

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 Janović¹, Špiro Janović²

¹Klinika za psihijatriju i psihološku medicinu, Klinički bolnički centar Zagreb, Medicinski fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska; ²Ministarstvo hrvatskih branitelja, Zagreb, Hrvatska

¹Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia; ²Ministry 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 psihijatriju i psihološku medicinu

Klinički bolnički centar Zagreb

Kišpatićeva 12

10 000 Zagreb, Hrvatska

E-pošta: mbajs@yahoo.com

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UVOD

Zavod za hitna i krizna stanja s Nacionalnim centrom za psihotraumatologiju od 2016. g. razvojno ujedinjuje nekoliko jedinica Klinike za psihijatriju 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 psihijatriju 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

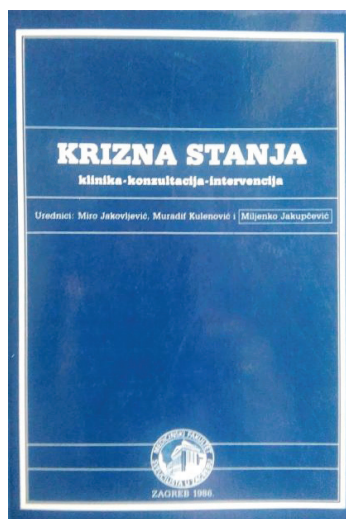
U prvom razdoblju, od 1986. do 1991. g. CKS pruža bolničku (4 kreveta) i polikliničku psihijatrijsku, psihološku i socijalnu skrb te 24-satnu kriznu telefonsku liniju za osobe koje trebaju pomoć u kriznom

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 Bamburač, 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 funkcioniranja 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 prihvata 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 osniva se vojna ambulanta sa specifičnom skrbi 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 konzilijarna psihijatrijska služba koja pruža psihijatrijsku i psihološku skrb ranjenima i ozlijeđenima 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 djeluje 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 ekonomske 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, ekonomske 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 pogođenih 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 ohrabivanje 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. Pita-mo i kako se osoba suočava sa situacijom, koje svoje metode koristi i koliko je u tome uspješna. Savjetuju se tehnike samopomoći. U vremenima krize, dobro je, privremeno, kontrolirati očekivanja i pričekati neka bolja vremena. Ponekad, zajedno s pozivate-ljem, 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 ri-zične situacije, kada interveniramo i koordiniramo skrb za korisnika, uz pomoć hitne medicinske po-moći i policije. Ponekad je potrebno i više razgovo-ra, a osobe osjetljive na stres ili naročito pogođene stresnom situacijom, mogu trebati učestalije inter-ventivne. Uz ventilaciju i podržavajuće savjetovanje, upućuje se na osnaživanje mehanizama prilagodbe i edukaciju o samoprocjeni i tehnikama savladavanja stresa. U kriznom telefonskom savjetovanju nagla-šena je i potreba za privatnošću i zaštitom koja se maksimalno poštuje. Burne reakcije se umiruju, sta-biliziraju 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-savje-te i upute. Uz to, osnažuju se i podržavaju individualni mehanizmi za prevladavanje stresnog stanja i traži pomoć obitelji, kada je dostupna. Poseban oblik savjetovanja za branitelje i obitelji branitelja osigu-rava 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 telefon-sku 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 prijemom 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 medi-cinske pomoći. Uz hitnu psihijatrijsku ambulantu organizirana je i psihijatrijska opservacija (4 kreve-ta). Hitna psihijatrijska ambulanta pruža brzu di-jagnostičku i terapijsku intervenciju, uz diferencijal-nodijagnostičku procjenu i liječenje komorbiditeta.

important to focus on strengthening adjustment mech-anisms and to educate about self-assessment and stress management techniques. Crisis telephone counselling also requires the protection of privacy, which is respect-ed to the highest degree. Violent reactions are calmed down, emotions stabilized, and options for resolving the situation or seeking help are negotiated. It is proba-bly most important to emphasize that in crisis counsel-ling 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, individ-ual mechanisms for coping with stress are strengthened and supported and family help is sought, if available. The National Centre for Psychotrauma provides a spe-cial form of counselling for veterans and their families.

Due to the COVID-19 pandemic and stricter epidemio-logical measures in the period 2020-2021, a telephone out-reach programme has been implemented, includ-ing telephone communication with patients who are unable to come to a psychiatric examination. In gener-al, 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 consol-idated emergency hospital admission at the University Hospital Centre Zagreb. The municipality of Maksimir acts as the competent area for emergency hospitaliza-tion. Emergency psychiatric examination is available to all persons who request it or are brought in the hospi-tal via an emergency medical service. In addition to the emergency psychiatric outpatient clinic, a psychiatric ob-servation (4 beds) has also been organized. The emergen-cy psychiatric outpatient clinic provides prompt diagnos-tics 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 psychiat-ric outpatient clinics: Outpatient clinic for acute reac-tions to stress and crisis situations, Outpatient clinic for post-traumatic stress disorder, Outpatient clinic for clinical psychiatry and Outpatient clinic for forensic ex-pertise in psychiatry. Psychological outpatient clinics provide psychological testing, individual psychothera-py and neurofeedback services. Outpatient clinics op-erate as admission centres for acute patients in crisis and patients subjected to outpatient psychiatric treat-ment. Psychiatric treatment follows the biopsychoso-cial 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 psihologijskog 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 diferentne 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 diferentne bolničke kapacitete za brzi prihvati 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 diplomatske 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 organized 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, učinkovitijim 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 psihijatriju 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. Također, 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-

choatrauma 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 primarius 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.

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