativne suradnje s bolesnikom i njegovom obitelji. *Razum i intuicija* mogu skladno funkcionirati ako se koristi sistemsko mišljenje koje ih integrira (44). Svaki pacijent se sastoji od brojnih i različitih složenih sustava na različitim razinama, a i.pripada različitim, više ili manje složenim sustavima kao što su obitelj, društvo, nacija, kultura, religija, pa i univerzum. Terapijske intervencije u jednom sustavu ili na jednoj razini, uvijek se odražavaju i na druge sustave i razine. *Kreativno mišljenje* uključuje originalne ideje i procese koji omogućuju prepoznavanje novih mogućnosti za rješenje određenog terapijskog problema na jedinstven, djelotvorniji (efektivniji) i brži način (47). Stoga se kreativno mišljenje obično očituje kao tzv. lateralno razmišljanje mimo uobičajenih shema i obrazaca i divergentno razmišljanje u više različitih smjerova i sagledavanju više različitih mogućnosti za rješavanje nekog terapijskog problema. U kreativnom se mišljenju koriste od ranije postojeći objekti, informacije i ideje, ali se uočavaju i oblikuju i novi odnosi između pojedinih sastavnice, primjerice kreira se novi kontekst u kojem liječnik propisuje, a bolesnik dobije

very thought or allusion to the fact that they might be ill/sick and thus refuse the pharmacotherapy offered to help them. Such patients often refuse to go to a psychiatrist, and even if they go as a result of persistent insistence of their family members, they do it only to confirm that there is nothing wrong with them. Unfortunately, the greatest number of psychiatric patients finally comes into contact with a psychiatrist only after the disorder has been present already for some longer time and following the episodes of strong confrontation with the environment or extremely strange and bizarre behaviour. Pathological experiences are sometimes so frightening that patients seek psychiatric help on their own initiative. It is of utmost importance to be patient and to explain to the patient and his or her family the nature of the disorder together with the strategy for an integral treatment with a lot of empathy and in an appropriate way. It is also important to emphasize why pharmacotherapy needs to be introduced as early as possible in order to stop the psychopathological process at the earliest possible stage. Let us not forget that the history of medicine is actually a history of placebo and nocebo. Empathetic stimulation of placebo reactions and prevention of nocebo reactions is a vital important component of CP-CNP (8, 51, 52). The culture of empathy is closely linked to respect and promotion of human rights and for that reason CP-CNP proceeds hand in hand with the FREDA (fairness, respect, equality, dignity, autonomy) principles of human rights as one of the preconditions for a good clinical practice and therapeutic alliance with the patient and his or her family.

CP-CNP represents the skills and practice of the empathic learning organization (44) within the framework of the transdisciplinary holistic integrative and personalized psychiatry (10,11,31). It is based on creative thinking and systematic processing of information, integration of rational and intuitive, and on creating the optimal therapeutic context and creative cooperation with the patient and his or her family. Reason and intuition can work harmoniously if systemic thinking integrating the two is applied (44). Every patient is structured from many different complex systems functioning at various levels and belongs to diverse complex systems such as family, society, nation, culture, religion, or even the universe. Therapeutic interventions at the level of a single system or level are always reflected in other systems and levels. Creative thinking involves original ideas and processes allowing for identification with new possibilities for solving a particular therapeutic problem in a unique, more effective and faster way (47). Creative thinking, therefore, usually manifests either as so-called lateral thinking that goes beyond usual schemes or divergent thinking that takes several directions in search for several different possibilities for solving a therapeutic problem. Creative thinking uses objects, information and ideas known from before to observe and create new receives

efektivnije, terapijski sinergistične i sigurnije kombinacije psihofarmaka. Kreativno mišljenje podrazumijeva mnogo znanja o etiopatogenezi duševnih poremećaja, oblicima njihova ispoljavanja, mehanizma djelovanja lijekova, sličnostima i razlikama među njima, te njihovim mogućim interakcijama pri čemu dobro poznавanje činjenica omogućuje sagledavanje i rješavanje terapijskog problema na novi, originalan i uspješniji način. U kreativnom mišljenju se prije ne-povezani elementi povezuju na sasvim novi i ranije neuobičajeni način, a kreativnost se mjeri isključivo postizanjem boljih rezultata liječenja. Stoga ono uvi-jek uključuje i pitanje što se još može učiniti da se bolesnik osjeća bolje i bude funkcionalniji.

### KnOuNP-a je usmjeren na poticanje kreativnosti bolesnika

Kreativnost, motivacija/inspiracija i samoregulacija zajedno su izvor blagostanja i ispunjenog života i značajno pridonose uspjehu liječenja. Iscjeljujuća svojstva i povoljan učinak kreativnih aktivnosti na mentalno zdravlje prepoznati su u mnogim kulturnama (30,46,48). Kao sredstvo izražavanja sebe kreativne aktivnosti omogućuju oslobođanje potisnutih emocija, njihovu ventilaciju i kultivaciju, povećanje samosvijesti, bolji uvid u svoju situaciju, olakšavaju rješavanje problema i učenje životnih lekcija i uspješnije upravljanje svojim životom. Iz perspektive kreativnosti možemo razlikovati dva bitno različita pristupa liječenju što se očituje promocijom ili supresijom kreativnosti kako na strani bolesnika tako i na strani liječnika. Kreativnost je povezana s načinom kako definiramo i klasificiramo stvari i procese, odnosno aktivnosti. Ako pacijente definiramo kao parntere potičući njihovu kreativnost značajno se može povećati uspješnost liječenja. KnOuNP je mnogo više od redovitog uzimanja psihofarmaka u dovoljnoj dozi i dovoljno dugo vremena. To je dio kreativne reorganizacije života "uz malu pomoć lijekova prijatelja".

Veza između kreativnosti i duševnih poremećaja je vrlo intrigantna i kontroverzna tema (49). Duševni poremećaji imaju dva načinka, prvo negativno i pesimistično povezano s patnjom, devastacijom, disfunkcionalnošću, negativnom stigmom i odbacivanjem, a drugo pozitivno povezano s originalnošću, kreativnošću, spiritualnošću, rezilijencijom i šansom za nešto novo i bolje. Međutim, pozitivni aspekti i potencijalna dobrobit na koju upućuje činjenica kako su izrazito kreativni ljudi pod većim rizikom od pojave duševnih poremećaja te da osobe iz kreativnih profesija češće pate od duševnih poremećaja u usporedbi s općom populacijom često su posve zanemareni. Kreativne sposobnosti mogu utjecati na veću vulnerabilnost za duševne poremećaje kao što i duševni poremećaji mogu pridonijeti kreativnosti neke osobe. Kreativni

between individual elements, for example, a new context is created for a therapist to prescribe and for the patient to receive a more effective, synergistic and secure combination of psychoactive medication. Creative thinking implies knowledge of the etiopathogenesis of mental disorders, various forms of their manifestation, mechanisms of medication effects, similarities and differences between different medicaments and their possible interactions whereby a good understanding of the facts allows one to look at and solve a particular therapeutic problem in a new, original and more successful way. In creative thinking, previously unrelated elements are connected in a completely new and atypical way, and creativity is measured solely by achieving better treatment results. Therefore, creative thinking always focuses on the question of what else can be done to make the patient feel better and become more functional.

255

### CP-CNP is aimed at stimulating patient creativity

Creativity, motivation/inspiration and self-regulation combined are a source of wellbeing and a fulfilling life and contribute significantly to the success of treatment. The healing properties and beneficial effect of creative activities on mental health have been recognized by many cultures (30, 46, 48). As a means of expressing oneself, creative activities enable a release of repressed emotions and their ventilation and cultivation, increased self-awareness, better insight into one's situation, problem solving, learning of life lessons and managing life in a more successful way. In terms of creativity, it is possible to distinguish between two fundamentally different approaches to treatment, which is manifested either in the promotion or in the suppression of creativity both by the patient and the therapist. Creativity is closely linked to the manner in which one defines and classifies things, processes or activities. If define patients as our partners by stimulating their creativity, the success of the treatment can be significantly improved. CP-CNP implies much more than just regular administration of psychoactive medication at a sufficient dosage over sufficient time. This is part of a creative reorganization of life "with a little help from friendly medication."

The link between creativity and mental disorders is a very intriguing and controversial topic (49). Mental disorders have two facets: the negative and pessimistic one associated with suffering, devastation, dysfunction, negative stigma and rejection, and the positive one associated with originality, creativity, spirituality, resilience and the chance for achieving something new and better. However, the positive aspects and potential wellbeing indicated by the fact that highly creative people are at greater risk of mental disorders and that people from creative professions are more likely to suffer

čin može biti način nošenja sa izazovima i patnjom koju sa sobom nosi neki duševni poremećaj. Kreativnost i vulnerabilnost za duševne poremećaje povezuje zajednička genetska predispozicija, reducirana latentna inhibicija (LI) i kognitivna dezinhibicija što omogućuje da više stimulusa dolazi u svijest, izražena usmjerenošć i traženje novoga (*novelty seeking*) i neuronalna hiperkonektivnost s više interneuronalnih veza što povećava asocijacije između raznovrsnih stimulusa. U skladu s načelima humanističke psihologije kreativnost je povezana s duševnim zdravljem, dobrobiti i inteligencijom. Kreativnost je uvijek obogaćujući i ojačavajući proces koji psihološki započinje otvaranjem novim i boljim mogućnostima. Kreativni senzibilitet je strasna posvećenost stvaranju kao intrinzičnom procesu osmišljavanja ili pridavanja smisla, te osjetljivost na okolinu koja može ugrožavati ili poticati kreativni rad, vještine estetske svjesnosti i komunikacije kao i sposobnost raskida s uobičajenim i ustaljenim obrascima mišljenja i djelovanja. Nije još poznato što čini kreativnu kogniciju različitom od normativne kognicije. U osoba visoke kreativnosti opisan je veći broj dopaminskih neurona, njihova veća gustoća i veća umreženost. Povezanost dopamina s kreativnim mišljenjem i ponašanjem objašnjava se njegovom ulogom u procesima motivacije, mentalne imaginacije uključujući halucinacije i vividne metafore, radoznalost, znatiželju i potraga za novim (*novelty seeking*), doživljaj nagrade i zadovoljstva (49). Zanimljivo je da intranasalna primjena oksitocina može reducirati analitičko mišljenje i povećati holističko procesiranje informacija, divergentno mišljenje i kreativnu izvedbu (50). Psihofarmaci mogu pojačavati ili slabiti kreativne sposobnosti i tako bitno utjecati na kvalitetu življjenja bolesnika i postizanje potpunog personalnog oporavka. S obzirom da duševni poremećaji vremenom mogu imati za posljedicu gubitak kreativnih sposobnosti, važan cilj kreativne psihofarmakoterapije je očuvanje i poboljšanje kreativnosti bolesnika. Psihoaktivni lijekovi pokazuju značajan učinak na kogniciju, raspolaženje i emocije, fantazije i impresije, motivaciju i ponašanje mijenjajući način kako se pacijenti subjektivno osjećaju i doživljavaju stvari i događaje, kako razmišljaju o sebi, drugima, svijetu i životu, kako interpretiraju realnost... Mogu značajno utjecati na ciljeve i aspiracije bolesnika kao i na načine kako žele ostvariti svoje ciljeve i realizirati određene potencijale i mogućnosti (49). Kreativnost je povezana sa sposobnostima mozga za empatiju, cilju-usmjerenu motivaciju, traženje novoga (*novelty seeking*), stvaranje fleksibilnih asocijativnih mreža i smanjenu inhibiciju (49). Mogući učinak psihofarmaka na kreativnost bolesnika je važna odrednica pri izboru psihofarmakoterapije. Kreativni bolesnici mogu radije izabrati toleriranje simptoma kako bi mogli uzimati niže doze psihofarmaka koji

from mental disorders compared to the general population, are often completely neglected. Creative abilities can affect greater vulnerability for mental disorders just as mental disorders can contribute to a person's creativity. A creative act can be a way of dealing with the challenges and suffering that some mental disorders inflict. Creativity and vulnerability to mental health problems are associated by a common genetic predisposition, reduced latent inhibition (LI) and cognitive disinhibition, which allow more stimuli to enter consciousness, pronounced orientation and novelty seeking as well as neuronal hyperconnectivity with multiple interneuronal connections. This increases the number of associations between various stimuli. In accordance with the principles of humanistic psychology, creativity is associated with mental health, wellbeing and intelligence. Creativity is an enriching and strengthening process that psychologically begins with opening up new and better possibilities. Creative sensibility is a passionate commitment to creation as an intrinsic process of designing or attaching meaning, and sensitivity to an environment that can threaten or encourage creative work, aesthetic awareness and communication skills as well as the ability to break away from common and established patterns of thought and action. It is not yet known what makes creative cognition different from normative cognition. In people of high creativity, a greater number of dopamine neurons, their higher density and greater networking function are described. The association between dopamine on the one hand and creative thinking and behaviour on the other is explained by its role in the processes such as motivation, mental imagination including hallucinations and vivid metaphors, curiosity, interest, novelty seeking, and the experience of reward and pleasure (49). Interestingly, intranasal application of oxytocin may reduce analytical thinking and increase holistic information processing, divergent thinking and creative performance (50). Psychoactive medication can improve or impair creative abilities and thus significantly affect the quality of life of the patient and full personal recovery. Given that mental disorders over time may result in the loss of creative abilities, an important goal of creative psychopharmacotherapy is to preserve and improve the patient's creativity. Psychoactive medicaments show a significant effect on cognition, mood and emotions, fantasies and impressions, motivation and behaviour as the change the patient's subjective feeling and experience of things and events, how they think about themselves, others, the world and life, and how they interpret reality... Psychoactive medication can have a significant impact on the patient's goals and aspirations and the way in which the patient intends to achieve those goals or realize certain potentials and opportunities (49). Creativity is associated with the brain's ability for empathy, goal-oriented motivation, novelty seeking, establishing flexible associative networks and reduced inhibition (49). When choosing psychopharmacotherapy, it is very important to consider

koće njihovu kreativnost. Nažalost, mnogi bolesnici s bipolarnim poremećajem ili shizofrenijom prestaju uzimati lijekove žaleći se na gubitak kreativnosti i kognitivne smetnje uzrokovane psihofarmacima.

## ZAKLJUČAK

Psihijatrija se danas u našem turbulentnom VUCA svijetu nalazi pred velikim i sve većim izazovima i novim definiranjem vlastita identiteta, ali i duševnog zdravlja i duševnih poremećaja. Ona jest medicinska disciplina, ali ona je i više od toga. Stoga ne smije biti zatvorena u sebe nego mora biti prisutna u lokalnoj i globalnoj zajednici gdje nastaju i očituju se psihički problemi i mentakni poremećaji i tamo djelovati kako bi se oni prevenirali, ispravno prepoznali i liječili uspješno i na vrijeme. Između ostalog, postoji sve veća potreba organiziranja psihijatrije da djeluje uz pomoć drugih, prije svega se tu misli na obiteljske lječnike i lječnike primarne zdravstvene zaštite. Stoga je nužna dobra edukacija budućih lječnika iz psihološke medicine da budu sposobljeni prepoznati duševne poremećaje u ranoj fazi kao i uspješno liječiti većinu anksioznih i depresivnih poremećaja, poremećaje sna i prehrane, seksualne disfunkcije, alkoholizam, itd. Na ovaj način može se sprječiti razvoj težih faza bolesti, mogu se prevenirati mnoga samoubojstva, izbjegići skupe hospitalizacije, dugotrajna bolovanja, kronificiranje bolesti, gubitci radne sposobnosti i za društvo uštedjeti ne samo golema materijalna sredstva nego i spasiti mnoge živote.

Živimo u veoma globaliziranom, kompetitivnom i nesigurnom, a u sve umreženijem svijetu velikih izazova i tehnoloških čuda, ali i rizika, u svijetu koji se sve brže mijenja jer se njegov *chronos* ubrzava. Stara i poznata rješenja ne samo da više nisu prikladna ni djelotvorna, već su izvor novih i sve većih problema. S obzirom da nema zdravlja bez mentalnog zdravlja javno i globalno mentalno zdravlje postaje civilizacijsko pitanje.

Budućnost psihijatrije u velikoj mjeri ovisi o definiciji duševnog zdravlja i duševnih poremećaja, odnosno područja kojim se psihijatrija bavi, njezinih nadležnosti i kompetencija koje određuju poziciju u društvu. U našem liberalnom vremenu fluidnih identiteta kada mnogi dovode u pitanje smisao i svrhu psihijatrije kakva je sada, kada je granica između različitih disciplina koje se bave duševnim zdravljem i psihijatrije vrlo fluidna, postavlja se pitanje što je primjereno: da mentalno-zdravstvene discipline budu sastavnice psihijatrije ili da psihijatrija, bolje reći medicinska psihijatrija bude samo jedna sastavnica mentalno-zdravstvenih disciplina kao što je to primjerice slučaj s neuroznanostima.

er the possible effects of a particular psychoactive drug on the patient's creativity. Some creative patients might rather choose to tolerate symptoms and thus take lower doses of psychoactive medication that hampers their creativity. Unfortunately, many patients with bipolar disorder or schizophrenia stop taking drugs, complaining about the loss of creativity and cognitive impairment caused by psychoactive medication.

## CONCLUSION

In our turbulent VUCA times, psychiatry is faced with major and growing challenges and a new definition of its identity on the hand and of mental health and mental disorders on the other. Psychiatry is a medical discipline but it is also much more than that. Therefore, it should not be confined to itself but present in the local and global community where psychological problems and mental disorders arise and manifest; it should act to prevent, recognize and treat them correctly, successfully and in a timely manner. Among other things, there is a growing need to organize psychiatry to be able to act with the help of others, primarily, family doctors and primary care doctors. It is, therefore, necessary to educate future doctors in psychological medicine to be trained to recognize mental disorders at an early stage as well as to successfully treat most of the anxiety and depressive disorders, sleep and eating disorders, sexual dysfunctions, alcoholism, etc. That is a way to prevent the development of more severe stages of the disorder as well as many suicides and to avoid expensive hospitalizations, long-term sick leaves, chronicification of disorders, and loss of work capacity. Subsequently, our society would not only spare material resources - it would save many human lives.

We live in a very globalized, competitive, uncertain and increasingly networked world of great challenges and technological wonders, but we are also exposed to risks in a world that is changing faster and faster as its *chronos* accelerates. Old and familiar solutions are no longer suitable or effective; on the contrary, they are a source of new and growing problems. Since there is no health without mental health, public and global mental health has become an important issue for our civilization.

The future of psychiatry largely depends on the definition of mental health and mental disorders, i.e., the very field that psychiatry deals with and its competencies determining its position in society. The liberal times we live in marked with fluid identities, when many question the meaning and purpose of psychiatry as it is, when the line between different disciplines dealing with mental health and psychiatry is very fluid, the question arises as to what is more appropriate: should mental health disciplines be components of psychiatry or should psychiatry, or rather medical psychiatry, be just one component of mental health disciplines, as, for example, is the case with neurosciences.

1. Jakovljević M. Psychiatry at crossroad between crisis and new identity. *Psychiatria Danubina* 2012a; 24(suppl3): 267-71.
2. Jakovljević M, Jakovljević I. Theoretical Psychiatry as a Link between Academic and Clinical Psychiatry. In: KimYK (ed.): *Frontiers in Psychiatry – Arteficial Intelligence, Precision Medicine, and Other Paradigm Shifts*. Singapore: Springer Nature Singapore Pte Ltd, 2019a, 355-98,
3. Jakovljević M. COVID-19 crisis as a collective hero's journey to better public and global mental health. *Psychiatria Danubina* 2020; 32: 3-5. <https://doi.org/10.24869/psyd.2020.3>
4. Jakovljević M, Bjedov S, Jaksic N, Jakovljević I. COVID-19 pandemia and public and global mental health from the perspective of global health security. *Psychiatria Danubina* 2020a; 32: 6-14. <https://doi.org/10.24869/psyd.2020.6>
5. Jakovljević M, Bjedov S, Mustac F & Jakovljević I. COVID-19 infodemic and public trust from the perspective of public and global mental health. *Psychiatria Danubina* 2020b; 32: 449-57. <https://doi.org/10.24869/psyd.2020.449>
6. Jakovljević M, Jakovljević I. Sciences, arts, and religions: The triad in action for empathic civilization in Bosnia and Herzegovina. *Psychiatria Danubina* 2021 (suppl 3); 33: S235-S252 – special edition Science, Art and Religion 2021; 1: 5-22.
7. Jakovljević M. Psychiatria Danubina and challenges of the COVID-19 pandemic: The answer is in the knowledge, empathy, coherence and global ethics. *Psychiatria Danubina* 2021c; 33:461-467 <https://doi.org/10.24869/psyd.2021.461>
8. Jakovljević M. The placebo-nocebo response in patients with depression: Do we need to reconsider our treatment approach and clinical trial designs? *Psychiatria Danubina* 2014b; 26: 92-95.
9. Jakovljević M. The brave new psychiatry: A pluralistic integrating transdisciplinary approach in theory and practice. *Psychiatria Danubina* 2007; 19: 262-9.
10. Jakovljević M, Ostojic L. Person-centered medicine and good clinical practice: Disease has to be cured, but the patient has to be healed. *Psychiatria Danubina*, 2015 (suppl 2); 27: S2-5.
11. Jakovljević M. Transdisciplinary holistic integrative psychiatry - A wishfull thinking or reality? *Psychiatria Danubina* 2008a; 20: 341-8.
12. Jakovljević M, Jakovljević I. Transdisciplinary Integrative Approach for Precision Psychiatry.In: KimYK (ed.): *Frontiers in Psychiatry – Arteficial Intelligence, Precision Medicine, and Other Paradigm Shifts*. Singapore: Springer Nature Singapore Pte Ltd, 399-428.
13. Sartorius N. Perspektive razvoja psihijatrije. U Kecmanović D (ur): *Psihijatrija – tom II*, 2185-2193. Beograd, Zagreb: Medicinska knjiga; Sarajevo: Svetlost, 1998.
14. Sartorius N. Borba za duševno zdravlje. Zagreb: Profil & ProMente, 2010.
15. Sartorius N. Izbor izazova medicini početkom dvadesetprvog stoljeća. In: Jakovljević M i sur. Duševno zdravlje, kultura i društvo – Psihijatrija pred izazovima. Zagreb: Pro Mente, 2014, 20-6.
16. Katschnig H: Are psychiatrists endanegered species? Observation on external and internal challenges to the profession. *World Psychiatry* 2010; 9: 21-8.
17. Kecmanović D. Psihijatrija protiv sebe. Beograd: Clio, 2012.
18. Kecmanović D. Izabrana djela III -Metapsihijatrija. Beograd: Clio, 2014.
19. Kecmanović D. Izabrana djela IV - U potrazi za identitetom psihiatrtije. Beograd: Clio, 2014.
20. Jakovljević M. The placebo-nocebo response in patients with depression: Do we need to reconsider our treatment approach and clinical trial designs? *Psychiatria Danubina* 2014b; 26: 92-5.
21. Jakovljević M. Duševno zdravlje, psihopolitička kultura i bolesti društva: Kuda ide hrvatska psihiatrtija? U: Jakovljević M i sur. Duševno zdravlje, kultura i društvo – Psihijatrija pred izazovima. Zagreb: Pro Mente, 2014, 27-110.
22. Rifkin J. The Empathic Civilization: The Race to Global Consciousness in a World in Crisis. London: Penguin Random House, 2010.
23. Bughra D, Tasman A, Pathare S, Priebe S, Smith S, Torous J et al. THe WPA-Lancet psychiatry commission on the future of psychiatry. *Lancet Psychiatry* 2017; 4:775-817. [www.thelancet.com/psychiatry](http://www.thelancet.com/psychiatry)
24. Jakovljević M, Tomic Z. Global and public mental health promotion for empathic civilisation: The role of political psychocultures. *Psychiatria Danubina* 2016; 28: 323-33.
25. Jakovljević M. Resilience, psychiatry and religion from public and global mental health perspective – Dialogue and co-operation in the search for humanistic self, compassionate society and empathic civilization. *Psychiatria Danubina* 2017b; 29: 238-44. <https://doi.org/10.24869/psyd.2017.238>
26. Stein DJ. What is evidence-based medicinCambridge: Cambridge University Press 2005.
27. Fulford KWMB. Facts/Values – Ten principles of values-based medicine. In: Radden J. (ed.) *The Philosophy of Psychiatry – A Companion*. New York: Oxford University Press, 2004, 205-34.
28. Hamkins S. *The Art of Narrative Psychiatry*. Oxford: Oxford University Press, 2014.
29. Bracken P, Thomas P. Postpsychiatry: a new direction for mental health. *BMJ* 2001; 322: 724-7.
30. Jakovljević M. Kreativna psihofarmakoterapija (Creative Psychopharmacotherapy). Zagreb: Pro Mente d.o.o., 2016.
31. Jakovljević M. Creative person-centered narrative psychopharmacotherapy (CP-CNP): From theory to clinical practice. *Psychiatria Danubina* 2021b; 33(suppl 4 –part III): 1011-24.
32. Ghaemi SN. *The Concepts of Psychiatry – A Pluralistic Approach to the Mind and Mental Illness*. Baltimore & London: The Johns Hopkins University Press, 2003.

33. Tataryn D. Paradigms of health and disease: A framework for classifying and understanding complementary and alternative medicine. *Journal of Alternative and Complementary Medicine* 2002; 8:877-892.
34. Jakovljević M. Theoretial Psychiatry: Missing link between academic ans clinical psychiatry for further scientific and profevssional maturation of psychiatry. *Psychiatria Danubina* 2013a; 25: 203-6.
35. Jakovljević M, Samardžija M, Milicic D, Reiner Z, Sartorius N. Comorbidities and syndemics in the COVID-19 agre: Challenges and opportunities for bringing separated branches of medicine closwter to each other. *Psychiatria Danubina* 2021; 33 (suppl 4): 402-13.
36. Jakovljević M. Conceptual cacophony or different parts of a complex puzzle of mental disorders: Transdisciplinary holistic integrative perspective. *Psychiatria Danubina* 2011; 23: 232-6.
37. Jakovljević M. Creative person-centered psychopharmacology in treatment resistance in psychiatry. U: KimYK (ur.): Treatment Resistance in Psychiatry: Risk Factors, Biology, and Management. Singapore: Springer Nature Singapore Pte Ltd, 2019, 273-93..
38. Jakovljević M, Abou-Salex MT. Person Centered Psychopharmacotherapy. In Mezzich JE, Botbol M, Christodoulou GN, Cloninger CR & Salloum IM (eds): Person Centered Psychiatry Springer, 2016, 235-45.
39. Jakovljević M. Psychiatria Danubina and challenges of the COVID-19 pandemic: The answer is in the knowledge, empathy, coherence and global ethics. *Psychiatria Danubina* 2021c; 33: 461-67. <https://doi.org/10.24869/psyd.2021.461>
40. Jakovljević M, Tomic Z. Global and public mental health promotion for empathic civilization: the role of political psycho-cultures. *Psychiatria Danubina* 2016; 18: 232-33.
41. Jakovljević M: Transdisciplinarna integrativna holistička psihijatrija (THIP): Iznad modernizma, antipsihijatrije i postmodernizma. In: Jakovljević M et al. Nove ideje i koncepti u suvremenoj psihijatriji. Zagreb: Pro mente d.o.o., 2008.b, 11-50.
42. Jakovljević M. Creative psychopharmacotherapy and person-centered psychiatry.In: Đorđević V, Braš M, Miličić D (eds). Person in Medicine and Health Care. Zagreb: Medicinska naklada, 2012b, 229-36.
43. Jakovljević M. Theoretical psychiatry: Missing link between academic and clinical psychiatry for further scientific and professional maturation of psychiatry. *Psychiatria Danubina* 2013a; 25:203-206.
44. Jakovljević M. The decade of the brain in biological psychiatry – Biological psychiatry between conservation and change. *Psychiatria Danubina* 1995; 7: 75-87
45. Senge PM. The Fifth Discipline – The Art and Practice of learning Organization. Random House & Bussines Books, 2006.
46. Bernstein JG. Drug Therapy in Psychiatry. Third edition.Washington, D.C.: Mosby, 1995.
47. Jakovljević M. How to increase treatment effectiveness and efficiency in psychiatry: Creative psychopharmacotherapy – Part 2: Creating favorable treatment context and fostering patients' creativity. *Psychiatria Danubina* 2013c; 25:274-279.
48. Csikszentmihalyi M. Creativity: Flow and Discovery and Invention. New York: Harpe Collins, 1996.
49. Jakovljević M. Creativity, mental disorders and their treatment: Recovery-oriented psychopharmacotherapy. *Psychiatria Danubina* 2013d; 25:311-315.
50. Flaherty AW. Brain illness and creativity: Mechanisms and treatment risks. *Can J Psychiatry* 2011; 56:132-43.
51. De Dreu CK, Baas M, Roskes M, Sligte DJ, Ebstein RP, Chew SHet al. Oxytonergic circuitry sustains and enables creative cognition in Humans. *Soc Cogn Affect Neurosci* 2013; PMID: 23863476 (PubMed – as supplied by publisher).
52. Murawiec S. Psychodynamic psychopharmacology in clinical practice – interpretations of the adverse impact of pharma-cotherapy. Case report. *Arch Psychiatry Psychother* 2009; 4:51-6.

# Upute autorima

# Instructions to authors

## O časopisu

*Socijalna psihijatrija* je recenzirani časopis koji je namijenjen objavljanju radova iz područja socijalne psihijatrije, ali i iz kliničke psihijatrije i psihologije, biološke psihijatrije, psihoterapije, forenzičke psihijatrije, ratne psihijatrije, alkohologije i drugih ovisnosti, zaštite mentalnog zdravlja osoba s intelektualnim teškoćama i razvojnim poremećajima, epidemiologije, deontologije, organizacije psihijatrijske službe. Praktički nema područja psihijatrije iz kojeg do sada nije objavljen pregledni ili stručni rad.

Svi radovi trebaju biti pisani na hrvatskom i engleskom jeziku.

Svi zaprimljeni radovi prolaze kroz isti proces recenzije pod uvjetom da zadovoljavaju i prate kriterije opisane u Uputama za autore i ne izlaze iz okvira rada časopisa.

Uredništvo ne preuzima odgovornost za gledišta u radu - to ostaje isključivom odgovornošću autora.

Časopis objavljuje sljedeće vrste članaka: uvodni, izvorne znanstvene, stručne i pregledne radove, prikaze bolesnika, lijekova i metoda, kratka priopćenja, osvrte, novosti, prikaze knjiga, pisma uredništvu i druge priloge iz područja socijalne psihijatrije i srodnih struka.

Iznimno Uredništvo časopisa može prihvati i drugu vrstu rada (prigodni rad, rad iz povijesti stuke i sl.), ako ga ocijeni korisnim za čitateljstvo.

Tijekom cijelog redakcijskog postupka, *Socijalna psihijatrija* slijedi sve smjernice Odbora za etiku objavljivanja (Committee of publication ethics – COPE), detaljnije na: [https://publicationethics.org/files/Code%20of%20Conduct\\_2.pdf](https://publicationethics.org/files/Code%20of%20Conduct_2.pdf), kao i preporuke ponašanja, izvještavanja, uređivanja i objavljivanja znanstvenih radova u časopisima medicinske tematike koje je objavio Međunarodni odbor urednika medicinskih časopisa (International Committee of Medical Journal Editors – ICMJE), detaljnije na: <http://www.icmje.org/journals-following-the-icmje-recommendations/>.

Urednici časopisa *Socijalna psihijatrija* također su obvezni osigurati integritet i promicati inovativne izvore podataka temeljenih na dokazima, kako bi održali kvalitetu i osigurali utjecaj objavljenih radova u časopisu, a sukladno načelima iznesenim u Sarajevskoj deklaraciji o integritetu i vidljivosti (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5209927/>).

## Uredništvo

Svaki rad zaprimljen u Uredništvu časopisa *Socijalna psihijatrija* pregleđava glavni urednik. Ako rad ne zadovoljava kriterije opisane u Uputama za autore, glavni urednik časopisa rad vraća autoru. Radovi koji zadovoljavaju uvjete bit će upućeni na recenziju.

## Recenzija

Radovi koji su pisani prema Uputama za autore, šalju se na recenziju. Časopis *Socijalna psihijatrija* recenzentima savjetuje da se pridržavaju uputa u Uputama za recenzente koje su dostupne na mrežnim stranicama Časopisa.

## Aim & Scope

*Socijalna psihijatrija* is a peer-reviewed journal intended for publication of manuscripts from the fields of social psychiatry, clinical psychiatry and psychology, biopsychology, psychotherapy, forensic psychiatry, war psychiatry, alcoholism and other addictions, mental health protection among persons with intellectual and developing disabilities, epidemiology, deontology and psychiatric service organisations.

All manuscripts must be written in the Croatian and English language.

All manuscripts undergo the same review process if they follow the scope of the Journal and fulfil the conditions according to the Author guidelines.

The Editorial board will not take the responsibility for the viewpoint of the Author's manuscript – it remains the exclusive responsibility of an Author.

*Socijalna psihijatrija* publishes the following types of articles: editorials, original scientific papers, professional papers, review's, case reports, reports on drugs and methods of treatment, short announcements, annotations, news, book review's, letters to the editor, and other papers in the field of social psychiatry.

Exceptionally, the Editorial board can accept other kinds of paper (social psychiatry event paper, social psychiatry history-related paper, etc.).

During the whole peer-reviewed process, the *Socijalna psihijatrija* journal follows the Committee of publication ethics (COPE) guidelines ([https://publicationethics.org/files/Code%20of%20Conduct\\_2.pdf](https://publicationethics.org/files/Code%20of%20Conduct_2.pdf)) as well as the "Recommendations for the conduct, reporting editing, and publication of scholarly work in medical journals" set by the International Committee of Medical Journal Editors (ICMJE - <http://www.icmje.org/journals-following-the-icmje-recommendations/>).

Editors at the *Socijalna psihijatrija* journal pay close attention to the integrity and visibility of scholarly publications as stated in Sarajevo Declaration (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5209927/>).

## Editorial board

Each received manuscript is evaluated by the Editor-in-Chief. The manuscripts that do not meet the main criteria listed in the Author guidelines are returned to the Author. Manuscripts that are qualified are processed further.

## Peer-review

Manuscripts that meet the scope of the Journal and are prepared according to the Author guidelines are sent to peer-review.

*Socijalna psihijatrija* advises its reviewers to adhere to the Journal's Guidelines for peer-reviewers available on the Journal webpage.

## Etički kodeks

Podrazumijeva se da su svi autori radova suglasni o publikaciji i da nije dan dio rada nije prije publikacije u *Socijalnoj psihijatriji* već bio objavljen u drugom časopisu te da nije u postupku objavljivanja u drugom časopisu. Uredništvo može objaviti neki već prije tiskani tekst uz dogovor s autorima i izdavačima.

Rad objavljen u *Socijalnoj psihijatriji* smije se objaviti drugdje bez dopuštenja autora, uredništva i izdavača, uz navod da je već objavljen u *Socijalnoj psihijatriji*.

## Autorska prava i licence

Nakon što je rad prihvaćen autori moraju jamčiti da su sva autorska prava na rukopis prenesena u časopis *Socijalna psihijatrija*. Izdavač (Medicinska naklada d.o.o.) ima pravo reproducirati i distribuirati članak u tiskanom i elektroničkom obliku bez traženja dopuštenja od autora. Svi objavljeni rukopisi podliježu licenci *Creative Commons Attribution* koja korisnicima omogućuje čitanje, preuzimanje, kopiranje, distribuiranje, ispis, pretraživanje ili povezivanje punih tekstova ovih članaka u bilo kojem mediju ili formatu. Također, korisnici mogu mijenjati tekst pod uvjetom da je originalni rad pravilno naveden i bilo kakva promjena pravilno naznačena. Potpuna zakonska pozadina licence dostupna je na: <https://creativecommons.org/licenses/by/4.0/legalcode>

## Sukob interesa

Časopis *Socijalna psihijatrija* potiče i podržava sve autore i recenzente da prijave potencijalne sukobe interesa kako bi se osigurala transparentnost prigodom pripreme i recenzije radova. Prema ICMJE-u: „Sukob interesa postoji ako autorove (ili institucija u kojoj je autor zaposlen) finansijske (zaposlenje, u posjedu dionica, plaćeni honorar), akademске, intelektualne ili osobne veze neprimjereno utječu na njegove odluke“ (detaljnije objašnjenje dostupno je na mrežnim stranicama ICMJE-a: <http://www.icmje.org/conflicts-of-interest/>).

## Otvoreni pristup

Časopis *Socijalna psihijatrija* je časopis otvorenog pristupa i njegov je sadržaj dostupan besplatno na mrežnim stranicama časopisa.

## Naplata troškova prijevoda radova

Autor snosi troškove prijevoda na engleski ili hrvatski jezik, odnosno lektoriranja rada.

## Oprema rukopisa

Rad i svi prilozi dostavljaju se isključivo u elektroničkom obliku. Preporučena duljina teksta iznosi do 20 kartica (1 kartica sadrži 1800 znakova s razmacima). Tekstove treba pisati u Wordu, fontom postavljenim za stil Normal, bez isticanja unutar teksta, osim riječi koje trebaju biti u boldu ili italicu. Naslove treba pisati istim fontom kao osnovni tekst (stil Normal), u poseban redak, a hijerarhiju naslova može se označiti brojevima (npr. 1., 1.1., 1.1.1. itd.).

Autor koji je zadužen za dopisivanje treba navesti titulu, ime i prezime, adresu, grad, državu i adresu e-pošte. Također je potrebno navesti i ORCID identifikatore svih autora (više na <https://orcid.org/register>). Naslovna stranica rada sadrži: naslov i skraćeni naslov rada, puna imena i prezimena svih autora, naziv ustanova u kojima rade. Sažetak treba sadržavati do 200 riječi. U sažetku treba navesti temu i svrhu rada, metodologiju, glavne rezultate i kratak zaključak. Uz sažetak treba navesti 3 do 5 ključnih riječi koje su bitne za brzu identifikacijsku klasifikaciju sadržaja rada.

Znanstveni i stručni radovi sadrže ove dijelove: sažetak, uvod, cilj rada, metode, rezultati, rasprava i zaključci.

*Uvod* je kratak i jasan prikaz problema; u njemu se kratko spominju radovi onih autora koji su u izravnoj vezi s istraživanjem što ga rad prikazuje.

## Ethical code

All the submissions are accepted with the understanding that they have not been and will not be published elsewhere in any substantially format.

The Editorial board, with the agreement of the Author and Publisher, can republish previously published manuscripts.

The manuscript published in *Socijalna psihijatrija* can be published elsewhere without the permission of the Author, Editorial board and Publisher, with the note that it has already been published in *Socijalna psihijatrija*.

## Copyright and publication licence

After a manuscript is accepted for publication, the Authors must guarantee that all copyrights of the manuscript are transferred to *Socijalna psihijatrija*. The publisher (Medicinska naklada d.o.o.) has the right to reproduce and distribute manuscripts in printed and electronic form without asking permission from Authors. All manuscripts published on line are subject to the Creative Commons Attribution License which permits users to read, download, copy, distribute, print, search, or link to the full texts of these articles in any medium or format. Furthermore, users can remix, transform, and build upon the material, provided the original work is properly cited and any changes properly indicated. The complete legal background of the license is available at: <https://creativecommons.org/licenses/by/4.0/legalcode>.

## Conflict of interest

*Socijalna psihijatrija* encourages all Authors and Reviewers to report any potential conflicts of interest to ensure complete transparency regarding the preparation and reviewing of the manuscript. According to the International Committee of Medical Journal Editors (ICMJE): “Conflict of interest exists when an author (or the author’s institution) has financial (employment, consultancies, stock ownership, honoraria and paid expert testimony) or personal relationship, academic competition or intellectual passion that inappropriately influences his actions.” (available at: <http://www.icmje.org/conflicts-of-interest/>).

## Open-access

*Socijalna psihijatrija* is an open-access journal, and all its content is free and available at the Journal's webpage.

## Article processing charges

The translation or language editing of the manuscript from Croatian to English (and vice versa) is funded by authors.

## Manuscript preparation

Manuscripts, figures and tables should be submitted in electronic form. Normally, manuscripts should be no longer than 20 standard pages (one standard page is 1800 keystrokes – characters with spaces). Texts should be written in Microsoft Word, in a continuous font and style: the one set under the Normal style, with no additional font effects used other than words that should be in bold or italic. Tittles should be written in the same font as the rest of the text (Normal style) in a separate row, and title hierarchy should be shown using numbers (e.g. 1., 1.1., 1.1.1., etc.).

There should be a title, name and surname, address, town, state and e-mail indicated for the corresponding author.

The title page should contain: the full and shortened title of the article, full names and full surnames of all authors of the article, and the institution they work for. All the authors should also provide an ORCID ID (please check the following website: <https://orcid.org/register>). The article should have a summary not exceeding 200 words. The summary should briefly describe the topic and aim, the methods, main results,

*Cilj* je kratak opis što se namjerava istraživati, tj. što je svrha istraživanja.

*Metode* se prikazuju tako da se čitatelju omogući ponavljanje opisanog istraživanja. Metode poznate iz literature ne opisuju se, već se navode izvorni literaturni podaci. Ako se navode lijekovi, rabe se njihova generička imena (u zagradi se može navesti njihovo tvorničko ime).

*Rasprava* sadrži tumačenje dobivenih rezultata i njihovu usporedbu s rezultatima drugih istraživača i postojećim spoznajama na tom području. U raspravi treba objasniti važnost dobivenih rezultata i njihova ograničenja, uključujući i implikacije vezane uz buduća istraživanja, ali uz izbjegavanje izjave i zaključaka koji nisu potpuno potvrđeni do bivenim rezultatima.

*Zaključci* trebaju odgovarati postavljenom cilju istraživanja i temeljiti se na vlastitim rezultatima.

Tablice treba smjestiti unutar Word-dokumenta na kraju teksta, a označiti mjesto njihovog pojavljivanja u tekstu. Ako se tablica daje u formatu slike (tj. nije izradena u Wordu), za nju vrijede upute kao za slike. Svaka tablica treba imati redni broj i naslov.

Slike treba priložiti kao posebni dokument u .tiff ili .jpg (.jpeg) formatu, minimalne rezolucije 300 dpi. Uz redni broj svaka slika treba imati legendu. Reprodukciju slika i tablica iz drugih izvora treba popratiti dopuštenjem njihova autora i izdavača.

Rad može sadržavati i zahvalu na kraju teksta.

U tekstu se literaturni podatak navodi arapskim brojem u zagradi.

## Literatura

Časopis *Socijalna psihijatrija* usvojila je Vancouverski stil citiranja literature, prema standardima ICMJE koji preporučuju citiranje djela objavljena u cijelosti, odnosno ona koja su javno dostupna, što ujedno znači da treba izbjegavati navodenje sažetaka, usmenih priopćenja i sl. Ponovno citiranje nekog rada treba označiti istim brojem pod kojim je prvi put spomenut.

Prigodom doslovnog navodenja izvataka iz drugog teksta koriste se navodnici. Ovaj način citiranja treba koristiti samo u slučajevima kada se informacija ne može kvalitetno preformulirati ili sažeti (npr. kod navodenja definicija).

Sekundarno citiranje odnosi se na slučaj kada autor koristi navod iz djela kojem nema pristup, već je do navoda došao posredstvom drugog rada u kojem je izvorni rad citiran. Ovaj način citiranja treba izbjegavati gdje god je to moguće, odnosno uvijek treba pokušati pronaći izvorno djelo. Ako to nije moguće, u popisu literature se navodi rad koji je zaista korišten, a ne rad u kojem je informacija primarno objavljena.

### 1. Autori

Ako djelo ima šest autora, navode se svi autori. Ako djelo ima više od šest autora, navodi ih se prvih šest, a ostali se označavaju kraticom *et al.* ili *i sur.* Prvo se navodi prezime, a potom inicijali imena. Više inicijala imena iste osobe piše se bez razmaka.

### 2. Naslov i podnaslov rada

Prepisuju se iz izvornika i međusobno odvajaju dvotočkom. Samo prva riječ naslova i vlastita imena (osobna, zemljopisna i dr.) pišu se velikim početnim slovom.

### 3. Naslov časopisa

Naslovi časopisa skraćuju se sukladno sustavu koji koristi MEDLINE (popis kratica dostupan je na adresi: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). Naslov časopisa se ne skraćuje ako se on ne nalazi na prethodno navedenom popisu kratica.

### 4. Numerički podatci o časopisu

Arapskim brojkama upisuju se podatci koje se može pronaći u samom izvorniku ili u nekoj bibliografskoj bazi podataka i to sljedećim redom: godina, volumen ili svezak, sveščić ili broj (engleski *issue* ili *number* – no.), dio (engleski *part*), dodatak (engleski *supplement* ili *suppl.*),

and conclusion. The summary should be followed by 3 to 5 key words for easy identification and classification of the content of the article.

Original scientific and professional papers should be arranged into sections as follows: summary, introduction, aim, methods, results, discussion and conclusion.

The Introduction section is a short and clear overview; it briefly mention Authors involved with the research of the paper.

The Aim section briefly describes the goals and intentions of the research, i.e. the point of the research.

The Methods section should be presented in such way as to allow the reader to replicate them without further explanation. Methods known from the literature need not be described but should simply be referred to by their generic names (trade names should be given in parentheses). The Discussion section includes the results and their comparison with the results of other researchers and well known scientific knowledge in that area. It should also explain the significance of the results and their limitations, including implications regarding future studies, statements and conclusions that are not verified by the results should be avoided. The Conclusions section should correspond to the aim of the study and be based on its results.

Tables should be placed at the end of the text in the Word document and with an indication where they are to appear in the published article. If the table is submitted as an image (i.e. is not constructed in Microsoft Word), the same instructions as for images apply.

Images should be submitted separately in .tiff or .jpg (.jpeg) format, with a minimum resolution of 300 dpi. Every image should have a number and caption. Reproduction of images and tables from other sources should be accompanied by a full reference and authorization by their Authors and Publisher.

The manuscript may have an acknowledgement at the end of the text. References should be written with Arabic numerals in parentheses.

## References

*Socijalna psihijatrija* applies the Vancouver referencing style according to the International Committee (ICMJE) standards. ICMJE recommends citation of the complete manuscripts, i.e. publicly accessible manuscripts, meaning that summaries, announces, etc. should be avoided.

Repeated citing of a manuscript should be marked by the same number as when it is mentioned for the first time.

Quotation marks should be used when citing another text. This mode of citation should only be used when the information cannot be properly reformulated or summarized (e.g. when referring to a definition). Secondary citations refer to cases when Authors quote a passage from an inaccessible work to using a different text than the one where the quote originated. This kind of quotation should be avoided as much as possible i.e. always try to find the original scientific manuscript. In cases when it is not possible, the manuscript should cite the work that was used and not the work in which the information was primarily published.

### 1. Authors

In case the manuscript has six or fewer Authors, all of them should be listed. Should the manuscript have more than six Authors, the first six should be listed and the rest of them marked with the abbreviation *et al.* or *i sur.* First list the surname and then the initials of the first name(s). Multiple initials for the same person should be written without spaces.

### 2. Title and subtitle

Titles and subtitles are copied from the original and separated by a colon. Only the first word of the title and name are written in capital letters.

### 3. Journal title

Journal titles are shortened according to the MEDLINE system (a list of abbreviations is available at: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>). The title of the journal is not shortened if it is not found in the abovementioned shortcut list.

stranice (engleski *pages*). Broj sveščića upisuje se u okruglu zagradu, a obvezno ga je upisati ako paginacija (numeracija) svakog sveščića počinje od 1. Ako ne možete prepoznati broj/sveščić časopisa (primjerice, kad su sveščići uvezani), taj se podatak može izostaviti. Stranice rada se upisuju od prve do zadnje.

Primjer:

Kingdon DG, Aschroft K, Bhandari B, Gleeson S, Warikoo N, Symons M et al. Schizophrenia and borderline personality disorder: similarities and differences in the experience of auditory hallucinations, paranoia and childhood trauma. *J Nerv Ment Dis* 2010; 10(6): 399-403.

## 5. Izdanje knjige

Navodi se rednim brojem i kraticom izd. Rednom broju sveska knjige (ako je djelo u više svezaka) prethodi oznaka sv.

## 6. Grad izdanja

Upisuje se prvi grad naveden u izvorniku, za sve ostale se dodaje itd. (engleski *etc.*).

## 7. Izdavač

Prepisuje se iz izvornika.

## 8. Godina izdanja

Prepisuje se s naslovne stranice, a ako nije navedena godina izdanja, bilježi se godina copyright-a © koja se često nalazi na poledini naslovne stranice.

Primjer:

Kring AM, Johnson SL, Davison GC, Neale JM. *Abnormal Psychology*. New York: Wiley, 2013.

## 9. Poglavlje u knjizi

Opisuje se prvo autorima i naslovom poglavlja, nakon čega slijede podatci o knjizi. Ispred navođenja urednika knjige stavljaju se riječ u: (engleski *in:*), a iza u okrugloj zagradi ur. (engleski *ed.*)

Primjer:

Millon T. Brief History of Psychopathology. In: Blaney PH, Millon T (eds.) *Oxford Textbook of Psychopathology*. New York: Oxford University Press, 2009.

## 10. Stranica knjige

Navode se samo ako se citira dio knjige, uz oznaku str. (engleski *pages*).

Primjer:

Mimica N. Delirij. U: Begić D, Jukić V, Medved V. (ur.). Psihijatrija. Zagreb: Medicinska naklada, 2015, str. 84-86.

## 11. URL/Web adresa

Obavezno se navodi za mrežne izvore.

## 12. Datum korištenja/pristupa

Obavezno se navodi za mrežne izvore.

## 13. DOI

Ako postoji, obavezno se navodi za mrežne izvore.

Primjer:

Cook A, Spinazzola J, Ford J, Lanktree C, Blaustein M, Cloitre M, DeRosa R, Hubbard R, Kagen R, Liautaud J, Mallah K, Olafson E, van der Kolk B. Complex trauma in children and adolescents. *Psych Ann* 2005; 35(5): 390-398. Preuzeto 14. listopada 2017. <https://doi.org/10.3928/00485713-20050501-05>.

## 4. Numerical journal data

The data that can be found in the original or in any of the bibliographic database should be written in Arabic numerals, in the following order: year, volume, issue, part, supplement, pages. Issue number is entered in parentheses and it is required to enter it starting from 1. In case the issue of the Journal cannot be recognized (e.g. when the issues are bonded), that data may be omitted. The page numbers are written from first to last.

E.g.

Kingdon DG, Aschroft K, Bhandari B, Gleeson S, Warikoo N, Symons Metal. Schizophrenia and borderline personality disorder: similarities and differences in the experience of auditory hallucinations, paranoia and childhood trauma. *J Nerv Ment Dis* 2010; 10(6): 399-403.

## 5. Book issue

Book issue is indicated by the ordinary number and the abbreviation "Ed". In case the book has more than one volume, use the abbreviation "Vol".

## 6. City of issue

Insert only the first city from the original work. For every additional city, use the abbreviation etc.

## 7. Publisher

Copy from the original.

## 8. Year of issue

Copy it from the main page. In case the year is not indicated, the copyright year should be written (it can be found at the end of the book).

E.g.

Kring AM, Johnson SL, Davison GC, Neale JM. *Abnormal Psychology*. New York: Wiley, 2013.

## 9. Book chapter

Book chapter should list the authors and title followed by book data. Use the abbreviation "In" before the Editor's name:

E. g.

Millon T. Brief History of Psychopathology. In: Blaney PH, Millon T (eds.) *Oxford Textbook of Psychopathology*. New York: Oxford University Press, 2009.

## 10. Book page

Book pages are marked with "pages" only if a part of the book is being quoted:

E. g.

Mimica N. Delirij. U: Begić D, Jukić V, Medved V. (ur.). Psihijatrija. Zagreb: Medicinska naklada, 2015, pages: 84-86.

## 11. Web address

Required for online resources.

## 12. Date of use

Required for online resources.

## 13. DOI

If available, it is mandatory to cite online resources.

E. g.

Cook A, Spinazzola J, Ford J, Lanktree C, Blaustein M, Cloitre M, et al. Complex trauma in children and adolescents. *Psych Ann* 2005; 35(5): 390-398. Accesed 14. October 2017. <https://doi.org/10.3928/00485713-20050501-05>.