Socijalna psihijatrija

UDC 616.89
SPSIDE 46 (4) 339-484 (2018)
ISSN 2459-6140

VOL. 46 – 2018
BROJ/NUMBER 4
ZAGREB, prosinac/December 2018.

SADRŽAJ / *CONTENTS*

Uvodna riječ
/ Introductory Word

Prema podatcima Svjetske zdravstvene organizacije oko 70 % mentalnih poremećaja ima započinje prije 25. godine života. U današnjem suvremenom svijetu mentalni poremećaji u populaciji djece i adolescenata najveći su javnozdravstveni izazov. Može se reći da se svijet danas suočava s epidemijom mentalnih poremećaja u djece i adolescenata različite vrste i težine. Mentalni poremećaji su vodeći uzrok opterećenja bolestima u dobi do 19 godina, a samoubojstva u dobnoj skupini 15-19 godina su na drugom mjestu uzroka smrtnosti. Osim što mentalni poremećaji umanjuju i kvalitetu života, funkcionalnost i produktivnost mladih osoba, oni ugrožavaju život, a time i cjelokupni gospodarski razvoj neke zemlje.

Mentalno je zdravlje sastavni dio općega zdravlja te je važan izvor zdravog razvoja i dobrobiti za pojedinca, obitelj i zajednicu u cjelini. Stoga se danas na mentalno zdravlje mladih gleda kao na važan kapital nužan za napredak cjelokupnog društva. Nedostatak znanja, neupućenost, stigma i diskriminacija često su razlozi zbog kojih se na probleme mentalnog zdravlja gleda drugačije nego na probleme tjelesnog zdravlja što često rezultira njihovim kasnim prepoznavanjem i pružanjem potrebne skrbi.

Ovaj tematski broj *Socijalne psihijatrije* nastao je povodom 2. hrvatskog kongresa o mentalnom zdravlju djece i mladih s međunarodnim sudjelovanjem pod nazivom „Mentalno zdravlje djece i mladih – bogatstvo naroda“ koji je održan 18.-19. svibnja 2018. godine u Zagrebu pod visokim pokroviteljstvom Predsjednice Republike Hrvatske Kolinde Grabar-Kitarović, Ministarstva zdravstva, Ministarstva za demografiju, obitelj, mlade i socijalnu politiku i Grada Zagreba.

According to the World Health Organization, about 70% of mental disorders have their beginning before the age of 25. In today's contemporary world, mental disorders in the population of children and adolescents are the greatest public health challenge. It can be said that nowadays the world is facing the epidemic of mental disorders in children and adolescents of various kinds and severity. Mental disorders are the leading cause of disease burden up to the age of 19, and suicide is the second cause of death in the age group of 15 to 19. Apart from reducing the quality of life, the functioning and productivity of young people, mental disorders endanger life and thus the overall economic development of a country.

Mental health is a part of the overall health and an important source of healthy development and well-being for an individual, family and a community. Thus, mental health today is viewed as an important capital necessary for the development of the whole society. Lack of knowledge and information, stigma and discrimination are often the reasons why mental health problems are viewed differently than the problems of physical health, which often results in their late recognition and the provision of necessary care.

This thematic issue of "Social Psychiatry" has been developed for the occasion of the 2nd Croatian congress on mental health of children and youth with international participation entitled „Mental health of children and youth – the wealth of a nation“, which took place on May 18-19, 2018 in Zagreb under the patronage of the President of the Republic of Croatia, Kolinda Grabar-Kitarović, the Ministry of Health, the Ministry of demography, family, youth and social welfare and the City of Zagreb.

Suvremeni pristup mentalnom zdravlju djece i mladih temelji se na holističkom konceptu koji uključuje: aktivnosti javnog zdravstva i prevenciju mentalnih poremećaja, pozitivno mentalno zdravlje za sve i promociju mentalnog zdravlja, zdravstvenu skrb i liječenje mentalnih poremećaja, obrazovnu i socijalnu politiku za jednakost mladih s mentalnim poremećajima kao i njihovih obitelji, borbu protiv stigmatizacije i diskriminacije, poštivanje dostojanstva i osiguravanje ljudskih prava osoba s mentalnim poremećajima.

Sveobuhvatni pristup mentalnom zdravlju ogledao se i u programu Kongresa koji je obuhvaćao usmena i poster izlaganja te radionice na kojima su prikazane i diskutirane teme iz područja zdravstvene zaštite, obrazovanja, socijalne politike, zaštite ljudskih prava mladih s problemima mentalnog zdravlja kao i primjeri dobre prakse.

U ime organizatora Kongresa: Hrvatske udruge za dojenačku, dječju i adolescentnu psihijatriju, Psihijatrijske bolnice za djecu i mladež i Poliklinike za zaštitu djece i mladih Grada Zagreba te uredničkog tima zahvaljujemo autorima radova i Uredničkom odboru na prigodi da profesionalnom i širem čitateljstvu časopisa *Socijalna psihijatrija* omogući dostupnost proširenih radova s Kongresa.

Gošće-urednice:
Doc. dr. sc. Vlatka Boričević Maršanić
Prof. dr. sc. Gordana Buljan Flander
Prof. dr. sc. Vlasta Rudan
Prof. dr. sc. Dubravka Kocijan Hercigonja

The modern approach to mental health of children and young people is based on a holistic concept that involves public health activities and the prevention of mental disorders, positive mental health for all and the promotion of mental health, health care and the treatment of mental disorders, educational and social policy for the equality of young people with mental disorders as well as their families, fighting stigmatization and discrimination, respecting dignity and ensuring the human rights of people with mental disorders.

A comprehensive approach to mental health was also reflected in the congress program that included oral and poster presentations and workshops on which topics of health care, education, social welfare, the protection of human rights of young people with mental health problems as well as examples of good practice were presented and discussed.

On behalf of the organizers of the congress, the Croatian Society for Infant, Child and Adolescent Psychiatry, Child and Adolescent Psychiatric Hospitals, the Child and Youth Protection Centre of Zagreb and the editorial team, we thank the authors of the papers and the editorial board for the opportunity to provide the professional and broad readership of the "Social Psychiatry" journal with the extended works from the congress.

Guest Editors:
Ass. Prof. Vlatka Boričević Maršanić, MD, PhD
Prof. Gordana Buljan Flander, PhD
Prof. Vlasta Rudan, MD, PhD
Prof. Dubravka Kocijan Hercigonja, MD, PhD

Ekspertiza i razvoj hrvatske politike mentalnog zdravlja: percepcija stručnjaka iz područja mentalnog zdravlja

/ Expertise and Development of Croatian Mental Health Policy: the Perception of Mental Health Professionals

Miranda Novak[1], Ana Petek[2]

[1]Edukacijsko-rehabilitacijski fakultet, Sveučilište u Zagrebu, [2]Fakultet političkih znanosti, Sveučilište u Zagrebu
/ Faculty of Education and Rehabilitation Sciences, University of Zagreb, Zagreb, Croatia, [2]Faculty of Political Sciences, University of Zagreb, Zagreb, Croatia

Prethodna su istraživanja pokazala da hrvatska politika mentalnog zdravlja nije politički prioritet, da joj nedostaje interdisciplinarnosti, međusektorske suradnje i holističkog pristupa. Slijedeći pretpostavku da je jedan od glavnih razloga za takvo polazište niska razina korištenja znanja pri stvaranju politike mentalnog zdravlja, ova studija pokušala je ispitati ulogu ekspertize i prijenosa znanja u razvoju hrvatske politike mentalnog zdravlja. Istraživanje je provedeno metodom *snowball* u proljeće 2018., obuhvatilo je 124 sudionika, stručnjaka iz različitih ustanova koje se bave mentalnim zdravljem. Za potrebe ove studije razvijen je upitnik „Razvoj hrvatske politike mentalnog zdravlja". Prikupljeni kvalitativni i kvantitativni podatci pokazali su da stručnjaci iz sektora mentalnog zdravlja kreiranje politike u svome polju opisuju kao nekvalitetno i u ovisnosti o visokim vladinim tijelima kojima upravlja politička elita nezainteresirana za mentalno zdravlje. Podatci također pokazuju da stručnjaci iz područja mentalnog zdravlja o poboljšanju politike mentalnog zdravlja razmišljaju u skladu s međunarodnim smjernicama. Pa ipak, sebe rijetko smatraju aktivnim činiteljima u procesu kreiranja politike. To nas vodi zaključku da stručnjaci trebaju podršku za umrežavanje, udruživanje radi zagovaranja i bolje međusektorske odnose kako bi utjecali na političku volju.

/ Previous research shows that Croatian mental health policy is not a political priority, that it lacks interdisciplinarity, intersectoral collaboration and a holistic approach. Following the assumption that one of the main reasons for this position is the low level of knowledge in mental health policy-making, this study was set to examine the role of expertise and knowledge translation in Croatian mental health policy development. The study was conducted during spring 2018 and has included 124 participants, professionals from different institutions dealing with mental health, using the snowball method. The questionnaire "Development of Croatian Mental Health Policy" was developed for the purpose of this study. The gathered qualitative and quantitative data shows that professionals in the mental health sector describe policy-making in the field as being of poor quality and highly dependent on top governmental bodies that are run by the political elite uninterested in mental health. The data also proves that mental health professionals in Croatia think about the improvement of mental health policy in line with international guidelines. Still, they rarely consider themselves an active force in policy-making. That leads us to the conclusion that experts and professionals need support to form networks, advocacy coalitions and better inter-sectoral relationships in order to influence the political will.

ADRESA ZA DOPISIVANJE / *CORRESPONDENCE*:
Doc. dr. sc. Miranda Novak
Znanstveno-učilišni kampus Borongaj
Borongajska cesta 83f
10 000 Zagreb, Hrvatska
E-pošta: miranda.novak@erf.hr

KLJUČNE RIJEČI / *KEYWORDS*:
Politika mentalnog zdravlja / *Mental health policy*
Ekspertiza / *Expertise*
Prijenos znanja / *Knowledge translation*
Proces stvaranja javnih politika / *Policy process*
Promocija mentalnog zdravlja / *Mental health promotion*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.343

UVOD

Suvremena međunarodna i hrvatska politika mentalnog zdravlja

Politika mentalnog zdravlja (PMZ) vrlo je širok pojam koji uključuje sve što država radi u ime mentalnog zdravlja, a što je planirano ili nije, bilo učinkovito ili ne, usmjereno prema bilo kojoj ciljnoj skupini (1). PMZ nužna je za planiranje i usklađivanje svih usluga i aktivnosti, tj. za to da ih se učini eksplicitnima, holističkima i učinkovitima (2). Razvijena PMZ upućuje na jasnu viziju o mentalnom zdravlju stanovništva u budućnosti, sa snažnim vrijednostima i principima koji se očituju u akcijskim planovima države. Učinkovita politika vodi dobrim ishodima u populaciji, poboljšanjima u organizaciji i dostupnosti skrbi, radu za opće dobro kao i uključenosti osoba s mentalnim poteškoćama u zajednicu (2). Svjetska zdravstvena organizacija nudi paket osnovnih smjernica za razvoj politike (2) kojim se rezultati mogu postići unutar pet do deset godina (slika 1). Osim preporuka, naglašava se dvanaest glavnih akcija povezanih s razvojem politike mentalnog zdravlja: promjene u financiranju, zakonodavstvo i ljudska prava, organizacija usluga, ljudski resursi i usavršavanje, promocija, prevencija, tretman

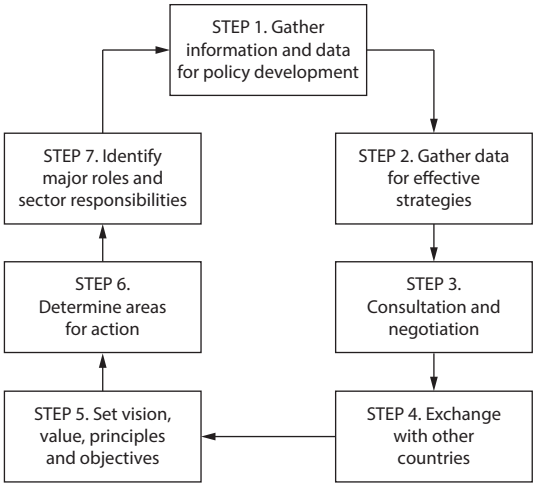

FIGURE 1. World Health Organization's recommendation of steps for mental health policy development. Source: WHO, 2005.

INTRODUCTION

Contemporary international and Croatian mental health policy

Mental health policy (MHP) is a very broad term which includes everything that the state does in the name of mental health, whether planned or not, effective or not, for any target group (1). MHP is essential in order to have a plan and synchronise all services and activities, i.e., to make them explicit, holistic and efficient (2). Developed MHP suggests a clear vision of the future mental health of the population, with strong values and principles reflected in state action plans. Effective policy leads to good population outcomes, improvements in the organization of care, accessibility, community services as well as engagement of people with mental disorders (2). The World Health Organization offers a package of essential guidelines for policy development (2) that could give results within five to ten years (see Figure 1). Apart from recommendations, twelve principal actions for mental health policy action are stressed: changes in financing, legislation and human rights, organization of services, human resources and training, promotion, prevention, treatment and rehabilitation, drug procurement and distribution, advocacy, quality improvement, information systems, research of policies and services and inter-sectoral collaboration (2).

Following that, since mental health is affected by numerous multifaceted factors, modern MHP has to be holistic and multisectoral, extended across different areas, combining health, social and equity approach with economic development (3,4). This means that it should spread outside the health sector and combine parts of several standard governmental sectors. Modern MHP based on a holistic approach to mental health consists of five areas: mental health care and treatment of mental disorders; public health activities and pre-

i rehabilitacija, nabava i distribucija lijekova, zagovaranje, unaprjeđenje kvalitete, informacijski sustavi, istraživanje politike i usluga i međusektorska suradnja (2).

U skladu s time, budući da na mentalno zdravlje utječu brojni višeznačni faktori, moderna PMZ mora biti holistička i multisektorska, protezati se kroz različita područja te s gospodarskim razvojem udruživati zdravstveni i društveni razvoj te pitanja pravednosti (3, 4). To znači da se treba proširiti izvan granica zdravstvenog sektora i kombinirati dijelove nekoliko standardnih vladinih resora. Moderna PMZ utemeljena na holističkom pristupu mentalnom zdravlju sastoji se od pet područja: skrb o mentalnom zdravlju i tretman mentalnih poremećaja; aktivnosti javnog zdravstva i prevencija mentalnih poremećaja; pozitivno mentalno zdravlje za sve i promocija mentalnog zdravlja; socijalne politike za jednakost ljudi s mentalnim poremećajima kao i njihovih obitelji; borba protiv stigmatizacije i diskriminacije sa svrhom dostojanstva i ljudskih prava osoba s mentalnim poremećajima (5,6).

Europski akcijski planovi za mentalno zdravlje ozbiljno su započeli 2005. godine s ministarskom konferencijom u Helsinkiju na kojoj je donesen *Green paper*, prva službena europska politika mentalnog zdravlja (slika 2). Ista je konferencija 2008. godine potvrdila pet prioritetnih područja u dokumentu *European Pact for Mental Health and Wellbeing* (Europski pakt za mentalno zdravlje i blagostanje). Društvene, političke i gospodarske promjene utječu na mentalno zdravlje ljudi širom svijeta te zahtijevaju veću odgovornost: na primjer, imigrantska kriza, nezaposlenost, društvene i zdravstvene nepravdedovode do zapanjujuće posljedice od 28-postotne prevalencije mentalnih poremećaja širom svijeta (3). Shvaćanje da su vlade odgovorne za zdravstvene implikacije svojih odluka te da je mentalno zdravlje populacije ključno za gospodarski napredak postaje dijelom globalnih i europskih akcijskih planova, kao i nužnim dijelom recentnog europskog pokreta *Zdravlje u*

vention of mental disorders; positive mental health for all and promotion of mental health; social policies for equity of people with mental disorders and their families; and fighting stigmatization and discrimination in the name of dignity and human rights of people with mental disorders (5,6).

European mental health action plans started with the 2005 Helsinki ministerial conference and a green paper, the first official European mental health policy (see Figure 2). In 2008 the same conference confirmed five priority areas in the document *European Pact for Mental Health and Wellbeing*. Societal, political and economic changes are affecting mental health of people worldwide and are calling for greater political responsibility: for example, immigration crisis, unemployment, societal and health inequities as well as the astounding consequences of the 28 percent of mental disorders prevalence worldwide (3). The notion that governments are responsible for health implications of their decisions and that the mental health of a population is key to economic progress is becoming part of global and European action plans, as well as an essential component of the latest European movement, *Health in All Policies* (3,4). *Health in All Policies* emphasizes health equity through the importance of consequences of public policies on health systems and crucial determinants of health and progress (4).

Coming back to the Croatian context that is the focus of this paper, Croatian MHP development is not very transparent or clearly described in literature (5,6), official documents or on the web of the Ministry of Health. The latest strategy, *The National Strategy for Mental Health Protection for the Period from 2011 to 2016*, was confirmed in 2010. It has six modern objectives: the promotion of mental health for all, access to mental disorders through preventive activities, the promotion of early intervention and treatment, enhancing life quality

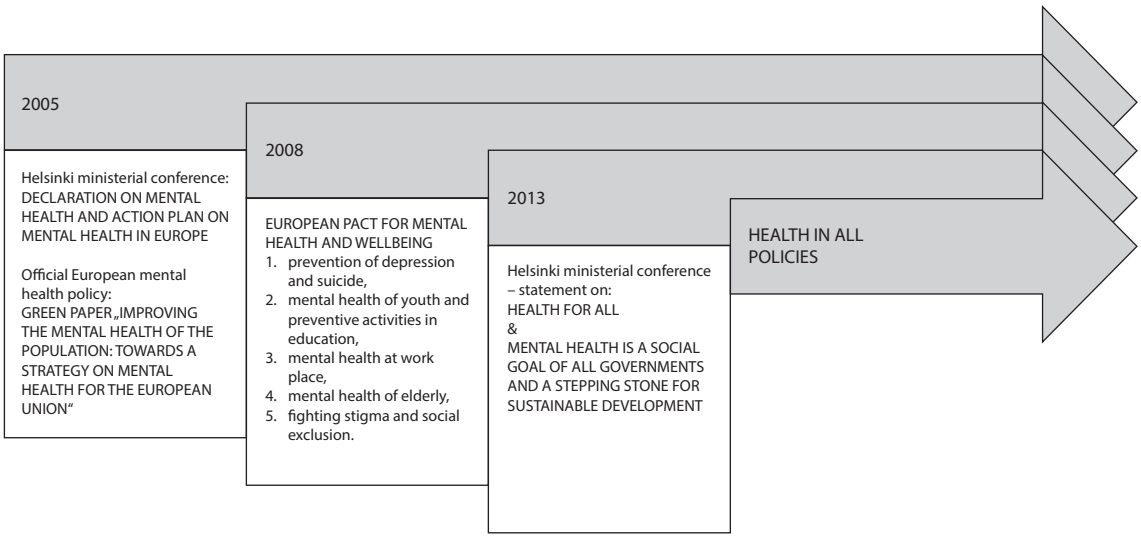

FIGURE 2. Short overview of most important contemporary mental health policy documents

svim politikama (3, 4). *Zdravlje u svim politikama* naglašava pravednost u zdravlju kroz važnost posljedica javnih politika na zdravstvene sustave i ključne odrednice zdravlja i napretka (4).

Vratimo li se hrvatskom kontekstu, koji je u fokusu ovog rada, razvoj hrvatske politike mentalnog zdravlja nije baš transparentan ni jasno opisan u literaturi (5,6), službenim dokumentima ili na web-stranici Ministarstva zdravstva. Posljednja strategija „Nacionalna strategija zaštite mentalnog zdravlja za razdoblje od 2011. do 2016." potvrđena je 2010. godine. Sadrži šest modernih ciljeva: promociju mentalnog zdravlja za sve; otkrivanje mentalnih poremećaja prevencijskim aktivnostima; promociju rane intervencije i tretmana; društvenu inkluziju i posljedično poboljšanje kvalitete života za ljude s mentalnim poremećajima ili invaliditetom; zaštitu ljudskih prava i digniteta; usklađivanje s drugim sličnim ili konkretnim strategijama te razvoj sustava istraživanja i informacija (7). Iako je vrlo usklađena s međunarodnim trendovima, ovu strategiju, koja je i kratka i nedovoljno precizno napisana, nisu slijedili akcijski planovi ili javni izvještaji o njezinoj učinkovitosti.

Mentalno zdravlje djece i mladih također je dio „Strateškog plana razvoja javnog zdravstva

for people with mental disorders or disability through social inclusion, the protection of human rights and dignity, alignment with other similar or specific strategies and the development of research and information systems (7). Although very much in line with international movements, this strategy, apart from being short and not written in a precise manner, was not followed by action plans or public reports on its effectiveness.

The mental health of children and youth is also part of the *Strategic Plan for Public Health Development for the Period from 2013 to 2015* since it includes activities of mental health promotion, prevention of alcohol consumption and early detection of anxiety and depression symptoms in children and adolescents (8). As far as the authors know, since only some colloquial information is circulating, there are two initiatives and working groups taking place now: a working group for the national strategy for mental health of adults and another one for the national strategy for mental health of children and youth. The new strategic plan for public health development is also being developed and is currently in the process of confirmation. There are no precise insights on these issues as this topic is heavily under-researched in Croatia, and

za razdoblje 2013.-2015.“ budući da uključuje aktivnosti promocije mentalnog zdravlja, prevencije konzumacije alkohola i rano otkrivanje simptoma anksioznosti i depresije kod djece i adolescenata (8). Prema onome što je autoricama dostupno, jer o tome postoji tek nešto neformalnih informacija, trenutno postoje dvije inicijative i radne skupine: radna skupina za nacionalnu strategiju za mentalno zdravlje odraslih i još jedna za nacionalnu strategiju za mentalno zdravlje djece i mladih. Novi Strateški plan razvoja javnog zdravstva također je u nastanku, a trenutno je u procesu potvrđivanja. O ovim pitanjima nema preciznijih saznanja budući da je ova tema u Hrvatskoj izrazito slabo istražena te još uvijek ne postoje istraživački projekti ili dostupne baze podataka o razvoju PMZ u Hrvatskoj.

Interdisciplinsko istraživanje hrvatske politike mentalnog zdravlja započele smo tijekom 2011. godine povezujući znanje iz područja promocije mentalnog znanja, prevencijske znanosti i javnih politika. Naša prethodna istraživanja i preliminarni rezultati pokazuju kako se u Hrvatskoj holistički pristup mentalnom zdravlju (4) još ne očituje u politici i da je mentalno zdravlje daleko od toga da bude politički prioritet (5, 6). Naša je pretpostavka da je jedan od glavnih razloga za ovu situaciju niska razina prijenosa znanja pri stvaranju politike mentalnog zdravlja. Kako bismo testirali tu hipotezu osmislili smo istraživanje koje je tema ovog rada, a koje propituje kako opisati ekspertizu u području mentalnog zdravlja i stvaranju politike mentalnog zdravlja u Hrvatskoj te kakva je povezanost korištenja ekspertize i stvaranja politike.

Prijenos znanja i stvaranje politika utemeljeno na dokazima

Često politička praksa i istraživanja u različitim poljima naglašavaju problem slabe uporabe znanja pri stvaranju politika, procijep između istraživanja i javnih politika te spor prijenos

there are still no research projects or available databases on MHP development in Croatia.

We started the interdisciplinary research of Croatian MHP during 2011, combining knowledge from the fields of mental health promotion, prevention science and public policy. Our previous research and preliminary findings show that a holistic approach to mental health (4) in Croatia is still not evident in policy-making and that mental health is far from being a political priority (5,6). We assume that one of the main reasons for this position is the low level of knowledge translation into mental health policy-making. To test this hypothesis, we conducted a study of the description of mental health expertise and mental health policy-making in Croatia and their interrelation.

Knowledge translation and evidence-based policy-making

Quite often political practice and research in different fields stress the problems of low usage of knowledge in policy-making, the gap between research and policy and the slow transfer of new findings into practice, which takes place within messy and complex processes (9-15). Development in diverse policy sectors towards a more successful, more efficient and more effective collective problem-solving is dependent on the incorporation of research findings and expertise into policy practice, which we could generally label as “knowledge-usage” in policy-making.[1]

Coming back to the policy-making cycle constituted by several phases following the logic of problem-solving, knowledge-usage is most important in the phases of policy formulation,

[1] The literature tries to grasp this phenomenon with many terms and concepts such as knowledge translation, knowledge transfer, knowledge brokering, knowledge or innovation uptake, knowledge or innovation diffusion, knowledge or research utilisation, information dissemination, evidence translation, evidence-based policy-making, evidence-informed policy-making and evidence-based management (9,10,12-15,21,22,24,25).

novih saznanja u praksu, koji se odvija kaotičnim i složenim procesima (9-15). U raznolikim javnim politikama razvoj prema uspješnijem – učinkovitijem – kolektivnom rješavanju problema ovisi o uključivanju rezultata istraživanja i stručnih nalaza u političku praksu, tj. o onome što bismo općenito mogli nazvati „korištenjem znanja" pri stvaranju politika[1].

Nekoliko je faza u ciklusu stvaranja politika, a koje slijede logiku rješavanja problema, pri čemu je korištenje znanja najvažnije u fazi formuliranja politike kad ju se tek osmišljava te u fazi evaluacije. Te se dvije faze temelje na ekspertizi, osobito na analizi javnih politika (*policy analysis*) koja koristi znanstvene metode, podatke i argumente –prije odlučivanja kako bi se evaluirale opcije za stvaranje politike i u fazi poslije odlučivanja u kojoj se evaluiraju njezini rezultati (16-20).

Stoga je glavni normativni argument mnogih političara, profesionalaca, znanstvenika, zaposlenika i drugih dionika taj da su više razine korištenja znanja u stvaranju politika ključan preduvjet za kvalitetno stvaranje politika (21). U literaturi su u posljednja dva desetljeća razvijeni mnogi modeli, okviri, strategije, putevi i faze za opisivanje te unaprjeđenje prijenosa znanja u stvaranje politika. Iako je većina radova u tom polju teorijska, postoje i empirijska istraživanja koja su većinom usmjerena na otkrivanje faktora koji utječu na premošćivanje jaza između znanja i javnih politika (21)[2]. To je osobito prisutno u zdravstvenom sektoru budući da politike i postupci utemeljeni na

when a policy is designed, and in its evaluation stage. These two phases are fundamentally based on expertise, especially on policy analysis that uses scientific methods, data and arguments in pre-decision form to evaluate policy options and in post-decision form to evaluate policy results (16-20).

Therefore, the basic normative argument of many politicians, experts, scholars, professionals and other stakeholders is that higher levels of knowledge-usage in policy-making constitute the key prerequisite for quality policy-making (21). The literature in the last two decades has developed many models, frameworks, strategies, pathways and phases to describe and enhance knowledge translation into policy-making. Even though most of the work in the field is theoretical, there have been some empirical studies focusing mostly on detecting the factors that influence closing the gap between knowledge and policy (21).[2] This is present especially in the health sector, since evidence-informed policies and actions can strengthen health systems and the population's health (22).[3] Studies in knowledge translation in the health sector are quite numerous. They stress incorporating knowledge and research findings into different levels of healthcare systems, into the work of professionals, consumers/patients' conduct, policymakers' decision-making and different stakeholders' advocacy (9,23-25).

Enhancing the quality of policy-making by increased usage of knowledge seems especially valid and important for mental health policy. "The involvement of governments in leading the delivery of evidence-based services is vi-

[1] Literatura ovaj fenomen pokušava obuhvatiti mnogim pojmovima i konceptima kao što su prevođenje znanja, prijenos znanja, posredovanje znanja, prihvaćanje znanja ili inovacija, širenje znanja ili inovacija, uporaba znanja i istraživanja, diseminacija informacija, prijenos dokaza, stvaranje politika utemeljeno na dokazima, stvaranje politika informirano dokazima i upravljanje utemeljeno na dokazima (9, 10, 12-15, 21, 22, 24, 25).

[2] Neki naglašavaju da su "glavni faktori koji utječu na uporabu dokaza (a) pristup relevantnim i jasnim informacijama i (b) dobri odnosi između istraživača i korisnika istraživanja", osobito stvaratelja javnih politika (22:5).

[2] Some stress that "the main factors affecting use of evidence are (a) access to relevant and clear information and (b) good relationships between researchers and research users", especially policymakers (22:5).

[3] EBP [evidence-based policy] is sometimes said to have derived from evidence-based medicine (EBM), which dates back at least to 1972, with Archie Cochrane's seminal work on effectiveness and efficiency" (21:1).

dokazima itekako mogu ojačati zdravstvene sustave i zdravlje populacije (22)[3]. Istraživanja prijenosa znanja u zdravstvenom sektoru prilično su brojna. Naglasak stavljaju na uključivanje znanja i rezultata istraživanja u različite razine zdravstvenog sustava, u rad stručnjaka, ponašanje potrošača/pacijenata, donošenje odluka od strane stvaratelja politika i zagovaranje različitih dionika (9,23-25).

Povećavanje kvalitete stvaranja politika putem većeg korištenja znanja čini se osobito opravdanim i važnim za politiku mentalnog zdravlja. „Uključivanje vlada u provedbu usluga utemeljenih na činjenicama ključno je jer je sustav koji pruža usluge za mentalno zdravlje oblikovan inicijativama kao i nedostatkom inicijativa za izvođenje konkretnih tretmana i usluga koji su uključeni u Vladine politike“ (15). No, uspostavljanje i istraživanje procesa stvaranja politike za mentalno zdravlje koje bi se zasnivalo na dokazima,zaostaje za napretkom koji je postignut u zdravstvenom sektoru. Politika mentalnog zdravlja i uloga stvaratelja politika u mentalnom zdravlju općenito su slabo istražene, te su istraživanja o donošenju politika mentalnog zdravlja još uvijek dosta rijetka, mada postoje poneki dobri primjeri (1,26-29).

Malen broj znanstvenika tek je počeo istraživati uporabu dokaza u politici mentalnog zdravlja, ali te su studije i dalje fokusirane na implementiranje konkretnih praksi utemeljenih na dokazima, a ne na sistematičnom istraživanju uporabe znanja i poboljšavanju te uporabe stvaranjem „kulture veće uporabe dokaza među donositeljima odluka u području mentalnog zdravlja općenito“ (15).

U području mentalnog zdravlja prijenos znanja i stvaranje politika utemeljeno na dokazima još uvijek su nova područja istraživanja, obilježena

[3] „Za politiku utemeljenu na dokazima [EPB, engl. *evidence-basedpolicy*] ponekad se kaže da se izvodi iz medicine utemeljene na dokazima (engl. EBM) koja potječe iz barem 1972., tj. od pionirskog djela ArchieaCochranea o učinkovitosti” (21:1).

tal because the mental health service system is shaped by incentives and disincentives to deliver particular treatments and services that are included in government policies” (15). Still, establishing and researching evidence-based mental health policy-making is slowing down the progress achieved in the health sector. Mental health policy and the role of policymakers in mental health in general are poorly researched and studies on mental health policy-making are still quite rare (for some good exceptions see 26-29,1).

Only a small number of scholars have just begun researching the use of evidence in mental health policy, but those studies are still focused on implementing specific evidence-based practices, and not on a systematic investigation of knowledge usage and the enhancement of that usage by the creation of “a culture of greater evidence use among mental health decision makers more generally” (15). In the field of mental health, knowledge translation and evidence-based policymaking is still an emerging area of inquiry, marked with many difficulties, and still more focused on mental health interventions than on mental health policy-making (11,15). This is aggravated by the high complexity and heterogeneity of mental health as an issue; by the low level of maturity of psychiatry, the dominant mental health discipline, especially in comparison to other medical subfields; and by continuing change, the rise and fall of major etiological theories and schools (for factors determining mental health policy-making, see 1:106-113). This paper aims to make a small contribution to the advancement of insights for this huge research gap.

AIM

Since research of MHP in Croatia is exceptionally under-developed, the purpose of our study is that of initial exploration. Its aim is to determine and to describe the main features of

mnogim teškoćama te su i dalje fokusirana više na intervencije u području mentalnog zdravlja nego na stvaranje politika (11, 15). To otežava i znatna složenost te heterogenost mentalnog zdravlja kao teme, niska razina zrelosti psihijatrije, dominantne discipline u području mentalnog zdravlja, osobito u usporedbi s drugim medicinskim disciplinama, te stalna promjena, pojavljivanje i nestajanje glavnih etioloških teorija i škola. Rochefort prikazuje čimbenike koji određuju stvaranje politike mentalnog zdravlja (1). Ovaj je rad doprinos unaprjeđenju tih saznanja s obzirom na veliki nedostatak istraživanja o politici mentalnog zdravlja.

CILJ

Budući da je istraživanje PMZ-a u Hrvatskoj iznimno slabo razvijeno, naša je studija zamišljena kao preliminarna studija. Stoga je njezin cilj odrediti i opisati glavne značajke ekspertize u području mentalnog zdravlja u Hrvatskoj i pri donošenju politike mentalnog zdravlja. Osobita je pažnja usmjerena na odnos ekspertize i stvaranja politike u polju mentalnog zdravlja, kako bi se procijenila razina prijenosa znanja u donošenje odluka te utjecaj znanja na politiku mentalnog zdravlja. Nadalje, svrha je ovoga rada informirati znanstvenu i stručnu zajednicu o ovom ključnom aspektu stvaranja politike mentalnog zdravlja, potaknuti dodatna istraživanja o politici mentalnog zdravlja općenito i konkretno o prijenosu znanja u PMZ-u, te po mogućnosti doprinijeti razvoju politike mentalnog zdravlja u Hrvatskoj u smjeru veće sklonosti k odlučivanju temeljenom na dokazima.

METODE

Složena tema poput upotrebe znanja u stvaranju politika traži sveobuhvatne metode zbog čega je korišten pristup mješovitih metoda, kombinacija kvantitativnog i kvalitativnog

Croatian mental health expertise and mental health policy-making. Special focus is placed onto the relationship between expertise and policy-making in the field of mental health in order to provide a rough estimate of the level of knowledge translation into decision-making and its influence on mental health policy. Furthermore, the purpose of this paper is to inform the debate of the scientific and professional community on this crucial aspect of mental health policy-making; to encourage additional research on mental health policy in general and on knowledge translation in MHP in particular; and to potentially contribute to the development of mental health policy in Croatia in the direction of more inclination towards evidence-based decision-making.

METHODS

Complex issues such as knowledge usage in policy-making seek comprehensive methods, which is why a mixed methods design was used, combining a quantitative and a qualitative approach. Combining qualitative and quantitative data enables a better understanding of the problem and is usually recommended in current studies of health-related behaviour, research of education policy as well as in studies of emotional and behavioural problems (30,31). This approach will enable the triangulation of collected data, its mutual clarification and complementation, thereby securing stronger validity and credibility of results.

We developed the questionnaire "Development of Croatian Mental Health Policy", which consists of 34 items. The first part of the questionnaire covers seven demographic variables that were mostly concerned with professional experience, position, place of work, gender and length of the participants' employment. The second part of the questionnaire deals with expertise in MHP and its influence on policy-making. Ten questions in the expertise part

pristupa. Kombiniranje kvalitativnih i kvantitativnih podataka omogućuje bolje razumijevanje problema i obično se preporučuje u suvremenim istraživanjima ponašanja povezanih sa zdravljem, istraživanjima obrazovnih politika kao i istraživanjima emocionalnih i ponašajnih problema (30,31). Ovakav pristup omogućit će triangulaciju prikupljenih podataka, njihovo međusobno pojašnjavanje i dopunjavanje, a time i snažniju valjanost i vjerodostojnost rezultata.

Za potrebe istraživanja autorice su razvijeupitnik „Razvoj hrvatske politike mentalnog zdravlja"koji se sastoji od 34 čestice. Prvi dio upitnika pokriva sedam demografskih varijabli koje se tiču stručnog iskustva, položaja, mjesta zaposlenja, spola i trajanja zaposlenja sudionika. Drugi dio upitnika pokriva ekspertizu u PMZ-u i utjecaj ekspertize na stvaranje politike. Deset pitanja u tom dijelu koji se bavi ekspertizom otvorenog su tipa. Sudionici su odgovarali na pitanja o svojoj stručnosti, ulozi njihove institucije u razvoju politike mentalnog zdravlja, njihovoj osobnoj ulozi i uključenosti u PMZ, o institucionalnim definicijama mentalnog zdravlja, te o sastavu i ulozi stručnih radnih skupina. Četiri su pitanja bila kategoričkog tipa – sudionici su izražavali stupanj svog slaganja s izjavama na Likertovoj ljestvici od deset stupnjeva. Pitanja su se ticala percepcije institucionalnog i osobnog utjecaja na PMZ, percepcije važnosti ekspertize i znanja u stvaranju PMZ kao i njihove percepcije interdisciplinarnosti toga znanja.

Treći dio upitnika odnosio se na definicije politike mentalnog zdravlja i sastojao od jednog pitanja otvorenog tipa u vezi sa stavovima organizacije prema mentalnom zdravlju te četiri kategorijska pitanja Likertovog tipa. Kategorijska pitanja u tom trećem dijelu pokrivala su percepciju različitih aspekata politike mentalnog zdravlja, preklapanje PMZ s drugim politikama, doživljaj toga jesu li prioriteti određeni na temelju potpunog i obuhvatnog stanja men-

were open-ended and the participants were asked about their expertise, the role of their institution in mental-health-policy development, their personal role and engagement in MHP, institutional definitions of mental health and composition and the role of expert groups. Four questions in the expertise part were categorical and the participants had to choose the level of their agreement with the statements on a ten-point Likert-type scale. Those were the questions regarding the perception of institutional and personal influence on MHP, the extent to which mental health professionals perceive the importance of expertise and knowledge as well as their perception of interdisciplinarity of that knowledge.

The third part of the questionnaire dealt with the definition of mental health policy and included one open-ended question regarding the attitude of organization towards mental health and four categorical Likert-type questions. The categorical questions in the third part covered the perception of different aspects of mental health policy, the overlap of MHP with other policies, the perception of whether priorities are being made upon complete and comprehensive state of the population's mental health and professionals' perception of the greatest challenges in MH action. The fourth and last part of the questionnaire belongs to the implementation section and has eight questions. Six categorical questions asked the participants to assess their level of agreement on a five-point Likert-type scale regarding the mental-health-policy implementation; one categorical question on the evaluation of the policy on a ten-point Likert-type scale; and one open-ended question on mechanisms used by ministries/government as well as improvements that are called for.

Quantitative data was analysed using descriptive statistics as well as group difference statistics. Answers to open-ended questions were processed by an open coding procedure (32-34) for the pur-

talnog zdravlja populacije i percepciju stručnjaka o najvećim izazovima mentalnog zdravlja. Četvrti i zadnji dio upitnika pripada dijelu koji se odnosi na implementaciju i sastoji se od osam pitanja. Šest je kategoričkih pitanja o implementaciji politike mentalnog zdravlja od sudionika tražilo da procjene svoju razinu slaganja na Likertovoj ljestvici od pet stupnjeva; jedno se kategoričko pitanje ticalo evaluacije politike na Likertovoj ljestvici od deset stupnjeva, a jedno se otvoreno pitanje bavilo mehanizmima koje koriste ministarstva/vlada te nužnim poboljšanjima.

Kvantitativni su podatci analizirani deskriptivnom statistikom te su testirane razlike između grupa. Odgovori na pitanja otvorenog tipa obrađivani su postupkom otvorenog kodiranja (32-34) za potrebe razvoja sheme kodiranja. Otvoreno kodiranje je napravljeno odvojeno za svako pitanje, u odnosu na sadržaj pitanja postavljenog sudionicima, pa je razvijena originalna shema kodiranja za svako otvoreno pitanje. Induktivno razvijene sheme kodiranja potom su primijenjene na pripadajuća pitanja pridruživanjem od 1 do 5 kodova odgovoru sudionika, ovisno o sadržaju i dužini odgovora, kako bi se dobile frekvencije pojavljivanja kodova[4].

Postupak i opis uzorka

Upitnik je proveden putem Google obrasca metodom *snowball* namjernog uzorkovanja. Neki od sudionika identificirani su i kontaktirani e-poštom s uključenom poveznicom na upitnik. Pozvani su na sudjelovanje i na pozivanje drugih sudionika tako što će upitnik poslati svojim kolegama koji rade u polju mentalnog zdravlja. Upitnik je ispunilo 124 sudionika, a od toga je 121 odgovor bio potpun i valjan. Upitnik su ispunili različiti stručnjaci koji rade u sustavu mentalnog zdravlja ili na položajima na kojima je mentalno zdravlje djece, mladih i obitelji

[4] Sve tablice kodiranja na upit se mogu dobiti od autorica.

pose of coding scheme development. Open coding was done separately for each question, was guided by the content of the question posed to participants and therefore an original coding scheme was developed for each open-ended question. Inductively developed coding schemes were then applied onto the belonging questions by attaching 1 to 5 codes to a respondent's answer, depending on its content and length, to get frequencies of the codes' occurrence.[4]

Procedure and sample description

The questionnaire was administered online by Google Forms, using the snowball non-probability sampling method. Some of the participants were identified and contacted by e-mail, with a survey link included. They were asked to participate and to recruit others by sending the questionnaire to their colleagues working in the mental health field. The questionnaire was completed by 124 participants, 121 of answers being thorough and valid. The questionnaire was completed by various professionals working in the system of mental health care or in positions where mental health of children, youth and families is of central concern and is included in the job description. The sample is very heterogeneous regarding the institutions included and the level of experience that is fruitful for the goal of this paper. No exclusion criteria were used regarding the participants.

The participants were employees from the psychiatric hospital for children and youth as well as from various Zagreb and other Croatian psychiatric clinical hospitals for adults, regional and national Institutes for Public Health, NGOs, several private practices and counselling centres, family centres, centres for social welfare and child protection, elementary schools and kindergartens. The most prevalent

[4] All coding sheets are available on request from the authors.

glavno područje rada i uključeno je u opis posla. Što se tiče ustanova obuhvaćenih istraživanjem i razine iskustva, uzorak je vrlo heterogen. Nisu korišteni kriteriji za isključivanje sudionika.

Sudionici su zaposlenici psihijatrijske bolnice za djecu i mlade te zaposlenici različitih zagrebačkih i drugih hrvatskih psihijatrijskih kliničkih bolnica za odrasle, regionalnih i nacionalnih instituta javnog zdravstva, nevladinih organizacija, nekoliko privatnih praksi i savjetodavnih centara, obiteljskih centara, klinika za zaštitu djece, osnovnih škola i vrtića. Najzastupljeniji stručnjaci bili su psihijatri zaposleni uglavnom u kliničkom okruženju (n=37), psiholozi (n=32), socijalni pedagozi (n=19), liječnici školske medicine (n=12) i socijalni radnici (n=11). Drugi su stručnjaci manje zastupljeni (slika 3).

U ukupnom uzorku samo je 13 sudionika muškog spola (10,7 %), a 108 ih je ženskog spola (89,3 %). Najmlađi je sudionik imao 25 godina, a najstariji 74, pri čemu je srednja dob 45,13 godina (SD=11,89). Prosječno trajanje zaposlenja je 18,5 godina (SD=11,45). Prosječno trajanje zaposlenja u trenutačnoj ustanovi bilo je 14 godina, ali razlike među sudionicima su velike (minimalno 1 godina, maksimalno 42 godine).

REZULTATI

Rezultati su predstavljeni u četiri dijela, kombiniraju kvantitativne i kvalitativne podatke iz kategorijskih odgovora i odgovora na pitanja otvorenog tipa. Prvi odjeljak posvećen je razumijevanju politike mentalnog zdravlja i predstavlja rezultate otvorenog kodiranja organizacijskih stavova o mentalnom zdravlju te kvantitativne procjene sudionika o multisektorskoj prirodi hrvatske politike mentalnog zdravlja (dio je samo zdravstvenog sektora ili predstavlja i šire pitanje). Drugi odjeljak donosi procjenu trenutačnog stvaranja politike mentalnog zdravlja u Hrvatskoj od stručnja-

professionals were psychiatrists working predominantly in a clinical setting (n= 37), psychologists (n=32), social pedagogues (n=19), school medicine physicians (n=12) and social workers (N=11). Other professions were less represented (see Figure 3).

In the total sample, only 13 participants were male (10.7%) while 108 were female (89.3%). The youngest participant was 25 years old and the oldest was 74 years old, mean age being 45.13 years (SD=11.89). The average length of employment was 18.5 years (SD=11.45). The average length of employment at the current institution was 14 years but differences among participants are large (minimum 1 year and maximum 42 years).

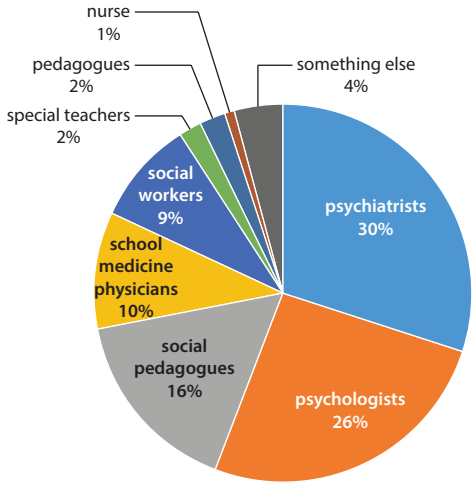

FIGURE 3. Professionals participating in the study

RESULTS

Our results are presented in four sections, combining quantitative and qualitative data from categorical and open-ended answers. The first section is devoted to the understanding of mental health as a policy issue. It presents the results of open coding of organizational attitudes on mental health and quantitative estimation of participants on the multi-sectoral nature of Croatian MHP – is it only a part of the health sector or a wider issue? The second section presents professionals' evaluation of current mental

ka, uključujući i pitanja koliko je stvaranje politike mentalnog zdravlja u Hrvatskoj sistematsko i holističko; najvažnije izazove i ograničenja za stvaranje politike mentalnog zdravlja; stavove o različitim karakteristikama implementacije mentalnog zdravlja u Hrvatskoj danas i preporuke stručnjaka za unaprjeđenje PMZ.

Rezultati se nastavljaju s dijelom koji se bavi ulogom ekspertize u stvaranju politike mentalnog zdravlja u Hrvatskoj. Taj odjeljak donosi nalaze o institucijskoj i individualnoj uključenosti u stvaranje politike, razvijene kodiranjem pitanja otvorenog tipa te podatke o sudjelovanju stručnjaka u radnim skupinama kao specifičnom obliku utjecaja ekspertize na stvaranje politika. Zadnji, četvrti, dio bavi se tipom upotrijebljenog znanja i njegovim utjecajem na hrvatsku PMZ. Stoga u tom odjeljku predstavljamo kako naši sudionici procjenjuju vlastiti utjecaj i utjecaj njihove institucije na stvaranje politike te koliko općenito stručno znanje ima utjecaja na hrvatsku PMZ. Ovaj odjeljak donosi i procjene koliko vlada prikuplja podatke o politici mentalnog zdravlja što je ključan korak u stvaranju politike utemeljenom na dokazima, te u kojoj mjeri je znanje upotrijebljeno u hrvatskoj politici mentalnog zdravlja interdisciplinarno.

Definiranje hrvatske politike mentalnog zdravlja

Sudionici su u obliku pitanja otvorenog tipa zatraženi da opišu stavove svoje institucije prema politici mentalnog zdravlja. To nam je omogućilo usporedbu stavova hrvatskih institucija s međunarodnim smjernicama, što je vrlo relevantno jer su sve institucije iz uzorka akteri hrvatske PMZ. Za analizu odgovora na ovo pitanje indukcijski smo razvili 11 kodova koji su na odgovore sudionika primijenjeni 136 puta i koji se mogu podijeliti u tri skupine koje predstavljaju tri aspekta institucijskih stavova.

health policy-making in Croatia, including questions on how much MH policy-making in Croatia is systematic and holistic; the most important challenges and burdens for MH policy-making; views on different features of MH implementation in Croatia today and professionals' recommendations for MHP improvements.

The results continue with the section on the roles of expertise in Croatian MH policy-making. This next section presents findings on institutional and individual involvement in policy-making, developed through coding of open-ended questions, and data on expert working groups membership as a specific form of expertise influence on policy-making. The final, fourth section deals with the type of knowledge that is used and its influence on Croatian MHP. Therefore, in this section we present how our respondents evaluate their own and their institution's influence on policy-making and, in general, to what extent expertise is influential in Croatian MHP. In addition, this section evaluates how much data on MHP the government gathered, which is a necessary step of evidence-based policy-making and to what extent is knowledge used in Croatian mental health policy in an interdisciplinary way.

Defining Croatian mental health policy

In a form of an open-ended question, participants were asked to describe attitudes of their organization/institution towards mental health as a policy issue. This allowed us to compare views of Croatian institutions with international guidelines, which is highly relevant as all institutions in the sample are policy actors of Croatian MHP. For the analysis of answers to this question, we inductively developed 11 codes that were applied 136 times onto the respondents' answers, which could be divided into three groups presenting three aspects of institutional attitudes.

TABLE 1. Overview of institutional positions on mental health as a question of politics

Aspect of institutional positon	Code	Prevalence
Institutional position on mental health in general	Positive	26.47%
	Negative	25.00%
Institutional position on a key aspect of mental health	Positive mental health	10.29%
	Prevention	8.09%
	Disorder treatment	6.62%
	Awareness	4.41%
	Mental health treatment accessibility	3.68%
Institutional position on mental health goals	Creating mental health policies	5.88%
	Interdisciplinarity	3.68%
	Early influences	2.94%
	Investment	2.94%

Prvo, sudionici su najčešće procjenjivali stavove svoje institucije kao pozitivne ili pak negativne. Od 136 dodijeljenih kodova, pozitivan kod pojavljuje se 36 puta (26,47 %). Kombinira procjene da je stav institucije prema mentalnom zdravlju podržavajući, dobar, aktivan, ohrabrujući, uključen, da je institucija zainteresirana za mentalno zdravlje, da vidi mentalno zdravlje kao važno ili kao prioritet te da je aktivna i poduzima inicijativu. Negativan kod ima sličnu frekvenciju pojavljivanja (25 %), ali raznovrsniji i opsežniji opis. U ovom su kodu institucionalni stavovi označeni kao distancirani, nezainteresirani, neosjetljivi, neinformirani, ravnodušni, nedefinirani, nedovoljni, bez razumijevanja, deklaracijski, neujednačeni, površni, rezignirani, koji zanemaruju kvalitetu, neznalački, ne daju prioritet mentalnom zdravlju, pasivni su, a ponekad i samo nikakvi, nepostojeći.

Druga skupina od 5 kodova pokazuje kako sudionici izražavaju ono što njihova institucija smatra ključnim aspektima mentalnog zdravlja kao pitanja politike. Ti su aspekti: pozitivno mentalno zdravlje s promocijom mentalnog zdravlja (10,29 %), prevencija (8,09 %), tretman poremećaja (6,62 %), podizanje svijesti, uključujući destigmatizaciju, borbu protiv predrasuda, senzibiliziranje javnosti i psihoedukaciju (4,41 %), dostupnost skrbi za mentalno

First, respondents most often evaluated the attitudes of their institution, whether they were positive or negative. Out of 136 times the codes were assigned, the code positive has 36 occurrences (26.47 percent). It combines judgements that the institutional attitude towards mental health is supportive, good, active, encouraging, engaged, that the institution is interested in MH, that it sees MH as important or a priority and that it is active and is taking initiative. Code negative has a similar level of occurrence (25%), but a much more diverse and extensive description. Institutional attitudes in this code are marked as distanced, uninterested, insensitive, uninformed, indifferent, undefined, insufficient, non-understanding, declaratory, uneven, superficial, resigned, disregarding quality, ignorant, non-prioritising MH, passive and sometimes just non-existent.

The second group of 5 codes shows how participants express what their institution sees as crucial aspects of MH as a policy issue. Those aspects are: positive mental health with MH promotion (10.29%); prevention (8.09%); treating disorders (6.62%); raising awareness, including destigmatisation, fighting prejudices, sensitization of the public and psychoeducation (4.41%); and accessibility of mental health care (3.68%). The third group of the last 4 codes

zdravlje (3,68 %). Treća skupina od posljednja 4 koda objašnjava kako su ispitanici opisali neke ciljeve u stavovima svojih institucija o mentalnom zdravlju. Kao cilj naglašavaju utjecaj na stvaranje politike mentalnog zdravlja (5,88 %), interdisciplinarnost navode kao cilj, posebice naglašavajući njezin izostanak (3,68 %), zatim ističu težnju k ranom utjecaju, poput rane prevencije, otkrivanja, rane promocije i rane intervencije (2,94 %), i na posljetku, naglašavaju potrebu većih ulaganja u mentalno zdravlje kao nužnost ili nedostatak tih ulaganja (2,94 %).

Dodatno, kad je zatražen kategorički odgovor na pitanje „U kojoj mjeri se politika mentalnog zdravlja u Hrvatskoj shvaća temom koja nije isključivo dio zdravstvenog sektora već se preklapa s cijelim nizom drugih politika?“, sudionici su odgovorili slično kao i u kvalitativnim odgovorima. Odgovori pokazuju da je u rasponu od 0 do 10 prosječna vrijednost 3,51 (SD = 2,21).

Evaluacija stvaranja politike mentalnog zdravlja u Hrvatskoj danas

Naša se analiza nastavlja fokusom na to kako stručnjaci u hrvatskoj PMZ procjenjuju trenutačno stvaranje ove politike. Od sudionika je zatraženo da izraze svoju razinu pristajanja uz tvrdnju „Prioriteti i sredstva u politici mentalnog zdravlja u Hrvatskoj određuju se na temelju cjelovite slike stanja mentalnog zdravlja i sustavnog pristupa mentalnom zdravlju“. Rezultati su se kretali od 0 do 10, s prosjekom od 2,68 (SD = 2,13).

Višestrukim se izborom ispitanike pitalo i kakvi su njihovi pogledi na najveće izazove i prepreke za razvoj kvalitetne PMZ. Rezultati prikazani na slici 4 pokazuju da su najzastupljeniji odgovori nezainteresiranost političke elite, političara u političkim strankama i političkim institucijama za pitanja mentalnog zdravlja (32,23 % ispitanika) te usko i zastarjelo shvaćanje mentalnog zdravlja (30,58 % ispitanika). Kategorije

explains how respondents described some goals within their institution's attitudes to MH. They stress influencing MH policy-making as a goal (5.88%); interdisciplinarity as a goal, and mostly a lack of it (3.68%); then pursuing early influence such as early prevention, early detection, early promotion and early intervention (2.94%); and finally, a larger investment in MH as a necessity or absence of it (2.94%).

Additionally, when asked to give a categorical answer to a question "To what extent is mental health policy in Croatia perceived as a topic that is not just part of the health sector but overlaps with a whole range of other policies?" the participants' responses were similar to their qualitative answers. The answers show that within the range from 0 to 10 the average value was 3.51 (SD=2.21).

Evaluation of mental health policy-making in Croatia today

Our analysis continues with the focus on how professionals in Croatian MHP evaluate its current policy-making. Participants were asked to give their level of agreement on the statement "Priorities and resources in mental health policy in Croatia are determined on the basis of a complete picture of the state of mental health and a systematic approach to mental health". Results ranged from 0 to 10 and showed the average of 2.68 (SD=2.13).

In the manner of multiple choice, the participants were also asked what their views were on the biggest challenges and obstacles for quality MHP development. The results presented in Figure 4 show that the most prevalent answers are a lack of interest of the political elite – politicians within political parties and political institutions – in the issues of mental health (32.23% of participants) as well as a narrow and outdated understanding of mental health (30.58% of the participants). Categories "insufficient financial resources and investments in the mental health

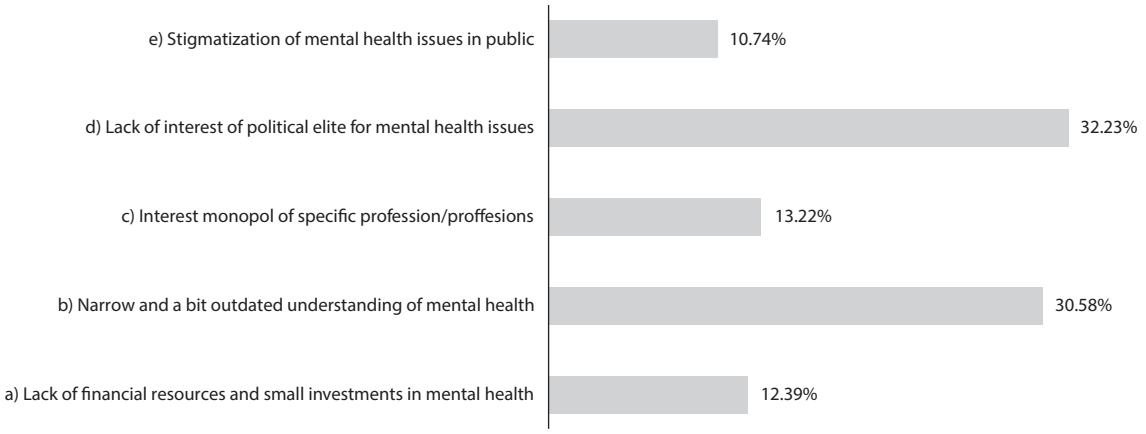

FIGURE 4. Percentage of professionals reporting the issue is the biggest challenge in MHP

„nedostatni financijski resursi i premale investicije u mentalno zdravlje", „interesni monopol pojedine profesije" i „stigmatizacija pitanja mentalnog zdravlja u javnosti", dobili su sličnu učestalost odgovora.

Kod procjenjivanja stavova stručnjaka o implementaciji politike istraživali smo tko su glavni stvaratelji politike, je li pristup politici mentalnog zdravlja organiziran odozgo prema dolje ili odozdo prema gore te kojim se ključnim instrumentima PMZ provodi. Odgovori na šest pitanja iz tablice 2 pokazuju da sudionici većinom nisu sigurni slažu li se s izjavom ili ne, tj. daju prosječne odgovore 'niti se slažem niti se ne slažem' pri čemu je iznimka izjava da se sudionici većinom slažu da PMZ provode gotovo isključivo zdravstvene institucije.

U pitanju otvorenog tipa, sudionici su dali neke prijedloge o tome koje bi mehanizme Vlada trebala intenzivnije koristiti kako bi se stvaranje politike mentalnog zdravlja učinilo uspješnijim. Induktivno smo razvili 15 kodova koji su 183 puta dodijeljeni svim odgovorima na ovo pitanje[5]. Kodovi su podijeljeni u tri skupine preporuka sudionika (tablica 3).

Prvi set preporuka usmjeren je prema instrumentima politike. U teoriji javnih politika,

field", "interest monopoly of one profession" and "stigmatization of mental health in public" received a similar frequency of answers.

When assessing professionals' views on policy implementation, we were interested in finding out who the main policy makers were, whether the approach to MHP is organized top-down or bottom-up and what the key instruments putting the MHP into effect are. The answers to the six questions in Table 2 show that the participants were mostly unsure if they agree with the statement or not, the exception being the statement where participants mostly agree that MHP is almost exclusively implemented by health care institutions.

In an open-ended question, participants gave some proposals as to which mechanisms the government should use more intensively in order to make MH policy-creation more successful. We inductively developed 15 codes, which were assigned 183 times to all the answers to this question.[5] All the codes were divided into three groups of the participants' recommendations (see Table 3).

The first set of recommendations is directed towards policy instruments. In policy theory instruments, governmental tools for achieving pol-

[5] Dodatan rezidualan kod sadrži tri odgovora koji se ne mogu kodirati ("ne znam"; "rad"; "više podrške"), ukupno 1,64 posto od 183 dodijeljena koda.

[5] Additional code is residual, with three non-codable answers ("don't know"; "work"; "more support"), in total 1.64 percent of 183 assigned codes.

TABLE 2. Descriptive results for questions concerning the perception of elements of the implementation of mental health policies (MHP)

	M	SD	Min	Max
MPH are implemented almost exclusively by health care institutions.	3.47	0.95	1	5
MHP include schools, kindergartens, other public sector institutions as well as public and private companies.	2.73	0.95	1	5
MHP is primarily based on hierarchy, clear, precise and strict orders by the appropriate ministry to all subordinate bodies on what to do.	3.15	0.98	1	5
When implementing MHP, the government and the appropriate ministry take into consideration the advice and ideas of other government bodies, agencies, state institutes, public institutions and local governments.	2.55	0.96	1	5
Croatian MHP is implemented primarily through public financing and services in the public sector.	3.34	0.90	1	5
Croatian MHP often uses so-called soft instruments such as public campaigns, information and persuasion, and sometimes standardization and sanctions.	2.97	0.80	1	5

Legend: M – arithmetic mean, SD – standard deviation, min – minimal result, max – maximal result

TABLE 3. Overview of recommendations for the improvement in the creation of Croatian mental health policies (MHP)

Recommendations	Code	Prevalence
For policy instruments	Information technology instruments	13.11%
	Financial instruments	7.65%
	Organizational instruments	5.46%
	Legal instruments	2.73%
For developing key aspects of MHP	Holistic mental health	13.66%
	Accessibility	3.83%
	Early influence	2.19%
For creating policies	Expertise	10.38%
	Interdisciplinarity	10.38%
	Networking	7.1%
	Evidence-based policies	6.56%
	Strategic planning	4.92%
	Multi-sectoral approach	4.92%
	Implementation	3.83%
	Political will	1.64%

instrumenti, alati države za postizanje ciljeva neke politike, obično se klasificiraju u četiri kategorije: financijski instrumenti (oporezivanje i trošenje proračunskih sredstava), organizacijski instrumenti (formiranje državnih tijela i njihov rad), pravni instrumenti (sve vrste regulative) i informacijski instrumenti (prikupljanje podataka ili distribuiranje podataka od Vlade) (35). Svi tipovi instrumenata pojavili su se u odgovorima ispitanika: informacije, uključujući

icy goals are usually classified into four categories: financial instruments (taxation and budget spending), organizational instruments (governmental bodies' formation and performance), legal instruments (all kinds of regulation), and information instruments (data collecting or data releasing performed by the government) (35). All types of instruments appeared in the answers of the respondents: information, including public campaigns, education, workshops and commu-

javne kampanje, edukacije, radionice i komunikacija općenito (13,11 %); financije uključujući fondove EU-a, financiranje stručnjaka, nevladinih organizacija, programate ulaganja općenito (7,65 %); organizacija, uključujući osnivanje glavnog tijela za koordinaciju, reformiranje i restrukturiranje sustava, decentralizaciju, poboljšanje bolničkih kapaciteta i zapošljavanja (5,46 %) i donošenje nove regulative (2,73 %).

Druga skupina od tri koda naglašava aspekte PMZ-a koje sudionici istraživanja vide kao ključne za razvoj politike. To su: holističko, široko razumijevanje mentalnog zdravlja, uključujući prevenciju, promociju, destigmatizaciju, povećanje svijesti i senzibiliziranje (13,66 %); dostupnost tretmana, usluga i zaposlenja (3,83 %); i rani utjecaj, određivanje djece i mladih kao primarne ciljne skupine (2,19 %). Treća najveća skupina s preostalih 8 kodova opisuje preporuke sudionika za stvaranje politike. Najčešći se odgovori odnose na općenite prijedloge da se uključi više stručnog znanja u stvaranje politike (10,38 %) i više interdisciplinarnosti ili multidisciplinarnosti (10,38 %). Osim toga, sudionici preporučuju više umrežavanja što znači suradnju svih aktera, uključivanje različitih dionika, osobito nevladinih organizacija (7,1 %). Bilo je također nekih prijedloga za veću učestalost stvaranja politike utemeljene na dokazima (6,56 %), više strateškog planiranja u hrvatskoj PMZ (4,92 %), za kretanje prema multisektorskoj politici (4,92 %) i za bolju implementaciju i kontrolu postojeće politike (3,83 %). Naglašavanje političke volje kao ključnog pokretača promjene dobilo je najniži rezultat (1,64 %).

Uloga ekspertize u kreiranju politike mentalnog zdravlja

Kako bismo razumjeli kako se ekspertiza doista koristi u stvaranju PMZ-a u Hrvatskoj, zatražili smo od sudionika da opišu ulogu svoje organizacije kao i svoju osobnu ulogu u PMZ-u. Opisi organizacijskih i osobnih udjela u razvoju

nication in general (13.11%); finance, including EU funds, financing of experts, NGOs, programs and investment in general (7.65%); organization, including the establishment of the main coordination body, reforming and restructuring, decentralisation, improving hospital capacities and employment (5.46 percent); and producing new regulation (2.73%).

The second group of three codes stresses aspects of MHP that study participants see as fundamental for policy development. Those are: a holistic, broad understanding of MH, including prevention, promotion, destigmatisation, raising awareness and sensitization (13.66%); accessibility of treatment, services and employment (3.83%); and early influence, setting children and youth as the primary target group (2.19%). The third group, the biggest one with the remaining 8 codes, describes the participants' recommendations for policy-making. Most frequently, the answers contain general suggestions to include more expertise in policy-making (10.38%) and to include more interdisciplinarity or multidisciplinarity (10.38%). In addition, participants recommend more networking, including cooperation of all actors, the inclusion of different stakeholders, especially NGOs (7.1%). There have also been some suggestions for more evidence-based policy-making (6.56%), more strategic planning in Croatian MHP (4.92%), changes towards multi-sectoral policy (4.92%) and a better implementation and control of existing policy (3.83%). Stressing the political will as crucial driver of change received the lowest scores (1.64%).

The role of expertise in mental health policy-making

In order to grasp the way expertise is actually being used in the creation of MHP in Croatia, we asked the participants to describe their organization's role and their personal role in MHP. The descriptions of organizational and personal

PMZ-a pokazali su veliku raznolikost aktivnosti organizacija i samih stručnjaka. Indukcijski smo razvili 11 kodova za uloge u PMZ-u koji su 166 puta pripisani odgovorima za organizacijsku razinu i 180 puta odgovorima na individualnoj razini (tablica 4). Posebna je pažnja obraćena sudjelovanju ispitanika u stručnim radnim skupinama.

Stručnjaci iz različitih institucija mentalnog zdravlja u Hrvatskoj opisali su 11 uloga koje njihova organizacija obavlja u utjecanju na PMZ. Najvažnija među njima je tretman (uključujući savjetovanje i psihoterapiju) koji je kao kod dodijeljen 30 puta od ukupno 166 (18,07 %). Slijede ga edukacija (13,86 %), razvoj i implementacija programa i projekata (10,84 %) i preventivne aktivnosti (9,64 %). Svi navedeni načini utjecanja institucija na politiku mentalnog zdravlja odnose se na praktični rad i intervencije u mentalnom zdravlju. Ukupno čine više od polovice svih pripisanih kodova (52,41 %), iako je to tek 4 od 11 kodova razvijenih za ovo pitanje.

Aktivnosti koje su izravnije obraćene stvaranju politike također su prisutne, ali se puno rjeđe pojavljuju u odgovorima sudionika. Te su aktivnosti: zagovaranje politike i senzibiliziranje javnosti, uključujući podizanje svijesti, destig-

partaking in MHP development showed great variability of activities between organizations and professionals themselves. We inductively developed 11 codes of roles in MHP, which were assigned 166 times on the answers for the organizational level and 180 times on the answers for the individual level (Table 4). Special attention was given to the participation of survey respondents in expert working groups.

Professionals from diverse MH institutions in Croatia described 11 roles their organization takes in influencing MHP. The most important of these is treatment (including counselling and psychotherapy), which as a code was assigned 30 times out of 166 (18.07%). It is followed by education (13.86%), developing and implementing programs and projects (10.84%) and prevention activities (9.64%). All these ways of influencing MHP by institutions are connected to practical work, to MH interventions. When combined, they consume more than a half of all assigned codes (52.41%), even though these are only 4 out of 11 codes developed for this question.

Activities that are more directly devoted to policy-making are also present, but with much lower frequencies of occurrence in survey participants' answers. Those activities are: advocacy and sensitization of the public, including raising

TABLE 4. Overview of institutional and individual roles in the creation of Croatian mental health policies

Role/code	Prevalence at the institutional level	Role/code	Prevalence at the individual level
Treatment	18.07%	Treatment	18.89%
Education	13.86%	Advocacy and awareness	14.44%
Nothing	12.65%	Education	13.33%
Programs and projects	10.84%	Membership	9.44%
Prevention	9.64%	Nothing	8.89%
Advocacy and awareness	7.83%	Prevention	8.33%
Membership	6.63%	Conferences	7.78%
Policy design	5.42%	Programs and projects	6.11%
Research	5.42%	Research	5.56%
Conferences	5.42%	Cooperation	2.78%
Cooperation	4.22%	Policy design	2.78%

matizaciju i javne debate (7,83 %); članstvo u vladinim tijelima, ministarskim odborima, udruženjima i na sastancima stručnjaka (6,63 %); oblikovanje politike razvojem prijedloga, strategija, nove regulative, izvještaja, itd. (5,42 %); te suradnja s drugim akterima, s nevladinim organizacijama, također i na međunarodnoj razini (4,22 %). Sve aktivnosti stvaranja politike zajedno pojavljuju se u odgovorima sudionika 24,1 posto vremena. Zadnje dvije aktivnosti koje potpadaju negdje između intervencija u području mentalnog zdravlja i stvaranja politike jesu istraživanje, uključujući diseminaciju nalaza (5,42 %) i organiziranje konferencija, okruglih stolova i radionica (5,42 %). Kod „ništa" kojim se izriče da institucija ispitanika nema nikakvu ulogu u razvoju PMZ-a dobio je prilično visok rezultat – 12,65 %.

Vlastitu ulogu u kreiranju politike u području mentalnog zdravlja, prema frekvenciji pojavljivanja, stručnjaci su opisali na sljedeći način: tretman (18,89 %), zagovaranje i senzibiliziranje (14,44 %), edukacija (13,33 %), članstvo (9,44 %), ništa (8,89 %), prevencija (8,33 %), konferencije, većinom organiziranje i vođenje radionica (7,78 %), programi i projekti (6,11 %), istraživanje (5,56 %), suradnja i dizajnpolitike (oboje po 2,78 %)[6]. Kodovi povezaniji sa stvaranjem politike, zagovaranje i senzibiliziranje, članstvo, suradnja i dizajn politike zajedno, češće su se pojavljivali na osobnoj nego na institucionalnoj razini (29,44 %).

Istraživali smo i sudjelovanje naših ispitanika u stručnim radnim skupinama, što je uži termin od sadržaja koda „članstvo", budući da stručne radne skupine čine jedan od najvažnijih načina da se više znanja uključi u stvaranje politike. Nikada nije bilo uključeno ni u jednu vrstu stručne radne skupine74,8 % sudionika. Tek je 30 sudionika od 121 ispitanog član neke

awareness, destigmatization and public debates (7.83%); membership in governmental bodies, ministerial committees, professional associations and expert meetings (6.63%); policy design as development of policy proposals, strategies, new regulation, reports, etc. (5.42%); and cooperation with other actors, with NGOs, and on an international level (4.22%). All policy-making activities together occurred 24.1 percent times in the respondents' answers. The last two activities that fall somewhere in between MH interventions and policy-making are research, including research dissemination (5.42%) and organizing conferences, round tables and workshops (5.42%). The code "no-way", declaring that the institution has no role in developing MHP, scored quite highly – 12.65 percent.

This is how professionals in our survey described their own role in MH policy-making, by the frequencies of occurrence: treatment (18.89%); advocacy and sensitization (14.44%); education (13.33%); membership (9.44%); no-way (8.89%); prevention (8.33%); conferences, mostly organizing and leading workshops (7.78%); programs and projects (6.11%); research (5.56%); cooperation and policy design (both 2.78%).[6] Codes more connected to policy-making, advocacy and sensitization, membership, cooperation and policy design together occurred more frequently on a personal than an institutional level (29.44%).

We further explored the participation of our respondents in expert working groups, a narrower term than the content of code "membership", as they are one of the crucial ways of including more knowledge into policy-making. 74.8% of participants were never included in any kind of expert working group. Only 30 of 121 people assessed with our questionnaire were members of any MHP expert group. When the position

[6] Rezidualni kod ovdje je dobio 1,67 posto, s tri odgovora koja se nisu mogli kodirati ("ne znam"; "nastojim dati pojedine savjete ", "aktivnim sudjelovanjem u organiziranju pojedinih događaja u bolnici").

[6] Code residual here received 1.67 percent, with three answers that were not codable ("don't know"; "by giving advice", "I organize events in my hospital").

stručne skupine iz područja politike mentalnog zdravlja. Uzmu li se u obzir položaj i važnost funkcije u instituciji nalazimo da je tek 13 od tih 30 sudionika uključenih stručne radne grupe zauzimalo vodeće i odgovorne položaje, kao što su voditelji odjela ili institucija. Drugih 17 sudionika bili su zaposlenici.

Članstvo u stručnim skupinama varira. Sudionici su uključeni u lokalne i nacionalne stručne skupine; u ministarska povjerenstva za razvoj zakonodavstva (obrazovanje, psihoterapija, zaštita zdravlja) ili pak ona specijalizirana za psihijatriju; u povjerenstva za nacionalne strategije za djecu i mlade; u povjerenstvo za zaštitu mentalnog zdravlja; u radne skupine za reformu psihijatrijskih usluga; u stručne skupine za razvoj strategije prevencije ovisnosti kao i za različite protokole (prevenciju suicida, prevenciju nasilja, tretman zloporabe narkotika, itd.).

Tip i utjecaj znanja u kreiranju politike mentalnog zdravlja u Hrvatskoj

Sudionike smo zamolili da procijene razinu utjecaja svoje institucije na razvoj politike mentalnog zdravlja, razinu svog osobnog utjecaja, općeniti utjecaj ekspertize i znanja na donošenje ove politike, kao i razinu vladine posvećenosti trajnom prikupljanju podataka o provođenju politike mentalnog zdravlja. Također smo zamolili sudionike da procijene koliko je znanje korišteno u razvoju politike mentalnog zdravlja interdisciplinarno. Mogući odgovori kretali su se od nula (gotovo bez utjecaja, nikada ili ništa) do deset (iznimno značajan utjecaj, često ili posve).

Rezultati u tablici 5 upućuju na to da sudionici našeg istraživanja općenito vide malo mogućnosti za utjecaj na razvoj hrvatske politike mentalnog zdravlja, budući da su svi rezultati ispod statističkog prosjeka. Najniži su odgovori na pitanja o njihovom osobnom utjecaju i doživljaju da se stručnost i znanje cijene. Utjecaj

and importance of function in an institution was taken into account, we found that only 13 from those 30 participants included in expert groups occupied a position of leadership and responsibility, being heads of their department or leading the institution in question. Other 17 participants were employees.

Expert group membership varied a lot. Participants were involved in local and national expert groups; ministry committees for law development (education, psychotherapy, health protection) or those specialized for Croatian psychiatry; the committee for national strategies for children and youth; the committee for mental health protection; the reform group of psychiatric services; the expert group for drug prevention strategy as well as for various protocols (for suicide prevention, aggression prevention, substance abuse treatment, etc).

Type and influence of knowledge in Croatian MH policy-making

Finally, participants were asked to evaluate the level of their institution's influence on MHP development, the level of their personal influence, the general influence of expertise and knowledge on policy-making, as well as the level of governmental commitment to continuous data-collection on MHP implementation. We also asked participants to estimate to what extent the knowledge used in MHP development is interdisciplinary. Possible answers ranged from zero (almost no influence, never or none) to ten (extremely significant influence, often or completely).

The results in Table 5 indicate that study participants in general perceive little possibility for influencing Croatian MHP development, all results being lower than the statistical average. The lowest answers are given for their personal influence and the perception that expertise and knowledge are appreciated. Institutions are seen as having an impact, which is slightly better. Additionally, participants were asked if

TABLE 5. Descriptive results for questions concerning the influences on the creation process for mental health policies

	M	SD	min	Max
How would you characterize the influence of your organization/institution on the decision-making process in Croatian mental health policies?	3.58	2.73	0	10
How would you characterize your personal influence on the decision-making process in Croatian mental health policies?	2.89	2.45	0	9
To your knowledge, how much do the relevant governmental bodies rely on expertise and knowledge in the development for Croatian mental health policies?	3.04	1.84	0	7
To what extent is the knowledge used in the development of Croatian mental health policies interdisciplinary?	3.57	2.08	0	10
Governmental bodies continuously gather data on all activities in the process of implementing mental health policies.	3.17	1.99	0	10

Legend: M – arithmetic mean, SD – standard deviation, min – minimal result, max – maximal result

institucija procijenjen je kao nešto bolji. Osim toga, sudionici su odgovarali na pitanje prikupljaju li vlasti kontinuirano podatke o svim aktivnostima u procesu implementacije politike mentalnog zdravlja, a prosječan rezultat u rasponu od 0 do 10 je 3,14 (SD=1,99).

Budući da su psihijatri i psiholozi najzastupljeniji stručnjaci u našem uzorku, provjerili smo percepcije utjecaja ovih dviju profesija. Rezultati međugrupnih razlika prikazani su u tablici 6. Razlike u percepciji utjecaja na razvoj politike mentalnog zdravlja između psihijatara i psihologa nisu statistički značajne iako je u odgovorima zabilježena određena tendencija. To što rezultat nije značajan mogla bi biti posljedica malog broja ispitanika u svakoj skupini.

authorities continuously collect data on all activities in the process of MHP implementation and it was found that the average result in the range from 0 to 10 is 3.14 (SD=1.99).

Since psychiatrists and psychologists are professionals with the biggest representation in our sample, we checked perceptions of influence coming from these two professions. The results of mean differences are seen in Table 6 below. The differences in perception of influence on MHP development between psychiatrists and psychologists are not statistically significant, although there was some tendency in the answers. The non-significant result could be the consequence of a small number of participants in each group.

TABLE 6. Differences in the perception of influences on the process of mental health policy (MHP) creation between psychiatrists and psychologists

Development of Croatian mental health policy	M	SD	t-test
Influence of the organization/institution on the decision-making process			
Psychiatrists	3.77	2.95	t=1.58
Psychologists	2.74	2.54	(df=64; p>.05)
Personal influence on the decision-making process			
Psychiatrists	2.73	2.45	t=0.20
Psychologists	2.74	2.56	(df=66. p>.05)
The government relies on expertise and knowledge			
Psychiatrists	2.65	1.78	t=-1.61
Psychologists	3.42	2.16	(df=66. p>.05)
Interdisciplinary use of knowledge			
Psychiatrists	2.95	1.76	t=-1.86
Psychologists	3.90	2.45	(df=66. p>.05)
Continuous monitoring of MHP implementation			
Psychiatrists	3.03	2.41	t=-0.47
Psychologists	3.26	1.73	(df=66. p>.05)

Legend: M – arithmetic mean, SD – standard deviation, t – t-test, df – degree of freedom, p – level of significance

RASPRAVA

Naše je istraživanje procijenilo subjektivnu percepciju razvoja i ekspertize hrvatske PMZ te subjektivne poglede sudionika na njihovo radno mjesto i njegov utjecaj te na aktivnosti u PMZ općenito. Treba naglasiti da su sudionici studije vrlo heterogeni, neki od njih uključeni su u razvoj PMZ-a, ali nisu nužno obrazovani u tom polju, a drugi su tek stručnjaci koji rade u različitim sektorima u području skrbi za mentalno zdravlje i nikad ne sudjeluju u stručnim radnim skupinama ili drugim aspektima stvaranja politike. Pa ipak, percepcije različitih stručnjaka iz sustava omogućuju širu i bogatiju sliku ovog pitanja, budući da sudionici koji nisu uključeni u stvaranje politike uravnotežuju potencijalna pozitivna pretjerivanja u procjeni onih koji vjeruju da je njihov utjecaj značajan.

Ranija su istraživanja pokazala da je suvremena politika mentalnog zdravlja, onakva kako je zastupljena u međunarodnim dokumentima i na razini Europe, multisektorska (2-4). U svrhu diskutiranja nalaza o definiciji i sadržaju PMZ-a u Hrvatskoj mogli bismo poći od shvaćanja da, iako su u podatcima jednako prisutne i pozitivne i negativne procjene institucijskih stavova prema mentalnom zdravlju, visoka prisutnost negativne procjene je ozbiljan razlog za zabrinutost. Budući da su sve institucije uključene u studiju akteri hrvatske PMZ, takva percepcija ograničava potencijal za promjenu i kvalitetan razvoj PMZ-a. Pozitivno je to što se čini da hrvatska PMZ koja se odražava u institucijskim stavovima o mentalnom zdravlju, naginje k modernom sadržaju zagovaranom na globalnoj razini. Prisutna su sva ključna područja PMZ-a.

Međutim, aspekti socijalne politike i ljudskih prava i dalje su zanemareni, budući da je njihov sadržaj prilično uzak. U području ljudskih prava temeljna pitanja dostojanstva i uključenosti osoba s mentalnim poremećajima potpuno su izostala, a druge socijalne usluge, osim skrbi o mentalnom zdravlju, uopće nisu zastupljene.

DISCUSSION

Our research assessed the participants' subjective perception of Croatian MHP development and expertise, as well as the participants' subjective views upon their workplace, its influence and activities within MHP in general. It should be stressed that study participants are very heterogeneous, some of them involved in MHP development, but not necessarily educated in this field, and others just professionals working in different sectors of the mental health care field and are never included in expert working groups or other aspects of policy-making. Still, perceptions of diverse professionals from the system ensure a broader, richer picture of the issue at stake, as participants not involved in policy-making balance potential positive exaggerations in evaluation of those who believe that they are making a difference.

Previous research has shown that contemporary mental health policy, as advocated in international documents and on the European level, is a multi-sectoral policy (2-4). For the purpose of commenting on our findings regarding the MHP definition and content in Croatia, we could start with the notion that even though positive and negative evaluation of institutional attitudes towards MH are equally present in the data, a high presence of negative evaluation poses serious concerns. As institutions included in this study are all actors of Croatian MHP, this perception limits the change potential and quality MHP development. On the positive side, it seems that Croatian MHP, reflected in institutional views on MH, is inclining towards its modern and globally advocated content. All key areas of MHP are present.

However, social policies and human rights aspects are still neglected, as their content is quite narrow. In the field of human rights, fundamental issues of dignity and inclusion of people with mental disorders are completely absent, and all other social services, except

Ovo je djelomično rezultat pristranosti u uzorkovanju ponajprije institucija iz zdravstvenog sektora. Nadalje su sudionici odgovarali slično na kategorijska pitanja kao i u kvalitativnim odgovorima. Podatci pokazuju da sudionici smatraju kako politika mentalnog zdravlja u Hrvatskoj pripada u prvom redu zdravstvenom sektoru, da nije dio multisektorskog pristupa, pa je stoga kategorijsko pitanje o njezinoj povezanosti i prirodnom preklapanju s nizom drugih politika također dobio poražavajuće rezultate: odgovori pokazuju da je u rasponu od 0 do 10 prosječna vrijednost 3,51 (SD=2,21).

U diskusiji o stvaranju politike mentalnog zdravlja u Hrvatskoj rezultati pokazuju da sudionici naše studije naglašavaju da ono nije sustavno. Upitani o implementaciji, sudionici proces donošenja odluka opisuju kao problematičan, a za državne prioritete i raspodjelu sredstava kažu kako nisu utemeljeni na cjelokupnoj slici stanja mentalnog zdravlja. Rezultati idu u prilog isključivoj prisutnosti zdravstvenih institucija u stvaranju politike, hijerarhijskom donošenju odlukaodozgo prema dolje, nalozima nadležnog ministarstva podređenim institucijama i provođenju politike javnim sredstvima i uslugama javnog sektora. Konzultiranje s drugim državnim akterima, agencijama, javnim institucijama i lokalnim vlastima procijenjeno je kao manje razvijen način stvaranja politike. Kao ključne prepreke poboljšanju stanja sudionici posebno naglašavaju nedostatak političke volje u pitanjima mentalnog zdravlja te usko i zastarjelo shvaćanje mentalnog zdravlja. Sveukupno, odgovori koji odražavaju percepciju o stvaranju politike upućuju na to da ga stručnjaci u sektoru ocjenjuju kao nekvalitetno, nesistematično, temeljeno na zastarjelim shvaćanjima mentalnog zdravlja, jako ovisno o glavnim državnim tijelima kojima upravlja politička elita izrazito nezainteresirana za mentalno zdravlje.

Očito je da stručnjaci u području mentalnog zdravlja u Hrvatskoj o unaprjeđenju PMZ-a razmišljaju u skladu s međunarodnim smjernimental health care, are not present. This is partially biased by the sampling of institutions dominantly from the health sector. Additionally, participants reported similarly on categorical questions as in qualitative answers. The data showed that they believe that mental health policy in Croatia is seen mainly as a part of the health sector, without a multi-sectoral approach, i.e., its connections and a natural overlap with a range of other policies, as the categorical question also received devastating scores: answers show that within the range of 0 to 10, the average value was 3.51 (SD=2.21).

When commenting on MH policy-making in Croatia, the results show that participants of our study stress that it is not systematic. When asked about the implementation, the participants see the decision-making process as problematic, and state priorities and resource distribution as not actually based upon a complete picture of the state of mental health. The results are more in favour of exclusivity of health care institutions in policy-making, hierarchical top-down decision-making, the ordering of competent ministry to subordinate institutions and conduction of policy through public funding and the services of the public sector. Consulting other state actors, agencies, public institutions and local authorities was seen as a less developed policy-making mode. As key obstacles to the improvement of detected status, participants specifically stress the lack of political will in the issues of MH and a narrow and outdated understanding of MH. In total, answers reflecting the perception of policy-making indicate that professionals in the MH sector evaluate Croatian policy-making in the field to be of poor quality, unsystematic, based on outdated views on MH and highly dependent on top governmental bodies that are run by the political elite intensely uninterested in MH.

It is obvious that MH professionals in Croatia think about improvement of MHP in line with international guidelines. They stress a broad

cama. Naglašavaju široko i holističko razumijevanje mentalnog zdravlja kao bazu za razvoj PMZ-a, koji bi trebao biti unaprijeđen prije svega višom razinom upotrebe interdisciplinskog znanja, sudjelovanjem različitih dionika, utemeljenošću na dokazima i *soft* instrumentima utemeljenima na informacijama. Ipak, u kvalitativnim odgovorima sudionika politička volja, na koju je stavljen naglasak kao na glavnu prepreku razvoju PMZ-a, nije dovoljno prepoznata kao nužan faktor promjene. Osim toga, aktivnosti zagovaranja politike od stručnjaka i profesionalaca te odnos političke elite i stručnjaka nisu uočeni kao važan poticaj razvoju hrvatske PMZ. Sudjelovanje u stvaranju politike treba biti puno prisutniji cilj u perspektivi aktera, ako očekujemo više ekspertize, korištenja znanja i promjena u kvaliteti hrvatske PMZ.

To nas vodi mnogostrukim ulogama koje institucije i pojedinačni stručnjaci igraju u donošenju hrvatske PMZ. Moramo zaključiti kako prema opažanjima naših sudionika, institucije i organizacije mentalnog zdravlja u Hrvatskoj u promicanju PMZ-a sudjeluju i dalje tek sporadično i djelomično. A one su vrlo značajni akteri politike u ovom polju i trebale bi biti ključni nositelji znanja u sektoru. Iako su institucije i organizacije, a ne pojedinci, primarni akteri stvaranja politika, naše smo sudionike pitali i o njihovoj ulozi u razvoju PMZ-a. Razlog tomu jest činjenica da pojedinac u stvaranju politika može preuzeti ulogu poduzetnika javnih politika, koji kao osobito utjecajna osoba ili predstavnik neke organizacije može potaknuti otvaranje prilike za promjenu politike (35). Naša analiza pokazuje da se kodovi povezani sa stvaranjem politike pojavljuju nešto češće na osobnoj nego na institucijskoj razini. Međutim, takav je rezultat donekle varljiv. Budući da su smisao i značenje kodova kod kvalitativnih podataka relevantniji od frekvencije, valja nam pogledati u same kodove. Kod zagovaranje i senzibiliziranje ima visoku učestalost jer su sudionici često spominjali promociju mentalnog

and holistic understanding of MH as a basis for MHP development, which should be forwarded primarily by the higher level of usage of interdisciplinary knowledge, the participation of diverse stakeholders, evidence-based policy-making and a soft instrument based on information. Still, political will stressed as a prime obstacle of MHP development was poorly recognized as the necessary factor of change in the respondents' qualitative answers. Additionally, policy advocacy activities of experts and professionals and relationships between the political elite and experts did not come up as important drivers of developing Croatian MHP. The goal of participating in policy-making should be much more dominant in the actors' perspectives if we are to expect more expertise, knowledge-usage and quality changes in Croatian MHP.

This leads us to diverse roles institutions and professional individuals play in policy-making of Croatian MHP. We must conclude that, according to the perception of our respondents, MH institutions and organizations in Croatia still sporadically and partially participate in advancing MHP. They represent highly relevant policy actors in this field and should be the crucial carriers of knowledge within the sector. Even though institutions and organizations, and not individuals, are primary actors of policy-making, we have also asked participants of our survey about their own role in MHP development. Since in policy-making a single person, a special individual or representative of some organization, can take over the role of a policy entrepreneur, individual influence can serve to open the window of opportunity for policy change (35). Our analysis shows that codes more connected to policy-making occur slightly more frequently on the personal than on the institutional level.

However, this result is slightly deceiving. Since with qualitative data, content and meaning of codes are more relevant than the frequency, we need to look inside the codes. Advocacy

zdravlja, ali uglavnom na individualnoj razini ili unutar njihove institucije (npr. pacijentima, obiteljima pacijenata ili nadređenima), a ne na razini države. Osim toga, ključne aktivnosti stvaranja politike, dizajniranje politike razvijanjem strateških smjernica te formiranje zagovaračkih koalicija u suradnji s raznovrsnim akterima gotovo da su izostali iz podataka o osobnom angažmanu. Destimulaciju poduzetnika javnih politika dobro opisuje sljedeći navod. „Pokušavam ukazivati na razne probleme, kako pojedinca koji mi je u tretmanu, tako i sustava, pogotovo kada sustav loše utječe na pojedinca i na njegovo mentalno zdravlje, no najčešće dobijem "po prstima" da bi mi bilo pametnije da šutim i da radim svoj posao jer ako nešto prijavim i/ili javno kažem, moglo bi se otkriti kako neki drugi u tom sustavu ne rade". Uz to, naši su sudionici rijetko uključeni u stručne radne skupine. Iako su teme o uključivanju sudionika istraživanja u savjetovanje o politici različite, izravan utjecaj institucijskih aktera i pojedinaca-stručnjaka na aktivnosti stvaranja politike i dalje je razočaravajuće nizak.

Zaključit ćemo s komentarima na odgovore o tipu znanja i njegovu utjecaju na stvaranje hrvatske politike mentalnog zdravlja, iz perspektive sudionika naše studije. Najniži su rezultati kod odgovora na pitanja o osobnom utjecaju sudionika i doživljaju da se ekspertiza i znanje cijene. Utjecaj institucija procijenjen je kao nešto bolji iako ga se ne može smatrati značajnim. Usporedimo li dvije najutjecajnije skupine, psihologe i psihijatre, čini se da psihijatri svoje institucije percipiraju utjecajnijima, dok psiholozi izvještavaju o ponešto većoj upotrebi ekspertize i znanja u razvoju PMZ-a te o većoj interdisciplinarnosti nego što to čine psihijatri. Većina psihijatara radi u psihijatrijskim ustanovama, a poslodavci psihologa su raznovrsniji. Subjektivna percepcija psihijatara da tradicionalne psihijatrijske ustanove imaju više utjecaja nego druge ustanove u kojima rade psiholozi, u hrvatskim se prilikama može činiti prilično

and sensitization received a high occurrence as respondents often mentioned the promotion of mental health, but mostly on the individual level or within their institution (e.g. to patients, to patients' families, to superiors), and not on the national level. Additionally, crucial policy-making activities, designing policy change by developing strategic guidelines and forming advocacy coalitions in cooperation with diverse actors, were almost absent from the data for individual-level engagement. The discouragement of policy entrepreneurship is nicely described by the following quote. "I am trying to point to specific individual problems of users or to problems in the system, but it goes down in flames. I get the message that it is better to stay quiet since my open remarks could point to flaws and lack of work done by others". Additionally, our respondents were rarely included into expert working groups. Even though topics on inclusion of survey participants in policy advising are diverse, direct influence on policy-making activities of institutional actors and of individual professionals still seems to be disappointingly low.

We will conclude with the comments on answers about the type and influence of knowledge in Croatian MH policy-making from the perspective of our study participants. The lowest answers were given for their personal influence and the perception that expertise and knowledge are appreciated. It is seen that institutions have a slightly better impact, although it cannot be concluded that this impact is influential. If we compare two of the most influential groups, psychologists and psychiatrists, it seems that psychiatrists perceive their institutions as more influential, while psychologists report slightly more use of expertise and knowledge in MHP development, as well as more interdisciplinarity than psychiatrists do. Most psychiatrists work in psychiatric institutions while psychologists' employers are more diverse. Psychiatrists' subjective perception

realnom. Istovremeno, psihijatri manje izvještavaju o interdisciplinarnosti i uporabi stručnog znanja u PMZ-u, što može upućivati na to da više oklijevaju i osjećaju se nemoćnijima u velikom sustavu, međutim to zahtijeva daljnje istraživanje. Ipak, za obje struke, rezultati nisu ni približni prosjeku navedene ljestvice pa možemo primijetiti da se obje skupine stručnjaka slažu utoliko što percipiraju malo mogućnosti za utjecaj.

ZAKLJUČAK

Kako je u ovoj studiji korišten upitnik samoprocjene, dobiveni odgovori obilježeni su subjektivnim doživljajem sudionika, stručnjaka iz sustava skrbi za mentalno zdravlje. Nažalost, podatke za neke objektivnije mjere stvaranja politike mentalnog zdravlja nismo bili u mogućnosti prikupiti. Jedan od glavnih problema ove studije jest kvaliteta upotrijebljenog upitnika koji je konstruiran za procjenu stavova te prethodno nije validiran ili standardiziran. Neke od čestica su direktivne pa bi budući rad trebao stremiti k razvoju boljih mjera. Analiza uzorka pokazuje da su sudionici došli iz različitih sektora i ta je različitost vrlo očita: različito doživljavaju mentalno zdravlje i imaju različite perspektive. Buduća bi istraživanja trebala obuhvatiti i te različitosti između sektora. Usprkos tome, čak i s ovim ograničenjima prikupljeni podatci pružaju nam neke uvide koji su u skladu s istraživačkom svrhom ovoga rada.

Rad smo započeli normativnim argumentom da bi proces stvaranja politika mogao biti kvalitetniji, uspješniji i učinkovitiji kad bi uključivao intenzivniju uporabu znanja. Stanje hrvatske politike mentalnog zdravlja u skladu je s tom pretpostavkom budući da je naša analiza pokazala kako stručnjaci stvaranje politike doživljavaju prilično nekvalitetnim i imaju dojam izuzetno slabe uporabe znanja u tom sektoru. Kvalitativni i kvantitativni podatci iz naše studije upućuju na to da su multisektorski pristup

that traditional psychiatric institutions have more impact than other institutions where psychologists might work seems quite realistic for Croatian circumstances. At the same time, lower reports on interdisciplinarity and usage of expertise in MHP coming from psychiatrists may indicate that they feel more reluctant and powerless within the big system but that calls for future research. Nevertheless, for both professions the results are not even close to the average of the given scale, so we can note that both groups of experts agree, since they perceive little possibility of influence.

CONCLUSION

The assessment in this study is conducted by a self-report questionnaire that reflects subjective perceptions of the participants, professionals in the mental health care system. Unfortunately, we were not able to collect data for some more objective measurements of mental health policy-making. One of the main problems of this study is the quality of the questionnaire used – it was designed to assess attitudes and it was not evaluated or standardized beforehand. Some of the items are directive, so future work should be directed towards the development of better measures. Sample analysis shows that participants came from different sectors and it is evident that those sectors differ: they perceive mental health differently and have different perspectives. Future research should cover those differences between the sectors. Nevertheless, even with these limitations, the collected data provided some insights in line with the exploratory purpose of the paper.

Our paper started with the normative argument that the policy-making process could be of higher quality, more successful, efficient and effective if the usage of knowledge in that process was more intense. The state of Croatian mental health policy is coherent with this assumption, as our analysis showed the pro-

i interdisciplinarnost znanja u hrvatskom kontekstu vrlo slabo zastupljeni što pokazuje da je holistička politika mentalnog zdravlja još uvijek u fazi postavljanja na dnevni red što je prvi korak razvojnog ciklusa stvaranja politike. Možemo zaključiti da stručnjaci iz sektora mentalnog znanja stvaranje politike u tom polju procjenjuju kao nesistematično i utemeljeno na zastarjelim stavovima o mentalnom zdravlju, iznimno ovisno o najvišim tijelima vlasti, kojima upravlja politička elita većinom nezainteresirana za mentalno zdravlje.

Prema našoj studiji, profesionalci i stručnjaci poboljšanje PMZ-a zamišljaju u skladu s međunarodnim smjernicama. Naglašavaju široko i holističko razumijevanje mentalnog zdravlja kao temelja za razvoj PMZ-a. Istovremeno, podatci pokazuju da stručnjaci iz područja mentalnog zdravlja rijetko sebe uzimaju u obzir kao aktivne sudionike u procesu stvaranja politike. Češće izvješćuju o svom praktičnom radu i intervencijama prema korisnicima te se općenito osjećaju nemoćnima, bez mogućnosti da utječu na političku volju. U kvantitativnim pitanjima, na izravnu uputu da izaberu jednu od već navedenih, najčešće su naglašavali nedostatak političke volje kao primarnu prepreku razvoju politike mentalnog zdravlja. Zanimljivo je da su u kvalitativnim odgovorima sudionici kao nužan faktor promjene slabo prepoznali pritisak na političke elite. Osim toga, aktivnosti zagovaranja politike od strane stručnjaka i profesionalaca kao i povezanost političke elite i stručnjaka nisu se pojavili kao važni pokretači rasta i sazrijevanja hrvatske PMZ.

To nas vodi zaključku da stručnjake treba osnažiti i podržati da se izravnije uključe u stvaranje politike. Iako je PMZ niske kvalitete, postoje prilike kao i odgovornost profesionalaca u području mentalnog zdravlja da više surađuju, aktivnije participiraju u umrežavanju izvan svoje primarne discipline i da se s različitim akterima udružuju u zagovaračke koalicije. S obzirom na to da je jedan od ciljeva ovog rada, osim razfessionals' perceptions of quite poor quality of policy-making and impressions of extremely low knowledge-usage in this sector. The qualitative and quantitative data in our study suggests that multi-sectoral approach and interdisciplinarity of knowledge are seen as very poorly represented in the Croatian context, indicating that a holistic mental health policy is still in the phase of agenda setting, the first step of a policy development cycle. We can conclude that professionals in the MH sector evaluate policy-making in the field as unsystematic and based on outdated views of MH, highly dependent on top governmental bodies that are run by the political elite overall uninterested in MH.

Professionals and experts, according to our study, think about improvements of MHP in line with international guidelines. They stress a broad and holistic understanding of MH as a basis for MHP development. At the same time, data proves that MH professionals rarely consider themselves active players in the policy-making process. More frequently, they report on their practical work and interventions for direct users, and in general feel powerless and without any capacity to influence the political will. In quantitative questions, when they were asked directly to choose between the obstacles already stated, the lack of political will was most often stressed as the prime obstacle of MHP development. Interestingly, in qualitative answers, the participants showed poor recognition of the pressure on political elites as a necessary factor of change. Additionally, policy advocacy activities of experts and professionals as well as relationships between the political elite and experts did not come up as an important drive of growth and maturation of Croatian MHP.

This leads us to conclude that experts have to be supported and empowered to become more directly engaged in policy-making. Even though the MHP is of poor quality, there are opportunities and responsibilities for experts in the field of mental health to collaborate

matranja uloge ekspertize i prijenosa znanja, bio i informirati dionike, naši podatci daju nam priliku za sljedeće preporuke:

- Koliko god je to moguće stručna zajednica trebala bi biti izravno uključena u stvaranje politike i to zagovaranjem obuhvatne političke važnosti mentalnog zdravlja, putem javnih debata, podizanja svijesti i senzibiliziranja javnosti te oblikovanjem konkretnih prijedloga promjena politike i strateških smjernica za razvoj PMZ-a. Važno je da stručnjaci uvide svoj potencijal i moć te da ih njeguju u stručnim organizacijama i nevladinim organizacijama
- Budući da su sudionici naše studije izravno izrazili nužnost umrežavanja, voditelji stručnih zajednica trebali bi iznaći inovativnije načine umrežavanja: konkretne stručne zajednice i organizacije odgovorne su za nalaženje zajedničkog jezika i načina trajne komunikacije u sklopu zagovaračkih koalicija. Takvim ujedinjavanjem pritisak na političku elitu postao bi učinkovitiji, a polje mentalnog zdravlja lakše bi postalo političkim prioritetom
- Donositelji odluka i vladina tijela trebali bi uključiti raznovrsne stručnjake u sve faze stvaranja politike mentalnog zdravlja. Uključivanje rezultata znanstvenih istraživanja i znanja u praksu stvaranja politike trebalo bi biti intenzivnije, vidljivije i transparentnije i moglo bi ga se povećati čvršćim odnosima stvaratelja politike s istraživačkom i stručnom zajednicom.

more, to participate more actively in networking outside their primary discipline and to join advocacy coalitions of diverse actors that could raise their voices. Since one of the aims of this paper was, besides looking into the role of expertise and knowledge translation, to inform stakeholders, our data gives an opportunity for the following recommendations:

- As much as possible, the expert community should be directly devoted to policy-making by advocating broad MH political importance through public debates, raising awareness and sensitization of the public and developing concrete policy proposals and strategic guidelines for MHP development. It is important that experts realize their potential and power, which could be nurtured within expert organizations and NGOs.
- Since the participants of our study expressed the need directly, expert community leaders should find more innovative ways for networking outside of the box: specific professional communities and organizations have the responsibility to find a mutual language and ways for continuous communication within advocacy coalitions. When united, pressure on the political elite could be more effective and mental health could become a political priority more easily.
- Decision-makers and governmental bodies should involve diverse experts in all stages of mental health policy-making. The incorporation of research findings and knowledge into policy-making practice should be more intense, visible and transparent and could be enhanced by stronger relationships of policy-makers and the research and expert community.

1. Rochefort DA. From poorhouses to homelessness: Policy analysis and mental health care. Auburn House/Greenwood Publishing Group, 1997.
2. Mental health policy, plans and programmes (updated version 2). Geneva: WHO, 2005 (Mental Health Policy and Service Guidance Package).
3. World Health Organization. The Helsinki statement on health in all policies. Geneva: WHO, 2013.
4. World Health Organization. Health in all policies: Helsinki statement. Framework for country action. Geneva: WHO, 2014.
5. Novak M, Petek A. Mental Health as a political problem in Croatia. Ljetopis socijalnog rada 2015; 22(2):191-221.
6. Petek A, Novak M, Barry MM. Interdisciplinary research framework for multisectoral mental health policy development. Int J Ment Health Prom 2017; 19(3): 119-33.
7. Vlada RH. Nacionalna strategija zaštite mentalnog zdravlja za razdoblje od 2011.-2016. Zagreb: Vlada Republike Hrvatske. http://www. zdravlje. hr/programi_i_projekti/nacionalne_strategije 2010. Preuzeto 20. kolovoza 2018.
8. Vlada Republike Hrvatske. Strateški plan razvoja javnog zdravstva 2013. – 2015. Zagreb: Ministarstvo zdravlja. http://www.ianphi.org/_includes/documents/sections/toolkit/Croatian_Strategic_plan_jz_12_15.pdf 2013. Preuzeto 20. kolovoza 2018.
9. Cairney P, Oliver K. Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy?. Health Res Policy Syst 2017; 15(1): 35.
10. Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, Robinson N. Lost in knowledge translation: time for a map?. J Continuing Education Health Professions 2006; 26(1): 13-24.
11. Grol R. Knowledge transfer in mental health care: how do we bring evidence into day-to-day practice? Can J Psychiatry 2008; 53(5): 275-6.
12. Ingold J, Monaghan M. Evidence translation: an exploration of policy makers' use of evidence. Policy & Politics 2016; 44(2): 171-90.
13. Liverani M, Hawkins B, Parkhurst JO. Political and institutional influences on the use of evidence in public health policy. A systematic review. PloS one 2013; 8(10): e77404.
14. Ward V, House A, Hamer S. Knowledge brokering: the missing link in the evidence to action chain?. Evidence & Policy: J Res Debate Pract 2009; 5(3): 267-79.
15. Williamson A, Makkar SR, McGrath C, Redman S. How can the use of evidence in mental health policy be increased? A systematic review. Psychiatr Serv 2015; 66(8): 783-97.
16. Dunn WN. Public Policy Analysis: An Introduction. Upper Saddle River: Prentice Hall; 1994.
17. Grdešić I. Osnove analize javnih politika. Zagreb: Fakultet političkih znanosti u Zagrebu; 2006.
18. Parsons W. Public policy: An Introduction to the Theory and Practice of Policy Analysis. Cheltenham, Northampton: Edward Elgar, 1995.
19. Weimer DL, Vining, AR. Policy Analysis. Concepts and Practice. Upper Saddle River: Prentice Hall, 1999.
20. Windhoff-Héritier A. Policy analiza: znanstveno savjetovanje politike. Politička misao. 1988; 25(4):19-40.
21. Oliver K, Lorenc T, Innvær S. New directions in evidence-based policy research: a critical analysis of the literature. Health Res Policy Syst 2014; 12(1): 34.
22. El-Jardali F, Fadlallah R. A call for a backward design to knowledge translation. Int J Health Policy Manag 2015; 4(1): 1-5.
23. Gold M. Pathways to the use of health services research in policy. Health Services Res 2009; 44(4): 1111-36.
24. Greenhalgh T, Wieringa S. Is it time to drop the 'knowledge translation' metaphor? A critical literature review. J Royal Soc Med 2011; 104(12): 501-9.
25. Rycroft-Malone J, Bucknall T. Using theory and frameworks to facilitate the implementation of evidence into practice. Worldviews on Evidence-Based Nursing 2010; 7(2): 57-8.
26. GermAnn K, Ardiles P. Toward flourishing for all. Mental Health Promotion and Mental Illness Prevention Policy Background Paper. Pan-Canadian Steering Committee for Mental Health Promotion and Mental Illness Prevention. 2009. http://healthy-campuses.ca/wpContent/uploads/2015/01/TowardFlourishingBackgroundPaperFinalApr09.pdf Preuzeto 17. lipnja 2018.
27. GermAnn, K, Ardiles P. Toward flourishing for all: Mental Health Promotion and Mental Illness prevention policy background paper. Vancouver, BC: Pan-Canadian Steering Committee for Mental Health Promotion and Mental Illness Prevention. http://www.bcmhas.ca/NR/rdonlyres/90672D9C-AFC9-4134-B52DB956C12A4E56/35226/TowardFlourishingBackground-PaperFinalApr09.pdf.Preuzeto 17. lipnja, 2018.
28. Mechanic D, McAlpine DD, Rochefort DA. Mental Health Policy and Social Policy: Beyond Managed Care (Advancing Core Competencies). Upper Saddle River: Pearson Education, 2014.
29. Mackenzie J. Global mental health from a policy perspective: a context analysis. London: Overseas Development Institute, 2014.
30. Creswell JW. Research design: Qualitative, quantitative, and mixed methods approaches. London. SAGE Publications, 2017.
31. Corbin J, Strauss A. Basics of Qualitative Research. Techniques and Procedures for Developing Grounded Theory. London: SAGE Publications, 2015.
32. Pandit NR. The Creation of Theory: A Recent Application of the Grounded Theory Method. The Qualitative Report 1996; 2(4): 1-14.
33. Thomas DR. A General Inductive Approach for Analyzing Qualitative Evaluation Data. Am J Eval 2006; 27(2): 237-46.
34. Hood C, Margetts HZ. The tools of government in the digital age. Basingstoke: Palgrave Macmillan, 2007.
35. Kingdon, J. Agendas, Alternatives, and Public Policies. New York: Harper Collins Publishers, 1984.

Povezanost obilježja razrednika i učenika u procjeni simptoma nepažnje, impulzivnosti i hiperaktivnosti povezanih s ADHD poremećajem

/ Relations between Teacher and Student Characteristics in the Assessment of Symptoms of Inattention, Impulsivity and Hyperactivity Related to ADHD

Nataša Vlah[1], Snježana Sekušak-Galešev[2], Sanja Skočić Mihić[1]

[1] Učiteljski fakultet, Sveučilište u Rijeci, Rijeka, Hrvatska, [2]Edukacijsko-rehabilitacijski fakultet, Sveučilište u Zagrebu, Zagreb, Hrvatska

[1]*Faculty of Teacher Education, University of Rijeka, Rijeka, Croatia,* [2]*Faculty of Education and Rehabilitation Sciences, University of Zagreb, Zagreb, Croatia*

U radu se ispituje razrednikova procjena pojavnosti simptoma deficita pažnje, impulzivnosti i hiperaktivnosti povezanih s ADHD poremećajem kod učenika osnovnih škola, obilježja razrednika i učenika te relacije navedenih varijabli. Razrednici su procjenjivali 242 učenika u 26 osnovnih škola podjednako iz četiri županije Republike Hrvatske kod kojih su otkrili četiri i više simptoma nepažnje. Korištene su dvije ljestvice: Ček lista Merrell i Tymms te 2 dimenzije Vanderbiltove ljestvice: nepažnja i impulzivnost/hiperaktivnost. Korelacijskim analizama utvrđena je povezanost obilježja razrednika (veći broj tjednih sati poučavanja i viša razina procijenjene potrebe za dodatnom pomoći u učenju i/ili podršku u ponašanju) s ispitivanim dimenzijama. Nadalje, razrednikova samoprocjena niže razine zadovoljstva odnosom s učenikom povezana je s višom razinom prisutnosti hiperaktivnosti i impulzivnosti. Također, viši školski uspjeh i materijalni status roditelja učenika povezani su s višom procjenom pojavnosti simptoma nepažnje i impulzivnosti-hiperaktivnosti. Niži akademski uspjeh učenika povezan je s višom razinom razrednikove procjene pojavnosti nepažnje, a viši školski uspjeh s višom razinom pojavnosti impulzivnosti-hiperaktivnosti. Viša razina potrebe za dodatnom pomoći u učenju povezana je s višom razinom pojavnosti nepažnje, dok je potreba za dodatnom pomoći u regulaciji ponašanja povezana sa sva tri simptoma.

/ The paper examines teachers' assessment of the symptoms of attention deficit, impulsivity and hyperactivity related to ADHD among elementary school students, the characteristics of class teachers and students and the relationship between them. Class teachers evaluated 242 students of all grades from 26 elementary schools evenly spread across four counties of the Republic of Croatia, in whom they detected four or more symptoms of inattention. Two scales were used: Checklist (Merrell and Tymms) and two dimensions of the Vanderbilt scale: inattention and impulsivity/hyperactivity. The correlation between class teacher characteristics (a greater number of weekly teaching hours and a higher level of assessed need for additional help in students' learning and/or supporting behaviour problems) and the investigated dimensions was established by a correlation analysis. Furthermore, a lower degree of the self-assessed relationship with the student is associated with a higher level of hyperactivity/impulsivity incidence. Also, the school's academic achievement and material status of the students' parents are related to the higher estimation of symptoms of inattention and impulsivity-hyperactivity. The students' lower academic achievement is associated with a higher level of the teachers' assessment of inattention, and higher academic achievement with a higher level of impulsivity-hyperactivity symptoms. The need for additional help in students' learning has been associated with the increased levels of inattention, while the need for additional help in supporting behaviour is associated with all three symptoms.

IZVORNI ZNANSTVENI RAD / *ORIGINAL SCIENTIFIC PAPER* Soc. psihijat. | 46 (2018) | 372-389

ADRESA ZA DOPISIVANJE / *CORRESPONDENCE*:
Nataša Vlah
Učiteljski fakultet u Rijeci
Sveučilišna avenija 6
51 000 Rijeka, Hrvatska
E-pošta:natasa.vlah@uniri.hr

KLJUČNE RIJEČI / *KEYWORDS*:
ADHD / *ADHD*
Problemi u ponašanju / *Behavior problems*
Deficit pažnje / *Inattention*
Razrednici / *Class teacher*
Osnovna škola / *Elementary school*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.372

UVOD

Od začeća nadalje razvoj pojedinca pod utjecajem je interakcije biološke osnove (gena) i utjecaja iz okruženja, a optimalni razvoj karakteriziraju ponašanja primjerena razvojnoj dobi. Odstupanja u ponašanju bilo pod utjecajem biološke osnove djeteta ili okolinskih činitelja mogu biti indikatori neurorazvojnih poremećaja dječje i adolescentne dobi.

Ponašajna odstupanja djece u dimenzijama nepažnje, impulzivnosti i hiperaktivnosti u školskoj sredini značajno utječu na ukupno funkcioniranje djeteta pri čemu je važno dijagnosticirati radi li se o deficitu pažnje/hiperaktivnom poremećaju (engl. *Attention Defficit Hiperactivity Disorder* – ADHD). Prema DSM V (1) ADHD je jedan je od najčešćih neurorazvojnih poremećaja dječje i adolescentne dobi koji karakteriziraju hiperaktivnost, impulzivnost i nedostatak pozornosti (2,3). Etiologija poremećaja je složena, a dominiraju genetske i organske teorije. Tehnike oslikavanja mozgovne aktivnosti (engl. *neuroimaging*) utvrdile su odstupanja, poremećaje u strukturi i funkciji, u neuralnim mrežama prefrontalnog režnja (engl. *frontal–striatal–cerebellar network*) i mogućim drugim područjima koja mogu biti odgovorna za teškoće s inhibicijom izvršnih funkcija (3).

U kontekstu obrazovnih znanosti temeljno polazište je definiranje razvojne teškoće prema

INTRODUCTION

Individual life, from conception onward, is influenced by the interaction of the biological basis (genes) and the environment, with the optimum development characterized by behaviours appropriate to the developmental age. Some children / students exhibit behavioural problems, either influenced by the biological basis or environmental factors, whereby the above-mentioned problems can be indicators of neurodevelopmental disorders of children.

Behaviours such as inattention, impulsiveness and hyperactivity in the school environment significantly affect the overall functioning of the child, and it is important to diagnose whether attention deficit hyperactivity disorder (ADHD) is present. According to DSM V (1), ADHD is one of the most common neurodevelopmental disorders in children and adolescents characterized by hyperactivity, impulsiveness and lack of attention (2,3).

The aetiology of the disorder is complex and dominated by genetic and organic theories. The brain imaging technique (neuroimaging) detected areas of the neural network of the prefrontal lobe (frontal–striatal–cerebellar network) and other possible areas as involved in the difficulties with inhibition and executive functioning (3).

In the context of educational sciences, the basic starting point is defining developmental difficulties according to the Orientation-list of the

Orijentacijskoj listi vrsta teškoća (4), sukladno medicinskom modelu. Učenici koji imaju dijagnozu ADHD-a klasificiraju se prema Orijentacijskoj listi vrsta teškoća (4) u skupinu Poremećaji u ponašanju i oštećenja mentalnog zdravlja (skupina 6), podskupina poremećaji pažnje i aktivnosti (5,6).

Posljednja dva desetljeća obilježja ponašanja djece i mladih s ADHD značajno su u fokusu stručne i javne rasprave, a djeca čija su ponašanja intenzivna i vrlo aktivna nazivaju se hiperaktivnom ili djeca s ADHD. Međutim, utvrđivanje ADHD provodi se isključivo temeljem dijagnostičkih kriterija multidisciplinarnog tima (2,3) u složenom postupku. Različiti autori navode različite stope pojavnosti ADHD, u rasponu od 3-5 % (2) do zastupljenosti od 8 % do 12 % (5).

Ako nastavnici indiciraju pojavnost nepažnje, impulzivnosti i hiperaktivnosti učenika, stručni tim škole, procjenjuje, objedinjuje podatke i upućuje roditelje da uključe učenika u multidisciplinarnu dijagnostičku obradu. Najčešće se upućuju učenici koji pokazuju probleme u školskom i socijalnom funkcioniranju.Razvijene su ljestvice procjene kojima se bilježe prisutnost ponašanja karakteristična za ADHD i u suglasju s dijagnostičkim kriterijima ADHD-a. Takve liste procjene, koje se referiraju na školsko okruženje (8) mogu ukazivati na ponašanja povezana s ADHD poremećajem, no autorice liste upozoravaju na oprez prije postavljanja dijagnoze, za koju je, kao što je već napomenuto, potreban sustavan i multidisciplinski pristup u koji se uključuje, osim odgojno-obrazovnog, i zdravstveni sektor. Prema mišljenju autorica (8), kod 15 % svih učenika prisutno je 4 do 6 simptoma povezanih s ADHD-om. Na sličan način se primjenom Vandrebildtove ljestvice (6,7) nudi mogućnost da se, osim trijasa nepažnje, impulzivnosti i hiperaktivnosti istovremeno u školi mjere i sekundarne pojave poput emocionalnih problema i problema antisocijalnosti

types of developmental difficulties (4) in accordance with the medical model of inclusion of students with disabilities. Students with ADHD are classified according to the Orientation-list of the types of developmental difficulties (4) in a group of students with Behavioural Disorder and Mental Disorders (Group 6), Subgroup Attention Deficit/Hyperactivity Disorders (6.5).

In the last two decades, the children with ADHD have been in the focus of professional and public discussion, and children with intensive or high active behaviours are labelled as hyperactive or having ADHD. However, diagnosis of ADHD is conducted solely on the basis of diagnostic criteria by a multidisciplinary team (2,3) in a complex procedure. Different rates of ADHD are cited by different authors, ranging from 3-5% (2) to 8-12% (5).

If teachers indicate the occurrence of a student's inattention, impulsiveness and hyperactivity, the schools' professional expert team makes the assessment, aggregates data and directs the parents to involve the student in a multidisciplinary diagnostic procedure. Students who show signs of problems in school and social functioning are most often referred to the procedure. Assessment scales have been developed to check the presence of behaviours that are characteristic of ADHD in accordance with the ADHD diagnostic criteria. Those assessment scales that refer to the school environment (8) may indicate behaviours related to the ADHD, but the authors warn of caution before diagnosis, for which, as already mentioned, a systematic and multidisciplinary approach is required, involving the education and health sector.

According to Merrell and Tymms (8), there are 4 to 6 ADHD-related symptoms in 15% of all students. Similarly, by using the Vanderbilt Scale (6,7), it is possible, besides inattention, impulsiveness and hyperactivity, to measure in school, at the same time, secondary occurrences such as emotional problems and problems with anti-social behaviour that can be developed in the spectrum of behavioural problems.

koji se kod učenika mogu razviti u spektru problema u ponašanju. Spektar problema u ponašanju uključuje progredirajuće razine od rizičnih ponašanja (npr. prkos ili otpor autoritetu učitelja, neizvršavanje školskih obveza), preko teškoća u ponašanju (npr. bježanje iz škole, agresivno ponašanje prema drugim učenicima, pretjerana povučenost i dugotrajni i intenzivni deficit u pozitivnim socijalnim interakcijama s vršnjacima) do najtežih pojavnih oblika poremećaja u ponašanju (npr. činjenje kaznenih djela, dugotrajno nasilno traumatiziranje drugih vršnjaka, asocijalnost povezana s napuštanjem školovanja) (9). Naime, svrha pravovremenog i kvalitetnog procjenjivanja simptoma je osmišljavanje i planiranje kvalitetne stručne podrške i pomoći (10-12) što kod učenika podržava njegov optimalan psihosocijalni razvoj. Kvalitetna stručna podrška i pomoć trebaju osigurati da rizična ponašanja ne progrediraju prema teškoćama u ponašanju, odnosno prema poremećajima u ponašanju koji su fenomenološki i etiološki daleko najteži oblici ponašanja (9).

Gotovo svaki suvremeni razred u hrvatskim osnovnim školama uključuje bar jednog učenika ili učenicu (dalje učenik) koji se od ostalih učenika razlikuje po jednom ili više bitnih promjenjivih ili nepromjenjivih obilježja osobnosti ili okruženja. Neka promjenjiva obilježja, a to su obilježja u socijalnom prostoru učenika, mogu biti elementi planiranja dodatne socijalne, psihološke, pedagoške, sociopedagoške, edukacijsko-rehabilitacijske, logopedske i druge stručne pomoći učeniku ili njegovoj obitelji (10,11,13). Jedno od takvih obilježja je i materijalno siromaštvo u obitelji što je čest korelat s impulzivnošću kod učenika (14,15) kao i akademski neuspjeh.

Jedna od ključnih kompetencija razrednika, osobito u odnosu na učenike koji nisu uspješno socijalno adaptirani u školi, je njegova sposobnost razumijevanja učenikovih potreba te sposobnost uspostavljanja adekvatnog odno-

The spectrum of behavioural problems includes progressive levels of risk behaviour (e.g. defiance or resistance to teacher authority, non-fulfilment of school obligations), behavioural difficulties (e.g. running away from school, aggressive behaviour towards other students, excessive reticence and a long-term and intense deficit in positive social interactions with peers) to the most severe forms of behavioural disturbances (e.g. committing criminal offenses, long-term violent trauma of other peers, antisocial behaviour with regard to the abandonment of schooling) (9).

Namely, the purpose of the prompt and quality assessment of the symptoms is to design and plan the quality of professional support and help (10-12) which supports the student's optimum psychosocial development. Quality professional support and assistance should ensure that risk behaviours are not progressive towards behavioural difficulties, i.e. behavioural disorders that are phenomenologically and aetiologically by far the most severe forms of behaviour (9).

Almost every contemporary class in Croatian primary schools includes at least one student who differs from other students by one or more of the essential, changing or irreversible characteristics of personality or environment. Some variable features, which are the characteristics of a student's environment, can be elements of planning additional social, psychological, pedagogical, socio-pedagogical, educational and rehabilitation speech therapy or any other professional support to the student or his or her family (10,11,13).

One of these characteristics is also material poverty in the family, which is a common correlate of impulsiveness among students (14,15) as well as academic failure.

One of the key competences of the teacher, particularly in relation to students who are not successfully socially adapted to school, is the ability to understand the students' needs and the ability to establish an adequate relationship of mutual acceptance (16). Class teachers

sa uzajamnog prihvaćanja (16). Razrednici u osnovnoj školi su za učenike važni odrasli. Stoga se blizak odnos razrednika s učenikom koji ima teškoće promatra kao zaštitni faktor za socijalno i emocionalno prilagođavanje i funkcioniranje učenika (17). Za takav odnos je odgovoran razrednik s očekivanim kompetencijama inkluzivnog učitelja (18), pa je u ovom radu također zanimljivo analizirati kako je navedeni odnos povezan s procjenjivanjem pojedinih simptoma ponašanja kod učenika: nepažnja, impulzivnost /hiperaktivnost.

CILJ RADA

Cilj ovog rada je ispitati razrednikovu procjenu pojavnosti simptoma deficita pažnje, impulzivnosti i hiperaktivnosti povezanih s ADHD poremećajem kod učenika osnovnih škola, obilježja razrednika i učenika te relacije navedenih varijabli.

U istraživačkom je smislu zanimljivo utvrditi povezanost obilježja razrednika (dob, spol, osobni odnos s učenikom, broj tjednih sati predavanja) kao i obilježja učenika (materijalno stanje u obitelji, redovitost roditelja na informiranju o učeniku, akademski uspjeh), te procijenjenu potrebu za dodatnom pomoći u učenju i regulaciji ponašanja učenika. Jedna od mogućih aplikativnih svrha istraživanja je dati doprinos razumijevanju elemenata strukture učenikovog okruženja kako bi se unaprijedili postupci procjenjivanja i poboljšala kvaliteta pravovremenog i potrebama usmjerenog interveniranja za učenike koji manifestiraju ponašanja povezana s ADHD sindromom.Najprije će se utvrditi razine promatranih varijabli, a potom ispitati njihov odnos. S obzirom da se radi o uzorku učenika kod kojih su razrednici uočili teškoće u ponašanju očekuju se više vrijednosti u odnosu na mogući raspon rezultata na svim varijablama koje se tiču učenika. Nadalje, očekuje se da će vrijednosti simptoma povezanih s ADHD sin-

in primary school are important adults to their pupils. Hence, the close relationship of a class teacher to a disadvantaged student is viewed as a protective factor for social and emotional adaptation and functioning of a student (17). Such a relationship is the responsibility of a class teacher with the expected competences of an inclusive teacher (18), so it is also interesting to analyse in this paper how this relationship is related to the assessment of certain symptoms of behaviour in students, such as inattention or impulsivity/hyperactivity.

AIM

The aim of this paper was to examine the teachers' assessment of the symptoms of inattention, impulsivity and hyperactivity associated with ADHD among elementary school pupils, the characteristics of class teachers and students and the relationship between them.

From a research perspective, it is interesting to determine the correlation of the characteristics of class teachers (age, gender, personal relationship with the student, weekly teaching hours) as well as the characteristics of the students (material situation in the family, the parents' regularity at parental meetings, academic achievement), and the estimated need for additional help in students' learning and supporting behaviour. One of the possible applicative purposes of the research is to contribute to the understanding of the structural elements of the student's environment in order to enhance assessment procedures and improve the quality of prompt and targeted interventions for students who manifest behaviours associated with ADHD syndrome.

First, the level of observed variables will be determined and then their relationship will be examined. Given that this is a sample of students, in whom the class teacher perceived behavioural issues, higher values are expected compared to the possible range of results on all variables concerning students. Furthermore, it is expect-

dromom biti povezane s ostalim promatranim varijablama.

METODE

Sudionici i postupak

U provedenom istraživanju sudjelovali su razrednici od prvog do osmog razreda iz 26 osnovnih škola pet županija Republike Hrvatske: Koprivničko-križevačka, Sisačko-moslavačka, Varaždinska, Primorsko-goranska i Međimurska. Istraživanje je bilo ponuđeno svim školama u navedenim županijama, a sudjelovale su samo one škole koje su se pristale uključiti u istraživanje. U svakoj školi koja se pristala uključiti u istraživanju sudjelovali su samo oni razrednici koji su to željeli. Za učenike uključene u istraživanje njihovi razrednici su izjavili kako *misle ili osjećaju da učenici imaju teškoće u ponašanju na nastavi, odmoru, tijekom slobodnih aktivnosti i slično*. Razrednici su bili zamoljeni procijeniti jednog do više takvih učenika u svojem razredu te dati neka mišljenja i samoprocjene u vezi s tim učenicima. Odabir uzorka učenika za koje su razrednici davali mišljenja i samoprocjene tekao je u dvije faze. U prvoj su razrednici primjenom Ček liste ponašanja učenika (7) selekcionirali učenike koji manifestiraju četiri ili više simptoma nepažnje. U drugoj fazi su razrednici na tako selekcioniranom uzorku učenika procjenjivali ponašanje na dvjema dimenzijama Vanderbiltove ljestvice: (1) Impulzivnost-hiperaktivnost i (2) Nepažnja, te su ispunili Upitnik za učitelje. U prosjeku je svaki razrednik u svom razredu otkrio 1,32 učenika koji manifestiraju četiri i više simptoma nepažnje prema Ček listi ponašanja učenika (7), a u tablici 1 su prikazani osnovni demografski podatci za učenike i razrednike.

Prosječna dob razrednika je 42 godine, u rasponu od 25 do 63 godine, a prosječna dob učenika 11 godina, u rasponu od 7 do 17 godina. Među identificiranim učenicima koji manifestiraju 4

ed that the values of symptoms associated with the ADHD syndrome will be related to other observed variables.

METHODS

Sample and procedure

The survey was conducted from the first to the eighth grade of 26 primary schools from five counties of the Republic of Croatia: Koprivničko-križevačka, Sisačko-moslavačka, Varaždinska, Primorsko-goranska and Međimurska. The study was introduced to all schools in the mentioned counties, and only those schools that agreed to participate in the study took part. Similarly, in each of the schools that agreed to take part, only those educators who wanted to participate in the study did so. For the students involved in the survey, their class teachers stated that they think or feel that students have behavioural issues during leisure time and activities. The class teachers were asked to evaluate one or more of these students in their classroom and give some opinions and self-assessments about these students. The selection for the sample of students for which the class teachers gave their opinions and self-assessments went through two phases. In the first phase, using the Checklist of Student Behaviour (7), the class teachers selected students who exhibit four or more symptoms of inattention. In the second stage, in a selected sample of students, the class teachers evaluated child behaviour on two dimensions of the Vanderbilt scale: (1) impulsivity-hyperactivity and (2) inattention and filled a teacher questionnaire. On average, in each classroom 1.32 students exhibited four or more symptoms of inattention according to the Checklist of Student Behaviour (7), and Table 1 shows the basic demographic data for students and class teachers.

The average age of the class teacher is 42 years, ranging from 25 to 63 years, and the average age of students is 11 years, ranging from 7 to 17 years. Among identified students who ex-

TABLE 1. Basic demographic data for students and class teachers

Basic demographic data	Students (N=242)	Class teachers (N=183)
Age–average	M_{age}=11.01; SD=2.29	M_{age}=42.44; SD=9.38
Age–range	from 7 to 17	from 25 to 63
Gender	206 (85.10%) male	40 (16.50%) female

i više simptoma nepažnje 85 % je učenika i 15 % učenica.

Zastupljenost prema razredima je uglavnom ravnomjerna (tablica 2).

Redovan program (tablica 3) pohađalo je168 (69,40 %) učenika, a primjereni program školovanja prema Pravilniku o osnovnoškolskom odgoju i obrazovanju učenika s teškoćama u razvoju (4), 74 (30,60 %).

U selekcioniranom uzorku učenika 76 (31 %) je učenika razredne, a 69 % predmetne nastave (tablica 4).

Mjerni instrumenti

Vanderbiltova ljestvica procjene Upitnik za učitelje (NICHQ Vanderbilt Assessment Scale - TEACHER informant) (6) originalno se sastoji od ukupno 35 čestica grupiranih u četiri podljestvice (Impulzivnost-hiperaktivnost, Nepažnja, Emocionalni problemi i Antisocijalnost). Navedene četiri dimenzije iz originalnog su oblika prevedene i mjerne karakteristike potvrđene na hrvatskom uzorku (7). Za potrebe ovog rada

hibit 4 and more symptoms of inattention, 85% are male and 15% female students.

The representation of grades is generally even (Table 2).

Among selected students, 168 (69.40%) of them attended the regular program (Table 4), an appropriate schooling program according to the Regulations on elementary school upbringing and education of pupils with developmental difficulties (74) (74%).

Of all selected students, 76 (31%) students are attending grade 1 to 4, and 69% from 5 to 8 (Table 5).

Instruments

NICHQ Vanderbilt Assessment Scale - TEACHER informant (6) originally consists of a total of 35 items grouped into four sub-scales (Impulsivity-Hyperactivity, Inattention, Emotional Problems and Antisocial behaviour). The four dimensions mentioned in the original form have also been translated and measured characteristics were confirmed on the Croatian sample (7).

TABLE 2. Student distribution according to grade

Grade	Frequency(N)	Percent (%)
1.	19	7.90
2.	28	11.60
3.	40	16.50
4.	21	8.70
5.	33	13.60
6.	36	14.90
7.	27	11.20
8.	38	15.70
Total	242	100.00

TABLE 3. Student distribution according to the type of school program

Program	Frequency(N)	Percent (%)
Regular	168	69.40
Other	74	30.60
Total	242	100.00

TABLE 4. Student distribution according to schooling cycle

Cycles	Frequency(N)	Percent(%)
1-4	76	31
5-8	166	69
Total	242	100.00

analizirane su dvije podljestvice: a) Impulzivnost-hiperaktivnost (N=12; α=0,96; „ Odgovara i prije nego je pitanje postavljeno do kraja.") i b)Nepažnja (N=9 ; α=0,89; „ Ima poteškoća pri organiziranju i izradi zadataka i aktivnosti"). Ispitanici su obilježavali stupanj slaganja ili neslaganja s pojedinom tvrdnjom na Likertovoj ljestvici od četiri stupnja (od 0 – nikad, 1 – povremeno, 2 – često, 3 – vrlo često). Rezultati su se računali kao zbroj svih čestica podijeljen s brojem čestica odnosno linearni kompoziti.

Obilježja razrednika i učenika mjerena su pitanjima posebno konstruiranima za potrebe ovog istraživanja. Među izmjerenim obilježjima razrednika su dob, spol (0=M;1=Ž),osobni odnos s učenikom (od 0=nezadovoljavajući do 2=vrlo dobar) i broj tjednih sati predavanja, pri čemu su veći broj tjednih sati predavanja imali razrednici učenika razredne nastave od razrednika učenika predmetne nastave. Od obilježja učenika su razrednici procijenili učenikovo materijalno stanje u obitelji (0=lošije od prosječnog do 2=bolje od prosječnog); redovitost roditelja na informiranju o učeniku (0=NE; 1=DA) i akademski uspjeh (od 1=nedovoljan do 5=izvrstan). Za razrednikovu procjenu potrebe za dodatnom pomoći u učenju i regulaciji ponašanja učenika su korištene dvije univarijatne varijable koje su prethodno konstruirane i korištene u istraživanju potreba rizičnih ponašanja učenika u osnovnoj školi (19): a) Mislite li da bi ovom učeniku trebala dodatna pomoć u učenju, b) Mislite li da bi ovom učeniku trebala dodatna pomoć u regulaciji ponašanja, a način odgovaranja bio je 0=NE i 1=DA.

Prikupljanje i obrada podataka

Podatci su prikupljani tijekom akademske godine 2016./2017. kao dio projekta „Razine rizika za probleme u ponašanju djece rane razvojne dobi i stručne intervencije[1]"sufinanci-

[1] http://www.ufri.uniri.hr/files/Znanstveni_rad/060515_vlah_projekt_saetak.pdf

Two subscales were analysed for the purpose of this paper: a) Impulse-hyperactivity (N = 12; α = 0.96; "Match even before the question is put to the end." and b) Inattention (N = 9; α = 0.89; difficulties in organizing and developing tasks and activities). Respondents marked the degree of agreement or disagreement with a particular statement on the Likert scale of four degrees (0 - never, 1 - occasionally, 2 - often, 3 - very often). The results were counted as the sum of all particles divided by the number of particles or linear composites.

The characteristics of the class teachers and the students are measured by items specifically designed for the purpose of this study. Among the measured characteristics of the class teachers are age, sex (0 = M; 1 = F), assessment of personal relationship with the student (from 0 = unsatisfactory to 2 = very good) and the number of weekly teaching hours, with a greater number of weekly teaching hours of teachers in grades 1-4 compared to subject teachers. The characteristics of the students that are assessed by class teachers are: the student's material conditions in the family (from 0 = worse than average to 2 = better than average); the regularity of parents attending parental meetings (0 = NO; 1 = YES) and Academic achievement (from 1 = Insufficient to 5 = Excellent).

For the teachers' assessment of the need for additional help in the students' learning and behavioural support, two univariate variables were used, and were previously engineered and used in the study of the needs of the student's risk behaviour in elementary school (19): a) Do you think that this student needs additional learning help, b) Do you think that this student needs additional help in behaviour, and the answer mode was 0 = NO and 1 = YES.

Data collection and analysis

The data was collected during the academic year 2016/2017 as part of the project "Levels of risk for behavioural problems of early developmen-

ranog od Sveučilišta u Rijeci, koji se nastavlja 2017./2018. godine u drugim županijama u Hrvatskoj. Metodološki nacrt je s etičkog aspekta odobren od učiteljskih fakulteta u Rijeci u vrijeme prikupljanja podataka, a nakon toga je dobio odobrenje Ministarstva znanosti i obrazovanja. Istraživanje je odobreno u svakoj školi prije nego su zatražene suglasnosti razrednika za sudjelovanje. Svaki razrednik dao je usmenu suglasnost za sudjelovanje u istraživanju. Prikupljanje je bilo dobrovoljno i anonimnost podataka je osigurana razrednicima i učenicima. Učenici nisu ni na koji način neposredno sudjelovali u prikupljanju podataka. Identitet razrednika i učenika je tijekom cijelog procesa prikupljanja i obrade podataka bio zaštićen od svih sudionika istraživanja. Upitnike za učitelje distribuirale su četiri studentice koje su iz podataka istraživanja obranile svoje diplomske radove. Svi su upitnici bili u omotnicama koje su zatvarane nakon ispunjavanja, a sudionicima se na zahtjev mogli poslati rezultati istraživanja za njihovu školu. Podatci su obrađeni deskriptivnom i korelacijskom statistikom.

REZULTATI

S obzirom na cilj rada provedene su deskriptivne i korelacijske analize čiji se rezultati mogu vidjeti u tablicama koje slijede.

U selekcioniranom uzorku učenika razrednici procjenjuju da s većinom učenika imaju dobar ili vrlo dobar odnos, a tek 3 % razrednika navodi nezadovoljavajući odnos s učenikom (tablica 5).

TABLE 5. Distribution of results of teachers' estimated relationship with students

Relationship	Frequency (N)	Percent (%)
Unsatisfactory	6	2.5
Good	133	55
Very good	100	41.3
Total	239	98.8
Missing	3	1.2

tal and professional interventions" co-financed by the University of Rijeka, which continues in 2017/2018 in other counties in Croatia. At the time of data collection, the study was ethically approved by the Faculty of Teacher Education in Rijeka, and afterwards was approved by the Ministry of science and education. Also, the study underwent school approval in each school before further consent to participate was requested. Each teacher gave their oral consent to participate in the study. Participants contributed to the study voluntarily and anonymity was ensured for teachers and students.

The students did not participate directly in data collection in any way. During the entire process of data collection and processing, the identity of the class teacher and students was protected from all the participants of the study. Teacher questionnaires were distributed by four students who used the collected data for their final theses. All questionnaires were placed in envelopes when filled in, and the results are provided upon the participants' request. The data was processed with descriptive and correlative statistics.

RESULTS

According to the aim of the study, descriptive and correlative analyses were performed and their results can be seen in the tables below.

In the selected students' sample, the class teachers estimate that their relationship with most students is a good or very good, and only 3% of them state an unsatisfactory relationship with the student (Table 5).

The number of weekly teaching hours (Table 6) is consistent with the distribution of teachers into those who do classroom or subject teaching (Table 4), i.e. classroom teachers have a greater number of weekly classes.

For two-thirds of the students in the selected sample, the class teachers consider that their

Broj tjednih sati predavanja (tablica 6) sukladan je distribuciji nastavnika na one koji predaju razrednu ili predmetnu nastavu (tablica 4), odnosno veći broj tjednih sati imaju razrednici razredne nastave.

Za dvije trećine učenika u selekcioniranom uzorku razrednici smatraju da su prosječnog materijalnog stanja što je donekle u skladu s prethodnim nalazima (17,18), dok za četvrtinu procjenjuju lošije od prosječnog, a za tek 7 % bolje od prosječnog (tablica 7).

Interesantno je da samo za polovinu roditelja učenika u selekcioniranom uzorku razrednici izjavljuju redovitost u informiranju o učeniku, a za petinu kažu da se ne informiraju redovito. Za jedan značajan dio roditelja, odnosno gotovo četvrtinu od svih procjenjivanih učenika, razrednici iskazuju da ne znaju (tablica 8).

Gotovo polovina selekcioniranih učenika ima dobar akademski uspjeh (M=3,28; SD=.93), četvrtina vrlo dobar, a tek desetina učenika odličan uspjeh (tablica 9).

material status is average, which somewhat corresponds to the previous findings (17,18), while for one quarter it is worse than average and only 7% better than average (Table 7).

It is interesting that for only half of the parents of the students in the selected sample the class teachers declare regularity in attending parental meetings, and for a fifth they say they are not attending on a regular basis. For a significant part of the parents, or almost a quarter of all the estimated students, the class teachers claimed that they are not informed (Table 8).

Almost half of the selected students have a good academic achievement (M = 3.28, SD = .93), a quarter have a very good achievement, and only a dozen students have a great achievement (Table 9).

According to the teacher's estimation, more than three-quarters of all students in the sample (Table 10) need additional learning help, while additional help in behaviour regulation is required by two-thirds of the sample students (Table 11).

TABLE 6. Number of teaching hours weekly

	Min	Max	M	SD
Teaching hours weekly	1	25	11.05	8.11

TABLE 7. Teachers' estimation of material status in students' families

Material status in students' family	Frequency (N)	Percent (%)
Worse than average	59	24.4
Average	157	64.9
Better than average	18	7.4
Total	242	100.00
Missing	8	3.3

TABLE 8. Teachers' perception of parents' regular attendance at parental meetings

Parents' regular attendance at parental meetings	Frequency (N)	Percent (%)
No	48	19.8
Yes	131	54.1
I don't know	55	22.7
Total	234	96.7
Missing	8	3.3

TABLE 9. Distribution of students according to their academic achievement

Academic achievement	Frequency (N)	Percent (%)
Insufficient	7	2.90
Sufficient	32	13.20
Good	111	45.90
Very good	61	25.20
Excellent	25	10.30
Total	236	97.50
Missing	6	2.50

Prema razrednikovoj procjeni dodatnu pomoć u učenju trebaju gotovo tri četvrtine svih učenika iz uzorka (tablica 10), dok dodatnu pomoć u regulaciji ponašanja trebaju dvije trećine učenika (tablica 11).

Razrednici ženskog spola statistički značajno (p<0,05) višim procjenjuju nepažnju kod učenika u selekcioniranom uzorku nego njihovi muški kolege, dok kod procjenjivanja impuzivnosti-hiperaktivnosti nema spolnih razlika (tablica 10).

Razrednici su nepažnju procijenili često prisutnom kod učenika u selekcioniranom uzorku, a impulzivnost-hiperaktivnost povremeno do često, što potvrđuje naša očekivanja o povišenim vrijednostima u odnosu na prethodno istraživanje u Hrvatskoj provedeno s općom populacijom učenika (7).

Female class teachers have statistically significantly (p <0.05) higher estimates of students' inattention than their male colleagues in the selected sample, while gender influence has not been significant for impulsivity-hyperactivity behaviours (Table 10).

The teachers estimated that inattention is often present in the selected students' sample, and that impulsivity-hyperactivity presents itself occasionally or often, which confirms our expectations of higher values compared to the previous research in Croatia conducted within the general population of students (7).

The correlation matrix analysis (Table 13) suggests that certain symptoms related to ADHD are in significant correlations with virtually all variables. Symptoms of inattention are more

TABLE 10. Teachers' perception of need for additional help in learning

Need for additional help in learning	Frequency (N)	Percent (%)
No	63	26
Yes	178	73.6
Total	241	99.6
Missing	1	0.4

TABLE 11. Teachers' perception of need for additional help in behaviour regulation

Need for additional help in behaviour regulation	Frequency (N)	Percent (%)
No	75	31
Yes	165	68.2
Total	240	99.2
Missing	2	.8

Analiza utvrđene korelacijske matrice (tablica 13), ukazuje da su pojedini simptomi povezani s ADHD-om u značajnim korelacijama s gotovo svim varijablama. Tako su simptome nepažnje češće uočavali razrednici s većim brojem sati tjednog predavanja i procijenjenom višom razinom potrebe za dodatnom pomoći pri učenju i regulaciji ponašanja. Nepažnja kod učenika je u negativnom niskom odnosu s razrednikovom samoprocijenjenom kvalitetom odnosa s učenikom te akademskim uspjehom. Procijenjeni simptomi impulzivnosti-hiperaktivnosti su u niskom pozitivnom odnosu s brojem tjednih sati nastave poučavanja učenika, materijalnim stanjem te akademskim uspjehom, te umjereno povezani s procijenjenom potrebom za dodatnom pomoći u regulaciji ponašanja. Simptomi impulzivnosti i hiperaktivnosti su nisko negativno povezani s razrednikovom samoprocijenjenom kvalitetom odnosa s učenikom. Dobi-

commonly encountered by class teacher who teach more hours weekly with a higher estimated need for additional help in learning and behavioural regulation. Student inattention is negatively low in relation to the teachers' self-assessed quality of relationship with the students and their academic achievement. The estimated symptoms of impulsivity-hyperactivity are in a low positive correlation with weekly teaching hours, the material status and academic achievement and are moderately associated with the need for additional help in behaviour regulation. The symptoms of impulsivity and hyperactivity are associated negatively low with the teachers' self-assessed quality of relationship with students. Also, intercorrelations are found between the two dimensions of ADHD symptoms. It is also interesting that the age of the class teachers is not related to any observed variables of the ADHD syndrome.

TABLE 12. Gender differences in estimated students' behaviours related to ADHD syndrome

	Teacher gender	N	M_{Rang}	Z
Impulsivity-Hyperactivity	Male	40	112.49	.71
	Female	198	120.92	
Inattention	Male	37	91.36	2.64*
	Female	199	123.55	

M_{Rang} -Mean Rank; Z – z-value of nonparametric Mann-Whitney test

TABLICA 13. Descriptive indicators of correlation coefficients

	Variables	Descriptive indicators		Kendal-tau rank							Spearman r	
		M	SD	Relationship	Hours	Materials	Information	Success	Learning	Behaviour	Imp./Hyp.	Car.
Teacher characteristics	Age	42.44	9.38	.08	.21**	.04	-.12*	.09	-.06	-.01	-.01	-.06
	Relationship	1.39	.54		.13*	.05	.09	.22**	-.14*	-.26**	-.31**	-.30**
	Hours per week	7.92	7.93			.20**	-.10	.19**	-.09	.15**	.26**	.27**
Student characteristicss	Material	.82	.55				.21**	.40**	-.22**	.08	.23**	.05
	Information	.38	.49					.03	-.04	-.13*	-.11	-.06
	Success	3.28	.93						-.39**	.11	.20**	-.20**
Aid	Learning	.74	.44							.01	-.04	.30**
	Behaviour	.69	.46								.53**	.31**
ADHD symptoms	Impulsivity-hyperactivity	1.41	.95									.44**
	Carelessness	2.02	.70									

*p<0.05; **p<0.01

vene su i interkorelacije između dviju dimenzija simptoma ADHD-a. Zanimljivo je također da dob razrednika nije u odnosu ni s jednom promatranom varijablom iz skupine ADHD sindroma.

RASPRAVA

Dobiveni rezultati na selekcioniranom uzorku učenika temeljem ispunjavanja liste procjene razrednika (8) demonstriraju očekivanu spolnu zastupljenost od 85 % učenika (dječaka) i 15 % učenica (djevojčica). Slična zastupljenost je u populaciji učenika s dijagnosticiranim ADHD-om. Tako se u pregledu prethodnih istraživanja (2,3,5) navodi 4 do 5 puta veća pojavnost kod dječaka kao i razlike u kliničkim simptomima, pri čemu su hiperaktivnost i impulzivnost prisutniji kod dječaka, a teškoće s održavanjem pozornosti kod djevojčica što prati kasnije dijagnosticiranje i uključivanje u tretman.

Utvrđeno je da razrednici kod promatranih učenika sa simptomima povezanim s ADHD poremećajem procjenjuju često prisutnu nepažnju i povremeno prema često prisutnu impulzivnost/hiperaktivnost. U školskoj sredini djetetova koncentracija i usmjerenost na zadatak ključni su za sudjelovanje u nastavnom procesu. Nepažnja, impulzivnost i hiperaktivnost su „prepreka dobroj prilagodbi, zahtjevima i očekivanjima klasične škole i što se tiče učenja i što se tiče ponašanja“ (7). Razvojna teškoća promatra se u kontekstu okruženja koji generira prepreke ili facilitatore za ukupni razvoj djeteta. Razrednici procjenjuju kako dodatnu pomoć u učenju treba 73,6 % selekcioniranih učenika, a za 68,2 % učenika razrednici smatraju da trebaju dodatnu pomoć u regulaciji ponašanja. Radi se o populaciji učenika za koje su razrednici detektirali četiri i više simptoma nepažnje, te razrednici smatraju da za više od dvije trećine ovih učenika trebaju dodatnu podršku bilo u učenju bilo u ponašanju. Zasigurno su navedena ponašanja učenika veliki izazov

DISCUSSION

The results obtained from the evaluation of the teachers' rating (8) on a selected student sample show the expected gender representation of 85% of boys and 15% of girls. Similar representation is present in the population of students diagnosed with ADHD. Thus, in the previous study (2,3,5) a four to five times higher incidence was reported in boys, as well as differences in clinical symptoms, whereby hyperactivity and impulsiveness were more frequent in boys and attention problems are more present in girls, which is related to further diagnostic procedure and enrolment in treatment.

It was found that the class teachers assessed inattention as often present and impulsivity as periodically to often present in students under observation who had symptoms related to ADHD.

In the school environment, the child's concentration and focus on the task is crucial for participating in the teaching process. Inattention, impulsiveness and hyperactivity are "a barrier to good adjustments, demands and expectations of classical schools, as far as both learning and behaving are concerned" (7:52).

Developing difficulties are seen in the context of an environment that generates obstacles or facilitators for the overall development of the child. Class teachers estimate that 73.6% of selected students need extra help in learning, and for 68.2% students they believe that they need additional help in behaviour regulation. The abovementioned student behaviours are certainly a major challenge for school teachers, and the question is whether selected students were involved in the diagnostic procedure for determining symptoms and diagnosis of ADHD, and whether adequate intervention procedures for behavioural and learning problems were provided.

Furthermore, there remains the question regarding the level of teacher qualifications for the identification and teaching strategies appropriate for students with symptoms related to ADHD. Con-

nastavnicima u školi, a postavlja se pitanje jesu li selekcionirani učenici bili uključeni u dijagnostički postupak utvrđivanja simptoma i postavljanja dijagnoze ADHD-a, te jesu li im osigurani primjereni intervencijski postupci za probleme u ponašanju i učenju. Nadalje, ostaje otvoreno pitanje o razini učiteljske osposobljenosti u identificiranju i korištenju nastavnih strategija primjerenih učenicima koji manifestiraju simptome povezane s ADHD-om. Slijedom navedenog vidljiva je povezanost niže razine smoprocijenjenog odnosa razrednika s učenikom s visokom procjenom potrebne dodatne pomoći učeniku u učenju. Ovi rezultati potvrđuju potrebu za unaprjeđenjem razrednikovih kompetencija za uspostavljanje kvalitetnih odnosa s učenicima (13,14), a osobito s učenicima s problemima u ponašanju i učenju. Isto tako, smatra se da je razrednikova procjena potrebe dodatne stručne pomoći učeniku veoma važan signal upravi škole koja bi trebala odgovoriti promptno i kvalitetno na potrebe učenika (11). To implicira međuovisnost postupaka identifikacije i intervencija, odnosno neophodan je proces identifikacije multidisciplinarnim pristupom utvrđivanja uzroka, ali i smjera intervencije u odnosu na uočeno ponašanje. Naime, identificiranje nepažnje, impulzivnosti i hiperaktivnosti u ponašanju djeteta i uključivanje u dijagnostički postupak prvi je korak u razumijevanju odgojno-obrazovnih potreba djece koja manifestiraju probleme u ponašanju i učenju.

Nedijagnosticirani učenici s ADHD poremećajem „ne mogu dobiti odgovarajuću potporu u nastavi što pojačava pojavnost njihovih teškoća i diskriminira ih u odnosu na druge učenike“ (20,23). U dijagnostičkom postupku utvrđivanja ADHD poremećaja učitelji imaju važnu i nezamjenjivu ulogu u opisivanju ponašanja učenika u školskoj sredini, ali učiteljske procjene samo su dio dijagnostičkog postupka.

Nadalje, zanimljivo je uočiti da je viši školski uspjeh učenika pozitivno povezan s procjenom razrednika o boljem materijalnim statusu i

sequently, there is a correlation between a lower level of the teachers' self-perceived quality of relationship with students with a high assessment of additional help needed in the students' learning.

This confirms the need to improve the teachers' competences to establish quality relationships with students (13,14), and especially with students with behavioural and learning problems. Likewise, it is considered that the teacher's assessment of additional professional assistance needed for the student is a very important signal to the school administration, which must respond promptly and efficiently to the needs of the student (11). This implies the interdependence of the identification and intervention procedures, i.e. the identification process through a multidisciplinary approach, is necessary for determining the cause and direction of the intervention in relation to the observed behaviour.

Namely, the identification of the occurrence of inattention, impulsivity and hyperactivity in the child's behaviour and involvement in the diagnostic procedure is the first step in understanding the educational needs of children who manifest behavioural and learning problems. Students with unidentified or unrecognized ADHD "cannot get the appropriate teaching support which increases the occurrence of their difficulties and discriminates against them in relation to other students" (20,23). In the diagnostic procedure for determining ADHD, teachers have an important and irreplaceable role in describing student behaviour in the school environment, but teacher assessments are just part of the diagnostic procedure.

Furthermore, it is interesting to note that the students' higher school achievement is positively correlated with the teachers' estimation of better material status and a greater incidence of impulsivity and hyperactivity symptoms, but negatively correlated with attention. New research questions are emerging about the correlation between the teachers' assessment of a higher incidence of impulsivity and hyper-

većom pojavnosti simptoma impulzivnosti i hiperaktivnosti, ali je negativno povezan s pažnjom. Otvaraju se nova istraživačka pitanja o povezanosti razrednikove procjene veće pojavnosti simptoma impulzivnosti i hiperaktivnosti i višeg materijalnog statusa i boljih ocjena.

Pozitivna povezanost većeg broja sati nastave tjedno s većom pojavnosti simptoma nepažnje i impulzivnosti/hiperaktivnosti mogla bi biti povezana sa činjenicom da učitelji razredne nastave poučavaju veći broj sati učenika (prosječno 18-20 sati) u odnosu na profesore predmetne nastave koji poučavaju prosječno 1 do 3 sata. To znači da razrednici imaju prigode uočavati ponašanja u različitim situacijama i duže vrijeme (različiti nastavni predmeti, situacije ručka, slobodnog vremena, izleti itd.) gdje stječu cjelovitiju sliku o ponašanja učenika.

Interesantan je rezultat koji pokazuje da učitelji percipiraju učenike čiji roditelji manje redovito dolaze na roditeljske sastanke i informacije o djetetu u školu, kao učenike kojima je potrebnija dodatna pomoć u regulaciji ponašanja, ali ne i učenja. Vidljivo je također da potrebu za dodatnom pomoći u učenju razrednici vide za učenike slabijeg uspjeha i nižeg materijalnog statusa. Uz veću procijenjenu nepažnju kod učenika prisutna je i veća procijenjena potreba za dodatnom pomoći pri učenju i regulaciji ponašanja, premda su korelacije niske. No korelacije su značajne i srednje visoke između uočenih simptoma impulzivnosti-hiperaktivnosti i procijenjene potrebe za dodatnom pomoći u regulaciji ponašanja, što je i očekivano.

Metodološka ograničenja ovog istraživanja, prije svega, proizlaze iz postupka selekcije učenika koji manifestiraju simptome nepažnje temeljem subjektivnih procjena razrednika, bez podatka imaju li učenici utvrđenu neku teškoću u razvoju. Za daljnja istraživanja predlaže se izolirati poduzorak učenika koji imaju rješenje o teškoći u razvoju, kao i učenika koji imaju dijagnosticiran ADHD-a. Naime, kada su u pitanju učenici s dijagnosticiranim ADHD-om (4)

activity symptoms and higher material status and better school ratings.

The positive correlation between the higher number of weekly teaching hours with a higher incidence of symptoms of inattention and impulsivity/hyperactivity may be related to the fact that class teachers spend more hours weekly teaching to students (average 18-20) than subject teachers who teach students 1 to 3 hours per week on average. This means that class teachers have a chance to notice behaviours in different situations and for a longer time (different teaching subjects, lunch situations, leisure time, excursions, etc.) whereby they acquire a complete picture of the student's behaviour.

It is an interesting result that teachers perceive students whose parents are less likely to attend parental and information meetings at school as learners who need additional help with behavioural issues but not in the learning process. It is also evident that the need for additional help with learning is seen by the class teachers for students with an inferior academic achievement and lower material status. A possible explanation for the findings is derived from a school practice in which children of a lower financial status are often included in additional support for learning in the educational system through programs of extended stays or cooperation with non-governmental organization.

With a higher estimated inattention, there is a greater need for additional help in learning and behavioural correction, although the correlations are low. However, correlations are significant and moderately high between the observed symptoms of impulsivity-hyperactivity and the estimated need for additional help with behavioural issues, which is expected.

The methodological limitations of this study primarily derive from the selection process of students who manifest symptoms of inattention based on the subjective estimates of the class teachers, without any knowledge of whether the students have been diagnosed with any disabilities.

potrebno je provoditi multimodalni pristup u kojem je uz psihosocijalne tretmane potrebno provoditi i prilagodbu odgojno-obrazovnih postupaka i okruženja kao i medikamentne intervencije u skladu s medicinskom procjenom (2). Kao što je vidljivo, navedena su pitanja povezanija s intervencijskim spektrom nego s dijagnostikom i procjenom ADHD sindroma, premda su oba neodvojivo i podjednako bitna u teorijsko-praktičnom aspektu odgoja i obrazovanja i zaštite mentalnog zdravlja ovih učenika.

ZAKLJUČAK

Problemi u ponašanju i teškoće nepažnje uz okruženje koje ne pruža odgovarajuću potporu mogu značajno otežati optimalan psihosocijalni razvoj učenika te negativno djelovati na njegov kapacitet odgojno-obrazovne, a time i šire socijalne uključenosti. Stoga je osnovni cilj ovog istraživanja bio ispitati razrednikovu procjenu ponašanja učenika povezanih sa simptomima ADHD poremećaja, neka obilježja razrednika i učenika kao i relacije navedenih varijabli.

Očekivani nalaz ovog istraživanja da razrednici kod učenika za koje indiciraju najmanje četiri simptoma nepažnje, procjenjuju da je učestalost kod ovih učenika česta pojavnost ponašanja povezanih sa simptomima nepažnje i povremena do česta pojavnost ponašanja povezanih sa simptomima impulzivnosti i hiperaktivnosti.

Korelacijskim analizama utvrđena je povezanost obilježja razrednika (veći broj tjednih sati poučavanja i procjena potrebe za dodatnom pomoći u učenju i/ili regulaciji ponašanja) s ispitivanim dimenzijama. Nadalje, razrednikova samoprocjena nezadovoljavajućeg odnosa s učenikom povezana je s višom razinom prisutnosti simptoma na obje dimenzije. Školski uspjeh i materijalni status roditelja povezani su također s procjenom simptoma nepažnje i impulzivnosti/hiperaktivnosti. Niži akadem-

For further research we suggest isolating the sub-sample of students with disabilities as well as students diagnosed with ADHD. Specifically, for students diagnosed with ADHD (4), a multimodal approach is needed where psychosocial treatments need to be carried out with the adaptation of educational processes and environments as well as medical intervention in accordance with the medical assessment (2).

As can be seen, the questions are more related to the intervention spectrum than the diagnosis and the evaluation of the ADHD syndrome, although they are inseparable and equally important in the theoretical and practical aspects of education and mental health of the students.

CONCLUSION

Behavioural problems and inattention in an environment that does not provide adequate support can greatly aggravate the optimum psychosocial development of students and negatively affect their capacity for educational, and thus broader, social inclusion. Therefore, the main purpose of this study was to examine the teachers' assessment of the students' behaviour related to the symptoms of ADHD, the characteristics of class teachers and students as well as the relation of the mentioned variables.

The main finding of the study suggests that class teachers estimate that in students who are identified with at least four symptoms of inattention there will be a frequent incidence of behaviours associated with symptoms of inattention and occasional to frequent incidence of behaviours associated with symptoms of impulsivity and hyperactivity. The correlation of characteristics of class teachers (a greater number of weekly teaching hours and assessment of the additional help needed with student learning and/or behavioural regulation) with the investigated dimensions is established by correlation analyses.

ski uspjeh učenika povezan je s višom razinom razrednikove procjene nepažnje, i suprotno viši školski uspjeh s višom razinom simptoma impulzivnosti i hiperaktivnosti. Razrednikova procjena više razine potrebe za dodatnom pomoći u učenju povezana je s višom razinom pojavnosti teškoća nepažnje kod učenika, a potreba za dodatnom pomoći u regulaciji ponašanja s višom razinom impulzivnosti/hiperaktivnosti i nepažnje. Pravovremeno prepoznavanje razvojnih teškoća i rana dijagnostika imaju značajan utjecaj na oblikovanje podrške u školskom i obiteljskom sustavu. Tek dijagnostičkim postupkom utvrđivanja ADHD poremećaja mogu biti oblikovani programi podrške individualnim potrebama djeteta. Razrednike treba ohrabriti i educirati da sustavno promatraju ponašanje svojih učenika i da naprave procjenu prema valjanim i relevantnim listama procjene, ali isključivo u okviru multidisciplinarnog dijagnostičkog postupka, a ne kao meritoran pokazatelj djetetovih teškoća, kao što i jest njihova uloga (4). Procjene razrednika o pojavnosti nepažnje i impulzivnosti i hiperaktivnosti analizirani su iz konteksta obrazovnih znanosti i nužnosti upućivanja u dijagnostički postupak kako bi se izbjegle „nestručne“ procjene. Utvrđivanje etiologije ponašajnih teškoća nepažnje, impulzivnosti i hiperaktivnosti prvi je korak u razumijevanju odgojno-obrazovnih potreba djece kako bi ostvarili svoje potencijale.

Ovaj rad je financiralo/sufinanciralo Sveučilište u Rijeci projektom 13.10.2.2.03.

Furthermore, the teacher self-assessment of the quality relationship with the student is associated with a higher level of symptoms on both dimensions. School success and material status of parents are also related to the estimation of symptoms of inattention and impulsivity/hyperactivity. A student's lower academic achievement is associated with a higher level of the teacher's assessment of inattention and a higher academic achievement with a higher level of symptoms of impulsivity and hyperactivity. The teachers' perception of the students' need for additional help with learning is associated with a higher level of perceived occurrence of inattention by the student, while the need for additional help in behavioural regulation is associated with higher impulsiveness/hyperactivity.

Timely identification of developmental difficulties and early diagnosis have a significant impact on the design of support in the school and family system. Only through the diagnostic procedure for determining ADHD can programs be tailored to support the individual needs of the child. Teachers need to be encouraged and educated for systematic behaviour observation of their students and to make an assessment based on valid and relevant evaluation lists, but only within the framework of a multidisciplinary diagnostic procedure, rather than as a meritorious indicator of the child's difficulties, as is their role (4). The teachers' assessment of incidence of inattention and impulsiveness and hyperactivity are analysed from the context of educational sciences and the necessity of referral to a diagnostic procedure to avoid "unprofessional" estimates. Determining the aetiology of behavioural difficulties such as inattention, impulsiveness and hyperactivity is the first step in understanding the child's educational needs in order to realize their potential.

The study and paper are part of an undergoing project 13.10.2.2.03 financially supported by the University of Rijeka, Croatia.

LITERATURA/*REFERENCES*

1. Američka psihijatrijska udruga. Dijagnostički i statistički priručnik za duševne poremećaje (5. izdanje). Jastrebarsko: Naklada Slap, 2014.
2. Jurin M, Sekušak-Galešev S. Poremećaj pozornosti s hiperaktivnošću (ADHD) – multimodalni pristup. Paed Croat 2008; 3: 195-202.
3. Barkley RA. Attention – deficit hiperactivity disorder. A handbook for diagnosis and treatment. New York & London: TheGuilford Press, 2006.
4. Pravilnik o osnovnoškolskom i srednjoškolskom odgoju i obrazovanju učenika s teškoćama u razvoju (NN/2015).https://narodne-novine.nn.hr/clanci/sluzbeni/2015_03_24_510.html
5. Faraone SV, Biederman J, Mennin D, Russell R. Bipolar and Antisocial Disorders Among Relatives of ADHD Children: Parsing Familial Subtypes of Illness, 2003.
6. Wolraich ML. NICHQ - Vanderbilt Skala procjene - Upitnik za učitelje. American Academy of Pediatrics and National Initiative for Children's Healthcare Quality, 2002.
7. Sekušak-Galešev S. Hiperaktivnost. Dijete i društvo 2005; 1: 4-14.
8. Merrell C, Tymms P. Working with difficult Children in Primary Schools: A Guide for Teachers. 2nd Editions. Durham University: Centre for Evaluation& Monitoring, 2013.
9. Koller-Trbović N. Žižak A, Jeđud Borić I. Standardi za terminologiju, definiciju, kriterije i način praćenja pojave poremećaja u ponašanju djece i mladih. Zagreb: Povjerenstvo za prevenciju poremećaja u ponašanju djece i mladih Vlade Republike Hrvatske. Ministarstvo obitelji, branitelja i međugeneracijske solidarnosti, 2011.
10. Vlah N. Poželjna ponašanja mladih u konfliktima. Zagreb: Biakova d.o.o., 2013.
11. Vlah N, Pejić-Papak P. Poteškoće učitelja u radu s učenicima s problemima u ponašanju: učestalost i povezanost potrebe za stručnom pomoći. U: Maleš D, Širanović A, Višnjić-Jeftić A. (ur.) Zbornik radova sa znanstveno-stručnog skupa OMEP, Opatija 29.9.-1.10.2016., 2016.
12. Bouillet D. Procjena potreba učenika osnovne škole u svrhu planiranja socijalnopedagoških intervencija–standardizacija mjernog instrumenta. Kriminologija & socijalna integracija 2016; 2: 73-92.
13. Žižak A, Koller-Trbović N. Procjena rizika i snaga u funkciji planiranja tretmana (Rezultati znanstvenog projekta: Usklađivanje intervencija s potrebama djece i mladih u riziku: izrada modela). Sveučilište u Zagrebu, Edukacijsko-rehabilitacijski fakultet, 2013.
14. Charles McCoy D, Raver C, Lowenstein A, Tirado-Strayer N. Assessing Self-Regulation in the Classroom: Validation of the BIS-11 and the BRIEF in Low-Income, Ethnic Minority School-Age Children. Early Educ Dev 2011; 22(6): 883.
15. Lanza H, Drabick D. Family Routine Moderates the Relation Between Child Impulsivity and Oppositional Defiant Disorder Symptoms. J Abnorm Child Psychol 2011; 39(1): 83-94.
16. Pianta RC, Steinberg MS, Rollins LB. The first two years of school: Teacher-child relationships and deflections in children's classroom adjustment. DevPsychopathol 1995; 7:295-312.
17. Granot, D. The Contribution of Homeroom Teachers' Attachment Styles and of Students' Maternal Attachment to the Explanation of Attachment-like Relationships between Teachers and Students with Disabilities. Am J Educ Res 2014; 9:764-74.
18. Skočić Mihić S. Učiteljska osposobljenost za izvedbu individualizirane nastave u inkuzivnim razredima. U: Čepić R i Kalin J (ur.) Profesionalni razvoj učitelja: status, ličnost i transverzalne kompetencije. Rijeka: Učiteljski fakultet Sveučilišta u Rijeci. 2017.
19. Vlah N, Marušić Štimac O, Galović I. Socio-pedagogical Characteristics of Students Who Need Additional Help in Learning and Behaviour Modification: Elements of School-based Preventive Program. Croatian J Educ (2018, in press)
20. Sekušak-Galešev S, Frey Škrinjar J, Masnjak L. Ispitivanje socijalne uključenosti i kvalitete podrške u sustavima predškolskog, osnovnoškolskog i srednjoškolskog obrazovanja za djecu i učenike s poremećajem iz autističnog spektra (PAS) i hiperaktivnim poremećajem (ADHD). Izvješće o istraživanju. Zagreb: Edukacijsko-rehabilitacijski fakultet Sveučilišta u Zagrebu, 2015.

Ličnost i kompetencije odgajatelja za rad s djecom s teškoćama u razvoju kao prediktori njihovog profesionalnog sagorijevanja

/ Early Childhood Educators' Personality and Competencies for Teaching Children with Disabilities as Predictors of Their Professional Burnout

Sanja Tatalović Vorkapić[1], Sanja Skočić Mihić[1], Martina Josipović[2]

[1]Sveučilište u Rijeci, Učiteljski fakultet, Rijeka, Hrvatska, [2]Dječji vrtić Dječji put, Zagreb, Hrvatska

/ [1]University of Rijeka, Faculty of Teacher Education, Rijeka, Croatia, [2]Kindergarten Dječji put, Zagreb, Croatia

Znanstvena istraživanja ukazuju da je preduvjet očuvanja dobrobiti djece i mladih očuvanje mentalnog zdravlja odgojno-obrazovnih djelatnika. Stoga je važno sustavno proučavati korelate profesionalnog sagorijevanja odgajatelja, kao što su osobine ličnosti i kompetentnost, te mogućnosti njegova predviđanja, što je bio i cilj ovog istraživanja. Na uzorku od 203 odgajateljice s područja Istarske županije, Rijeke i Zagreba primijenjena su tri upitnika: Petofaktorski upitnik ličnosti, Ljestvica samoprocijenjenih kompetencija za rad s djecom s teškoćama u razvoju, te Upitnik profesionalnog sagorijevanja. Utvrđene su niske razine svih dimenzija profesionalnog sagorijevanja, srednja razina samoprocijenjenih kompetencija za rad s djecom s teškoćama u razvoju u redovnim skupinama, te visoke razine svih osobina ličnosti osim neuroticizma. Korelacijske su analize pokazale značajnu povezanost između snižene samoprocijenjene kompetentnosti za rad s djecom s teškoćama u razvoju u redovnim skupinama i povećanog neuroticizma i profesionalne opterećenosti, te značajno snižene ugodnosti. Sve dimenzije povišenog profesionalnog sagorijevanja pokazale su značajnu povezanost s povišenim neuroticizmom i značajno sniženom ugodnošću, dok je povišena ekstraverzija značajno povezana sa sniženom profesionalnom opterećenošću. Snižena razina samoprocijenjene kompetentnosti za rad s djecom s teškoćama i visoki neuroticizam su značajni prediktori svih dimenzija profesionalnog sagorijevanja, dok se ugodnost pokazala značajnim prediktorom samo za profesionalnu neispunjenost. Rezultati su raspravljeni u svjetlu postojećih istraživanja, te implikacija za unaprjeđenje prakse rada odgajatelja s djecom s teškoćama u razvoju.

/ Scientific research and practical experience in teaching children with disabilities has shown that the preservation of mental health of educational workers is a prerequisite for the preservation of the wellbeing of children and young people. It is therefore important to systematically study the correlates of professional burnout of educators, such as personality traits and competencies, and the possibilities of its prediction, which was the aim of this study. Three questionnaires were applied on a sample of 203 educators from the area of Istria, Rijeka and Zagreb: the Big Five Inventory, the Scale of Self-Estimated Competencies for Teaching Children with Disabilities and the Professional Burnout Questionnaire. Low levels of all dimensions of professional burnout, medium levels of self-assessed competencies for teaching children with disabilities in regular settings and high levels of all personality traits (apart from neuroticism) have been established. Correlation analyses demonstrated significant correlations between reduced self-estimated competencies for teaching children with disabilities in regular settings and increased neuroticism and professional burden and significantly reduced agreeableness. All the dimensions of increased professional burnout showed significant association with high neuroticism and significantly reduced agreeableness, while increased extraversion is significantly associated with reduced professional burden. A reduced level of self-estimated competence for teaching children with disabilities and high neuroticism showed to be significant predictors of all dimensions of professional burnout, while agreeableness was shown to be a significant predictor for professional unfulfillment. The results were discussed in the light of existing studies and the implications for improving the practice of early childhood educators who are teaching children with disabilities.

IZVORNI ZNANSTVENI RAD / *ORIGINAL SCIENTIFIC PAPER* Soc. psihijat. | 46 (2018) | 390-405

ADRESU ZA DOPISIVANJE / *CORRESPONDENCE*:
Izv. prof. dr. sc. Sanja Tatalović Vorkapić
Učiteljski fakultet u Rijeci
Sveučilište u Rijeci
Sveučilišna avenija 6
51 000 Rijeka, Hrvatska
E-pošta: sanjatv@uniri.hr

KLJUČNE RIJEČI / *KEYWORDS*:
Djeca s teškoćama u razvoju / *Children with diasabilities*
Kompetencije / *Competencies*
Odgajatelji / *Early childhood educators*
Osobine ličnosti / *Personality traits*
Profesionalno sagorijevanje / *Professional burnout*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.390

UVOD

Implementacija inkluzivne odgojno-obrazovne politike u posljednja dva desetljeća promovira pravo svakog djeteta na odgoj i obrazovanje u redovnom sustavu sukladno njegovim sposobnostima, mogućnostima i potrebama. Da bi dijete moglo napredovati i razviti svoje potencijale odgajatelji trebaju poznavati odgojno-obrazovne potrebe djece s teškoćama. Time se odgojno-obrazovni sustav mijenja u odnosu na tradicionalni, kako u heterogenom sastavu djece tako i primjeni strategija odgajatelja čime odgovara na odgojno-obrazovne potrebe sve uključene djece. Odgajatelji trebaju biti kompetentni odgovoriti na potrebe djece s teškoćama u razvoju u suvremenim inkluzivnim skupinama. Slijedom, zahtjevi odgajateljskog posla u inkluzivnim okruženjima mogu biti povezani s pojačanim stresom i osobnim osjećajem slabije samoučinkovitosti. Stoga je od iznimne važnosti osnažiti profesionalni korpus kompetencija edukatora kojim će biti moguće adekvatno odgovoriti u radnom okruženju kako inicijalnim tako i cjeloživotnim obrazovanjem. McCallum i Price ističu značajnu poveznicu između dobrobiti djece i njihovih učitelja/odgajatelja, što je vidljivo u njihovoj poznatoj rečenici: *„Well teachers, well students"*(1). Ostvarenje i njegovanje dobrobiti edukatora

INTRODUCTION

The implementation of an inclusive educational policy during the last two decades has promoted the right of every child to receive education within the regular system, according to their competencies, abilities and requirements. Educators should be familiar with the educational needs of children with disabilities to help them to make progress and develop their potential. In this way, the educational system changes in relation to the traditional concept, with heterogeneous groups of children and the use of teaching strategies appropriate to the educational needs of all involved children. Educators should be competent in responding to the educational needs of children with disabilities in contemporary inclusive classrooms. Consequently, the demands of the educators' profession in inclusive settings can result in increased stress and a personal feeling of lower self-efficacy. This is why it is exceptionally important to strengthen the professional range of competencies acquired by educators, which will enable adequate responses in the professional environment through both initial and continuous professional development. McCallum and Price pointed out a significant correlation between the wellbeing of the children and their teachers/educators, which is expressed in their famous sentence "Well teachers, well students" (1). The realisation and preservation

ključno je u nastojanjima održavanja visoke kvalitete odgojno-obrazovnog procesa, posebice s aspekta rada u inkluzivnim skupinama. Koncept dobrobiti edukatora je multidimenzionalan (2), te uključuje koncepte kao što su samoučinkovitost i otpornost, socio-emocionalna kompetentnost (emocionalnu inteligenciju) te osobne odgovore na radne uvjete (profesionalno sagorijevanje umor, iscrpljenost i stres). Stoga se dobrobit edukatora najčešće definira kao *„pozitivno emocionalno stanje koje je rezultat harmonije između svih okolinskih faktora s jedne strane, te osobnih potreba i očekivanja edukatora s druge strane*" (3). S obzirom na dinamičnost različitih interpersonalnih i intrapersonalnih faktora edukatora koji značajno utječu na njegovu dobrobit, izazov je istražiti na koji način su povezane kompetencije edukatora za rad s djecom s teškoćama u razvoju, njihove osobine ličnosti te profesionalno sagorijevanje. Naime, pored kompetencija za rad s djecom u inkluzivnim skupinama, kao predstavnika eksplicitnog aspekta odgojno-obrazovnog rada (4) potrebno je uzeti u obzir i jedan od temeljnih elemenata implicitne pedagogije koji se odnosi na osobine ličnosti odgajatelja(6,7-9,10). Dosadašnja su istraživanja pokazala da ličnost edukatora ima značajnu ulogu u odgojno-obrazovnom procesu, kako s obzirom na dobrobit edukatora, tako posredno s obzirom na dobrobit djece (2). Istraživanja su do sada u najvećoj mjeri primjenjivala teorijski okvir Petofaktorskog modela ličnosti (10), te je utvrđeno da odgajatelji imaju povišene razine ekstraverzije, ugodnosti, savjesnosti i otvorenosti prema iskustvu, a značajno snižene razine neuroticizma, kao što je bilo za očekivati (6–8,11–13). Istraživanja su pokazala da odgajatelji koji imaju visoko izražene sve osobine ličnosti, osim neuroticizma, najučinkovitije udovoljavaju očekivanjima u svojoj odgojno-obrazovnoj sredini, te imaju najzadovoljniju djecu (9).

of the wellbeing of educators is essential when trying to preserve a high quality of the educational process, especially from the standpoint of working in contemporary inclusive classrooms. The wellbeing of educators as a concept is multi-dimensional (2), and it includes concepts like self-efficacy and resistance, socio-emotional competence (emotional intelligence), as well as personal reactions to the professional environment (professional burnout, fatigue, exhaustion, and stress). That is why the wellbeing of educators is most commonly defined as "the positive emotional state resulting from the harmony between all the environmental factors on the one hand and the personal needs and expectations of the educators on the other" (3). Considering the dynamic nature of various interpersonal and intrapersonal factors for the educators, which have a significant effect on their wellbeing, the challenge is to investigate the correlation between the educators' professional competencies for teaching children with disabilities, their personality traits, and their professional burnout.

Namely, aside from the competencies for teaching children in inclusive classrooms, as an example of the explicit aspect of educational work (4), we must also consider one of the fundamental elements of implicit pedagogy related to the educators' personality traits (6-10). Previous research has shown that an educator's personality plays an important role in the educational process, for the wellbeing of the educator, but also indirectly for the wellbeing of the children (2). So far, the theoretical framework of the five factor model has been mostly used in research (10), and it was determined that educators possess higher levels of extraversion, agreeableness, conscientiousness and openness to experience, and the levels of neuroticism were significantly lower, as was to be expected (6-8,11-13).Research has shown that educators who have a high level of all the personality traits, aside from neuroticism, are most efficient in meeting the expectations in their educational environment, and the children under their care are most satisfied (9).

Profesionalno sagorijavanje odgajatelja i inkluzija

Profesionalno sagorijevanje je metafora za „stanje ili proces mentalne iscrpljenosti, slično kao što je prigušenje vatre ili gašenje svijeća“(14:384). Kao koncept javlja se u domeni „socijalnog problema, a ne znanstvenog koncepta“ i u početku razvoja ovog koncepta istraživanja su se bavila njegovim kliničkim opisom (15). Profesionalno sagorijevanje može se opisati kao kronično stanje iscrpljenosti radi trajnog interpersonalnog stresa u profesijama koje rade s ljudima (16). Vodeći autor u ovom području, Maslach, profesionalno sagorijevanje definira kao kontinuirani stresni odgovor kod pojedinaca koji rade s ljudima u tri komponente: emocionalne iscrpljenosti (primjerice osjećaj emocionalne preplavljenosti, umora, nesanice), depersonalizacije (poput cinizma, iritabilnosti, nedostatka entuzijazma, negativnih stavova prema korisnicima) i osjećaja smanjenog osobnog postignuća. Među profesijama koji se smatraju rizičnima za profesionalno sagorijevanje su i edukatori koji neposredno rade s djecom, a posredno i s njihovim roditeljima i drugim kolegama. Edukatori imaju odgovornost za dobrobit drugih kao i druge pomažuće profesije, primjerice liječnici, medicinske sestre, socijalni radnici/savjetovatelji i policajci (17). Iako većina edukatora nema sindrome profesionalnog sagorijevanja (17), pojavnost profesionalnog sagorijevanja među edukatorima u SAD procjenjuje se u rasponu od 5 % do 20 %, a u Finskoj su Kalimo i Hakanen (2000) utvrdili najveću stopu profesionalnog sagorijevanja edukatora u usporedbi s ostalim pomažućim profesijama (19). Također, dobiveni su viši rezultati na dimenzijama iscrpljenosti i cinizma edukatora (20,21). S druge strane, u istraživanju ove tematike prevladavaju metodološke i konceptualne slabosti o povezanosti profesionalnog sagorijevanja s profesijom edukatora(17).

Educators' professional burnout and inclusion

Professional burnout is a metaphor for "a condition or a process of mental exhaustion, similar to lowering the intensity of a fire or extinguishing candles" (14:384). As a concept, it is in the domain of a "social problem, instead of a scientific concept" and in the beginning stages of development of this concept research was focused on its clinical description (15). Professional burnout can be described as a chronic condition of exhaustion due to constant interpersonal stress in professions that involve human interaction (16). Maslach, a leading author in this area, defined professional burnout as a continuous stress response of individuals working with people in three components: emotional exhaustion (e.g. the feeling of being emotionally overwhelmed, fatigue, insomnia), depersonalisation (like cynicism, irritability, lack of enthusiasm, negative attitudes toward beneficiaries) and the feeling of reduced personal achievement. The professions considered to be at risk regarding professional burnout include educators, who work with children directly, and with their parents and other colleagues indirectly. Educators, just like other aid-providing professionals like physicians, nurses, social workers/councillors and police officers, are responsible for the wellbeing of others (17). Even though most educators do not exhibit symptoms of professional burnout (17), the incidence of professional burnout among educators in the USA is estimated to be in the range from 5% to 20%, and in Finland, Kalimo and Hakanen (2000) determined the highest rate of professional burnout of educators when compared to other aid-providing professions (19). Also, higher results were recorded for the dimensions of exhaustion and cynicism for educators (20,21). On the other hand, research into this topic is abundant in methodological and conceptual deficiencies regarding the correlation between professional burnout and the educators' profession (17).

Ličnost i kompetencije kao značajni korelati profesionalnog sagorijevanja odgajatelja

Osim ostalih značajnih korelata stresa kod odgajatelja (22), veliki broj dosadašnjih istraživanja pokazao je da su osobine ličnosti jedan od značajnih korelata kako dobrobiti različitih profesija u pozitivnom smjeru, tako i njihovog profesionalnog sagorijevanja u negativnom smjeru (23–29), što je utvrđeno i kod odgajatelja (11).Kao što je već napomenuto, najveći broj dosadašnjih istraživanja u odnosu na ulogu ličnosti, teorijski je utemeljen na Petofaktorskom modelu ličnosti (10) koji ljudsku ličnost opisuje u pet temeljnih dimenzija ličnosti: ekstraverziju (komunikativnost, druželjubivost, asertivnost); ugodnost (ljubaznost, toplina, razumijevanje); neuroticizam (razdražljivost, emocionalna nestabilnost, anksioznost); savjesnost (organiziranost, preciznost, praktičnost); otvorenost za nova iskustva (kreativnost, maštovitost, prilagodljivost). Pokazalo se da je navedena petofaktorska struktura ličnosti jednaka za muškarce i žene, ispitana na različite načine i replicirana u velikom broju studija na različitim uzorcima ispitanika (30,32,33). Također, replicirana je i na hrvatskom jeziku, te također na uzorku odgajatelja (6-8,12,13,39) pri čemu su utvrđene povišene razine svih osobina ličnosti u odnosu na vršnjačke skupine ispitanika, izuzev neuroticizma, za koji su utvrđene niske vrijednosti, kao što je bilo za očekivati.

S obzirom na odnos ličnosti i profesionalnog sagorijevanja najznačajnijim direktnim pozitivnim prediktorom profesionalnog sagorijevanja pokazao se neuroticizam bez obzira na to o kojoj se dimenziji profesionalnog sagorijevanja radi, a negativnim ekstraverzija, savjesnost i ugodnost. U istraživanju profesionalnog sagorijevanja odgajatelja, ekstraverzija je pokazala značajan učinak na smanjenje emocionalne iscrpljenosti, a neuroticizam na povećanje emocionalne iscrpljenosti i percepcije smanjenog osobnog postignuća. Otvorenost prema isku-

Personality and competencies as significant correlates of educators' professional burnout

Aside from the other significant stress correlates for educators (22), much of the research so far has shown that personality traits are one of the significant correlates for the wellbeing of various professions in the positive direction, as well as for their professional burnout in the negative direction (23-29), which was also determined for educators (11). As mentioned before, most of the research so far related to the role of personality is based on the theory from the five factor personality model (10), which describes human personality through five basic personality dimensions: extraversion (communicativeness, sociability, assertiveness); agreeableness (kindness, warmth, understanding); neuroticism (irritability, emotional instability, anxiety); conscientiousness (organisation, precision, practicality); openness to experience (creativity, imaginativeness, adaptability). It shows that the above-mentioned five factor structure is the same for men and women, examined in various ways and replicated in a large number of studies with various samples of study participants (30,32,33). It was also replicated in Croatia, also using a sample consisting of educators (6-8,12,13,39), where higher levels of all personality traits were determined, relative to peer groups of study participants, aside from neuroticism, for which lower values were determined, as was to be expected.

Considering the relationship between personality and professional burnout, neuroticism has been shown to be the most significant direct positive predictor of professional burnout, regardless of the dimension of professional burnout, and negative predictors were extraversion, conscientiousness and agreeableness. As part of the research into professional burnout of educators, extroversion has been shown to have a significant effect on the reduction of emotional exhaustion, and neuroticism on the increase of emotional exhaustion and the experience of

stvu i savjesnost pokazale su značajne učinke na povećanje percepcije osobnog postignuća kod odgajatelja (11). Također, nastavno na opisani odnos osobina ličnosti i profesionalnog sagorijevanja istraživanja su pokazala da je snižena percepcija kompetentnosti u radu značajno negativno povezana s profesionalnim sagorijevanjem (31). Drugim riječima, što se pojedinac osjeća manje kompetentnim za posao koji obavlja, to će biti vulnerabilniji profesionalnim sagorijevanjem.

CILJ ISTRAŽIVANJA

S obzirom na opisane teorijske modele i potrebe suvremenog inkluzivnog obrazovanja, cilj ovog istraživanja bio je ispitati osobine ličnosti, profesionalno sagorijevanje i samoprocijenjene kompetencije odgajatelja za rad s djecom s teškoćama u razvoju, njihov odnos, te mogućnost predviđanja profesionalnog sagorijevanja odgajatelja temeljem njihovih osobina ličnosti i samoprocijenjenih kompetencija za rad s djecom s teškoćama u razvoju. Iz općeg cilja istraživanja proizlaze njegovi specifični zadatci:

1. Deskriptivnom analizom istražit će se razine profesionalnog sagorijevanja odgajatelja, njihove osobine ličnosti i kompetentnost za rad s djecom s teškoćama;
2. Korelacijskim analizama će se istražiti odnos između pet osobina ličnosti odgajatelja, tri dimenzije profesionalnog sagorijevanja i samoprocijenjene kompetentnosti za rad s djecom s teškoćama u razvoju;
3. Regresijskim analizama će se proučiti mogućnost predviđanja profesionalnog sagorijevanja odgajatelja temeljem njihovih osobina ličnosti i samoprocijenjene kompetentnosti za rad s djecom s teškoćama u razvoju.

Temeljem prethodnih istraživanja opisanih u uvodu rada, očekuje se da će odgajatelji procijeniti sve osobine ličnosti na povišenim razina-

reduced personal achievement. Openness to experience and conscientiousness have shown significant effects on the increase of the experience of personal achievement for educators (11).

Also, further related to the described relationship between personality traits and professional burnout, research has shown that a lower perception of professional competency has a significant negative correlation with professional burnout (31). In other words, the less competent an individual feels at their job, the more vulnerable they will be to professional burnout.

STUDY AIM

Considering the described theoretical models and the requirements of inclusive education, the aim of this study was to examine the personality traits, professional burnout and self-estimated competencies of educators for teaching children with disabilities, their relationship and their ability to anticipate professional burnout of educators based on their personality traits and their self-estimated competencies for teaching children with disabilities. The specific tasks of the study and relevant statistical procedures are developed from the general goal of the study:

1. Descriptive analysis will be used to explore the levels of professional burnout of educators, their personality traits and their competency for teaching children with disabilities;
2. Correlation analyses will be used to investigate the relationship between the five personality traits of the educators, the three dimensions of professional burnout, and the self-estimated competency for teaching children with disabilities;
3. Regression analyses will be used to study the possibility of anticipating professional burnout of the educators based on their personality traits and the self-estimated competency for teaching children with disabilities.

ma, osim neuroticizma za koji se očekuje da će biti procijenjen na nižim razinama. S obzirom na samoprocjenu kompetencija za rad s djecom s teškoćama u razvoju očekuje se da će se odgajatelji procijeniti umjereno kompetentnima. Naposljetku, budući da profesionalno sagorijevanje obuhvaća često manji broj odgajatelja, na razini srednjih vrijednosti, kod ispitanog uzorka odgajatelja očekuje se utvrđivanje niže razine emocionalne iscrpljenosti, profesionalne opterećenosti i profesionalne neispunjenosti.

METODE

Ispitanici

U ovom je istraživanju sudjelovao prigodni uzorak od ukupno 203 odgajatelja iz ustanova za rani i predškolski odgoj i obrazovanje s tri područja: grada Zagreba (43,8 %), Primorsko-goranske županije (29,6 %) i Istarske županije (26,6 %). Svi su ispitanici ženskog spola. Odgajatelji su prosječne dobi M = 38,73 (SD = 10,69) u rasponu dobi od 22 do 61 godine, te prosječnog radnog staža M = 14,34 (SD = 11,78) u rasponu od 2 mjeseca do 42 godine radnog staža.

Instrumentarij

U istraživanju su primijenjena tri mjerna instrumenta. Za mjerenje osobina ličnosti primijenjen je *Petofaktorski upitnik ličnosti* (32,33), točnije njegova adaptirana i validirana verzija na hrvatskom jeziku (25,34,35). Ovaj se upitnik sastoji od 44 čestice koje mjere pet dimenzija ličnosti: ekstraverziju, ugodnost, savjesnost, neuroticizam i otvorenost prema iskustvu. Ispitanici procjenjuju svoje osobine ličnosti na ljestvici Likertova tipa od 5 stupnjeva (od 1-potpuno se ne slažem do 5-potpuno se slažem). U ovom su istraživanju utvrđene umjerene ali zadovoljavajuće razine unutarnje pouzdanosti: αE = ,749, αU = ,560, αS = ,780, αN = ,771 i αO = ,792.

Based on the previous research described in the introduction to the study, it is expected that the educators will estimate all the personality traits at a higher level, aside from neuroticism, which is expected to be estimated at lower levels. Considering the self-estimated competency for teaching children with disabilities, according to previous research (36) it is expected that the educators will estimate themselves to be moderately competent. Finally, considering that professional burnout often affects a lower number of educators, at the mean values level, it is expected that a lower level of emotional exhaustion, professional burden, and professional unfulfillment will be determined for the examined sample of educators.

METHODS

Study participants

This research study included a non-random sample of 203 educators in total, from institutions for early and preschool education from three areas: the City of Zagreb (43.8%), Primorje-Gorski Kotar County (29.6%), and Istria County (26.6%). All the study participants were female. The average age of the educators is M = 38.73 (SD = 10.69) in the age range of 22 to 61, and with an average pensionable service of M = 14.34 (SD = 11.78) in the range from 2 months to 42 years of teaching experience.

Instruments

Three measuring instruments were used in the research study.

The *Big Five Inventory* (32,33) was used for measuring personality traits, to be more precise its adapted and validated version in Croatian was used (25,34,35). This inventory consists of 44 items used to measure the five personality traits: extraversion, agreeableness, conscientiousness, neuroticism and openness to experience. The study participants were asked to estimate their personality traits on a 5-point Likert scale (from

S ciljem mjerenja kompetencija za rad s djecom s teškoćama u razvoju, primijenjena je *Ljestvica samoprocjene kompetentnosti za rad s djecom s teškoćama u razvoju* (36), koja je podljestvica ljestvice spremnosti odgajatelja za rad u inkluzivnim skupinama (37). Ta se ljestvica sastoji od čestica koje ispituju generalno samoprocijenjenu razinu kompetencija za rad s djecom s teškoćama kao i aspekte motiviranosti i osposobljenosti za rad s djecom s teškoćama u redovnoj skupini, informiranosti o značajkama djece s teškoćama i načinu rada s njima, te mišljenju da mogu i znaju raditi sa svom djecom i da s djecom s teškoćama trebaju raditi u redovnim skupinama. Stupanj slaganja s navedenim tvrdnjama odgajatelji su također procjenjivali na Likertovoj ljestvici od pet stupnjeva. Ljestvica je pokazala jednofaktorsku strukturu s utvrđenim Cronbach alfa koeficijentom od α = ,84.

Za mjerenje profesionalnog sagorijevanja odgajatelja korištena je *Ljestvica profesionalnog sagorijevanja odgajatelja* preuzeta uz dozvolu originalnog autora Friedman (1999) iz istraživanja "*Factors relating to regular education teacher burnout in inclusive education* (38). Originalna ljestvica je konstruirana za učiteljsku profesiju pa su za potrebe ovog istraživanja modificirale čestice kako bi odražavale kontekst rada odgajatelja. Sadrži petnaest tvrdnji koje mjere tri dimenzije: dimenziju emocionalne iscrpljenosti(α = ,873), dimenziju profesionalne opterećenosti (α = ,815), te dimenziju profesionalnog neispunjenja (α = ,947). Odgajatelji su se procjenjivali na ljestvici Likertova tipa od 7 stupnjeva: 0-nikad, 1 - manje od 2 puta godišnje, 2 - manje od 2 puta u mjesec dana 3 - više od 2 puta u mjesec dana, 4 - manje od 2 puta tjedno, 5 - više od 2 puta tjedno, 6-svaki dan.

Postupak

Istraživanje je provedeno kao dio većeg istraživanja u okviru izrade diplomskih radova pri Učiteljskom fakultetu u Rijeci. Ravnateljima

1-I completely disagree to *5-I completely agree*). This research study has determined medium but satisfactory levels of internal reliability: αE = .749, αU = .560, αS = .780, αN = .771, and αO = .792.

The Scale of self-estimated competencies for teaching children with disabilities (36) was used for measuring the competencies for teaching children with disabilities, which is a subscale of the Scale of readiness for teaching in inclusive settings (37). It consists of items used for testing the general self-estimated level of competencies for teaching children with disabilities, as well as the aspects of motivation and training for teaching children with disabilities in a regular setting, the amount of information on the characteristics of children with disabilities and inclusive teaching strategies and the opinion whether they are able and know how to teach all children and whether they should teach children with disabilities in regular settings.

The educators also estimated their level of agreement with the aforementioned statements on the 5-point Likert scale. The scale indicated a single-factor structure with a determined Cronbach's alpha coefficient of α = .84.

The Scale of professional burnout of educators, used with permission from the original author Friedman (1999) from the research study "Factors relating to regular education teacher burnout in inclusive education" (38) was used to measure the professional burnout of educators. The original scale was designed for the teaching profession, so, due to the requirements of this research study, the items were modified in order to reflect the context of the educators' profession. It contains fifteen items used for measuring three dimensions: the emotional exhaustion dimension (α = .873), the professional burden dimension (α = .815), and the professional unfulfillment dimension (α = .947). The educators were estimated on a 7-point Likert scale: 0 – never, 1 – less than twice in a year, 2 – less than twice in a month, 3 –more than twice in a month, 4 – less than twice in a week, 5 – more than twice in a week, 6 – every day.

javnih ustanova za rani i predškolski odgoj i obrazovanje iz Istarske i Primorsko-goranske županije te grada Zagreba upućena je zamolba za sudjelovanje u istraživanju. Svi kontaktirani ravnatelji odazvali su se na istraživanje. Prikupljanje podataka bilo je potpuno povjerljivo i anonimno, a ispunjavanje upitnika trajalo je 20-tak minuta. Podatci su prikupljeni u obliku papir-olovka od odgajatelja koji su pristali sudjelovati u istraživanju. Ravnateljima ustanova ponuđena je povratna informacija o rezultatima istraživanja u diplomskim radovima. Ukupno je poslano 300 upitnika, a prikupljena su 203 valjano ispunjena upitnika.

REZULTATI

Slijedom prethodno definiranih istraživačkih zadataka provedena deskriptivna analiza, čiji su rezultati vidljivi u tablici 1, pokazala je povišene razine svih osobina ličnosti, osim neuroticizma, srednje razine samoprocijenjenih kompetencija, te niske razine svih triju dimenzija profesionalnog sagorijevanja, kao što je bilo za očekivati.

Povezano s ispitivanjem odnosa između profesionalnog sagorijevanja, osobina ličnosti i samoprocijenjenih kompetencija odgajatelja za rad s djecom s teškoćama rezultati korelacijske analize prikazani su u tablici 2. Izračunati Pearsonovi koeficijenti korelacija pokazali su značajnu povezanost između snižene samoprocijenjene kompetentnosti odgajatelja za rad s djecom s teškoćama i povećanog neuroticizma, te značajno snižene ekstraverzije. Također, značajno snižena kompetentnost za rad s djecom s teškoćama značajno je povezana s povišenim razinama svih dimenzija profesionalnog sagorijevanja (emocionalnom iscrpljenošću, profesionalnom opterećenošću i profesionalnom neispunjenošću). Sve dimenzije povišenog profesionalnog sagorijevanja pokazale su značajnu povezanost s povišenim neuroticizmom i značajno sniženom ugodnošću, dok

Procedure

The research study was implemented as part of a larger study, conducted within the process for working on diploma papers at the Faculty of Teacher Education in Rijeka. A request for participation in the research study was sent to the heads of public institutions for early and preschool education in the Istria and Primorje-Gorski Kotar Counties, and the City of Zagreb. Data gathering was completely confidential and anonymous, and the questionnaire could be filled in in about 20 minutes. The data was gathered in the paper-and-pencil form from educators who agreed to participate in the study. The heads of the institutions were granted access to the results of the study through the diploma papers. The total number of 300 questionnaires were sent out and 203 properly filled in questionnaires were gathered.

RESULTS

Descriptive analysis was conducted in the course of previously defined research tasks and its results are shown in Table 1. It indicates high levels of all the personality traits, aside from neuroticism, medium levels of self-estimated competencies and low levels of all three dimensions of professional burnout, as was to be expected. Related to the examination of the relationship between professional burnout, personality traits, and self-estimated competencies of educators for teaching children with disabilities, the results of the correlation analysis are shown in Table 2. The calculated Pearson's correlation coefficients have shown a significant correlation between the lower self-estimated competency of the educators for teaching children with disabilities and increased neuroticism and significantly lower extraversion. Also, a significantly lower competency for teaching children with disabilities is significantly correlated to higher levels of all the dimensions of professional burnout (emotional exhaustion,

TABLE 1. Descriptive parameters (*M, SD, Range*) of personality traits, dimensions of professional burnout and self-estimated competencies for teaching children with disabilities

Descriptive parameters	Personality traits					Professional burnout			Self-estimated competency
	Extraversion	Neuroticism	Conscientiousness	Agreeability	Openness	Emotional exhaustion	Professional burden	Professional unfulfillment	
M	3.74	2.17	4.08	4.16	3.94	2.35	2.03	.86	3.07
SD	.54	.55	.49	.45	.46	1.36	1.22	1.14	.63
Range	2.38-4.88	1.00-4.25	2.44-5	3-5	2.50-5	0-5.60	0-5.71	0-4.67	1.43-4.71

TABLE 2. Correlation matrix of the personality traits, self-estimated competency, professional burnout, age and years of teaching experience of the early childhood educators

	Competency	Emotional exhaustion	Professional burden	Professional unfulfillment	Age	Teaching experience
Extraversion	**.147***	**-.171***	**-.203***	-.120	-.086	-.104
Neuroticism	**-.187***	**.335****	**.382****	**.346****	-.118	**-.158***
Conscientiousness	.046	-.115	-.109	-.115	.128	**.155***
Agreeableness	.117	**-.223****	**-.219****	**-.316****	.053	.075
Openness	.079	-.012	-.064	-.099	**.205****	**.182***
Competency	1	**-.173***	**-.181***	**-.212****	-.022	-.007
Emotional exhaustion		1	**.624****	**.531****	.074	.056
Professional burden			1	**.490****	.053	.049
Professional unfulfillment				1	.060	.046

*p<.05; **p<.01

je povišena ekstraverzija značajno povezana sa sniženom profesionalnom opterećenošću i emocionalnom iscrpljenošću. Osobine ličnosti, savjesnost i otvorenost za nova iskustva nisu pokazale značajnu povezanost s bilo kojom od dimenzija profesionalnog sagorijevanja, kao ni sa samoprocijenjenim kompetencijama odgajatelja za rad s djecom s teškoćama.

Provjerom odnosa fokusnih varijabli sa socio-demografskim varijablama dobi i radnog staža pokazalo se da neuroticizam pada, a savjesnost i otvorenost rastu s godinama radnog staža. Otvorenost prema novim iskustvima značajno raste i s dobi odgajatelja, a značajne povezanosti dobi i radnog staža s profesionalnim sagorijevanjem i kompetentnošću nisu utvrđene.

professional burden and professional unfulfillment). All the dimensions of professional burnout have shown a significant correlation with higher neuroticism and significantly lower agreeableness, while higher extraversion is correlated to lower professional burden and emotional exhaustion. Personality traits conscientiousness and openness to experience have not shown a significant correlation to any of the dimensions of professional burnout, or to any of the educators' self-estimated competencies for teaching children with disabilities.

The examination of the correlation between the focus variables and the socio-demographic variables of years of teaching experience shows that neuroticism drops, and conscientiousness and openness rise as years of teaching expe-

Sukladno provedenim i prikazanim korelacijskim analizama snižena razina samoprocijenjene kompetentnosti za rad s djecom s teškoćama i visoki neuroticizam su značajni prediktori svih dimenzija profesionalnog sagorijevanja, dok se ugodnost pokazala značajnim prediktorom samo za dimenziju profesionalne neispunjenosti. Rezultati triju provedenih stupnjevitih regresijskih analiza u dva koraka (Model 1: kompetentnost, Model 2: osobine ličnosti), prikazani su u tablici 3, samo sa značajnim prediktorima svih dimenzija profesionalnog sagorijevanja. Iako je samoprocijenjena kompetencija odgajatelja za rad s djecom s teškoćama značajan prediktor profesionalnog sagorijevanja u prvom koraku regresijskih analiza, unošenjem osobina ličnosti u regresijski model prestaje biti značajna. Neuroticizam kao osobina ličnosti ima statistički značajan utjecaj na višu razinu doživljaja profesionalnog sagorijevanja odgajatelja, na doživljaj više razine emocionalne iscrpljenosti i profesionalnog opterećenja, kao i osjećaj profesionalne neispunjenosti.

rience increases. Openness to experience also rises with the age of the educator, and no significant correlation was determined between the age and years of teaching experience, and professional burnout and competency.

According to the implemented and shown correlation analyses, a lower level of self-estimated competency for teaching children with disabilities and high neuroticism are significant predictors of all dimensions of professional burnout, while agreeableness was shown to be significant only for the dimension of professional unfulfillment. The results of the three conducted stepwise two-step regression analyses (Model 1: competency, Model 2: personality traits) have been shown in Table 3, only with the significant predictors of all dimensions of professional burnout.

Even though the self-estimated competency of the educators for teaching children with disabilities is a predictor of professional burnout in the first step of regression analyses, after entering the personality traits in the regression model, it stops being significant. Neuroticism,

TABLE 3. Results of the three regression analyses for dependent variables of the three dimensions of professional burnout with significant predictors

Professional burnout			B	Beta	R2	F change (df)
Emotional exhaustion	Model 1	Constant	**3.420*** **		**.031***	**4.727* (1. 150)**
		Competency	**-.368***	**-.175***		
	Model 2	Constant	2.037		**.169****	**4.458*** (5. 145)**
		Neuroticism	**.738****	**.299****		
Professional burden	Model 1	Constant	**3.006*** **		**.003***	**4.319* (1.136)**
		Competency	**-.313****	**-.175****		
	Model 2	Constant	. 764		**. 015****	**3.824** (5.131)**
		Neuroticism	**.754 ****	**.325****		
Professional unfulfillment	Model 1	Constant	**1.883***		**.007***	**5.963* (1.154)**
		Competency	**-.343***	**-.193***		
	Model 2	Constant	3.062		**.157****	**4.641** (5.149)**
		Neuroticism	.383	.188		
		Agreeableness	**-549***	**-.236****		

*p<.05; **p<.01; *** p<.001

RASPRAVA

S obzirom na utvrđene deskriptivne pokazatelje osobina ličnosti, samoprocijenjene kompetentnosti za rad s djecom s teškoćama u inkluzivnim skupinama i razine profesionalnog sagorijevanja, kao što je i pretpostavljeno, utvrđene su povišene razine svih osobina ličnosti, osim neuroticizma, srednje procijenjena kompetentnost za rad s djecom s teškoćama, te niske razine svih triju dimenzija profesionalnog sagorijevanja. Premda je riječ o prigodnom uzorku, bilo je za očekivati da će najveći broj odgajatelja u populaciji imati izražene osobine otvorenosti, komunikativnosti, pristupačnosti, vedrine, emocionalne stabilnosti, dobre organiziranosti i ugodnosti. Ovaj je nalaz samo potvrda prethodno utvrđenih rezultata (13,6,39). Također, kao i prije (11) utvrđene su niske razine ispitanih triju dimenzija profesionalnog sagorijevanja odgajatelja. No, zanimljiv je nalaz o srednje utvrđenoj razini kompetentnosti odgajatelja za rad s djecom s teškoćama u ovom istraživanju, koji ima svoje jasne implikacije za praksu. Identični rezultat dobiven je u istraživanju na reprezentativnom uzorku odgajatelja u Primorsko-goranskoj županiji provedenom prije 7 godina, što ukazuje da je odgajateljska percepcija kompetencija za rad s djecom s teškoćama u inkluzivnim skupinama ujednačena u osrednjoj vrijednosti (37). Drugim riječima, iako implementacija inkluzivne obrazovne politike ima praksu u predškolskom sustavu najmanje dva desetljeća, a posebno intenzivno u zadnjem desetljeću i to radi usuglašavanja domaće s regulativom Europske unije, samo procjena osobnih kompetencija odgajatelja za inkluzivnu praksu zadržava se na osrednjoj razini. Samoprocjene artikuliraju i potrebu procjenjivača za razvojem kompetencija na području u ovom slučaju kompetencija za inkluzivan odgoj i obrazovanje. Uzimajući u obzir oba nalaza evidentno je da postoji jasna potreba za edukacijom odgajatelja za rad s djecom s teškoćama u inkluzivnim skupinama,

as a personality trait, has a statistically significant influence on the higher level of experience of professional burnout of the educators, the experience of higher level of emotional exhaustion and professional burden, as well as the feeling of professional unfulfillment.

DISCUSSION

Considering the determined descriptive indicators of personality traits, self-estimated competency for teaching children with disabilities in inclusive settings and the level of professional burnout, as expected, higher levels of all personality traits were determined, apart from neuroticism, the competency for teaching children with disabilities was estimated as medium and there were low levels of all three dimensions of professional burnout. Even though this was a convenience sample, it was to be expected that the large majority of the educators in the population would be expressly open, communicative, approachable, cheerful, emotionally stable, well organised and agreeable. These results only confirm the results determined earlier (13,6,39). Also, as before (11), lower levels of the three tested dimensions of professional burnout of educators were determined. But the results regarding the mean determined level of competency of the educators for teaching children with disabilities in this research study are interesting and they have clear implications for those working in the field. Identical results were recorded in a research study with a representative sample of educators in the Primorje-Gorski Kotar County implemented 7 years ago, which indicated that the perception of educators regarding teaching children with disabilities in inclusive settings is level on the medium value (37). In other words, even though the implementation of an inclusive educational policy has been present in the preschool system for at least two decades, and with particular intensity in the previous decade, due to the harmonisation

promjenama postojećih studijskih programa u inicijalnom obrazovanju i trajnim profesionalnim razvojem.

Razmatrajući odnos između osobina ličnosti, samoprocijenjene kompetentnosti za rad s djecom s teškoćama u inkluzivnim skupinama i triju dimenzija profesionalnog sagorijevanja, utvrđene su očekivane povezanosti.Implementacija inkluzivne obrazovne politike povećava zahtjeve edukatorima u inkluzivnim okruženjima, a ne osigurava dostatnu educiranost u inicijalnom obrazovanju ni osiguranoj profesionalnoj podršci (40,41). Od osobina ličnosti neuroticizam je pokazao svoju značajnu pozitivnu povezanost sa svim dimenzijama profesionalnog sagorijevanja, a ekstraverzija i ugodnost pokazale su značajnu negativnu povezanost. Oni odgajatelji koji imaju visoko izraženi neuroticizam, značajno su više skloniji ukupnom profesionalnom sagorijevanju. S druge strane, ekstraverzija i ugodnost pokazale su se zaštitnim osobinama ličnosti u doživljavanju profesionalnog sagorijevanja, jednako kao i samoprocijenjena visoka razina kompetentnosti u radu s djecom s teškoćama u razvoju. Zahvaljujući najvišim korelacijama, u kasnijim regresijskim analizama, značajnim prediktorima za sve dimenzije profesionalnog sagorijevanja pokazali su se samoprocijenjena kompetentnost za rad s djecom s teškoćama u razvoju kao negativan prediktor i neuroticizam kao pozitivan prediktor. Osobina ugodnosti pokazala se značajnim negativnim prediktorom jedino kod dimenzije profesionalne neispunjenosti. Ugodnost uz neuroticizam značajno predviđa razinu osjećaja nezadovoljstva postignućima u odgajateljskoj profesiji. Tako su osobina ličnosti niže razine ugodnosti i više razine neuroticizma odgajatelja značajni prediktori doživljaja profesionalnog neispunjenja odgajateljskim poslom. Drugim riječima, odgajateljima je prenaporan rad s djecom u vrtiću, ne bi ponovno birali odgajateljsku profesiju i smatraju da bi na drugom radnom mjestu bolje iskoristili svoje sposobnosti. U ši-

of the local regulations with European Union regulations, self-estimated personal competencies of the educators for inclusive practice have remained on the medium level. The self-estimations also articulate the required development of competencies in the area of competencies for inclusive education in this case. Taking both sets of results into consideration, it is evident that there is a clear requirement for educating educators for teaching children with disabilities in inclusive settings through changes in the existing study programmes in initial education and continuous professional development.

When considering the correlation between the personality traits, the self-estimated competency for teaching children with disabilities in inclusive settings and the three dimensions of professional burnout, the expected connections were determined. The implementation of an inclusive education policy increases the demands from educators in inclusive environments, but it does not ensure sufficient education through initial education, nor does it provide the necessary professional support (40,41). Of all the personality traits, neuroticism has shown to be significantly correlated to all the dimensions of professional burnout, and extraversion and agreeableness have shown to be negatively correlated. Those educators with highly expressed neuroticism are significantly more susceptible to comprehensive professional burnout. On the other hand, extraversion and agreeableness were shown to be protective personality traits in the experience of professional burnout, same as the high self-estimated level of competency for teaching children with disabilities. Because of the highest correlations, in later regression analyses a self-estimated level of competency for teaching children with disabilities as a negative predictor and neuroticism as a positive predictor were shown to be significant predictors for all the dimensions of professional burnout. The trait of agreeableness was shown to be a significant negative predictor only for the dimension of professional unfulfillment. Agreeableness and neuroticism are signif-

rem diskursu otvara se prostor za promišljanja o kvaliteti selekcijskih postupaka za upis odgajateljskog studija. Naime, iako je doživljaj profesionalnog sagorijevanja odgajatelja prisutan kod manjeg dijela ove struke važan je za svakog pojedinog profesionalca koji pruža odgoj i obrazovanje djeci rane i predškolske dobi kao ranjivoj skupini. Mentalno zdravlje edukatora koji i uz roditelje imaju ključnu ulogu u osiguravanju dobrobiti djece, trebalo bi promotriti u diskursu od osiguravanja kriterija pri selekcijskom postupku i mogućnosti kvalitetne podrške stručnih suradnika i drugih profesionalaca, osobito za djecu s teškoćama u razvoju i njihove roditelje, za zahtjevne situacije u radnom okruženju. Naposljetku, osim raspravljenih utvrđenih nalaza ovog istraživanja neophodno ih je promotriti i u svjetlu postojećih nedostataka istraživanja, kao što su: prigodan i relativno mali uzorak odgajatelja, te zadovoljavajuće ali umjerene razine pouzdanosti Petofaktorskog upitnika ličnosti, o čemu bi trebalo voditi računa u budućim istraživanjima.

ZAKLJUČAK

Rezultati ovog istraživanja potvrdili su prethodne nalaze utvrđivanjem povišenih razina svih osobina ličnosti osim neuroticizma, umjereno procijenjene kompetentnosti za rad s djecom s teškoćama i niske razine dimenzija profesionalnog sagorijevanja. Ekstraverzija, ugodnost i kompetentnost pokazali su značajne negativne korelacije, a neuroticizam značajnu pozitivnu korelaciju s dimenzijama profesionalnog sagorijevanja. U konačnici značajnim prediktorima profesionalnog sagorijevanja odgajatelja pokazali su se neuroticizam (kao pozitivni značajan prediktor), te kompetentnost i ugodnost kao značajni negativni prediktori. Rezultati ukazuju, kao i do sada, na značenje istraživanja osobina ličnosti i kompetencija odgajatelja kao značajnih korelata njihovog profesionalnog sagorijevanja, kao i

icant predictors for the level of dissatisfaction with achievements in the educators' profession. So, the personality traits of lower agreeableness and higher neuroticism of educators are significant predictors for the feeling of professional unfulfillment in the educators' profession. In other words, educators find working in kindergartens to be overly strenuous, they would not choose the educators' profession if they were making the choice again and they believe that their abilities would be better utilised in another job. The wider discourse offers some more space for considerations about the quality of the selection procedures for enrolment in the study programme for educators. Namely, even though the experience of professional burnout is present in a small portion of professionals in this area, it is important for every single professional who provides education for children of early and preschool age as a vulnerable group. The mental health of educators, who, after parents and with parents, have a key role in providing for the wellbeing of children under their care, should be observed in the discourse regarding the design of the criteria for the selection process and the options for quality support from professional assistants and other professionals, especially for children with disabilities and their parents, with regard to a demanding situation in the professional environment. Finally, apart from the determined results of this research study that were discussed, it is also necessary to observe them in the light of the existing limitations of the research study. The employed non-random and relatively small sample of educators, and the satisfactory but medium level of reliability of the Big Five Inventory subscales, should be taken into account in further research studies.

CONCLUSION

The results of this research study confirmed the previous results by determining higher levels of all personality traits apart from neuroticism,

na jasne implikacije za unaprjeđenje prakse rada odgajatelja osobito kompetencija za inkluzivnu praksu i rad s djecom s teškoćama u razvoju. Osim značajnog doprinosa provedenog istraživanja s jasnim implikacijama za praksu, utvrđene rezultate treba sagledavati i u svjetlu prije navedenih nedostataka. Dakle, u budućim je istraživanjima ključno provesti istraživanje na slučajnom i većem uzorku odgajatelja, s psihometrijski kvalitetnijim ljestvicama, koje bi po mogućnosti uključivale i pitanja otvorenog tipa s ciljem kvalitativne analize i uvida u izvore profesionalnog sagorijevanja.

medium estimated competency for teaching children with disabilities and low levels of the dimensions of professional burnout. Extraversion, agreeableness and competency showed significant negative correlations, and neuroticism showed a significant positive correlation with the dimensions of professional burnout. Ultimately, the significant predictors of professional burnout of educators were shown to be neuroticism (as a significant positive predictor) and competency and agreeableness as significant negative predictors. The results demonstrate, same as previously, the importance of research into personality traits and competencies of educators as significant correlates of their professional burnout, as well as the significant implications for advancing the practical aspect of the educators' work, particularly for the inclusive practice and teaching children with disabilities. Apart from the significant contribution of the implemented research with clear implications for practical application, the obtained results should also be viewed in the light of the deficiencies mentioned earlier. Therefore, it is essential for future research studies that they be implemented using a random and larger sample of educators, with higher-quality psychometric scales, which would include open-ended questions if appropriate, with the purpose of conducting a qualitative analysis and gaining insight into the sources of professional burnout.

LITERATURA/*REFERENCES*

1. McCallum F, Price D. Well teachers, well students. J Student Wellbeing 2010; 4(1): 19-34.
2. McCallum F, Price D, Graham A, Morrison A. Teacher wellbeing: A review of the literature. AIS: NSW, The University of Adelaide, Australia; 2017, 34.
3. Aelterman A, Engels N, Van Petegem K, Verhaeghe JP. The well-being of teachers in Flanders: the importance of a supportive school culture. Educ Stud 2007; 33(3): 285-97.
4. Krstović J, Vujičić L, Pejić Papak P. Standardi kvalifikacija i unapređivanje kvalitete studijskih programa odgajatelja i učitelja. Rijeka: Učiteljski fakultet Sveučilišta u Rijeci, 2016.
5. Göncz L. Teacher personality: a review of psychological research and guidelines for a more comprehensive theory in educational psychology. Open Rev Educ Res 2017; 4(1): 75-95.
6. Tatalović Vorkapić S. The Significance of Preschool Teacher's Personality in Early Childhood Education : Analysis of Eysenck's and Big Five Dimensions of Personality. Int J Psychol Behav Sci 2012; 2(2): 28-37.
7. Tatalović Vorkapić S. How much personality is important in educational context? In: International Conference EDUvision 2015: "Modern Approaches to Teaching Coming Generation". 2015, p. 75-83.

8. Tatalović Vorkapić S. Personality and Education: Contemporary Issues in Psychological Science about Personality in Teacher Education. In: Handbook of Research on Teacher Education and Professional Development. Hershey, PA: ICI Global, 2017, p. 163–86.
9. Miljković D, Rijavec M, Vizek-Vidović V, Vlahović-Štetić V. Psihologija obrazovanja. Zagreb: IEP/VERN, 2014.
10. Goldberg LR. The Development of Markers for the Big-Five Factor Structure. Psychol Assess 1992; 4(1): 26-42.
11. Tatalović Vorkapić S, Lončarić, D. Posreduje li profesionalno sagorijevanje učinke osobina ličnosti na zadovoljstvo životom odgojitelja predškolske djece? Psihol teme 2013; 22(3): 431-45.
12. Tatalović Vorkapić S, Čepić R, Šekulja I. Are there any differences in personality traits and life satisfaction between preschool and primary school teachers. J Res Child Educ 2016; 30(3): 361-73.
13. Tatalović Vorkapić S, Peloza I. Exploring personality traits and well-being among pre-school and primary school teachers in Croatia. Curr Issues Personal Psychol 2017; 5(1): 21-31.
14. Schaufeli WB, Leiter MP, Maslach C. Burnout: 35 years of research and practice. Career Dev Int 2009; 14(3): 204-20.
15. Maslach C, Schaufeli WB. Historical and conceptual development of burnout. In: Schaufeli WB, Maslach C, Marek T. Professional burnout: Recent Developments in Theory and Research, Routledge; 2017.
16. Schwarzer R, Hallum S. Perceived teacher self-efficacy as a predictor of job stress and burnout: Mediation analyses. Appl Psychol 2008;57(Suppl 1): 152-71.
17. Blazer C, Miami-Dade County Public Schools RS. Teacher Burnout. Res Serv Miami-Dade Cty Public Sch 2010;1003: 22.
18. Farber B. Crisis in education: Stress and burnout in the American teacher. San Francisco: Jossey-Bass, 1991.
19. Hakanen JJ, Bakker AB, Schaufeli WB. Burnout and work engagement among teachers. J School Psychol 2006; 43(6): 495-513.
20. Maslach C, Jackson SE, Leiter M. The Maslach Burnout Inventory: Manual. Maslach Burnout Inventory. Palo Alto, CA: Consulting Psychologists Press, 1996.
21. Schaufeli W, Enzmann D. The burnout companion to study and practice: A critical analysis. Mjesto izdanja: CRC Press, 1998.
22. Živčić-Bećirević I, Smojver-Ažić S. Izvori stresa na poslu odgojitelja u dječjim vrtićima. Psihologijske teme 2005; 14(2): 3-13.
23. Gregov L, Kovačević A, Sliškovic A. Stress among Croatian physicians: comparison between physicians working in emergency medical service and health centers – pilot study. Croat Med J 2011; 52(1): 8-15.
24. Hudek-Knežević J, Krapić N, Kalebić Maglica B. Organizacijski stres i stavovi prema radu kao prediktori zdravstvenih ishoda: prospektivno istraživanje. Društvena istraživanja 2009; 18(1/2): 129-51.
25. Hudek-Knezevic J, Krapic N, Kardum I. Burnout in dispositional context: The role of personality traits, social support and coping style. Rev Psychol 2006; 13(2): 65-73.
26. Kovács M, Kovács E, Hegedus K. Emotion work and burnout: Cross-sectional study of nurses and physicians in Hungary. Croat Med J 2010; 51(5): 432-42.
27. Ogresta J, Rusac S, Zorec L. Relation between burnout syndrome and job satisfaction among mental health workers. Croat Med J 2008; 49: 364-74.
28. Tatalović Vorkapić S, Mustapić J. I pomagači trebaju pomoć. Rizik 2008; 6(1): 6-7.
29. Tatalović Vorkapić S, Mustapić J. Internal and external factors in professional burnout of substance abuse counsellors in Croatia. Ann Ist Super Sanita 2012; 48(2): 189-97.
30. Costa PTJr, McCrae RR. The NEO personality inventory manual. Odessa, FL: Psychological Assessment Resources. 1985.
31. Pillay H, Goddard R, Wilss L. Well-being, burnout and competence: Implications for teachers. Aust J Teach Educ 2005; 30(2): 22-33.
32. Benet-Martínez V, John OP. Los Cinco Grandes across cultures and ethnic groups: Multitrait-multimethod analyses of the Big Five in Spanish and English. J Pers Soc Psychol 1998; 75(3): 729-50.
33. John OP, Srivastava S. The Big Five trait taxonomy: History, measurement, and theoretical perspectives. In: Handbook of personality: Theory and research. New York: Guilford Press, 1999, p. 102-38.
34. Kardum I, Hudek-Knežević J, Kola A. Odnos između osjećaja koherentnosti, dimenzija petofaktorskog modela ličnosti i subjektivnih zdravstvenih ishoda. Psihol Teme 2005; 14(2): 79-94.
35. Kardum I, Gračanin A, Hudek-Knežević J. Personality traits and religiosity as predictors of sociosexuality in women and men. Druš Istraž 2008; 17(3): 505-28.
36. Mihić SS, Galešev SS. Metrijske karakteristike upitnika predškolske inkluzije. Paediatr Croat 2017; 60(4): 146-52.
37. Skočić Mihić S. Spremnost odgajatelja i faktori podrške za uspješno uključivanje djece s teškoćama u rani i predškolski odgoj i obrazovanje. Zagreb: Edukacijsko-rehabilitacijski fakultet; 2011.
38. Feigin N, Reiter S, Talmor R. Factors relating to regular education teacher burnout in inclusive education. Eur J Spec Needs Educ 2005; 20(2): 215-29.
39. Tatalović Vorkapić S, Jelić Puhalo J. Povezanost osobina ličnosti, nade, optimizma i zadovoljstva životom odgojitelja predškolske djece. Napredak 2016; 157(1–2): 205-20.
40. Skočić Mihić S, Lončarić D, Kolombo M, Perger S, Nastić M, Trgovčić E. Samoprocijenjene kompetencije studenata učiteljskog studija za rad s djecom s posebnim odgojno-obrazovnim potrebama. Napredak 2014; 155(3): 303-22.
41. Beaudoin K, Skočić Mihić S, Lončarić D. Croatian preschool teachers' self-perceived competence in managing the challenging behaviour of children. CEPS J 2018; 8(2): 123-38.

Specifičnosti dijagnostike disocijativnih poremećaja kod djece i adolescenata

/ Specificity of Diagnosing Dissociative Disorders in Children and Adolescents

Dubravka Kocijan Hercigonja, Vesna Hercigonja Novković, Dina Koren, Suzana Jurač

Poliklinika Kocijan Hercigonja, Zagreb, Hrvatska

/ Clinic Kocijan Hercigonja, Zagreb, Croatia

Disocijativni poremećaji mogu se definirati kao raskol u obično cjelovitim funkcijama svijesti, pamćenju, identitetu i opažanju, dakle disocijativni poremećaj karakterizira prekid normalne integracije svijesti. Kada se govori o djeci i adolescentima, najčešći su konverzivni poremećaji kao i poremećaji identiteta koji uključuju značajan diskontinuitet doživljaja selfa uz promjene afekta i ponašanja što se najčešće opaža kao poremećaj pamćenja, koncentracije i privrženosti, što dovodi do značajnog oštećenja u socijalnom, radnom i drugim važnim područjima funkcioniranja. Uzroci se nalaze u traumatskim događajima zlostavljanja, ali i brojnim drugim traumatskim iskustvima, kao što su hospitalizacije, preseljenja, gubitak važnih osoba i sl. Neurobiološka istraživanja traumatizirane djece pokazuju abnormalnosti (funkcijske i strukturne) u razvoju limbičkog sustava, kao i kortikalne promjene. Van der Kolk u svojim istraživanjima navodi da povećana razina emocionalne pobuđenosti dovodi do promjena u hipokampusu koji je odgovoran za neadekvatno evaluiranje senzornih informacija. Važno je naglasiti da djeca normalno pokazuje fantaziju i maštanje u ponašanju što je teškoća u dijagnostičkom procesu u odnosu na patološku disocijaciju. Poseban su problem diferencijalna dijagnoza, kao i komorbidne bolesti.

/ Dissociative disorders can be defined as disruptions in the usually complete functions of consciousness, memory, identity and perception, therefore characterized by the disruption of normal consciousness integration. When talking about children and adolescents, the most common are conversion disorders as well as identity disorders, which include a significant discontinuity of self-experience with changes in affect and behaviour, most commonly observed as memory disorder, concentration and attachment disorder, leading to significant impairment in social, work and other important areas of functioning. Causes are found in traumatic events of abuse, but also in many other traumatic experiences, such as hospitalization, relocation, loss of important persons, etc. Neurobiological studies of traumatized children show abnormalities (functional and structural) in the development of the lymphatic system as well as cortical changes. In his research, Van der Kolk states that an increased level of emotional upheaval leads to changes in the hippocampus responsible for inadequate evaluation of sensory information. It is important to emphasize that children normally exhibit fantasy and imagination in behaviour, which presents difficulties in the diagnostic process in relation to pathological dissociation. A special problem is differential diagnosis, as well as comorbid diseases.

ADRESA ZA DOPISIVANJE / *CORRESPONDENCE*:

Prof. dr. sc. Dubravka Kocijan Hercigonja, dr. med.

Poliklinika Kocijan Hercigonja

Lipovečka 17, 10 000 Zagreb, Hrvatska

E-pošta: kocijanhercigonja@inet.hr

KLJUČNE RIJEČI / *KEYWORDS*:

Disocijativni poremećaji / *Dissociative disorders*

Psihopatologija / *Psychopathology*

Dijagnostika kod djece i adolescenata / *Diagnosing in Children and Adolescents*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.406

UVOD

Disocijacija je psihološki proces koji dopušta osobi da se kognitivno i/ili emocionalno brani od traumatskih iskustava. Ona nije samo patološka, već egzistira i u preživljajući kontinuum i uobičajeni je odgovor na traumu, kako je „protjerati iz svijesti". Termin je uveo Pierre Janet (1) opisavši ga kao fragmentiranje splitinga u kojem osoba, vremenom gubi osjećaj kohezivnosti. Prema DSM V (2) disocijativni poremećaj definira se kao raskol u obično cjelovitim funkcijama svijesti, pamćenja, identiteta i opažanja okoline, kao i percepcije tjelesne reprezentacije i kontrole ponašanja.Od 1980. koncept disocijativnih poremećaja dobio je novo značenje, kako s teorijskog, tako i s kliničkog stajališta, posebice u SAD-u, gdje se kao uzroci navode rane dječje traume.

PODJELA DISOCIJATIVNIH POREMEĆAJA

Prema DSM V (2) u disocijativne poremećaje ubraja se disocijativna amnezija, disocijativne fuge, disocijativni poremećaji identiteta, depersonalizacijski poremećaji i neodređeni disocijativni poremećaji. Važno je naglasiti utjecaj kulturoloških i religijskih stavova. Od navedenih oblika disocijacija najkompleksniji je disocijativni poremećaj identiteta, koji uključuje dva ili više identiteta koji naizmjenično preuzimaju nadzor nad ponašanjem osobe uz nesposobnost prisjećanja važnih osobnih podataka te se svako stanje ličnosti doživljava kao da ima vlastitu prošlost i sliku o sebi. Kod depersonalizacije osoba ima osjećaj odvojenosti ili otuđenosti kod vlastitog sebstva te se često doživljava kao promatrač vlastitih duševnih zbivanja,vlastitog tijela ili dijelova tijela. Kako su disocijativna stanja često vezana uz PTSP, prema Harveyu i Bryantu (3) predlaže se nova kategorija kod osoba koje imaju prolongirane i ponavljajuće traume – kompleksni PTSP.

INTRODUCTION

Dissociation is a psychological process that allows a person to cognitively and/or emotionally defend themselves from traumatic experiences. It is not only pathological but also exists in the surviving continuum and is a common response to trauma, as it is to the state of being "out of consciousness". The term was introduced by Pierre Janet (1), describing it as a fragmentation of a splitting in which a person, in time, loses a sense of cohesiveness. According to the DSM V (2), dissociative disorder is defined as a break in the usually complete functions of consciousness, memory, identity and perception of the environment as well as perception of body representation and behaviour control. Since 1980, the concept of dissociative disorders has gained new significance, both theoretically and clinically, especially in the United States, where early causes of childhood trauma are mentioned as causes.

CLASSIFICATION OF DISSOCIATIVE DISORDERS

According to DSM V (2), dissociative disorders include dissociative amnesia, dissociative fugue, dissociative disorder of identity, depersonalization disorder and undefined dissociative disorders. It is important to emphasize the influence of cultural and religious attitudes. Of the aforementioned forms of dissociation, the most complex is the dissociative disorder of identity, which includes two or more identities that alternately take over the behaviour of a person with an inability to recall important personal data, and each person's condition is perceived as having his own past and self-image. In the depersonalization of a person, there is a sense of separation or alienation in their own self and they are often seen as an observer of their own mental events, their own body or parts of the body. As dissociative states are of-

EPIDEMIOLOŠKA ISTRAŽIVANJA

Epidemiološka istraživanja disocijativnih poremećaja uglavnom se odnose na odraslu populaciju. Prema istraživanjima Johnsona (4) disocijativna amnezija u općoj populaciji javlja se u 2,6-7,3 %, depersonalizacija u 0,9-1,45 %, dok se u psihijatrijskoj populaciji nalaze 10- 12 % i posebice se povezuju s PTSP-om (5). Vrlo je mali broj istraživanja kod djece. Prema Rossu (6), disocijativni poremećaji kod djece i adolescenata u općoj populaciji javljaju se u 5–10 %. Disocijativni poremećaju ličnosti kod adolescenata u općoj populaciji javljaju se u 1 %, a u psihijatrijskoj populaciji u 5 %.

SPECIFIČNOSTI DJEČJIH I ADOLESCENTNIH DISOCIJATIVNIH STANJA

Najčešći oblici disocijativnih stanja kod djece i adolescenata su konverzivni poremećaji i poremećaji identiteta (7). Diskontinuitet doživljaja selfa i kontrole kod djece može se manifestirati u komunikaciji sa zamišljenim prijateljima ili funkcioniranju u mašti. Djeca mogu djelovati kao da je nešto izvan djeteta preuzelo kontrolu te se dijete počinje ponašati drugačije, što se pripisuje fantaziji ili igri, a razlikuje se po tome što djeca s disocijativnim poremećajem žive simultano s multiplim self statusom, ali koji su međusobno separirani, a kod adolescenta se često poistovjećuje s adolescentnim previranjem. Klinička slika kod djece se vrlo često javlja iznenada kao agresija, promijenjen odnos prema sebi i okruženju, dolazi do oscilacija raspoloženja, od agresivnog do pasivnog, što se najčešće opaža kao poremećaj pamćenja, koncentracije te dovodi do problema na socijalnom, radnom i drugim važnim područjima funkcioniranja (8). Opisana klinička slika vrlo često se dijagnosticira prema oblicima ponašanja, dakle prema dominantnoj simptomatologiji, najčešće prema MKB 10 kao F92, F 93 i F 94,

ten linked to PTSD, Harvey and Bryant (3) suggest a new category for people with prolonged and recurrent traumas - complex PTSD.

EPIDEMIOLOGY

Epidemiological studies of dissociative disorders are mainly related to the adult population. According to Johnson's research (4), dissociative amnesia makes up 2.6-7.3% of the general population, depersonalization is 0.9-1.45%, while in the psychiatric population there is 10-12% and such cases are particularly related to PTSD (5). There is very little research conducted on children. According to Ross, (6) dissociative disorders in children and adolescents in the general population make up 5-10%. Dissociative personality disorders make up 1% in adolescents in the general population and 5% in the psychiatric population.

SPECIFICITY OF DISSOCIATIVE STATES IN CHILDREN AND ADOLESCENTS

The most common forms of dissociative conditions in children and adolescents are conversion disorders and identity disorders (7). The discontinuity of self-experience and control can manifest itself in children in communication with imaginary friends or functioning in imagination. Children can act as if something outside them has taken control and they begin to behave differently, which is attributed to fantasy or play, and it is different because children with dissociative disorder live simultaneously with multiple selves which are interdependent, and in adolescents this is often identified as adolescent turmoil. The clinical picture of children frequently occurs as sudden aggression, a changed attitude toward oneself and the environment, mood swings from aggressive to passive, and is most often seen as a memory or

ali koje dijagnoze upućuju na simptome, ali ne i na genezu problema što je od bitnog značenja za terapijski proces.

Disocijacija se uobičajeno dijeli na normalnu disocijaciju ili slabu disocijaciju, kada je dijete zaokupljeno određenim sadržajem ili aktivnostima i ne reagira na podražaje okoline. Takvo dijete, npr., u školi, ne sluša učitelja ili nema kontrolu nad svojim ponašanjem te se često proglašava poremećajem pažnje ili ADHD poremećajem (9). Normalna disocijacija ne interferira s dječjim razvojem ili socijalno akademskom progresijom za razliku od patološke, koja dijete blokira te dijete djeluje kao da je u transu bez kontakta s okruženjem. Često takva djeca imaju osjećaj da ne osjećaju vlastito tijelo, što se često dijagnosticira kao depersonalizacija i derealizacija i vrlo često se javlja nakon, npr. raznih medicinskih intervencija. Ozbiljna ili teška disocijacija, kada se dijete potpuno separira od osjećaja, sjećanja na strašne misli, naziva se i disrupcija identiteta (10). Djetetove reakcije ovise o brojnim faktorima, posebno o stavu roditelja i vjerovanju koliko je svijet siguran.

POVEZANOST EMOCIONALNIH I NEUROLOŠKIH PROMJENA

Istraživanja brojnih autora (11-16) opisuju kako emocionalno okruženje i emocionalni utjecaji djeluju na hipokampus, koji je odgovoran za neadekvatno evaluiranje senzornih informacija.Prema Van der Kolku (17) traumatska iskustva pokreću procese u talamusu te šalju informacije u amigdala i orbitofrontalni korteks uz istovremeno aktiviranje hormonskih odgovora na stupanj stimulacije hipokampusa, što pod utjecajem stresa dovodi do promjena u hipotalamo pituitarno adrenalnoj osi, refleksija čega je češće smanjena nego povećana podražljivost. Sve veći broj istraživača povezuje problem obrasca privrženosti, traumu i disocijaciju (12,18).

concentration disorder leading to problems in social, working and other important areas of functioning (8). The clinical picture described here is very often diagnosed according to behavioural patterns, i.e. dominant symptomatology, most often according to MKB 10 as F 92, F 93 and F 94, which tell us about the symptoms and not the genesis of the problem, which is essential to the therapeutic process.

Dissociation is commonly divided into normal dissociation or poor dissociation when a child is embedded in a certain content or activity and does not respond to the stimuli of the environment. For example, such a child does not listen to teachers at school or has no control over his behaviour and is often diagnosed with attention disorder or ADHD disorder (9). Normal dissociation does not interfere with a child's development or social academic progression, as opposed to the pathology that the child blocks, acting as if in a trance and without contact with the environment. Such children often have the impression that they do not feel their own body, which is frequently diagnosed as depersonalization and derealization and very often occurs after various medical interventions. Serious dissociation or hardship, when the child is completely separated from feeling or remembering horrible thoughts, is also called disruption of identity (10). The child's reaction depends on a number of factors, especially the attitude of his or her parents and the belief that the world is safe.

RELATIONSHIP BETWEEN EMOTIONAL AND NEUROBIOLOGICAL CHANGES

Research by numerous authors (11-16) describes how the emotional environment and emotional influences affect the hippocampus, which is responsible for inadequate evaluation of sensory information. According to Van der Kolk (17), traumatic experiences trigger pro-

Pitanje koje se postavlja je odnos emocionalnih problema i traume te sekundarno dolazi do organskih promjena na mozgu ili su primarno promjene na mozgu dovele do problema u funkcioniranju, kako ponašajnom tako i emocionalnom (19,20).

DIFERENCIJALNA DIJAGNOSTIKA

Pitanje koje se postavlja je kako postaviti dijagnozu s obzirom na kompleksnost utjecaja traume te kako prepoznati krije li se ispod iste ili slične simptomatologije psihička bolest - poremećaj ili se radi o disocijativnom stanju ili i o komorbiditetu. Kao najčešći problemi u odnosu na diferencijalnu dijagnozu postavljaju se pitanja shizofrenije, akutnih psihotičnih poremećaja, bipolarnih poremećaja, graničnih poremećaja osobnosti,uzimanje sredstava ovisnosti, temporalna epilepsija, ADHD i drugi. Iako velik broj istraživanja (21) ukazuje u odnosu na shizofreniju da je jedan od dominantnih faktora procjena afekta, procjena realiteta i halucinatorna doživljavanja, poznato je da trauma koja je uzrok disocijativnim stanjima može uzrokovati afektivnu udaljenost kao mehanizam obrane. Vrlo često se spominju shizodisocijativni poremećaji. Kada se govori o akutnoj disocijativnoj psihozi, postavljanje dijagnoze je jednostavije, jer se javlja nakon stresne situacije, kratkog je trajanja i neposredan je odgovor na stres uz, kasnije, često razvoj PTSP-a. Velik broj istraživanja odnosi se na depresije, odnosno povezanost depresije i traume te depresije kao samostalnog poremećaja. Kao jedan od kriterija za razlikovanje navodi se distimični poremećaj prije pojave depresivnih simptoma. Postoje i brojne dileme vezane uz ovisnosti, granične poremećaje ličnosti (22), kao i ADHD.

U procesu dijagnostike važno je znati što nije disocijacija. Disocijacije nisu razvojni poremećaji (23), kao ni psihotični poremećaji, ali da bi se na to moglo odgovoriti, kao i kada se radi o komorbidnim poremećajima, važno je dobro

cesses in the thalamus and transmit information to the amygdala and the orbital frontal cortex while simultaneously activating hormonal responses to the degree of stimulation of the hippocampus, which, under the influence of stress, leads to changes in the hypothalamus pituitary adrenal axis, the result of which is more frequently reduced than increased susceptibility. An increasing number of researchers link the problem of attachment, trauma and dissociation (12,18).

There is the question of the relationship between emotional problems and trauma, and secondary organic changes in the brain and primary brain changes have led to problems in both behavioural and emotional functioning (19,20).

DIFFERENTIAL DIAGNOSIS

The question that arises is how to set up a diagnosis with regard to the complexity of the trauma's influence and how to identify it if a symptomatology or a similar symptomatology is a disorder, a dissociative condition or a comorbidity. The most common problems related to differential diagnosis are questions of schizophrenia, acute psychotic disorders, bipolar disorders, borderline personality disorders, addiction, temporal epilepsy, ADHD and others. Although a large amount of research (21) point to schizophrenia as one of the dominant factors in the estimation of the affect, the estimation of reality and the hallucinatory perception, it is known that trauma caused by dissociative states can cause an affective distance as a defence mechanism. Schizodissociative disorders are frequently mentioned. When it comes to acute dissociative psychosis, the diagnosis is simple because it occurs after a stressful situation, which is of a short duration and is a direct response to stress, and later often develops into PTSD. A large number of studies relate to depression, associated depression and trauma

poznavanje normalnog razvoja djeteta, specifičnosti svake faze, kao i povezanosti s utjecajima okruženja i refleksije razvoja, kako na kognitivni, tako i na emocionalni razvoj (24,25). S naglaskom da svaka razvojna faza ima svoje specifičnosti, trauma u ovisnosti o fazi razvoja uključuje različite dijelove mozga. S obzirom na specifičnosti, neophodan je multidisciplinski pristup, kako u procesu dijagnostike, tako i terapije (26).

ZAKLJUČAK

Disocijativni poremećaji svojom specifičnošću čine poseban problem kod djece i adolescenata, kako s dijagnostičkog, tako i s etiološkog i terapijskog stajališta te zahtijevaju dobro poznavanje faze razvoja, promjene koje traumatska iskustva izazivaju u svakoj fazi razvoja, refleksije promjena na funkcioniranje mozga te na emocionalni, kognitivni i ponašajni razvoj. Potrebno je dobro poznavanje terapijskih pristupa, što zahtijeva, uz navedeno, i multidisciplinski pristup.

and depression as an independent disorder. As one of the criteria for differentiation, there is a distal disorder before the appearance of depressive symptoms. There are also numerous dilemmas related to addiction, border personality disorders (22), as well as ADHD.

In the process of diagnosis, it is important to know what dissociation is not. Dissociations are not developmental disorders (23) nor psychotic disorders, but in order to respond to this, as in the case of comorbid disorders, it is important to know the normal development of the child, the specificity of each stage as well as the correlation with the effects of the environmental reflexes of the same, both cognitive and emotional development (24,25). With the emphasis that each stage of development has its specifics, the trauma dependent on the development phase includes different parts of the brain. In terms of specificity, a multidisciplinary approach, both in the process of diagnostics and therapy (26), is indispensable.

CONCLUSION

Dissociative disorders with their specificity pose a particular problem for children and adolescents, which is diagnostic as well as aetiological and therapeutic, and requires a good understanding of the developmental phase, the changes that traumatic experiences cause at each stage of development, their effect on brain functioning and emotional, cognitive and behavioural development. They require a good understanding of therapeutic approaches, which, in addition, requires a multidisciplinary approach.

LITERATURA/ *REFERENCES*

1. Janet P. The dissociation theory of Pierre Janet. J Trauma Stress 1989; 2/4/: 497-12.
2. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlinghton, VA: American Psycitric Association, 2013.
3. Harvey AG., Bryant RA. The relationship between acute stress disorder and postraumatic stress disorder: A prospective evaluation of motor vehicle accident survivors. J Consult Clin Psychol 1998; 66: 507-12.
4. Johnson JG, Comelp S., Brook JS. Dissociative disorders among adults in the community impaired functioning and axis I and II comorbidity. J. Psychiatry Res 2006; 40(2): 131-40.
5. Hart C. Held in mind out of awarness perscectives on the continuum of dissociated experience culminating in dissociative identity disorder in children. J Child Psychother 2013; 39(3): 303-18.
6. Ross CA. Epidemiology of Dissociation in Children and Adolescents: Extrapolations and Speculations. Child Adolesc Psych Clin North Am 1996; 5: 273-84.
7. Forrest KS. Toward an etiology of dissociative identity disorder. A neurodevelopmental approach. Consious Cogn 2001; 10: 259-93.
8. Buljan Flander G., Kocijan Hercigonja D. Zlostavljanje i zanemarivanje djece Zagreb: Marko M d.d., 2003.
9. Pynoos RS, Stienberg AH, Ornitz AM, Coenian AKL. Issues on the developmental neurobiology on traumatic stress. Ann New York Acad Sci 2007; 821: 176-93.
10. Vedat S, Erdine O. Dissociative identity disorder: diagnosis, comorbidity, differential diagnosis and treatment. Res Int 2011; Article ID.
11. Van Derilolk BA, Pelocvitz D, Roth S, Mandal FS, McFarlane A, Herman JL. Dissociation, somatization and affect dysregulation: the complexity of adaptation to trauma. Am J Psychiatry 1966; suppl 153: 83-93.
12. Vermetten E, SchmahI C, Lindner S, Loevenstein RJ, Brensner JD. Hipocampal and amygdalar volumes in dissociative identity disorder. Am J Psychiatry 2006; 163: 630-6.
13. Boričević Maršanić V, Karapetrić Bolfan Lj, Buljan Flander G, Grgić V. Mentalization in children and adolescents and treatment based on mentalization for adolescents. Soc psihijat 2017; 45: 43-56.
14. Fonagy P, Target M. Attachment trauma and psychoanalysis-where psychoanalysis meets neuroscience.U: Jurist EL, Slade A, Bergner Seds Mind to mind, infant research, neuroscience and psychoanalysis. New York: other press, 2008.
15. Kocijan Hercigonja D, Hercigonja Novković V. U: Hrabar D. Prava djece – multidisciplinarni pristup: specifičnosti psihotraume kod djece. Zagreb: Pravni fakultet Sveučilišta u Zagrebu, 2016, 327-51.
16. Achenbach TH, Rescorla LA, Ivanova MY. International epidemiology of child and adolescent. Psychopathology: diagnosis dimension and conceptual issues. J Am Acad Child Adolesc Psychoatry 2012; 51: 1261-72.
17. Phillips ML, Medford N, Senior C, Bukhore ET, Suckling J, Brammel MJ i sur. Depersonalization disorder thinking without feeling. Psychiatry Res Neuroimag Sect 2001; L108:145-60.
18. Van der Kolk BA, Meearline AC, Weisacth L. Trauma and memory in traumatic stress The effect of overwhelming experience on mind body and society. New York: Guildford Press, 2009.
19. Siegel DJ. Mentalni uvid. Zagreb: Algoritam, 2017.
20. Smeck K, Schluter-Muller S. Early detection and intervention for bordeline personality disorder in adolescence. Soc psihijat 2017; 45: 30-5.
21. Miller GA, Keller J. Psychology and neuroscience making piece. Curr Direct Psychol Sci 2000; 9: 212-15.
22. Kocijan Hercigonja D, Hercigonja Novković V, Flander M. Mijenja li se psihopatologija kod djece i mladih. Soc psihijat 2017; 45: 16-21.
23. Meiser-Stedman R, Dalgleish T, Smith P, Bryant B, Eghlers A, Mayou RA i sur. Dissociative symptoms and acute stress disorder diagnosis in children and adolescents. A replication of the Harvey and Bryant/1000/ study. J Trauma Stress 2007; 20: 359- 64.
24. Diseth TH, Christie HJ. Trauma related dissociative/conversion disorders in children and adolescents - an overview of assessment tools and treatment principles. Nord J Psychiatry 2005; 589: 278-92.
25. Diseth TH. Dissociation in children and adolescents as reaction to trauma-An overview of conceptual issues and neurobiological factors. Nord J Psychiatry 2005; 59: 79-91.
26. Putnam FW. Dissociative disorders on children: behavioral profiles and problems. Child Abuse Negl 1993; 17: 39-45.

Prednosti korištenja terapijskih pasa u terapiji i dijagnostici kod pacijenata s psihosocijalnim zdravstvenim teškoćama

/ Benefits of Therapy Dogs in Therapy and Diagnostics of Patients with Psychosocial and Health Difficulties

Gordana Buljan Flander[1], Domagoj Štimac[1], Renata Fridrih[1], Ana Raguž[1], Iva Kuculo[1], Romana Galić[2]

[1]Poliklinika za zaštitu djece i mladih Grada Zagreba, Zagreb, Hrvatska, [2]Gradski ured za socijalnu zaštitu i osobe s invaliditetom, Zagreb, Hrvatska

[1]*Child and Youth Protection Center of Zagreb, Zagreb, Croatia,* [2]*City of Zagreb Office of Social Protection and Persons with Disabilities, Zagreb, Croatia*

Iako je korištenje pasa u terapijske svrhe u mnogim ustanovama već prihvaćena praksa, sustavna istraživanja ove teme su relativno noviji fenomen. U zadnjih petnaestak godina došlo je do povećanog interesa za validacijom ove prakse pa tako i do porasta broja istraživanja koja se bave tom temom. U ovom radu pokušali smo dati pregled istraživanja koja se bave prednostima korištenja terapijskih pasa u terapiji i dijagnostici, pogotovo u terapijskom radu s djecom, te smo predstavili neke teorijske okvire kao i biološku podlogu, u prvom redu utjecaj oksitocina, koji bi mogli objasniti te učinke.

***/** Even though the use of dogs in therapy is already an accepted practice in many institutions, systematic research on this topic is a relatively recent phenomenon. Over the last fifteen years there has been an increased interest in validating this practice, as well as an increase in the number of studies about this topic. In this paper we have attempted to give an overview of the research into the benefits of using therapy dogs in therapy and diagnostics, especially in therapeutic work with children, and we have presented some theoretical frameworks and biological background, mainly the effect of oxytocin, that could explain these effects.*

ADRESA ZA DOPISIVANJE / *CORRESPONDENCE*:
Prof. dr. sc. Gordana Buljan Flander
Poliklinika za zaštitu djece i mladih Grada Zagreba,
Đorđićeva 26
10 000 Zagreb, Hrvatska
E-pošta: gordana.flander@poliklinika-djeca.hr

KLJUČNE RIJEČI / *KEYWORDS*:
Terapijski psi / *Therapy dogs*
Terapija uz pomoć životinja / *Animal assisted therapy*
oksitocin / *oxytocin*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.413

UVOD

Terapija uz pomoć životinja (engl. *animal assissted therapy* - AAT) odnosi se na inkorporaciju trenirane terapijske životinje u terapijsku intervenciju.Potrebno je razlikovati terapijske životinje od životinja pomagača. Životinje pomagači su posebno trenirane za pomoć osobama sa specifičnim teškoćama (npr. psi vodiči za slijepe i slabovidne osobe, psi pomagači za autizam...) te žive s tim osobama i pomažu im u svakodnevnom životu. Terapijske životinje koristi stručna osoba (npr. psiholog ili psihijatar) osposobljena za rad sa životinjama posebno treniranima za ovu svrhu u okviru svoje prakse, pri čemu terapijske životinje nisu zamjena za terapiju već njen dodatak (1,2). Jedna od prednosti ove vrste terapije je to da ima jedinstvene karakteristike koje olakšavaju dostizanje terapijskih ciljeva, pogotovo u radu s djecom. Terapijske životinje mogu poslužiti kao „most" između djeteta i terapeuta, olakšavajući uspostavljanje kontakta i socijalne interakcije, one pružaju djetetu osjećaj sigurnosti u terapijskom okruženju i ohrabruju spontano ponašanje i komunikaciju. Djeca su često otvorenija u kontaktu s terapijskim životinjama jer nemaju osjećaj da ih one osuđuju, a kontakt s terapijskim životinjama može dovesti i do povećanja samopouzdanja i empatije kod djeteta (3).

Terapija uz pomoć životinja može također dovesti do drugih brojnih pozitivnih ishoda za dobrobit djeteta, uključujući smanjeni osjećaj usamljenosti, osjećaj povećane tjelesne i psihičke dobrobiti, smanjenu potrebu za lijekovima, poboljšanu kvalitetu života, poboljšano fiziološko funkcioniranje, smanjenje stresa i anksioznosti te pojačanu motivaciju (4). Kod hospitalizirane djece, djeca koja su sudjelovala u terapiji sa psima imala su više procjene raspoloženja od strane roditelja te su pokazivala veći pozitivni afekt od djece koja su sudjelovala u terapiji igrom (5).

Različita istraživanja su pokazala da terapijski psi uspješno dovode do smanjenja stresa i

INTRODUCTION

Animal assisted therapy (AAT) is a therapeutic intervention which incorporates trained therapy animals. Assistance animals are specially trained to help people with special needs (e.g. the blind, the autistic, etc.) by living with these people and assisting them in their everyday life. Therapy animals are used by a professional (e.g. a psychologist or a psychiatrist) educated to conduct their practice using trained animals. Therapy animals are not a therapy replacement, but an addition (1,2). One of the benefits of this kind of therapy is that it has unique characteristics which facilitate reaching therapy goals, especially when working with children. Therapy animals can be used as a "bridge" between the child and the therapist, facilitating contact and social interaction. These animals provide the child with a feeling of safety in the therapeutic environment and encourage spontaneous behaviours and communication. Children are often more open with therapy animals because they do not feel these animals are judgemental. Contact with therapy animals can lead to increased self-confidence and empathy in the child (3).

Animal-assisted therapy can also lead to many other positive outcomes benefiting the child, including a reduced feeling of loneliness, a feeling of increased physical and psychological welfare, a decreased need for medication, an improved quality of life and physiological functioning. It can reduce stress and anxiety and increase motivation (4). Parents rated their hospitalised children who participated in dog-assisted therapy as having been in a better mood and these children showed a higher positive affectivity than children who participated in play therapy (5).

Various studies have shown that therapy dogs successfully led to reducing stress and anxiety in children in the context of a hospital (6), a medical check-up (7) and a school (8). Apart

anksioznosti kod djece u različitim situacijama kao što su bolnice (6), sistematski pregledi (7) i škola (8). Osim smanjenja stresa i anksioznosti, prisustvo psa u terapiji dovodi do povećane socijalne interakcije u različitim kontekstima (na primjer, prema životinjama, drugim pacijentima, terapeutu, obitelji, susjedima itd.) i uključuje različite vrste ponašanja kao što su razgovori, usmjeravanje na ljude, dodiri i različite aktivnosti, što je posebno korisno kod populacija koje inače imaju siromašnije socijalne kapacitete kao što su stariji ljudi s Alzheimerovom bolesti ili shizofrenijom ili djeca s Downovim sindromom ili autizmom (1, 9).

Prothmann, Bienert i Ettrich (10) su pokazali da djeca i adolescenti koji su uz psihoterapiju bili uključeni i u terapiju uz pomoć životinje (terapijskog psa) postižu značajno više rezultate na ljestvicama vitalnosti, unutarnje emocionalne ravnoteže, socijalne ekstraverzije i budnosti. Autori su zaključili da psi stvaraju okruženje topline, prihvaćanja, sigurnosti i empatije koja pogoduje učinkovitijem tretmanu za mlade. Pri tome se čini da uključivanje terapijskog psa u psihoterapijski rad s djecom i adolescentima olakšava djelovanje terapijskih mehanizama i ubrzava njihov oporavak.

Kako je poznato da prisustvo životinje utječe na percepciju okoline kao sigurne te istovremeno facilitira razgovor, korištenje pasa u terapiji je pogotovo korisno kod populacija klijenata koje ne dolaze redovito ili odustaju od terapija. Istraživanja su pokazala da prisustvo psa u grupnim terapijama smanjuje odustajanje od terapije i povećava razinu sudjelovanja kod članova grupe. (11).

Trauma i zlostavljanje

Terapijski psi su se pokazali posebno uspješnima kada su korišteni u grupnim tretmanima seksualno zlostavljane djece. Djeca u grupama s terapijskim psima pokazala su značajno smanjenje simptoma traume kao što su anksi-

from stress and anxiety reduction, the presence of therapy dogs leads to increased social interaction in various contexts (e.g. towards animals, other patients, their therapist, family, neighbours, etc.) and it includes various types of behaviours like verbally interacting with others, focusing on other people, touching them and other activities especially useful for populations with poorer social capacities, like the elderly suffering from Alzheimer disease or schizophrenia, or children with Down syndrome or autism (1,9).

Prothmann, Bienert and Ettrich (10) showed that children and adolescents who, besides psychotherapy, were also included in animal-assisted therapy (therapy dogs) achieved significantly better results on the scales of vitality, internal emotional balance, social extraversion and vigilance. The authors concluded that dogs created an atmosphere of warmth, acceptance, safety and empathy, which contributed to a more effective treatment of the youth. It seems that incorporating therapy dogs in psychotherapy of children and adolescents facilitates the therapeutic mechanisms of action and accelerates patient recovery.

While it is widely recognized that the presence of animals affects the perception of the environment as safe and at the same time facilitates interaction, incorporating dogs into psychotherapy is especially useful for patients who do not come regularly or who withdraw; studies have shown that the presence of a dog in group therapy reduces withdrawals and increases the level of group members' participation (11).

Trauma and abuse

Therapy dogs have proved to be especially useful in group treatments of sexually abused children. Children in groups with therapy dogs showed a significant reduction of trauma symptoms like anxiety, depression, anger, post-traumatic stress disorder, dissociation

oznost, depresija, ljutnja, post-traumatski stresni poremećaj, disocijacija i brige oko seksualnosti. Takvi su učinci bili najizraženiji u grupi u kojoj su terapijski psi bili intenzivnije uključeni u samu terapiju, to jest, gdje su se čitale priče napisane iz perspektive pasa koje su bile povezane s temama terapije (12).

Slični rezultati dobiveni su i u istraživanju s adolescenticama koje su bile izložene traumatskom događaju (fizičkom ili seksualnom nasilju). Adolescentice koje su sudjelovale u grupnoj terapiji koja je uključivala terapijskog psa pokazale su ubrzano smanjenje simptoma PTSP-a, te je došlo do značajnog smanjenja broja sudionica u grupi s povećanim rizikom za razvoj PTSP-a. Također, iako su adolescentice na početku tretmana pokazivale nižu razinu subjektivne dobrobiti, više depresivnih simptoma i više simptoma PTSP-a od kontrolne grupe adolescentica bez traumatskog iskustva, te razlike su do kraja intervencije postale neznačajne (13).

Osim u samoj terapiji djece s traumatskim iskustvima, prisustvo psa smanjuje stres kod djece za vrijeme provođenja forenzičkog intervjua. Djeca koja su sudjelovala u forenzičkom intervju-u zbog sumnje na seksualno zlostavljanje uz prisustvo psa imala su slabije izražene indikatore stresa (imunoglobin A i alfa amilaza u slini te brzina otkucaja srca) od djece koja su sudjelovala u intervjuu bez prisustva psa, a taj se učinak pokazao najvećim kod starije djece i kod dužeg trajanja intervjua (14).

Biološka podloga

U pregledu 69 istraživanja o interakcijama ljudi i pasa, uključujući interakcije s psima kućnim ljubimcima, intervencijama koje uključuju terapijske pse te interakcije s psima u laboratorijskim uvjetima, Beetz, Uvnäs-Moberg, Julius i Kotrschal(15) su utvrdili da interakcija ljudi s psima dovodi do brojnih dobro dokazanih pozitivnih ishoda kao što su: poboljšanje socijalne pažnje, ponašanja, interpersonalne interakcije i

and concerns about sexuality. Such effects were most pronounced in the group with therapy dogs incorporated more extensively into therapy, i.e. where stories written from the dogs' perspectives and related to the topics of therapy were read (12).

Similar results were obtained in the study of adolescents having been exposed to traumatic events (physical or sexual abuse). Female adolescents participating in group therapy incorporating a therapy dog showed faster reduction of PTSD symptoms, leading to a significant reduction in the number of participants in the group with an increased risk of developing PTSD. Adolescents showed a lower level of subjective welfare at the beginning, presenting with more depression and PTSD symptoms than adolescents in the control group who had not been exposed to traumatic events, but these differences became insignificant towards the end of the intervention (13).

The presence of a dog reduces stress in children not only in therapy of those exposed to traumatic experiences, but also during a forensic interview. Children who were forensically interviewed due to suspected sexual abuse showed lower stress indicators (immunoglobin A and alpha amylase in saliva and heart rate) during the forensic interview. This effect was more significantly expressed in older children and longer interviews (14).

Physiological basis

In their review of 69 studies about interactions between humans and dogs, including interactions with pet dogs, interventions incorporating therapy dogs and interactions with dogs in laboratory environments, Beetz, Uvnäs-Moberg, Julius and Kotrschal (15) found that interactions between humans and dogs led to many well-proven beneficial outcomes such as an improvement of social attention, behaviour, interpersonal interactions and mood, lowered

raspoloženja, sniženje pokazatelja stresa (npr. kortizola, otkucaja srca i krvnog tlaka), smanjenje straha i anksioznosti, poboljšanje mentalnog i fizičkog, te naročito kardiovaskularnog zdravlja. Također, postoji manji broj istraživanja koja pokazuju i utjecaj na poboljšanje rada imunološkog sustava, bolje podnošenje boli, povećanje povjerenja prema drugim osobama, smanjenje agresije, povećanje empatije i poboljšano učenje.Većina ovih učinaka mogla bi biti objašnjena utjecajem hormona oksitocina koji se stvara u hipotalamusu i oslobađa u krvožilni sustav i mozak kao odgovor na senzornu simulaciju kao što su, na primjer, dojenje i spolni odnos, ali i dodir, toplina i milovanje, pogotovo u kontekstu bliskog odnosa. Eksperimentalnom primjenom dokazano je da oksitocin modulira brojne fiziološke, psihološke i bihevioralne funkcije kod ljudi i životinja.

Oksitocin snažno utječe na stimulaciju socijalne interakcije te povećava kontakt očima, empatiju, povjerenje, socijalne vještine, pozitivnu percepciju sebe, velikodušnost, smanjuje depresiju, potiče majčinsko ponašanje i povezivanje s potomcima. Oksitocin također ima protustresno djelovanje, pri čemu smanjuje razinu glukosteroida (hormona stresa) kod ljudi i životinja, pogotovo kao odgovor na socijalne stresore, te povećava prag boli i ima anksiolitički učinak, pogotovo kao odgovor na socijalne prijetnje.

Istraživanja su pokazala da interakcija ljudi i pasa dovodi do povećanja razine oksitocina kod oboje, pri čemu se čini da fizički kontakt i povezanost sa psom igraju bitnu ulogu. Na primjer, Odendaal i Meintjes (16) su utvrdili da nakon 5 do 24 minute milovanja psa dolazi do značajnog rasta razine oksitocina, kao i prolaktina, feniloctene kiseline i dopamina, i kod ljudi i kod pasa, dok se razina kortizola smanjila. Handlin i suradnici (17) su pokazali da čak samo 3 minute milovanja i pričanja sa psom u laboratorijskim uvjetima dovodi do značajnog rasta razine oksitocina u krvi kod oboje.

stress indicators (e.g. cortisol, heart rate and blood pressure), less fear and anxiety, improvements in mental and physical, especially cardiovascular, health. There are also some studies which show improved functioning of the immune system, a better tolerance of pain, an increased trust in other people, reduced aggression, increased empathy and better learning. Most of these effects can be explained as the influence of oxytocin, a hormone produced in the hypothalamus and released into the vascular system and the brain as a response to sensory stimulation such as breast-feeding or sexual intercourse as well as touching, warmth and caresses, especially in the context of a close relationship. Experimental application proved that oxytocin modulates many physiological, psychological and behavioural functions in humans and animals.

Oxytocin strongly affects the stimulation of social interactions and increases eye-contact, empathy, trust, social skill, the positive perception of oneself, generosity, and it also reduces depression and encourages maternal behaviours and bonding with the offspring. Moreover, it has an anti-stress effect, reducing the level of glucosteroid (a stress hormone) in humans and animals, especially in cases of social stressors; it increases the threshold of pain and has an anxiolytic influence, especially on social threats.

Studies show that interaction between humans and dogs leads to increased levels of oxytocin in both, with physical contact and the relationship with a dog playing an important role. For example, Odendaal and Meintjes (16) found that after 5 to 24 minutes of stroking a dog, the level of oxytocin as well as prolactin, phenylacetic acid and dopamine increased in both humans and dogs, while the level of cortisole decreased. Handlin et al. (17) showed that even three minutes of stroking and talking to a dog in a laboratory environment led to a significant increase of oxytocin in both humans and dogs.

TEORIJSKI OKVIR

Postoji nekoliko teorija koje mogu objasniti pozitivne učinke koje interakcija sa životinjama ima na ljude. Jedna od njih je teorija privrženosti prema kojoj odnosi utječu na emocionalnu dobrobit; istraživanja su potvrdila da ljudi mogu formirati sigurno privrženi odnos s terapijskom životinjom što stvara radne modele koji su pozitivni i optimistični i tako doprinosi samopouzdanju, dobrim strategijama emocionalne regulacije, psihosocijalnom funkcioniranju i povoljnom mentalnom zdravlju (18,19). Model nošenja sa stresom gleda na životinje kao na izvor socijalne podrške te kao takve one dovode do bolje adaptacije na stresore (20).

Prema teoriji biofilije ljudi imaju urođenu želju za povezanost s prirodom te su evolucijski predisponirani da obraćaju pozornost na životinjski svijet. Biofilija ne pretpostavlja ljubav prema životinjama već urođeni interes za druga živa bića kao nositelje informacije je li okolina u kojoj se nalazimo sigurna ili nije. Postoje dokazi da mirne, prijateljski nastrojene životinje imaju smirujuće učinke na ljudsko raspoloženje, dok kod agresivnih i nervoznih životinja dolazi do suprotnog učinka. Ovo ima dvije implikacije za terapiju uz pomoć životinje. Prva je da će djeca obraćati više pozornosti na životinju nego što bi na nekakvu igračku ili lutku. Druga je da će mirna i prijateljski nastrojena životinja prenijeti djetetu poruku da se nalazi na sigurnom mjestu. Obje implikacije su dobro potvrđene u istraživanjima (21,22).

TERAPIJSKI PSI U DIJAGNOSTICI

Istraživanja koja se bave korištenjem pasa u dijagnostici bolesti kod ljudi porasla su u popularnosti u zadnjih nekoliko desetljeća. Iako se radi o relativno novom području, rezultati su pokazali da je pse moguće uspješno istrenirati da detektiraju prisutnost melanoma, raka

THEORETICAL FRAMEWORK

There are several theories explaining the positive effects of interactions with animals on humans. One of them is the attachment theory, according to which relationships affect emotional welfare; studies have proven that people can develop a secure attachment with a therapy animal, creating positive and optimistic working models, thus contributing to self-confidence, good emotional regulation strategies, psychosocial functioning and mental health (18,19). The stress-coping model sees animals as a source of social support, which leads to a better adjustment to stressors (20).

According to the theory of biophilia, humans have an inborn wish to relate to nature and they are evolutionarily predisposed to pay attention to the world of animals. Biophilia does not mean love for animals but an innate interest for other living creatures as bearers of information, whether our environment is safe or not. There is proof that animals with a calm and friendly disposition have a calming effect on human moods, while aggressive and nervous animals have the opposite effect. This has two implications in animal-assisted therapy. The first is that children will pay more attention to an animal than to a toy or a doll. The second is that a calm and friendly animal will convey a message that the child is in a safe place. Both implications have been proven by research (21,22).

THERAPY DOGS IN DIAGNOSTICS

Studies dealing with incorporating dogs in diagnosing diseases in humans have gained in popularity in the past decades. Despite the fact that this is a relatively new area of research, results have shown that dogs can be successfully trained to detect the presence of melanoma, prostate cancer, breast cancer, ovarian cancer, lung cancer and hypoglycaemia in humans (23,24) with similar or even higher precision

prostate, dojke, jajnika i pluća i hipoglikemije kod ljudi (23,24) sa sličnom ili čak većom preciznosti od standardnih dijagnostičkih metoda (25). Osim u dijagnostici same bolesti, psi se mogu istrenirati da uoče i upozore vlasnika na napadaje i naglo pogoršanje simptoma. U istraživanju s osobama koje pate od migrene, više od polovice ih je izjavilo da ih njihov pas ljubimac promjenom svog ponašanja upozori na nadolazeću migrenu oko dva sata prije početka prvih simptoma (26). Veliki porast istraživanja koja se bave psima sposobnim da detektiraju i upozore svog vlasnika na nadolazeći epileptični napadaj 15 do 45 minuta prije samog napadaja dokazala su uspješnost pasa u ovoj vrsti detekcije kao i veliki porast u kvaliteti života kod vlasnika tih pasa (27, 28).

Poznato je da psi koriste osjetila njuha i vida kako bi detektirali tjelesnu bolest ili nadolazeći napadaj kod vlasnika. Iako su istraživanja koja se bave korištenjem pasa u detekciji psihičkih poremećaja u samom začetku, nema razloga za vjerovati da te iste sposobnosti ne bismo mogli koristiti i kod detekcije psihičkih stanja vlasnika. Tako, na primjer, psi mogu namirisati „strah“ (to jest, kemikalije proizvedene u tijelu pod emocionalnim uvjetima straha) u znoju ljudi na što reagiraju stresnim ponašanjem kao i povišenim fiziološkim indikatorima stresa kao što je brzina otkucaja srca (29). Psi također reagiraju na ljutite izraze lica kod ljudi stresnim ponašanjem (lizanjem njuške) (30) te pokušavaju utješiti i vlasnike i nepoznate osobe koje se pretvaraju da plaču (31). Ova ponašanja mogu se objasniti fenomenom „emocionalne zaraze“ koja se može definirati kao automatsko i nesvjesno podudaranje emocionalnog stanja između dva individuuma (32). Različita istraživanja su potvrdila da su psi iznimno osjetljivi na promjene raspoloženja kod ljudi te da u skladu s time mijenjaju svoja ponašanja (npr. 33,34). Ovi podaci jasno ukazuju da bi bilo moguće i korisno koristiti pse za detekciju emocionalnog stanja kod ljudi.

than that achieved by standard diagnostic methods (25). Apart for diagnostics, dogs can also be trained to recognise and warn their owners of the onset of seizures and a sudden deterioration of symptoms. In a study of people suffering from migraine, more than half of the participants stated that their pet dog warned them by changing its behaviour about two hours before the first signs of a migraine attack (26). A big increase in studies dealing with dogs capable of detecting and warning their owners about emerging seizures 15 to 45 minutes before the onset proved that dogs were successful in that kind of detection as well as in increasing the quality of life of their owners (27,28).

It is well-known that dogs use their senses of smell and sight in order to detect physical disease or an emerging attack in their owners. Although studies dealing with utilising dogs in detecting mental disorders are at its beginnings, there are reasons to believe that they could use their abilities in detecting psychological conditions of their owners. For instance, they can smell ‘fear’ (i.e. chemicals produced in our bodies when we are in fear) in the sweat of humans, to which they respond with stress behaviours as well as with elevated physiological indicators of stress, like heart rate (29). Dogs also respond to angry facial expressions in people with stress behaviours (licking their noses) (30) and they try to soothe their owners and unknown persons who pretend to be crying (31). These behaviours can be explained as the ‘emotional infection’ phenomenon defined as automatic and unconscious adjustment of emotional conditions between two individuals (32). Studies have confirmed that dogs are extremely sensitive to mood changes in humans and that they change their behaviours accordingly (e.g. 33,34). These data clearly indicate that it would be possible and useful to use dogs in detecting emotional conditions in humans.

Psychiatrists Gordon Parker and Rebecca Graham (35) asked their patients with mood disor-

Psihijatri Gordon Parker i Rebecca Graham (35) su tijekom godine dana ispitivali svoje pacijente s poremećajima raspoloženja o ponašanju njihovih pasa, te su ustanovili da većina pacijenata opisuje da kada se osjećaju depresivno njihov pas dodatno traži njihovu blizinu, inicira maženje ili čak leži na njima. Psi pacijenata s bipolarnim poremećajem također pokazuju takvo ponašanje kada su im vlasnici u depresivnoj fazi, dok u hipomaničnoj ili maničnoj fazi psi postaju oprezniji, zaigraniji i vrlo energični, kao da su se „zarazili" raspoloženjem vlasnika. Ova opažanja postavljaju pitanje mogu li se psi istrenirati za otkrivanje ranih faza promjene raspoloženja kod poremećaja raspoloženja, kao što je već utvrđeno da mogu kod raznih tjelesnih bolesti. Kako pacijenti s bipolarnim poremećajem izjavljuju da često ne opaze prve znakove da ulaze u maničnu ili hipomaničnu fazu, trenirani pas pomagač bi ih mogao upozoriti na to i tako im omogućiti da naprave planove i pripreme se na promjenu.

PSI U TERAPIJI

Istraživanja o brojnim prednostima koje prisutnost psa ima za ljude dovela su do razvoja različitih intervencija koje uključuju pse u različite ljudske aktivnosti s ciljem smanjenja stresa i povećanja motivacije. Sve su popularniji programi čitanja psima za djecu, programi posjete dječjih bolnica i staračkih domova s psima, šetnje s psima za hospitalizirane pacijente i razni drugi (1).

Što se tiče treniranih terapijskih pasa, način na koje će se inkorporirati u terapiju ovisi o samom terapeutu i specifičnoj populaciji klijenata, ali postoji širok raspon mogućih upotreba. Čak i terapije gdje pacijenti samo jednom provedu trideset minuta u prostoriji sa psom i njegovim vlasnikom, pri čemu mogu gladiti psa, igrati se s njime ili ispitivati vlasnika o psu, dovode do značajnog smanjenja anksioznosti kod pacijenata s psihotičnim

ders questions about their dogs' behaviours for a year. They found that most patients reported that when they were feeling depressed, their dogs required additional physical closeness, initiating stroking or even lying on them. Dogs owned by patients with bipolar disorders also showed such behaviours during their owners' depressive episodes, while they were more cautious, playful and very energetic during their owners' hypomanic or manic episodes, as if they were "infected" by their owners' moods. There is the question of whether dogs can be trained to detect early phases of mood changes in mood disorders, as it has already been proven in the case of physical diseases. A trained dog could warn its owner with bipolar disorder since patients themselves report that they often miss the first signs of an approaching hypomanic episode. That would help the patients plan and prepare for the change.

DOGS IN THERAPY

Studies about the benefits of dogs' presence for humans led to a development of various interventions incorporating dogs in human activities with the aim of reducing stress and increasing motivation. Programmes for children involving reading to dogs, programmes of visiting children's hospitals and old people homes with dogs, walking with dogs for hospitalised patients, etc. are growing in popularity (1).

The method of incorporating therapy dogs in therapy depends on the therapist and the specific population of patients – there is a wide range of possible utilisations. Even therapies where patients spend 30 minutes with a dog and its owner in a single session when they can stroke the dog, play with it or question the owner about the dog lead to a significant reduction of anxiety in patients with psychotic disorders, mood disorders and other mental disorders. Moreover, the reduction of anxiety in patients with psychotic disorders was double

poremećajima, poremećajima raspoloženja i drugim psihičkim poremećajima, pri čemu je za pacijente s psihotičnim poremećajem to smanjenje bilo dvostruko veće nakon terapije uz pomoć životinje nego za pacijente koji su umjesto toga imali trideset minuta terapijske rekreacije (36).

Psi mogu imati i aktivniju ulogu u terapiji. Na primjer, djeca koja su doživjela traumatsko iskustvo mogu odlučiti žele li to iskustvo prvo ispričati psu. Već i sama mogućnost odabira kome i kako će ispričati što im se dogodilo daje djetetu veći osjećaj kontrole nad situacijom (37).

Neke od tehnika koje se mogu koristiti u terapiji uz pomoć životinja su: terapijska životinja može biti samo prisutna u prostoriji bez ikakve direktne intervencije, terapeut može komentirati odnos klijenta i životinje, ohrabrivati klijenta da gladi ili se igra s terapijskom životinjom, može tražiti od životinje da napravi neki trik ili pitati klijenta da to učini, može komentirati spontanost interakcije između klijenta i životinje, terapeut može klijentu dati informacije o životinji ili pričati priče ili metafore sa životinjama, može ohrabriti klijenta da smisli priču koja uključuje terapijsku životinju, može iskoristiti odnos između klijenta i životinje pitanjima poput „ Da ti je ovaj pas najbolji prijatelj što bi to znao o tome što nitko drugi ne zna?“ ili „ Reci Maxu (terapijskom psu) kako se osjećaš, a ja ću samo slušati.“, terapeut može ohrabriti klijenta da odglumi neki događaj koji se dogodio pri čemu terapijska životinja igra određenu ulogu, može smisliti neke strukturirane aktivnosti s terapijskom životinjom ili pustiti životinji da spontano prilazi klijentu. Pri tome, većina terapeuta koristi kombinaciju više tehnika kako bi postigli specifične terapijske ciljeve (38).

Iako je dobrobit korištenja ovih tehnika u psihoterapiji dobro potvrđena u različitim istraživanjima, ostaje pitanje utjecaja životinje na procese relevantne za učinkovitu psihoterapiju.

the reduction in patients who had 30 minutes of therapeutic recreation instead (36).

Dogs can have a more active role in therapy. For example, children who had a traumatic experience may decide if they want to share it with the dog first. The very opportunity to choose to whom they will tell what has happened to them gives children a better feeling of control over the situation (37).

Some of the techniques which can be used in animal-assisted therapy are the following: the animal can only be present in the room without any direct interventions, the therapist can comment on the relationship between the patient and the animal, encourage the patient to stroke or play with the animal, can require that the animal performs a trick or ask the client to require that, can comment on the spontaneity of the interaction between the patient and the animal, give the patient information about the animal or tell stories or metaphors about animals, s/he can encourage the patient to create a story involving the therapy animal and can use the relationship between the patient and the animal by asking questions, e.g. “If this dog were your best friend, what would it know that nobody else knows?” or “Tell Max (the therapy dog) how you are feeling, and I will only be listening.” The therapist can encourage the patient to act out some event that happened before, with the animal acting some role, and s/he can also create some structured activities with the therapy animal or just let the animal spontaneously approach the patient. Most therapists use a combination of several techniques in order to achieve specific therapy goals (38).

Although the benefits of using these techniques in psychotherapy has been well-proven in various studies, the question about the influence of animals on the processes relevant for effective psychotherapy remains unanswered. Hunt and Chizkov (39) found that essays about the traumatic experience written by patients both with and without the presence of dogs were

Hunt i Chizkov (39) su potvrdile da se eseji o traumatskom iskustvu kod pacijenata koji su tekst pisali bez i uz prisustvo psa ne razlikuju u bitnim terapijskim procesima (negativna emocionalnost, kognitivni uvid i ozbiljnost traume), ali grupa koja je svoj esej pisala uz prisustvo psa pokazala je nižu razinu anksioznosti za vrijeme pisanja eseja i veće smanjenje depresivnih simptoma u kasnijem testiranju. Iz toga je vidljivo da psi mogu smanjiti akutni stres te olakšati dugoročni oporavak bez ugrožavanja terapijskih mehanizama.

ZAKLJUČAK

Zadnjih godina sve više pažnje se pridodaje terapiji uz pomoć životinja, pogotovo pasa, i potencijalnom koristi koju takva vrsta terapije ima za pacijente. Iako se za prisustvo životinja smatralo da ima terapijski učinak te se preporučivalo kroničnim bolesnicima već u 19. stoljeću, a prvi moderni slučaj terapijske životinje u tretmanu je bio u 60-ima, ozbiljnija znanstvena istraživanja o učincima terapijskih životinja su se javila tek u zadnjih petnaestak godina (1).

Rezultati istraživanja navedenih u ovom radu jasno pokazuju da uključivanje terapijskih pasa u terapijski proces nosi sa sobom brojne dobrobiti i za odrasle pacijente kao i za djecu, kao što su smanjenje stresa i anksioznosti, smanjeni osjećaj usamljenosti, osjećaj povećane tjelesne i psihičke dobrobiti, smanjena potrebu za lijekovima, poboljšana kvalitetu života, poboljšano fiziološko funkcioniranje (4), smanjenje simptoma traume (12, 13), smanjeno odustajanje od terapije i povećana razina sudjelovanja u grupnim terapijama (11), pri čemu se ne ometaju procesi relevantni za učinkovitu psihoterapiju (39). Također, postoje indikacije da psi mogu detektirati i reagirati na emocionalno stanje ljudi (30-34), što ih čini korisnima u detekciji emocionalnog distresa kao i početnih faza manije ili depresije (35).

not different in important therapeutic process (negative emotionality, cognitive insight and the severity of trauma). Still, the group writing essays with the presence of dogs showed a lower level of anxiety during essay writing and more decreased symptoms of depression in later testing. This shows that dogs can reduce acute stress and alleviate long-term recovery without interfering with therapy mechanisms.

CONCLUSION

Animal assisted therapy, especially with therapy dogs and its potential benefits for patients, has been attracting increased attention in recent years. The presence of animals was considered therapeutic and was recommended to chronic patients as early as the 19th century, and the first case of therapy animal incorporated in treatment was recorded in the 60s, while more serious scientific studies into the effect of animal assisted therapy have been published only for the last 15 years (1).

The results of studies used in this paper clearly show that incorporating therapy dogs in the therapy process has benefits for both adult patients and children. These benefits include a reduction of stress and anxiety, reduced feelings of loneliness, a feeling of increased physical and psychological welfare, a reduced need for medication, an increased quality of life, improved physiological functioning (4), reduced symptoms of trauma (12,13), better adherence to therapy and an increased level of participation in group therapies (11), while at the same time not interfering with the processes which are relevant for effective psychotherapy (39). There are also indications that dogs can detect and respond to emotional states of humans (30-34), which makes them useful in detecting emotional distress and early phases of mania or depression (35).

We have seen an increase in the use of therapy dogs in Croatia in recent years. Hospitals and institutions, especially those working with

U zadnje vrijeme i u Hrvatskoj vidimo porast korištenja terapijskih pasa. Različite bolnice i ustanove, pogotovo one koje rade s djecom, počele su prepoznavati ove jedinstvene dobrobiti korištenja terapijskih pasa u radu s djecom. Centri za rehabilitacije su također počeli školovati pse u pomagačke i terapijske svrhe te čak nude mogućnost dodjeljivanja terapijskih pasa stručnom voditelju (osobi koja u svoj profesionalni rad uključuje terapijskog psa) te podučavanje voditelja osnovama brige i njege za psa (40).

Treba napomenuti da nisu svi psi pogodni za sudjelovanje u terapijama. Samo posebno trenirani psi prikladne naravi, zdravlja i ponašanja procijenjenih od strane veterinarskog ili animalnog biheviorista mogu biti dio terapije uz pomoć životinja. Stručnjak koji koristi životinju mora biti unaprijed upoznat sa životinjom te voditi računa o njenom zdravlju i dobrobiti za vrijeme i nakon terapije. Treba posebno obraćati pozornost na znakove stresa kod životinje i paziti da se pacijenti (djeca i odrasli) ne ponašaju neprikladno prema životinji (npr. potežu rep ili uši, sjede na njoj) i time ugrožavaju i sebe i životinju. Bitno je voditi računa i o osobinama pacijenta koje bi mogle biti kontraindikacija za ovu vrstu terapije kao što su strah od pasa, alergija na pseću dlaku, određena religijska ili kulturalna uvjerenja, mogućnost prijenosa infekcije za imunosupresivne pacijente i slično (1). Na kraju, dobrobit i pacijenta i terapijskog psa odgovornost je stručnjaka voditelja terapije koji mora osigurati ugodno okruženje za oboje kako bi mogao uspješno iskoristiti sve prednosti koje terapija uz pomoć životinja može pridonijeti terapijskom procesu.

children, have started recognising these unique benefits of incorporating therapy dogs when working with children. Rehabilitation centres have also started training dogs for service and therapy purposes and even provide possibilities of placing a therapy dog with a professional (a person who incorporates a dog in his/her professional work), while at the same time educating the professional about the basics of taking care of the dog (40).

We need to mention that not all dogs are suitable for participating in therapies, and only those of appropriate character, health and behaviour, as assessed by a veterinary or animal behaviourist, can be incorporated in animal-assisted therapy. The professional assisted by an animal has to know the animal well and has to take care of its health and welfare during and after therapy. Special attention needs to be paid to the signs of stress in the animal and that the patients (both adults and children) behave appropriately towards the animal (e.g. so they do not pull their tail or ears or sit on the animal) in order not to put themselves and the animal in danger. It is important to take the characteristics of the patient in the account – there may be contraindications for this kind of therapy in case there is fear of dogs, allergy to dog hair, some religious or cultural beliefs, a possibility of infection for immunologically compromised patients or other similar reasons (1). Finally, the welfare of both the patient and the therapy dog is within the scope of responsibility of the professional therapist who needs to provide a pleasant environment for both in order to successfully utilise all the benefits animal-assisted therapy can bring to the process of therapy.

LITERATURA/*REFERENCES*

1. Fine AH. Handbook on animal-assisted therapy: Foundations and guidelines for animal-assisted interventions. Amsterdam: AcademicPress, 2015.
2. Animal Assisted Intervention. AnimalAssisted Intervention International. Preuzeto s: https://aai-int.org/aai/animal-assisted-intervention/2018Jul18
3. Parish-Plass N. Animal-Assisted Therapy with Children Suffering from Insecure Attachment Due to Abuse and Neglect: A Method to Lower the Risk of Intergenerational Transmission of Abuse? Clin Child Psychol Psychiatry 2008; 13(1):7-30.

4. Fontaine DK, Briggs LP, Pope-Smith B. Designing Humanistic Critical Care Environments. Crit Care Nurs Quart 2001; 24(3): 21-34.
5. Kaminski M, Pellino T, Wish J. Play and Pets: The Physical and Emotional Impact of Child-Life and Pet Therapy on Hospitalized Children. Childrens Health Care 2002; 31(4): 321-35.
6. Barker SB, Knisely JS, Schubert CM, Green JD, Ameringer S. The Effect of an Animal-Assisted Intervention on Anxiety and Pain in Hospitalized Children. Anthrozoös 2015; 28(1): 101-12.
7. Nagengast SL, Baun MM, Megel M, Leibowitz JM. The effects of the presence of a companion animal on physiological arousal and behavioral distress in children during a physical examination. J Pediatr Nurs1997; 12(6): 323-30.
8. Friesen L. Exploring animal-assisted programs with children in school and therapeutic contexts. Early Child Educ J 2010; 37(4): 261-67.
9. Esteves SW, Stokes T. Social effects of a dog's presence on children with disabilities. Anthrozoös 2008; 21(1): 5-15.
10. Prothmann A, Bienert M, Ettrich C. Dogs in child psychotherapy: Effects on state of mind. Anthrozoös 2006; 19(3): 265-77.
11. Beck AM, Seraydarian L, Hunter GF. Use of animals in the rehabilitation of psychiatric inpatients. Psychol Reports 1986; 58(1): 63-6.
12. Dietz TJ, Davis D, Pennings J. Evaluating animal-assisted therapy in group treatment for child sexual abuse. J Child Sex Abus 2012; 21(6): 665-83.
13. Hamama L, Hamama-Raz Y, Dagan K, Greenfeld H, Rubinstein C, Ben-Ezra M. A preliminary study of group intervention along with basic canine training among traumatized teenagers: A 3-month longitudinal study. Child Youth Serv Rev 2011; 33(10): 1975-80.
14. Krause-Parello CA, Friedmann E. The effects of an animal-assisted intervention on salivary alpha-amylase, salivary immunoglobulin A, and heart rate during forensic interviews in child sexual abuse cases. Anthrozoös 2014; 27(4): 581-90.
15. Beetz A, Uvnäs-Moberg K, Julius H, Kotrschal K. Psychosocial and psychophysiological effects of human-animal interactions: the possible role of oxytocin. Front Psychol 2012; 3: 234.
16. Odendaal J, Meintjes R. Neurophysiological Correlates of Affiliative Behaviour between Humans and Dogs. Vet J 2003; 165(3): 296-301.
17. Handlin L, Hydbring-Sandberg E, Nilsson A, Ejdebäck M, Jansson A, Uvnäs-Moberg K. Short-term interaction between dogs and their owners – effects on oxytocin, cortisol, insulin and heart rate – an exploratory study. Anthrozoos 2011; 24: 301-16.
18. Mikulincer M, Shaver PR. Attachment in adulthood: Structure, dynamics, and change. New York: Guilford Press, 2007.
19. Zilcha-Mano S, Mikulincer M, Shaver PR. Pet in the therapy room: Anattachment perspective on animal-assisted therapy. Attach Hum Dev 2011; 13(6): 541-61.
20. Spence LJ, Kaiser L. Companion animals and adaptation in chronically ill children. West J Nurs Res 2002; 24(6): 639-56.
21. Barrett HC. Cognitive development and the understanding of animal behavior. Origins of the social mind: Evolutionary psychology and child development. 2005, 438-67.
22. Katcher AH, Wilkins GG. The centaur's lessons: Therapeutic education through care of animals and nature study. In: Handbook on Animal-Assisted Therapy (Second Edition). Amsterdam: Academic Press, 2006, 153-77.
23. Dehlinger K, Tarnowski K, House JL, Los E, Hanavan K, Bustamante B, i sur. Can Trained Dogs Detect a Hypoglycemic Scent in Patients With Type 1 Diabetes? Diabetes Care 2013; 36(7): 1199-1800.
24. Lippi G, Cervellin G. Canine olfactory detection of cancer versus laboratory testing: myth or opportunity? Clin Chem Lab Med 2012; 50(3): 435-9.
25. Bijland LR, Bomers MK, Smulders YM. Smelling the diagnosis: a review on the use of scent in diagnosing disease. Neth J Med 2013; 71(6): 300-7.
26. Marcus DA, Bhowmick A. Survey of migraine sufferers with dogs to evaluate for canine migraine-alerting behaviors. J Altern Complement Med 2013; 19(6): 501-8.
27. Kirton A, Wirrell E, Zhang J, Hamiwka L. Seizure-alertingand-response behaviors in dogs living with epileptic children. Neurology 2004; 62(12): 2303-5.
28. Kirton A, Winter A, Wirrell E, Snead OC. Seizure response dogs: Evaluation of a formal training program. Epilepsy Behav 2008; 13(3): 499-504.
29. D'Aniello B, Semin GR, Alterisio A, Aria M, Scandurra A. Interspecies transmission of emotional information via chemosignals: from humans to dogs (Canis lupus familiaris). Anim Cogn 2018; 21(1): 67-78.
30. Albuquerque N, Guo K, Wilkinson A, Resende B, Mills DS. Mouth-licking by dogs as a response to emotional stimuli. Behav Processes 2018; 146: 42-5.
31. Custance D, Mayer J. Empathic-like responding by domestic dogs (Canis familiaris) to distress in humans: an exploratory study. Anim Cogn 2012; 15(5): 851-9.
32. Waal FBD. Putting the Altruism Back into Altruism: The Evolution of Empathy. Annu Rev Psychol 2008; 59(1): 279-300.
33. Albuquerque N, Guo K, Wilkinson A, Savalli C, Otta E, Mills D. Dogs recognize dog and human emotions. Biol Lett 2016; 12(1): 20150883.
34. Müller CA, Schmitt K, Barber AL, Huber L. Dogs can discriminate emotional expressions of human faces. Curr Biol 2015; 25(5): 601-5.
35. Parker G, Graham R. More than man's best friend: diagnostic dogs in psychiatry. Australas Psychiatry 2016; 24(4): 398-9.

36. Barker SB, Dawson KS. The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients. Psychiatr Serv 1998; 49(6): 797-801.
37. Reichert E. Play and animal-assisted therapy: A group-treatment model for sexually abused girls ages 9-13. Fam Ther 1994; 21(1): 55.
38. O'Callaghan DM, Chandler CK. An exploratory study of animal-assisted interventions utilized by mental health professionals. J Creat Ment Health 2011; 6(2): 90-104.
39. Hunt MG, Chizkov RR. Are therapy dogs like Xanax? Does animal-assisted therapy impact processes relevant to cognitive behavioral psychotherapy? Anthrozoös 2014; 27(3): 457-69.
40. Centar za rehabilitaciju Silver [Internet]. Centar za rehabilitaciju Silver. Preuzeto s: http://czrs.hr/. 2018 July 18.

Mogućnosti i izazovi kvalitativnih istraživanja u području mentalnog zdravlja

/ Opportunities and Challenges of Qualitative Research in the Field of Mental Health

Irena Velimirović[1], Ljubica Paradžik[2], Vlatka Boričević Maršanić[2,3]

[1]Klinički bolnički centar Rijeka, Klinika za psihijatriju, Zavod za dječju i adolescentnu psihijatriju, Rijeka, Hrvatska, [2]Psihijatrijska bolnica za djecu i mladež, Zagreb, Hrvatska, [3]Sveučilište Josipa Jurja Strossmayera u Osijeku, Medicinski fakultet, Osijek, Hrvatska

/ [1]Clinical Hospital Center Rijeka, Psychiatric Clinic, Department for Child and Adolescent Psychiatry, Rijeka, Croatia, [2]Psychiatric Hospital for Children and Youth, Zagreb, Croatia, [3]Josip Juraj Strossmayer University of Osijek Medical School, Osijek, Croatia

Kvalitativna istraživanja pokazuju veliki potencijal unutar područja mentalnog zdravlja. Teme u mentalnom zdravlju iznimno su složene i multifaktorske te iziskuju uključenost miješanih metode (*mixed methods*) koje podrazumijevaju i kvalitativnu i kvantitativnu metodologiju. Specifičnost kvalitativne metodologije leži u mogućnosti uključivanja korisnika usluga u proces razvoja intervencija u području mentalnog zdravlja. Uporabom kvalitativne metodologije osiguravamo da su pitanja koja postavljamo pojedincima pitanja koja su za njih važna. U radu će biti prikazane neke mogućnosti uporabe kvalitativnih istraživanja u području mentalnog zdravlja, poput primjene istraživanja u razvoju i testiranju teorije, razvoju metoda s obzirom na specifičnost istraživanog područja, razvoju i testiranju intervencija i implementiranju intervencija u kliničku praksu. Prikazat ćemo i izazove s kojima se suočavaju kvalitativni istraživači koji se bave područjem mentalnog zdravlja poput pitanja koja se odnose na održavanje granica, razvijanje odnosa, razvijanje prijateljstva, refleksivnost, emocije i napuštanje uloge. Zbog svih prethodno navedenih izazova potrebno je izraditi univerzalne protokole i strategije koje bi osigurale da svi oni koji se bave kvalitativnim istraživanjima u mentalnom zdravlju imaju jednake informacije o mogućim rizicima, dostupnim resursima za pomoć i podršku i smjernicama za pojedine izazovne situacije prigodom provođenja istraživanja.

***/** Qualitative research shows great potential within the field of mental health. Mental health topics as such are extremely complex and multifactorial and require the involvement of mixed methods which include qualitative and quantitative methodology. The specificity of the qualitative methodology lies in the ability to include service users in the process of development of interventions in the field of mental health. By using a qualitative methodology, we ensure that the questions we ask the individuals represent important issues for them. In this paper we will present some of the possibilities of using qualitative research in the field of mental health, such as application of research in the development and testing of the theory, development of methods based on the specificity of the research area, development and testing of interventions and implementation of interventions in clinical practice. We will also present the challenges faced by qualitative researchers dealing with mental health issues such as issues related to maintaining boundaries, developing relationships, developing friendship, reflexivity, emotions, and abandoning the role. Due to all the above-mentioned challenges, it is necessary to develop universal protocols and strategies to ensure that all those involved in qualitative mental health research have equal information on possible risks, available help resources and guidance resources, and guidelines for particular challenging situations while conducting the research.*

ADRESA ZA DOPISIVANJE /
CORRESPONDENCE:
Irena Velimirović, mag. paed. soc.
Klinički bolnički centar Rijeka
Klinika za psihijatriju
Zavod za dječju i adolescentnu psihijatriju
Krešimirova 42
51 000 Rijeka, Hrvatska
Tel: 051/ 658334
E-pošta: irenevelimirovic@gmail.com

KLJUČNE RIJEČI / ***KEYWORDS:***
Kvalitativna istraživanja / *Qualitative research*
Mentalno zdravlje / *Mental Health*
Istraživački izazovi / *Research challenges*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.426

UVOD

Opće prihvaćen stav je da je u istraživanjima potrebno koristiti različite istraživačke metode, a isto vrijedi i za istraživanja unutar medicinskih znanosti (1). Unatoč ovom opće prihvaćenom stavu izrazito se naglašava kvantifikacija bolesti i učinci intervencija usmjerenih prema poboljšanju zdravstvenog stanja (2). Za vrijeme revolucije biheviorizma u psihološkim istraživanjima i istraživanjima koja su se općenito bavila područjem koje danas nazivamo mentalnim zdravljem, dominantne metode bile su kvantitativne metode i eksperimenti. Istraživačima je bilo u cilju definirati uzroke pojedinih pojava te su se podatci istraživanja koristili kako bi se potvrdile već postojeće teorije. Možemo reći da je pristup koji je dominirao u tom razdoblju bio deduktivni pristup. Objektivnost je postala sinonimom za definiranje valjanog istraživanja (3). Jones i Duncan (4) ističu kako devedesetih godina kvalitativna istraživanja postaju češćim odabirom metode istraživanja u psihijatrijskim, ali i općenito medicinski orijentiranim časopisima. U medicini kvalitativna istraživanja posebno značenje dobijaju u psihijatriji i primarnoj zdravstvenoj zaštiti s ciljem razvoja boljeg razumijevanja osoba koje traže psihološku pomoć i razumijevanje njihovih stavova prema samim intervencijama kojima su bili izloženi (5). Nadalje, postoje brojni znanstveni, praktični i etički razlozi zašto je

INTRODUCTION

It is generally accepted among researchers that different research methods should be used in research, the mentioned view also applies for research in medical sciences (1). Despite this general approach, great emphasis is placed on the quantification of the disease and the effects of interventions aimed at improving the health status (2). During the revolution of behaviourism in psychological research and research that was generally concerned with the area that we now call mental health, dominant methods were quantitative methods and experiments. The goal of the researchers was to define the causes of particular phenomena and research data was used to confirm already existing theories. We can say that the approach that dominated throughout this period was the deductive approach. Objectivity became a synonym for defining a valid research (3). Jones and Duncan (4) point out that in the nineties, qualitative research became a more frequently selected research method in psychiatric and generally medical-oriented journals. In medicine, qualitative research gained special significance in psychiatry and primary health care with the aim of developing better understanding of those who seek psychological help and understanding their attitudes towards the interventions they have been exposed to (5). Furthermore, there are numerous scientific, practical and ethical reasons why mental health represents an area that can

mentalno zdravlje područje koje može ostvariti koristi od kvalitativnih istraživanja. Istraživanja u području mentalnog zdravlja su iznimno kompleksna. Etiologija i načini manifestiranja samih problema su mnogostruki i multifaktorski. Načini tretmana problema u mentalnom zdravlju uključuju farmakološki, psihoterapijski, edukativni i socioterapijski pristup. Pružatelji usluga u mentalnom zdravlju su često dijelom multidisciplinskog tima i potrebno je stvoriti kvalitetnije veze između samih profesionalaca, ali i veze s korisnicima usluga i njihovim obiteljima. Mnogi se problemi u mentalnom zdravlju pogoršavaju zbog slabog pristupa i/ili angažmana odgovarajućih pružatelja usluga (6). Istraživanja u mentalnom zdravlju mogu biti i izazovna zbog specifičnosti osjetljivih i privatnih tema koje se u njima pojavljuju. Tijekom samih kvalitativnih istraživanja mogu se pojaviti teme poput suicidalnih misli, izloženosti nasilju, kriminalnim aktivnostima i reviktimizacija zbog ponovnog razgovora o događaju. Samim tim kvalitativna istraživanja imaju neke specifičnosti etičkih pitanja koja se kod kvantitativnih istraživanja ne pojavljuju na takav način. Također to možemo promatrati i iz pozicije da takvim oblikom istraživanja u većoj mjeri dajemo glas (engl. *give voice*) sudionicima.

Kvalitativne metode nam nude učinkovit način za uključivanje korisnika usluga u proces razvoja intervencija u području mentalnog zdravlja te na taj način osiguravajući da su pitanja koja postavljamo pojedincima pitanja koja su za njih važna (7). Kvalitativni tip istraživanja pokazuje svoje prednosti i kod osoba koje su nepismene i/ili zbog bilo kojeg drugog razloga imaju problema sa standardnim testovima papir-olovka. Često su kratka i/ili raspršena pažnja, fokus i brzo umaranje jedna od karakteristika za osobe s problemima u mentalnom zdravlju. Kvalitativna istraživanja imaju ulogu i u boljem razumijevanju problema mentalnog zdravlja djece i mladih te njihove percepcije samih problema (8).

benefit from qualitative research. Mental health research is extremely complex. Etiology and the ways of manifesting problems themselves are multiple and multifactorial. Methods of treating mental health problems include pharmacological, psychotherapeutic, educational and sociotherapy approaches. Mental health providers are often part of multidisciplinary teams and it is necessary to create better connections between professionals themselves, but also better connections with service users and their families. Among many with mental health problems a certain level of mental health deteriorating is present due to poor access and / or engagement of appropriate providers (6). Mental health research can be challenging because of the particularities of sensitive and private topics that appear in such type of research. During the qualitative research itself there are many sensitive topics that can appear, such as suicidal thoughts, exposure to violence and criminal activity. Also, revictimization may occur as a result of the re-interviewing the participant about the specific event. Hence, it can be said that qualitative research has some particularities and ethical questions that do not appear in quantitative research in such ways. But on the other hand, we can also observe this from the point of view that such form of research gives voice to the participants to a greater extent.

Qualitative methods provide us with an effective way to involve service users in the process of developing interventions in the mental health field, thereby ensuring that questions that we ask individuals represent important issues for them (7). A qualitative type of research shows its advantages even for people who are illiterate and / or for any other reason have problems with standard paper pen tests. Often, short and / or scattered attention, focus and rapid fatigue are one of the characteristics which mark people with mental health problems. Also, qualitative research plays an important role in understanding mental health problems of children and young people as well as their perception of the problems (8).

Kako je sama tema kvalitativnih istraživanja u mentalnom zdravlju iznimno široka i kompleksna tema s obzirom na specifičnosti u samim metodama prikupljanja podataka, sudionicima istraživanja, načinima istraživanja i metodama analize u ovom radu orijentirat ćemo se samo na jedan segment. Dalje u radu ćemo prikazati načine uporabe kvalitativnih istraživanja u području mentalnog zdravlja, tj. primjenu istraživanja u razvoju i testiranju teorije, razvoju metoda s obzirom na specifičnost istraživanog područja, razvoju i testiranju intervencija i implementiranju intervencija u kliničku praksu. Prikazat ćemo i izazove s kojima se suočavaju kvalitativni istraživači koji se bave područjem mentalnog zdravlja. Često sam čin istraživanja uključuje interakciju licem u lice zbog čega se javljaju mnoge etičke i profesionalne dileme (9).

UPORABA KVALITATIVNIH ISTRAŽIVANJA U ISTRAŽIVANJIMA U MENTALNOM ZDRAVLJU

Velik je broj istraživačkih pitanja u kojima se kvalitativne metode istraživanja nameću kao najučinkovitije, kao npr. razvoj i testiranje teorije, pilotiranje i utvrđivanje učinkovitosti tretmanskih pristupa i bolje razumijevanje pitanja povezanih s implementacijom novih saznanja u praksu. U nastavku dajemo prikaz pojedinačnih načina uporabe.

Razvijanje i testiranje teorije

Kvalitativne metode su važne u istraživačkom radu i generiranju novog/drugačijeg razumijevanja pojedinih pojava, stimuliranju novih ideja i izgradnji novih teorija. Razvijanje i testiranje teorije prikazat ćemo na radu Schulze i Angermeyer (10) o subjektivnim doživljajima stigme shizofrenih pacijenata, njihovim obiteljima i profesionalcima u mentalnom zdravlju.

Since the very subject of qualitative research in mental health is a very broad and complex topic considering the particularities in the methods of data collection, the participants of the research, methods of research and methods of analysis, we will focus only on one segment of the qualitative research in the field of mental health. In this paper, we will present ways of using qualitative research in the field of mental health, ie. the application of research in the development and testing of the theory, the development of methods based on the particularity of the research area, the development and testing of interventions and the implementation of interventions in clinical practice. We will also present the challenges that qualitative researchers dealing with the topic of mental health face when doing the research. Often the act of research involves face-to-face interaction, which is why many ethical and professional dilemmas arise (9).

THE USE OF QUALITATIVE RESEARCH IN THE FIELD OF MENTAL HEALTH RESEARCH

There is a large number of research questions that can be answered by using qualitative research methods. They are most effective in answering questions about developing and testing theories, piloting and determining the effectiveness of some treatment approaches and better understanding of issues related to the implementation of new knowledge in practice. Further in the paper we provide a detailed overview the opportunities of qualitative research use in the field of mental health.

Developing and testing the theory

Qualitative methods are a valid tool in the field of generating new / different understanding of certain phenomena, stimulating new ideas and building new theories. The development and

Napravljene su fokusne grupe sa svim navedenim sudionicima kako bi se dobila cjelovita slika o tome kako stigmatizacija utječe na živote shizofrenih pacijenata. Obradom informacija dobivenih iz fokusnih grupa istraživači su identificirali četiri dimenzije stigme: interpersonalna interakcija, slika mentalnih bolesti u javnosti, strukturnu diskriminaciju (loša kvaliteta usluga mentalnog zdravlja je percipirana kao najjači oblik strukturne diskriminacije, pacijenti doživljavaju nedostatak usluga u zajednici, naglašavajući potrebu za izvanbolničkim uslugama i fokusom na prevenciji) i dostupnost socijalnih uloga (npr. zapošljavanje, ostvarivanje i zadržavanje partnerskih odnosa). Saznanja kako stigma nadilazi same interpersonalne odnose ima veliko značenje u izradi učinkovitih anti-stigma intervencija. Kvalitativno istraživanje na taj način postaje pogodno za razumijevanje pojava unutar njihovog konteksta, otkrivanje veza između koncepata i ponašanja te stvaranje i rafiniranje teorije (11,12).

Razvoj metoda s obzirom na specifičnost istraživanog područja

Uz pomoć kvalitativnih metoda možemo "uhvatiti" način na koji osobe govore o svojim životnim iskustvima te upravo iz tih priča dobijamo ideje za kreiranje novih istraživačkih metoda i instrumenata. Mavaddat, Lester i Tait (13) su sa 56 pacijenata sa sličnim psihijatrijskim dijagnozama napravili devet fokusnih grupa o njihovim iskustavima s primarnom zdravstvenom zaštitom. To istraživanje je generiralo ključne teme i faktore iz kojih je kasnije izrađen Upitnik o iskustvima pacijenata (engl. *Patient Experience Questionnaire*).

Povratne informacije pacijenata se sve više uvažavaju kao ključna komponenta praćenja i poboljšanja kvalitete zdravstvene zaštite u svim sektorima zdravstvene zaštite. Dolazi do odmaka od mjerenja općih razina zadovoljstva prema detaljnijem mjerenju iskustva pacijenata

testing of the theory will be shown through the work of Schulze and Angermeyer (10) on subjective experiences of stigma of schizophrenic patients, their families and professionals in the field of mental health. The authors created focus groups with all the mentioned participants in order to get a complete picture of how stigmatization affects the lives of schizophrenic patients. By processing the information and the data obtained from the focus group, researchers identified four dimensions of stigma: interpersonal interaction, the idea about mental illnesses in the public, structural discrimination (poor quality of mental health services is perceived as the strongest form of structural discrimination, patients experience lack of community service, emphasizing the need for outpatient services and focus on prevention) and the availability of social roles (eg. employment, realization and retention of romantic relationships). Understanding how the stigma goes beyond interpersonal relationships has great significance for making effective anti-stigma interventions. Qualitative research thus becomes suitable for understanding the phenomenon within its context, revealing the relationship between concepts and behaviours, and the creation and refining of theory (11, 12).

Development of methods with respect to the particularity of the investigated area

With the help of qualitative methods we can "capture" the way people talk about their life experiences and from those stories we get ideas for creating new research methods and instruments. Mavaddat, Lester and Tait (13) did a research with 56 patients with similar psychiatric diagnoses who talked about their primary healthcare experience through nine focus groups. This research generated key themes and factors from which a *Patient Experience Questionnaire* was later developed. Patient feedback is beeing increasingly recognized as a key component of monitoring and improving the quali-

koji mogu pomoći u određivanju potencijalnih problema i rješenja (14).

Razvoj i testiranje intervencija

Kvalitativna istraživanja mogu dati važne informacije za razvoj novih intervencija. "Zlatni standard" za testiranje učinkovitosti intervencija još uvijek su randomizirane kontrolirane studije (engl. *randomised controlled trial, RCT*). Kvalitativna istraživanja svoju ulogu imaju u razdoblju prije, u nekim slučajevima i tijekom, samog provođenja RCT-a. Kvalitativnim istraživanjima dobijamo važne informacije o regrutiranju sudionika, načinu provođenja samih intervencija, ali i razini zadovoljstva sudionika/korisnika intervencijom. Ovi su podatci nužni za opće poboljšanje i poboljšanje izvodivosti (engl. *feasibility*) trenutnih i budućih intervencija (15).

Primjena kvalitativnog istraživanja tijekom RCT-a ili nekog drugog oblika kvantitativnog ispitivanja također može dati bolji uvid i objašnjenja za neke rezultate koj nam mogu biti iznenađujući ili neočekivani (16). Bowen i sur. (17) su svoj rad posvetili proučavanju kreiranja studija izvodivosti (engl. *feasibility studies*), te navode kako važnu poziciju kvalitativnih istraživanja vide u istraživanju razine prihvatljivosti novih i različitih oblika tretmana od sudionika/korisnika tretmana. Oslanjanje isključivo na kvantitativne metode može dovesti do gubitka uvida u ono što se u intervenciji odvija „ispod površine". Program/intervencija se može evaluirati učinkovitim, ali ne zbog očekivanih razloga ili može biti evaluiran kao neučinkovit zbog definiranja točno određenih načina mjerenja ishoda uspješnosti i učinkovitosti. Zbog tako krute konceptualizacije uspješnosti (npr. redukcija simptoma) možemo previdjeti ishode koje sami klijenti vrednuju kao mnogo važnije (npr. socijalna podrška) (18).Upravo zbog svega navedenoga autori ističu kako postoje određena očekivanja od financijera istraživačkih pro-

ty of health care in all health care sectors. There is a shift from measuring the general level of satisfaction to a more detailed measurement of patient experience that can help determine potential problems and solutions (14).

Development and testing of interventions

Qualitative research can provide important information for the development of new interventions. The "gold standard" to test the effectiveness of interventions is still a randomized controlled trial (RCT). Qualitative research has its role in the period before, and in some cases during, the RCT itself. Qualitative research gives us important information about the recruitment of the participants, the implementation of the interventions themselves, as well as the satisfaction level of the participant / users of the intervention. This data is necessary for the general improvement and improvement of feasibility of current and future interventions (15). The application of qualitative research during RCT or some other form of quantitative research can also give a better insight for some results that may be surprising or unexpected (16). Bowen et al. (17) devoted their work to studying the creation of feasibility studies and state that qualitative research is seen as an important part of the research devoted to studying the level of acceptability of new and different forms of treatment by the participants / treatment beneficiaries. Relying solely on quantitative methods can lead to loss of insight into what is happening in the intervention "below the surface". The program / intervention can be evaluated as efficient, but not because of the expected reasons or can be evaluated as ineffective due to the precise definition of measuring outcomes of effectiveness and efficiency. Because of such a solid conceptualization of success (eg, reduction of symptoms) we can overlook the outcomes that our clients value as much more important (eg social support) (18). It is precisely because of all

jekata da kvalitativnu metodologiju potiču kao integralni dio kreiranja i istraživanja psihosocijalnih intervencija.

Implementiranje intervencija u kliničku praksu

Ispitivanja nam nude ograničene informacije o tome kako tretmani/intervencije mogu biti uključeni u kliničku praksu. Intervencije su često učinkovitije kad ih pružaju stručnjaci koji su ih kreirali i kad se to odvija u kontroliranim uvjetima (19). Zahvaljujući kvalitativnim istraživanjima možemo bolje razumijeti kako uključiti nova saznanja iz istraživanja u svakodnevnu praksu (20). Koristeći kvalitativnu metodologiju identificiramo koje aspekte intervencije sudionici/korisnici i stručnjaci cijene te koji aspekti imaju veću vjerojatnost da će saživiti u praksi. Dubinski intervjui mogu dati značajni uvid u to kako se program odvija u samoj praksi i pod utjecajem promjenjivih okolnosti (18). Osim podataka o samim korisnicima dobivamo važne podatke i o samim stručnjacima. Kada govorimo o području rada u mentalnom zdravlju, govorimo o području koje često zna biti iznimno zahtjevno i za same stručnjake. Putem fokusnih grupa sa stručnjacima možemo saznati više o njihovim potrebama za supervizijom i menadžmentom (21).

IZAZOVI KVALITATIVNIH ISTRAŽIVAČA KOJI SE BAVE PODRUČJEM MENTALNOG ZDRAVLJA

Zabrinutost za same sudionike istraživanja je središte rasprave u društvenim znanostima već neko vrijeme (22). Posljedično, istraživači su vrlo često dobro upućeni u naglašavanje važnosti zaštite sudionika, načine na koje to namjeravaju postići i koje su moguće posljedice istraživanja na živote onih koje se proučava. U kvalitativnim istraživanjima govorimo o izboru

the above, the mentioned authors point out that there are certain expectations of the financiers of research projects that they encourage qualitative methodology as an integral part of creation and research of psychosocial interventions.

Implementation of intervention in clinical practice

Clinical trials provide us with limited information on how treatments / interventions can be implemented in clinical practice. Interventions are often more effective when provided by the experts who created them and when they are done under controlled conditions (19). Thanks to qualitative research, we can better understand how to implement new findings from research into everyday practice (20). Using qualitative methodology, we identify which aspects of the intervention the participants / users and the experts value and which aspects are more likely to live in practice. In-depth interviews can give a significant insight into how the program is conducted in practice and under influence of changing circumstances (18). In addition to information about the users themselves, we get important information about the experts. When talking about the field of work in mental health, we are talking about an area that often is extremely demanding for the professionals themselves. Through focus groups with experts we can find out more about their needs for supervision and management (21).

CHALLENGES OF QUALITATIVE RESEARCHERS INVOLVED IN MENTAL HEALTH RESEARCH

Concern for research participants has been in the centre of discussions in social sciences for quite some time (22). Consequently, researchers are often well versed in emphasizing the importance of protecting the participants, the ways they intend to attain it, and the possible con-

sudionika za razliku od regrutacije sudionika koja se koristi u kvantitativnim istraživanjima te se radi o procesu slučajnog odabira većeg broja sudionika kako bi se umanjio utjecaj drugih eksternih varijabli radi mogućnosti generalizacije rezultata. U kvalitativnom istraživanju govorimo o svrsishodnom izboru sudionika koji najbolje mogu informirati i produbiti razumijevanje o istraživačkom pitanju i fenomenu koji se istražuje. Prije početka regrutacije sudionika i prikupljanja podataka većina istraživača već je podnijela prijedlog nekom od tijela za financiranje i/ili etičkom odboru koji detaljno objašnjava kako će upravljati i/ili neutralizirati moguće rizike za one koji sudjeluju u njihovom istraživanju. Međutim, pri tome često zaboravljaju odgovoriti na pitanje kako će se sami istraživači nositi s potencijalnim rizicima koje taj tip istraživanja nosi sa sobom (22). Već neko vrijeme raste svijest o tome da su kvalitativna istraživanja mnogi izazovi za istraživače (23). Alty i Rodhman (24) ističu kako velik broj istraživača obraća pozornost etičkim faktorima kvalitativnih istraživanja, ali navode kako istraživanja koja se bave osjetljivim temama, koja su većinom povezana s temama mentalnog zdravlja, često zahtijevaju praktična rješenja i prelaze same granice definirane unutar etičkog kodeksa.

Kako bi sve izazove s kojima se susreću ti kvalitativni istraživači nazvali jednim imenom osmislili su sintagmu *"the ouch! factor"* koja je sinonim za brojne neočekivane događaje koji se mogu zbiti tijekom provođenja kvalitativnog istraživanja. Neki od tih događaja su kada istraživač i sudionik nemaju jednako razumijevanje teme o kojoj se istražuje, kontaminiranje istraživačkih podataka (prelazak iz uloge istraživača u ulogu terapeuta) i "*hearing too much off the record*". Zadnji se postavlja kao pogotovo zanimljivim, jer kvalitativni istaživači koji se bave osjetljivim temama moraju razviti određenu razinu prisnosti sa sudionicima, ali upravo zbog te prisnosti oni često čuju mnogo toga

sequences of research on the lives of those who are being studied. In qualitative research we are talking about the choice of participants as opposed to recruiting participants that is used in quantitative research. In quantitative research recruitment presents a process of random selection of a large number of participants in order to reduce the influence of other external variables for the purpose of generalizing the results. While in qualitative research, the researchers chose the participants who can best inform and deepen the understanding of the research question and the phenomenon that is being explored. Prior to the commencement of the participants recruitment and data gathering, most researchers have already submitted a proposal to one of the funding bodies and / or ethics committee explaining how they will manage / neutralize the potential risks for those who are involved in their research. However, they often forget to answer the question of how the researchers themselves will deal with the potential risks that this type of research carries with it (22). For some time now, awareness is being raised about the many challenges that qualitative research presents for researchers (23).

Alty and Rodhman (24) point out that a large number of researchers pay attention to the ethical factors of qualitative research, but also say that sensitive subject-related research, which are mostly related to mental health issues, often require practical solutions and crosses the boundaries defined within the ethics code.

In order to name all of the challenges that these qualitative researchers face they have developed a syntagm "the ouch! factor "which represents a synonym for many unexpected events that can occur during the qualitative research. Those events can be some of the following: when a researcher and the participant don't have the same understanding of the subject being investigated, contamination of research data (switching from researcher to therapist role) and *"hearing too much off the record"*. The last one is particularly interesting

od samih sudionika u neformalnom tonu što može rezultirati drugačijim razumijevanjem pojedinih podataka i na kraju kontaminirati samo istraživanje. Jedan od načina da se taj učinak izbjegne je da se zamoli sudionike da ponove ono što istraživači smatraju važnim i u formalnom obliku istraživanja tako da i taj dio informacija može biti uključen u daljnji proces istraživanja. Osim toga, autori ističu kako pojedini istraživači ne otvaraju osobne teme izvan samog procesa istraživanja upravo kako bi prevenirali situacije u kojima mogu čuti nešto što bi na kraju moglo kontaminirati samo istraživanje. Još neki od izazova koje su identificirali sami istraživači uključuju pitanja koja se odnose na održavanje granica (25), razvijanje odnosa (26), razvijanje prijateljstva (27), refleksivnost (28), emocije (29) i napuštanje uloge (30). Dok su mnoge od tih poteškoća jedinstvene za kvalitativno istraživanje, one su često generalno dijelom istraživanja koja se bave teškim i osjetljivim temama (31). Istraživači koji se bave kvalitativnim istraživanja, a osobito kvalitativnim istraživanjima o osjetljivim temama kao što je to mentalno zdravlje, moraju biti u stanju napraviti procjenu utjecaja istraživanja na sudionike i sebe. Kako bi mogli poduzeti procjenu potencijalnog utjecaja koje istraživanje može imati na njih trebaju biti upozoreni o potencijalnim problemima o kojima će se razgovarati i koji će se pojaviti tijekom istraživanja. Campbell (32) i Johnson i Clarke (33) su također dokumentirali izazove s kojima su se suočili istraživači, a neki od njih uključuju konflikte uloga, pristup sudionicima i utjecaje provođenja dubinskih intervjua o osjetljivim temama. Zbog velikog broja izazova na koje kvalitativni istraživači nailaze Johnson i Clarke (33) su izradili niz preporuka za trening i superviziju istraživača koje uključuju ohrabrivanje da razmišljaju o pitanjima koja se odnose na razvijanje odnosa sa sudionicima, razvijanje privrženosti, nošenje s ranjivosti, slušanje priča te psihička i fizička iscrpljenost. Istraživači i supervizori istraživanja također trebaju

because researchers dealing with sensitive topics need to develop a certain level of intimacy with the participants, but precisely because of that intimacy they often hear much more from the participants in the informal tone (eg. while talking before the interview), which can result in a different understanding of certain data and ultimately can contaminate the research. One way of avoiding this effect is to urge the participants to repeat what the researcher think is important in a formal form of research so that this piece of information can be included in the further research process. In addition, the authors point out that some researchers do not open personal themes outside of the research process, precisely to prevent situations where they can hear something that could eventually contaminate the research. Some of the challenges identified by researchers themselves include issues related to maintaining the boundaries (25), developing relationships (26), developing friendship (27), reflexivity (28), emotions (29), and abandoning roles (30). While many of these problems are unique to qualitative research, they are often generally part of research dealing with difficult and sensitive issues (31). Researchers engaged in qualitative research, and in particular qualitative research on sensitive subjects such as mental health, must be able to assess the influence of research on participants and themselves.

In order to be able to undertake an assessment of the potential impact that research may have on them, they should be alerted of the potential issues that will be discussed and which will arise during the research. Campbell (32) and Johnson and Clarke (33) also documented the challenges faced by researchers, some of which involve role conflicts, access to participants and the impact of in-depth interviews on sensitive topics. Because of the great number of challenges that qualitative researchers find, Johnson and Clark (33), have drawn up a series of training and supervisor recommendations that include encouragement to think about matters

imati adekvatne kontakte za stručne savjete i podršku za sudionike koji trebaju terapijsku podršku.

Potiču se istraživači, istraživački supervizori i etički odbori da prigodom kreiranja istraživanja uzmu u obzir utjecaj koji kvalitativno istraživanje može imati i na fizičko i emocionalno zdravlje istraživača (22). Boden, Gibson, Owen i Benson (34) su jedni od pionira u istraživanju teme o utjecaju istraživačevih osjećaja nastalih prigodom istraživanja i njihovog utjecaja na sam tijek kvalitativnog istraživanja. Kako su se bavili temama u mentalnom zdravlju, pa tako i nekom od najzahtijevnijih tema poput suicida, kao i mnogi kvalitativni istraživači sastavili su smjernice za istraživače koji se bave emocionalno involvirajućim i zahtjevnim temama. Naglašavaju već ranije spomenutu pripremu istraživača za taj tip istraživanja ali i svjesnost vlastitih ograničenja prigodom započinjanja samog procesa. Također ističu kako je to proces koji treba trajati cijelo vrijeme istraživanja, a ne samo prije njegovog početka. Istraživač treba stalno samoprocjenjivati i reflektirati vlastite osjećaje koji su rezultat teme kojom se bavi. Rasprave o osjećajima bi trebale postati sastavnim dijelom sastanaka istraživačkih timova, prije i nakon samih intervjua i nekoliko puta tijekom pisanja same analize. Istraživači se mogu osjećati ranjivima zbog osjećaja koje podijele tijekom istraživanja pa je tu važna uloga starijih (engl. *senior*) istraživača koji bi trebali ukazati na to kako su osjećaji u ovo kontekstu važan istraživački alat. Rager (29) ističe da istraživači koji otvoreno govore o osjećajima koje proživljavaju za vrijeme istraživanja bivaju uskraćeni za standardne kompezatorne mehanizme poput ignoriranja, racionaliziranja ili suzbijanja teških osjećaja te im trebaju biti osigurane druge prikladnije strategije suočavanja s osjećajima poput supervizije, grupa podrške, pisanja dnevnika i *peer debriefing*-a. Strategije poput ovih trebaju biti dijelom samih prijava za projekte i istraživačkih nacrta.

related to developing relationships with participants, developing commitment, carrying out vulnerabilities, listening to stories and participants who need therapeutic support.

Researchers, research supervisors and ethics committees are encouraged to take into account the impact that qualitative research can have on physical and emotional health of researchers while creating the research (22). Boden, Gibson, Owen and Benson (34) are one of the pioneers in the field of research on the impact of feelings that have emerged in the researcher while doing the research and their impact on the very course of the research. As they dealt with mental health issues and some of the most demanding topics such as suicide, they have compiled guidelines for researchers who deal with emotionally involuntary and demanding topics. The emphasis is put on the aforementioned preparation of researchers for this type of research but also on the awareness of their own constraints when starting the process itself. They also point out that this is a process should last throughout the whole time while doing the research, not just before its beginning. The researcher should constantly conduct self-assessment and reflection of one's own feelings that are the result of the topic he/she is dealing with. Discussions about feelings should become an integral part of research team meetings before and after interviews and several times during the writing of the analysis itself. Researchers may feel vulnerable to the feelings they share during the research, so there is an important role for senior researchers who should point out that feelings in this context are an important research tool. Rager (29) points out that researchers who are openly talking about the feelings they are experiencing during research are deprived of standard compensatory mechanisms such as ignoring, rationalizing or suppressing serious feelings, and should be provided with other more appropriate strategies for dealing with feelings such as supervision, support groups, journal writ-

Kao što smo već naveli, fokus sa samih sudionika na sudionike i istraživače je već opće prihvaćena paradigma u društvenim znanostima. Ipak neki autori poput McCosker, Bernard i Gerber (31) idu i korak dalje ističući kako je prigodom kvalitativnih istraživanja, a pogotovo onih o osjetljivim temama, važno osigurati adekvatnu podršku svim sudionicima istraživačkog procesa. Ovo zahtijeva razvijanje odgovarajućih metoda i edukacija za pružatelje podrške sudionicima, istraživačima, transkriptorima, supervizorima i lektorima kvalitativnog istraživanja. Jedan od prethodno navedenih problema je i održavanje granica prigodom kvalitativnih istraživanja (25). Unatoč tome što se istraživači koji se bave mentalnim zdravljem već dugi niz godina koriste kvalitativnim istraživanjima problem definiranja granica sa sudionikom istraživanja još uvijek nije dovoljno istražena tema.

Dickson-Swift i sur. (25) navode kako je potrebno kreirati protokole za teme koje su sami istraživači naveli kao najstresnije i nazahtjevnije poput kreiranja priopćenja, prisnosti, definiranja granica terapije i istraživanja, strategija za napuštanje odnosa nastalog zbog istraživanja i upravljanje granicama na poslu. Isti autori (35) u *grounded theory* istraživanju o rizicima i strategijama s kojima se suočavaju kvalitativni istraživači osim prethodno navedenih preporuka dodaju i odlazak na teren s partnerom, superviziju i mentoriranje istraživača od nepristrane strane koja nije uključena u sam projekt/istraživanje i razvoj sigurnosnih politika na institucijama unutar kojih se istraživanje provodi. Birrch i Miller (23) su kvalitativne istraživačice koje su se bavile temom feminizma koristeći tehniku dubinskog intervjuiranja i istraživale su i pitanje definiranja granica u kvalitativnim istraživanjima. Pitanje kojim su se najviše bavile je pitanje istraživačevih očekivanja i percepcije sudionikove priče. Navode kako istraživači koji određene sudionike percipiraju kao autentične prigodom pričanja

ing and peer debriefing. Strategies like these should be part of project applications and research projects themselves.

As we have already mentioned the focus on only the participants to participants and the researchers has already been shifted for a while, and has become a generally accepted paradigm in social sciences. However, some authors such as McCosker, Bernard and Gerber (31) go a step further, pointing out that in qualitative research, especially those on sensitive topics, it is important to provide adequate support to all the participants in the research process. This requires the development of appropriate methods and training for support providers for participants, researchers, transcripts, supervisors, and qualitative research proof-readers. One of the problems mentioned above is maintaining the boundaries in qualitative research (25). Despite the fact that mental health researchers have been using qualitative research for many years now, the problem of defining the boundaries with research participants is still not sufficiently explored.

Dickson-Swift et al. (25) state that it is necessary to create protocols for subjects that the researchers themselves have stated as the most striking and the most demanding, such as intimacy, the definition of the limits between therapy and research, strategies for abandoning relationships arising from research and management of workplace boundaries. The same authors (35) in their *grounded theory* research of risk and strategies faced by qualitative researchers, apart from the aforementioned recommendations, also add recommendations such as going to the field with a partner and supervision and mentorship from an impartial researcher who is not involved in the project / research and development of security policies in the institutions within which the survey is conducted. Birrch and Miller (23) are qualitative researchers who have dealt with the theme of feminism using in-depth interview techniques and have also explored the question of defining boundaries in qualitative research.

svoje priče, te se ono što oni pričaju poklapa s njihovim očekivanjima osjećaju zadovoljstvo prigodom istraživanja.

Ističu kako je u tom trenutku važno samoprocjenjivati kako bi se osigurala što veća objektivnost u daljnjim koracima istraživačkog procesa. Warr (36) se bavila istraživanjem marginaliziranih skupina poput dugotrajno nezaposlenih mladih i ženama - seksualnim radnicama te je svoje preporuke za kvalitativne istraživače nazvala *"stories in the flesh"*. Warr (36) navodi kako postoji veliki raskorak između svijeta u kojem istraživači žive i svijeta koji istražuju te kako je od iznimne važnosti da se istraživanja provode u kontekstima u kojima sami sudionici žive, što dodatno obogaćuje samo istraživanje. Naime, autorica ističe kako je osim samih bilježenja paraverbalnih znakova kod sudionika važno i zabilježiti sve druge kontekstualne podatke. Posao intervjuiranja i transkribiranja je najčešće posao asistenata, dok se profesori bave samom analizom podataka. Warr (36) ističe kako bi sami profesori trebali biti dijelom nekih intervjua kako bi se osiguralo da će se svi podatci, uključujući i kontekstualne, pravilno interpretirati. Ensign (37), koji se bavio istraživanjima na području mentalnog zdravlja uključujući mlade beskućnike, također je isticao važnost kontekstualnih podataka i istraživanja u kontekstima koji okružuju sudionike. Ipak, Ensign (37) navodi kako se često zaboravlja jedno važno etičko pitanje, a to je pitanje sigurnosti samih istraživača. Jedan od autorovih prijedloga, kada se radi o istraživanjima sa specifičnim skupinama, je da sam istraživač provede neko vrijeme volontirajući i družeći se s populacijom sličnom onoj koju će istraživati kako bi razvio odgovarajuće obrasce ponašanja. Većina kvalitativnih istraživača orijentira se na istraživanja s odraslim osobama, iako dosta slična, kvalitativna istraživanja u mentalnom zdravlju s djecom imaju neke specifičnosti. Punch (38) navodi da istraživači kao odrasle osobe ponekad imaju teško-

The question that most concerned the authors was the question about researcher's expectations and the perception of the participant's story. They say that researchers who perceive certain participant as authentic when they talk about their stories and what they say coincides with their expectations feel satisfaction with research. Therefore they point out that at situations like these it is important to carry out self-assessment to ensure as much objectivity as possible in the further stages of the research process. Warr (36) was involved in researching marginalized groups such as long-term unemployed youth and women sexual workers, and referred to her recommendations for qualitative researchers as *"Stories in the Flesh"*. Warr (36) states that there is a great gap between the world in which researchers live and the world they are exploring, and that it is of the utmost importance that the research is conducted in contexts in which the participants themselves live, further enriching the research. Namely, the author points out that besides the recording of preverbal signs of the participants, it is important to note all other contextual data.

The job of interviewing and transcribing is usually the job of assistants while professors are involved in data analysis, Warr (36) points out that the professors themselves should be part of some interviews to ensure that all data, including contextually, is properly interpreted. Ensign (37) who has been involved in mental health research including young homeless people has also emphasized the importance of contextual data and observation in the contexts surrounding the participants.

However, Ensign (37) states that researchers often forget to think about one important ethical question, which is the question of the safety of the researchers themselves. One of the author's suggestions, when it comes to research with specific groups, includes spending some time volunteering and associating with a population similar to the one the researcher is going to explore to develop appropriate patterns of behaviour.

će s razumijevanjem percepcije djeteta, kako zbog njihovog limitiranog vokabulara, tako i zbog drugačijeg razumijevanja pojedinih riječi te kraće i raspršenije pažnje. Neke od strategija koje autorica nudi su kombiniranje slika, fotografija, crteža, pisanja dnevnika i korištenje jasnih, nedvosmislenih i jednostavnih pitanja u istraživanjima s djecom. Uporaba fotografija može biti etički izazov koji se tiče pitanja povjerljivosti, budući da je informirani pristanak svih onih koji su na fotografijama gotovo nemoguće dobiti. Nadalje, moglo bi biti fotografija koje sudionik ipak ne bi htio da istraživači vide, a koje bi istraživači mogli vidjeti, dok ih razvijaju. Kako bi se to izbjeglo, dobra praksa bi bila da se objasni sudionicima da će oni prvi vidjeti fotografije i imati priliku izbaciti sve što ne žele podijeliti. Također postoji i niz nedostataka u korištenju tehnika crtanja s djecom. Na primjer, ne smatraju sva djeca da je crtanje zabavno i neka djeca mogu biti inhibirana zbog svojih sposobnosti crtanja.

Starija djeca možda ne žele crtati slike, budući da je to za njih ponekad previše 'dječji'. Ukratko, crtanje možda neće odgovarati svoj djeci zbog raznih razloga.

ZAKLJUČAK

Kvalitativna istraživanja imaju veliki potencijal unutar područja mentalnog zdravlja, te je puni potencijal samih istraživanja i uporaba cijelog raspona metoda u samom začetku. Snage i prednosti kvalitativnih istraživanja uglavnom leže u mogućnostima razvijanja teorija i povećanju razumijevanja o učinkovitoj primjeni tretmana i načinu podupiranja stručnjaka i korisnika usluga u području mentalnog zdravlja. Glavno pitanje koje kvalitativni istraživači u ovom području postavljaju je na koji način integrirati različite metodološke pristupe u procesu traženja odgovora na istraživačka pitanja. Kvalitativno istraživanje se još uvijek često promatra u funkciji podrške kvantita-

Most of the qualitative researchers focus on research with adults, although quite similar, qualitative research in the field of mental health of children and adolescence has some particularities. Punch (38) argues that researchers as adults themselves sometimes have difficulties with understanding the perception of a child, both because of the limited vocabulary of a child, as well as because of the child's different understanding of particular words and their shorter and scattered attention. Some of the strategies of using qualitative research with children and adolescence include combining pictures, photos, drawings, writing diaries, and using clear, unambiguous and simple questions. Using photographs can pose a huge ethical challenge due to the confidentiality issue, as the informed consent of all those who are in photography is almost impossible to obtain. Furthermore, there may be photos that the participant would not want the researchers to see and which the researchers could see while developing the photos. In order to avoid this, good practice would be to explain to the participants that they will first see the photos and have the opportunity to throw out anything they do not want to share. There are also a number of disadvantages in using drawing techniques with children. For example, all children do not consider drawing as a fun activity and some children can be inhibited because of their ability/inability to draw. Older children may not want to draw pictures, as it is sometimes too "childish" to them. In short, it may not suit children for various reasons.

CONCLUSION

Qualitative research has a great potential within the field of mental health and the full potential of research itself as well as the use of the entire range of methods is at its very beginning. The strengths and advantages of qualitative research lie mainly in the ability to develop theories and increase understanding

tivnim istraživanjima unatoč tome što postoji značajan broj objavljenih kvalitetnih kvalitativnih istraživanja. U području mentalnog zdravlja, pogotovo u psihijatriji, još se uvijek objavljuje manji broj kvalitativnih istraživanja u odnosu na druge grane medicine (npr. opća praksa i sestrinstvo). To djelomično možemo pripisati i nedostaku znanja urednika i recenzenata o rigoroznim metodama obrade kvalitativnih istraživanja. Teme o mentalnom zdravlju, ali i općenito, koje obrađuju suvremeni istraživači, su iznimno složene i multifaktorske te iziskuju uključenost *mixed* metoda koje podrazumijevaju i kvalitativnu i kvantitativnu metodologiju.

Suvremeni istraživači bi trebali biti opremljeni znanjima iz obje vrste metodologije kako bi mogli odgovoriti na složena pitanja koja se postavljaju. Tema na koju također treba obratiti pozornost je i tema izazova s kojima se susreću kvalitativni istraživači koji se bave osjetljivim temama. Postoji širok raspon izazova, ali još uvijek nedovoljan broj protokola i strategija za rješavanje tih izazova. Strategije koje postoje rezultat su rada entuzijastičnih pojedinaca koji nude smjernice na temelju svojeg dugogodišnjeg staža upravo u takvom obliku istraživanja. Potrebno je izraditi univerzalne protokole i strategije koji bi postali dijelom svih institucija i projektnih prijava koje se bave kvalitativnim istraživanjima u mentalnom zdravlju te osigurati adekvatnu edukaciju osobama koje će pružati podršku kvalitativnim istraživačima. Takvi protokoli bi osigurali da svi oni koji se bave kvalitativnim istraživanjima u mentalnom zdravlju imaju jednake informacije o mogućim rizicima, dostupnim resursima za pomoć i podršku i smjernicama za pojedine izazovne situacije prigodom provođenja istraživanja. Univerzalni protokoli bi omogućili svim istraživačima ujednačen pristup supervizijimama, grupama podrške, pisanju dnevnika i vršnjačkom *debriefing*-u. Takvi protokoli bi također sadržavali smjernice o aktivnostima koje je važno

of effective treatment use as well as the ways of supporting experts and service users in the field of mental health. The main question that qualitative researchers in this area ask is how to integrate different methodological approaches in the process of seeking answers to research questions. Qualitative research is still often seen just in the function of supporting quantitative research, despite the fact that there is a significant number of quality qualitative researches published. In the field of mental health, especially in psychiatry, there is still a small number of qualitative researches in relation to other branches of medicine (eg. general practice and nursing). This can partly be attributed to the lack of knowledge of editors and reviewers on rigorous methods of qualitative research. The topics in mental health, as well as other ones, that are being researched by researchers nowadays are extremely complex and multifactorial and require the inclusion of mixed methods which imply the use of qualitative and quantitative methodology.

Researchers nowadays should be equipped with knowledge from both types of methodology to be able to answer complex questions that are being posed. The topic that needs to be addressed is also the topic of challenges facing qualitative researchers dealing with sensitive topics. There is a wide range of challenges, but still insufficient number of protocols and strategies to address these challenges. Strategies that are available are the result of the work of enthusiastic individuals who provide guidance on the basis of their long years of experience in this form of research. It is necessary to develop universal protocols and strategies that would become part of all institutions and project applications dealing with qualitative mental health research and provide adequate education to people who will support qualitative researchers. Such protocols would ensure that all those involved in qualitative mental health research have equal information on potential

poduzeti u iznenadnim i izazovnim situacijama u kvalitativnim istraživanjima poput gore spomenutog učinka previše dobivenih informacija van samog procesa intervjuiranja (engl. *"hearing too much off the record"*).

risks, available help resources and guidance resources, and guidelines for some challenging situations in the process of conducting the research. Universal protocols would allow all researchers equal access to supervisors, support groups, journal writing, and peer review. Such protocols would also contain guidance on activities that are important to undertake in sudden and challenging situations in qualitative research, such as the above-mentioned effect of hearing too much information outside of the research process ("*hearing too much off the record*").

LITERATURA/*REFERENCES*

1. Bowling A. Data collection methods in quantitative research: questionnaires, interviews and their response rates. In: Bowling A. (1st ed.) Research methods in health: Investigating health and health services. New York: McGraw Hill/Open University Press, 1997.
2. Holman R. Qualitative inquiry in medical research. J Clin Epidemiol 1993; 46(1): 29-36.
3. Crawford J, Pradip G, Russell K. Use of qualitative research methods in general medicine and psychiatry: publication trends in medical journals 1990-2000. Int J Soc Psychiatry 2003; 49(4): 308-11.
4. Jones J, Duncan H. Consensus methods for medical and health services research. BMJ 1995; 311(7001): 376.
5. Murphy E, Mattson B. Qualitative research and family practice: a marriage made in heaven? Fam Pract 1992; 9(1): 85-91.
6. Dowrick C, Gas L, Edwards S, Aseem S, Bower P, Burrougs H *et al*. Researching the mental health needs of hard-to-reach groups: managing multiple sources of evidence. BMC Health Serv Res 2009; 9(1): 226.
7. Craig P, Dieppe P, Macintyre S, Michie S, Nazareth I, Petticrew M. Developing and evaluating complex interventions: the new Medical Research Council guidance. BMJ 2008; 337.
8. Nelson ML, Quintana SM. Qualitative clinical research with children and adolescents. J Clin Child Adolesc Psychol 2005; 34(2): 344-56.
9. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Doing sensitive research: what challenges do qualitative researchers face? Qual Res 2007; 7(3): 327-53.
10. Schulze B, Angermeyer MC. Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. Soc Sci Med 2003; 56(2): 299-312.
11. Glaser B, Strauss G. The discovery of grounded theory: Strategies for qualitative work. New Brunswick: Aldine Transaction, 1967.
12. Patton MQ. Qualitative Research and Evaluation Methods (3rd Ed). Thousand Oaks. CA: Sage Publications, 2002.
13. Mavaddat N, Lester HE, Tait L. Development of a patient experience questionnaire for primary care mental health. Qual Saf Health Care 2009; 18(2): 147-52.
14. Coulter A, Ellins J. Patient-focused interventions: a review of the evidence. London: Health Foundation, 2006.
15. Peters S, Rogers A, Salmon P, Gask L, Dowrick C, Towey M *et al*. What do patients choose to tell their doctors? Qualitative analysis of potential barriers to reattributing medically unexplained symptoms. J Gen Intern Med 2009; 24(4): 443-9.
16. Morris R, Dowrick C, Salmon P, peters S, Dunn G, Rogers A *et al*. Cluster randomised controlled trial of training practices in reattribution for medically unexplained symptoms. Br J Psychiatry 2007; 191(6): 536-42.
17. Bowen D, Kreuter M, Spring B, Cofta-Woerpel Z, Linnan L *et al*. How we design feasibility studies. Am J Prev Med 2009; 36(5): 452-57.
18. Padgett DK. Qualitative methods in social work research. Sage Publications, 2016.
19. Barkham M, Stiles WB, Connelli J, Twigg E, Leach C, Lucock M *et al*. Effects of psychological therapies in randomized trials and practice-based studies. Br J Clin Psychol 2008; 47(4): 397-415.
20. May C, Finch T. Implementing, embedding, and integrating practices: an outline of normalization process theory. Sociology 2009; 43(3): 535-54.
21. Pontin E, Peters S, Lobban F, Rogers A, Morriss RK. Enhanced relapse prevention for bipolar disorder: a qualitative investigation of value perceived for service users and care coordinators. Implement Sci 2009; 4(1): 4.
22. Lee-TreweekG, Linkogle S. Danger in the field: Risk and ethics in social research. Mjesto izd?: Psychology Press, 2000.

23. Birch M, Miller T. Inviting intimacy: The interview as therapeutic opportunity. Int J Soc Res Methodol 2000; 3(3): 189-202.
24. Alty A, Rodham K. The ouch! factor: Problems in conducting sensitive research. Qual Health Res 1998; 8(2): 275-82.
25. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Blurring boundaries in qualitative health research on sensitive topics. Qual Health Res 2006; 16(6): 853-71.
26. Liamputtong P, Ezzy D. Qualitative Research Methods. South Melbourne: Oxford University Press, 2005.
27. Ceglowski D. Research as relationship. Qual Inq 2000; 6(1): 88-103.
28. Ellingson LL. Then You Know How I Feel: Empathy, Identification, and Reflexivity in Fieldwork. Qual Inq 1998; 4(4): 492-514.
29. Rager KB. Self-care and the qualitative researcher: When collecting data can break your heart. Educ Res 2005; 34(4): 23-7.
30. Hubbard G, Backett-Milburn K, Kemmer D. Working with emotion: issues for the researcher in fieldwork and teamwork. Int J Soc Res Methodol 2001; 4(2): 119-37.
31. McCosker H, Barnard A, Gerber R. Undertaking sensitive research: Issues and strategies for meeting the safety needs of all participants. Qual Soc Res2001;2(1).
32. Campbell R. Emotionally involved: The impact of researching rape. Mjesto izd?: Psychology Press, 2002.
33. Johnson B, Clarke JM. Collecting sensitive data: The impact on researchers. Qual Health Res 2003; 13(3): 421-34.
34. Boden ZV, Gibson S, Owen GJ, Benson O. Feelings and intersubjectivity in qualitative suicide research. Qual Health Res 2016; 26(8): 1078-90.
35. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Risk to researchers in qualitative research on sensitive topics: Issues and strategies. Qual Health Res 2008; 18(1): 133-44.
36. Warr DJ. Stories in the flesh and voices in the head: Reflections on the context and impact of research with disadvantaged populations. Qual Health Res 2004; 14(4): 578-87.
37. Ensign J. Ethical issues in qualitative health research with homeless youths. J Adv Nurs 2003; 43(1): 43-50.
38. Punch S. Research with children: the same or different from research with adults? Childhood 2002; 9(3): 321-41.
39. Kidd SA. The role of qualitative research in psychological journals. Psychol Methods 2002; 7(1): 126-38.

Primjena fokusnih grupa kao kvalitativne metode istraživanja u populaciji djece i adolescenata

/ Focus Groups Use as a Qualitative Research Method in Child and Adolescent Population

Ljubica Paradžik, Josipa Jukić, Ljiljana Karapetrić Bolfan

Psihijatrijska bolnica za djecu i mladež, Zagreb, Hrvatska

/ Psychiatric Hospital for Children and Adolescents, Zagreb, Croatia

Fokusna grupa je tehnika kvalitativnog istraživanja koja je sve više zastupljena u području zdravstva, a primjenjiva je u radu s djecom i adolescentima, samostalno ili u kombinaciji s drugim oblicima istraživanja. Kvalitativnim metodama istraživanjima prikupljamo informacije o vrijednostima, vjerovanjima i motivima koji su u podlozi određenih ponašanja, a fokusna grupa ima kao ključnu zadaću spoznati dublji motiv koji se nalazi iza racionalne evaluacije određene teme te pridonijeti boljem razumijevanju podloge pojedinčevog, ali i grupnog stava, mišljenja i vjerovanja.

Cilj ovog rada je prikazati specifičnosti provedbe, prednosti i nedostatke te mogućnosti primjene fokusnih grupa u istraživačkom radu s djecom i mladima. Za uspješnost primjene presudnim se pokazala što bolja adaptacija razvojnoj dobi djeteta te spoznajnim mogućnostima. Prednosti korištenja fokusne grupe u radu s djecom su da djeca bolje komuniciraju u grupi vršnjaka u odnosu na komunikaciju jedan na jedan s odraslima, nema pritiska na samo jedno dijete, te fleksibilnost, a nedostatci su da djeca mogu biti pod utjecajem druge djece prigodom formiranja mišljenja, ali nam to može ukazivati i na zastupljenost neke ideje unutar grupe vršnjaka. Mogućnosti korištenja su u dobivanju informacija o pitanjima javnog zdravlja mladih, informacija dostupnosti zdravstvene zaštite, o preventivnim programima u školi i drugo.

***/** The focus group is a qualitative research technique that is increasingly represented in the field of healthcare and applies to children and adolescents, either separately or in conjunction with other research methods. Using qualitative research methods, we collect information about values, beliefs and motives that are in the background of certain behaviours, and focus groups, as a key task, have to recognize a deeper reason behind a rational evaluation of a specific topic and to contribute to a better understanding of the subject's individual but also group attitude, opinions and beliefs.*

The aim of this paper is to show the specificities of implementation, advantages and disadvantages and the possibility of applying focus groups in working with children and young people. For the success of the application, it is crucial to have a better adaptation to the developmental age of the child and its cognitive abilities. The advantages of using focus groups in working with children are that children communicate better in a group of peers compared to one-to-one communication with adults, there is no pressure on only one child and there is more flexibility as well; one disadvantage is that children can be influenced by other children when forming opinions, but this may also indicate the representation of an idea within the peer group.

Focus groups can be used to obtain information on public health issues, information on healthcare availability, preventive programs at school, etc.

ADRESA ZA DOPISIVANJE / *CORRESPONDENCE:*
Prim. Ljubica Paradžik, dr. med.
Psihijatrijska bolnica za djecu i mladež
Ulica Ivana Kukuljevića 11
10 000 Zagreb, Hrvatska
E-pošta: ljubica.paradzik@gmail.com

KLJUČNE RIJEČI / *KEYWORDS:*
Kvalitativna istraživanja / *Qualitative Research*
Fokusna grupa / *Focus Group*
Djeca i adolescenti / *Children and Adolescents*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.442

UVOD

Znanstveno istraživanje je sustavan način postavljanja pitanja i sustavan način odgovaranja na njih (1). Razlikujemo dva načina istraživanja, a to su kvantitativna i kvalitativna. Kvantitativna istraživanja zaključuju o općim zakonitostima, dok se kvalitativna bave pojedinačnim entitetima (procesima, bićima, događajima). Osnovna obilježja kvantitativnih istraživanja su: cilj je doznati bitne i važne činjenice o pojedincu, to jest cilj je klasificirati karakteristike, konstruirati statističke modele koji objašnjavaju promatranu pojavu, istraživač zna unaprijed što želi istraživati, aspekti istraživanja unaprijed su određeni prije nego se započne s prikupljanjem podataka, istraživač u istraživanju koristi alate kao što su anketni upitnici, podatci su u obliku brojeva i statistika, interpretacija podataka je objektivna (analiziraju se i interpretiraju provedeni upitnici), istraživač je odvojen od predmeta istraživanja, objektivniji, fokus je usmjeren na podatke, ali je upitna iskrenost ispitanika u odgovorima (2). S druge strane u kvalitativnim istraživanjima: cilj je cjelovit, opisi su detaljniji, ulazi se u dublje dimenzije, istraživač ima grubu ideju što istražuje, dizajn studije se pojavljuje tijekom istraživanja, instrument prikupljanja podataka je sam istraživač, podatci su u obliku riječi, slika, zvukova, interpretacija podataka je subjektivna – važna je individualna interpretacija, postoji fokusiranost na teoriju i kontekst, ali je upitna transferabilnost nalaza (2).

INTRODUCTION

Scientific research is a systematic way of asking questions as well as a systematic way of answering them (1). The two basic research approaches are quantitative and qualitative research. Quantitative research deals with general issues, while qualitative research deals with individual ones (processes, people, events). The basic features of quantitative research are: the goal is to identify the significant and important facts about an individual, that is, the goal is to classify the characteristics, to construct statistical models that explain the observed phenomenon, the researcher knows in advance what he wants to explore, research aspects are predetermined before the data collection began, the researcher uses tools such as questionnaires, the data is in the form of numbers and statistics, the interpretation of the data is objective (the questionnaires are analysed and interpreted), the researcher is separated from the subject of research, the research is more objective, it is focused on the data, but the sincerity of the respondents in the responses is questionable (2). On the other hand, in qualitative research the goal is complete, the descriptions are more detailed, deeper dimensions are entered, the researcher has a rough idea to explore, the design of the study appears during research, the data gathering tool is the researcher, the data is in the form of words, sounds, the interpretation of the data is subjective – it is important to have an individual interpretation, there is a focus on the theory and context, but the transferability of the findings is questionable (2).

Kvalitativna istraživanja razvila su se u mnogim znanstvenim disciplinama, a posebno u društveno-humanističkim znanostima (3). Povijesno gledano kvalitativna istraživanja se već dugo primjenjuju u psihologiji. Wilhem Wundt je navodio korištenje deskripcije u svojoj "folk-psihologiji". Nakon toga pojavljuju se brojne monografske studije koje su usmjerene na tzv. *case-study* istraživanje (3). U Sjedinjenim Američkim Državama (SAD) kvalitativni pristup koriste već 1920-tih godina. Klinički psiholozi Lazarsfeld i Herzog su primjenjivali tehnike discipline na komercijalni svijet. Potom je „frojdovska" psihologija bila važna za kvalitativne istraživače 50-tih i 60-tih godina XX. stoljeća. U njemačkom govornom području Jurgen Habermas (1967) prvi prepoznaje različite tradicije i istraživačke strategije koje se razvijaju u američkoj sociologiji, a koje su vezane za radove Goffmana, Garfinkela, Blumera i dr. U 70-tim i 80-im godinama XX. stoljeća razvijaju se tehnike za prikupljanje i analizu empirijskog materijala (3). Posljednjih godina kvalitativna istraživanja dobivaju sve više na važnosti (4).

Iako u medicinskim istraživanjima još uvijek prevladava kvantitativni pristup u istraživanjima ipak je u zadnja dva desetljeća došlo do porasta kvalitativnih istraživanja (5). Prema istraživanju objavljenih članaka medicinskih časopisa s obzirom na vrstu znanstvenog istraživanja došlo je do porasta kvalitativnih istraživanja u medicini s 1,2 % iz 1998. godine na 4.1% u 2007. godini, što je ukupno porast od 2,9 %. (5).U početku se na kvalitativna istraživanja gledalo kao da su napad na razum i istinu (6) te su kvalitativna istraživanja bila potisnuta. Porast interesa i provedbe kvalitativnih istraživanja može se tumačiti činjenicom da kvalitativna istraživanja pružaju uvid u dubinsko razumijevanje ljudskog ponašanja, uzima u obzir osobna iskustva pojedinca i njihova značenja što se ne može uvijek dosegnuti kvantitativnim istraživanjima (6). Kvalitativna istraživanja otkrivaju vrijednosti, vjerovanja i motive koji su u podlozi individualnih zdravstvenih ponašanja (5). Tako, na primjer, kvalita-

Qualitative research developed in many scientific disciplines, especially in socio-humanistic sciences (3). Historically, qualitative research has long been applied in psychology. Wilhelm Wundt mentioned the use of description in his "folk-psychology". Numerous monographic studies have emerged, which are aimed at so-called case study research (3). In the United States (USA), qualitative approach has been used since the 1920s; clinical psychologists Lazarsfeld and Herzog applied disciplinary techniques to the commercial world. Then "Freudian" psychology was important for qualitative researchers in the 50s and 60s of the 20th century. In the German-speaking world, Jurgen Habermas (1967) was the first to recognize different traditions and research strategies that were developing in American sociology, which were related to the works of Goffman, Garfinkel, Blumera and others.

In the 70s and 80s of the twentieth century, techniques for collecting and analysing empirical material developed (3). In recent years, qualitative research has gained greater importance (4).

Although quantitative approach to research in medicine still prevails, there has been a rise in qualitative research in the last two decades (5). According to the research on published medical articles, given the type of scientific research, the amount of qualitative research in medicine has risen from 1.2% in 1998 to 4.1% in 2007, with the total increase of 2.9%. (5). Initially, qualitative research was seen as an attack on reason and truth (6), and it was suppressed. An increase in the interest and implementation of qualitative research can be interpreted by the fact that qualitative research provides an insight into a deep understanding of human behaviour, takes into account personal experiences of the individual and their meanings, which cannot always be reached by quantitative research (6). Qualitative research reveals the values, beliefs and motives that are at the basis of individual health behaviours (5), so, for example, obsta-

tivno su istraživane prepreke koje su u podlozi iza određenog ponašanja pacijenata kao što su primjeri korištenja ili nekorištenja lijekova (7).

Kvalitativna istraživanja u medicini su bitna i za istraživanje kompleksnih fenomena koje je teško doseći samo kvantitativnim pristupom (5). U pozadini nekog fenomena često se nalaze određeni rizični faktori koje je teško dosegnuti samo kvantitativnom metodom, odnosno često su teško mjerljivi. Uz kvalitativna istraživanja možemo doći do pozadine, odnosno vjerovanja ljudi o povezanosti određenih rizičnih ponašanja uz određene bolesti.

Kvalitativne istraživačke metode su sve popularnije i u zdravstvenoj znanosti za determiniranje holističkog pogleda kako ljudi percipiraju zdravlje, koriste se u istraživanju kvalitete zdravstvene zaštite, istraživanje kvalitete odnosa liječnik pacijent, identificiranje socijalnih i kulturoloških čimbenika bitnih za zdravlje (8). Također se koriste za ispitivanje razumijevanja utjecaja društvenih i kulturoloških normi na učinkovitost određenih zdravstvenih intervencija (5), te kako bi se poboljšala interakcija između zdravstvenih djelatnika i obitelji (9).

U kvalitativnim istraživanjima važan je induktivni pristup, a u prikupljanju podataka koriste se opažanje, intervjuiranje (individualno ili grupno), te fokusna grupa (1). Fokusne grupe se koriste za dobivanje stavova ljudi o problemima, te se zahvaljujući njima traže objašnjenja za određena ponašanja (10), a zadnjih godina fokusna grupa stekla je popularnost te se sve više primjenjuje među profesionalcima u području zdravstva (11). Kvalitativna istraživanja i fokusne grupe daju doprinos u istraživanju, te se mogu kombinirati s kvantitativnim istraživanjima (12).

FOKUSNA GRUPA

U kvalitativnim istraživanjima koriste se različite metode prikupljanja podataka. Istraživačima su na raspolaganju dva tipa podataka:

cles that are underlying certain behaviours of patients were qualitatively investigated, such as the use or non-use of medicines (7).

Qualitative research in medicine is also important for researching complex phenomena, which are difficult to reach only by quantitative approach (5). In the background of a phenomenon there are often certain risk factors that are difficult to reach by quantitative methods or are often difficult to measure. Using qualitative research, we can come to the background of people's beliefs about the association of certain risk behaviours with certain diseases.

Qualitative research methods are increasingly popular in health science to determine the holistic view of how people perceive health, are used in health care quality research, doctor-patient relationship quality research and the identification of social and cultural factors of vital importance to health (8). They are also used to examine the understanding of the impact of social and cultural norms on the effectiveness of certain health interventions (5) and to improve the interaction between health professionals and the family (9).

The inductive approach is important in qualitative research, while observation, interviews (individual or group) and focus groups (1) are used in data collection. Focus groups are used to get people's attitudes about issues because explanations for certain behaviours are being sought (10), and in recent years the Focus Group has gained popularity and is increasingly applied by healthcare professionals (11). Qualitative research and focus groups contribute to research and can be combined with quantitative research (12).

THE FOCUS GROUP

Various methods of data collection are used in qualitative research. There are two types of data available to researchers: primary and sec-

primarni i sekundarni. Primarni podatci su podatci koji se prvi put prikupljaju za potrebe konkretnog istraživačkog projekta, odnosno nastaju tijekom istraživanja. Metode prikupljanja primarnih podataka su: promatranje, anketa, studija slučaja, intervju, fokusna grupa, itd. Sekundarni podatci su podatci koji su prikupljeni za potrebe nekog drugog slučaja, odnosno nekog ranijeg istraživanja, s nekom drugom svrhom. Sekundarni podatci mogu također već postojati kao, na primjer, pisma, javni dokumenti, dnevnici i slično (13). Fokusna grupa je jedna od najčešće korištenih metoda u kvalitativnim istraživanjima.

Začetnikom fokusnih grupa smatra se Robert Morton koji je zajedno sa Lazarsfeldom 40-tih godina XX. stoljeća istraživao reakcije grupe ljudi vezano uz određeno pitanje. Fokusna grupa je dosta korištena za istraživanja u marketingu te u socijalnoj psihologiji (14).

Postoji više definicija fokusne grupe. Termini vezani uz fokusnu grupu kao "organizirana diskusija", „kolektivna aktivnost", „interakcija" i „socijalni događaj" koriste se u socijalnim istraživanjima (15). Fokusna grupa identificira norme grupe i raznolikost unutar populacija (16). Neki opisuju fokusnu grupu kao grupu individualaca koji imaju neke zajedničke interese ili karakteristike, okupljeni su oko moderatora, pri čemu moderator koristi grupu i njene interakcije kao način kako bi se došlo do informacija o specifičnom ili fokusiranom pitanju/problemu (17). Termin fokus označava da će se u grupi raspravljati o preciznoj temi i području interesa, a ne o nečemu općenitom (17).

Postoje dvije temeljne svrhe radi kojih provodimo istraživanje uz korištenje fokusne grupe, a to su: sadržajne svrhe i metodološke svrhe. Korištenje fokusne grupe za sadržajne svrhe je dobro za situacije kada do određenih spoznaja ne možemo doći klasičnim putem, kao, na primjer, istražiti stavove pojedinaca koji su drugačiji od većine, kada želimo dobiti

ondary. Primary data is data that is collected for the first time for the needs of a specific research project, that is, it is generated during research. Methods of collecting primary data are: observation, survey, case study, interview, focus group, etc. Secondary data is data collected for the purposes of another case, that is, some earlier research, for some other purpose. Secondary data may already exist, such as letters, public documents, diaries and similar material (13). The Focus Group is one of the most frequently used methods in qualitative research.

The inventor of the Focus Group is Robert Morton, who together with Lazarsfeld in the 40s of the twentieth century explored a group's reactions to a specific question. The Focus Group has been used quite often for market research and social psychology (14).

There are more focus group definitions. Terms related to the Focus Group such as "organized discussion", "collective activity", "interaction" and "social event" are used in social research (15). The Focus Group identifies group norms and population diversity within the population (16). Some describe the Focus Group as a group of individuals who have some common interests or characteristics, gathered around the moderator, where the moderator uses the group and its interactions as a way to get information about a specific or focused issue/problem (17). The term focus indicates that the group will discuss a precise topic and area of interest rather than something general (17).

There are two basic purposes for doing research using the Focus Group, namely content and methodological purposes.

Using the Focus Group for content purposes is good for situations where we cannot come to certain discoveries in a classical way, such as by examining the attitudes of individuals that are different from the majority, when we want to get attitudes that we cannot reach using questionnaires, or the answers to the questionnaires are inaccurate or insincere, when we want to discov-

stavove koje ne možemo dosegnuti upitnicima, ili su odgovori na upitnicima neozbiljni ili neiskreni, zatim kada želimo otkriti puno složenija ponašanja i motivacije, ili pojave (2). Fokusne grupe u metodološke svrhe koristimo kako bismo unaprijedili metodologiju istraživanja, na primjer dublje poznavanje problema pomaže u kreiranju anketnog upitnika, njegovo dizajniranje, operacionalizaciju čestica, te validnost. U eksplorativnom istraživanju fokusne grupe su važne da bi se dosegnule moguće implikacije koje stoje iza manifestnih ponašanja i stavova određenih skupina, daju bolji uvid u tematiku, pomažu u razvijanju hipoteza koje će se testirati u kvantitativnom istraživanju (2).

U fokusnoj grupi obično sudjeluje od 6 do 12 sudionika odnosno 8±2 sudionika, a taj broj se smatra dobrim, jer je grupa dovoljno mala da omogući svakom sudioniku mogućnost iznošenja stavova i mišljenja, a ipak dovoljno velika da bi se mogla razviti određena grupna dinamika (2). Sudionici su izabrani po nekim relevantnim karakteristikama (dob, spol..), jedinstveni barem po jednom obilježju. Istraživač u skladu s predmetom i ciljem istraživanja treba odrediti koje su to karakteristike. Homogenost je važna jer su tada sudionici otvoreniji, slobodniji, a rezultati fokusnih grupa interpretiraju se na grupnoj a ne individualnoj razini, te je stoga važno da su sudionici međusobno slični (2). Razgovor traje od 90 do 120 minuta, a vodi ga moderator vodičem za razgovor, koji je unaprijed kreiran u skladu s ciljevima istraživanja.

U fokusnoj grupi bitna je uloga moderatora koji vodi tijek razgovora. Dobar moderator osigurava da razgovor teče u dobrom smjeru, ohrabruje sve sudionike da se angažiraju i pazi da pojedinci ne dominiraju u diskusiji (15). Moderator vodi sudionike u raspravi koja teče od općeg prema posebnom, te se dolazi do relevantnog pitanja. Fokusna grupa je fleksibilna, ispitanici djeluju stimulativno jedni na druge, te je smanjena udaljenost između moderatora i sudionier much more complex behaviours and motivations or occurrences (2). Focus groups are used for methodological purposes in order to improve the research methodology, for example, a deeper knowledge of the problem helps to create a questionnaire, design, particle operationalization, and validity. In explorative research, focus groups are important to reach the possible implications behind the manifest behaviours and attitudes of particular groups, to provide a better insight into a topic and to help develop hypotheses that will be tested in quantitative research (2).

In a Focus Group there are usually 6-12 or 8 +/- 2 participants, and this number is considered positive because the group is small enough to allow each participant the opportunity to express their attitudes and opinions, yet big enough to develop a certain group dynamics (2) Participants are selected according to some relevant characteristics (age, gender) and are unique according to at least one characteristic. The researcher, in accordance with the subject and the purpose of the research, should determine what these characteristics are. Homogeneity is important because participants are more open, freer and the Focus Group results are interpreted on a group rather than on an individual level, so it is important for the participants to be similar to each other (2). The talk lasts 90 to 120 minutes and is led by a moderator who is guided by the interview guide, which has been created in advance for the purposes of the research.

In the Focus Group the role of the moderator, who takes the course of the conversation, is of high importance because a good moderator ensures that the conversation runs in a positive direction, encourages all participants to engage and takes care that individuals do not dominate the discussion (15). The moderator leads the participants in the debate that runs from the general to the specific and makes sure that relevant questions arise. The Focus Group is flexible, the respondents stimulate each other and the distance between the moderator and the

ka (2). Podatci koji se dobiju fokusnom grupom su oni koje dobijemo verbalno od ispitanika, ali se tijekom razgovora prate i neverbalne reakcije. Cjelokupni se razgovor snima, a moderator odmah nakon završetka grupe bilježi transkripte. Dobro je ako se može osigurati prisutnost asistenta moderatora koji vodi bilješke o tijeku razgovora, te o bitnim neverbalnim reakcijama sudionika (14).

Kvalitetnim moderiranjem postiže se ravnomjerna interakcija između članova grupe, a kvalitetna interpretacija rezultata na kraju postiže se sudjelovanjem više istraživača (2).

Cilj fokusne grupe je prikupiti podatke o mišljenju, stavovima, osjećajima, iskustvima, vjerovanjima i reakcijama sudionika (4). Cilj je otkriti kako se određena pojava izražava u dinamici, njenim posljedicama i kretanju kroz kontekst, a ne generalizirati pojavu u općoj populaciji (2). Cilj je spoznati motiv koji se nalazi iza racionalne evaluacije određene teme (2). Fokusnim grupama ćemo dobiti odgovor na pitanje zašto, a ne na pitanje koliko, odnosno saznanja dobivena fokusnom grupom ne generaliziramo na cijelu populaciju, ali možemo razumjeti zašto netko ima određeni stav, vjerovanje i koji bi razlog mogao biti u podlozi (2). Fokusno grupno istraživanje može se dobro primjenjivati kod djece kojoj odgovara ambijent i prisutnost vršnjaka, te je smanjena interakcija moći između istraživača i djeteta zbog podrške vršnjaka (18).

Fokusna grupa ima svoje prednosti i nedostatke. Prednosti fokusne grupe su fleksibilnost i „relativno“ niska cijena (19), prikupljanje puno informacija o nekoj temi, određenih mišljenja ili stavova u kratkom vremenu (17), te su učinkovit alat kada se koristi zajedno s drugim metodama prikupljanja podataka (17). Jedna od najvećih prednosti fokusne grupe je što omogućuje istraživaču dublji uvid u pozadinu, to jest dubinu istraživačke teme (17), pri čemu sudionici uspostavljaju međusobnu prirodnu

participant (2) is reduced. The data that comes from the Focus Group is the one we get verbally from the respondents but also the nonverbal reactions during the conversation are observed. The entire conversation is recorded, and the moderator immediately records the transcripts after the end of the group. It is good if the moderator's assistant can keep track of the conversation's progress and of the important non-verbal reactions of the participant (14).

Through quality moderation, a balanced interaction between group members is achieved, and a quality interpretation of results is achieved by the involvement of more researches (2).

The Focus Group's objective is to collect information about the opinions, attitudes, feelings, experiences, beliefs and reactions of the participants (4). The aim is to find out how a given phenomenon is expressed through dynamics, its consequences and movement in the context rather than generalize the phenomenon in the general population (2). The goal is to recognize the motif behind a rational evaluation of a particular topic (2). Focus groups will give an answer to the question why but not to the question of how much, and the knowledge gained from a focus group is not generalized to the level of the whole population, but we can understand why someone has a certain attitude, belief and what might the underlying reason be (2). Focus group research can be applied well in children who are surrounded by their peers and there is a reduced interaction of power between the researcher and the child due to peer support (18).

The Focus Group has its advantages and disadvantages. The advantages of focus groups are flexibility and "relatively" low costs (19), collecting a lot of information about a topic, certain opinions or attitudes in a short time (17) and are an effective tool when used together with other data collection methods (17). One of the greatest advantages of the Focus Group is that it allows the researcher a deeper insight into the background, that is, the depth of the research topic

interakciju, a osim što iznose svoje stavove i mišljenje oni ih brane, argumentiraju, te postoji utjecaj članova grupe jednih na druge pa se može očekivati dublji uvid (14). Prednost je što moderator usmjerava sudionika na međusobni razgovor, što smanjuje usmjerenost sudionika na moderatora (18). Vezano uz socijalno osjetljive teme kao prednost se navodi podržavajuće grupno okruženje koje može potaknuti i osnažiti sudionike jer se nalaze u skupini koja ima bliska i slična iskustva moderatora (18).

Međutim, potrebno je biti svjestan i nedostataka fokusnih grupa. Oni uključuju troškove razvoja upitnika, organiziranja (smještaja sudionika, troškovi sobe za sastanke), obrada i analiza podataka (17). Neki se nedostatci mogu izbjeći dobro isplaniranim vođenjem diskusije, ali neke nedostatke se ne može izbjeći. Jedan od nedostataka je relativno mali broj ispitanika. Uzorak sudionika u fokusnim grupama često je prigodan samim time što sudionici koji su pristali na istraživanje za koje su odvojili vrijeme i došli na ispitivanje, mogu pokazivati i bolju motiviranost (14). Nedostatak je činjenica da neke osobe neće htjeti sudjelovati u diskusiji (na primjer sramežljivi, manje samopouzdani i slično). Moderator ima bitnu ulogu u fokusnoj grupi, ali također ima slabiju kontrolu nad interakcijom u grupi što može biti nedostatak. Potencijalni nedostatak može biti nedovoljno poznavanje moderatora grupne dinamike zbog čega se može dogoditi da određeni ispitanici dominiraju grupom i nameću se, a ostali se povlače i ne iznose svoje stavove, mišljenja, vjerovanja. Proces analiziranja dobivenih podataka u kvalitativnim istraživanjima pa tako i u fokusnoj grupi zahtijeva vrijeme, te može biti spor i dugotrajan proces (17). Nadalje, nedostatak može biti što se fokusna grupa rijetko koristi kao jedina metoda prikupljanja podataka, odnosno učinkovitija je kada se koristi s drugim metodama prikupljanja podataka (17). Nedo-

(17), whereby the participants establish a natural mutual interaction and, besides giving their views and opinions, they defend them, argue and there is the influence of group members on each other, so a deeper insight can be expected (14). One advantage is that the moderator directs participants to each other's conversation, which reduces the participants' focus on the moderator (18). Linked to socially sensitive topics, a supportive group environment is cited as an advantage which can stimulate and empower participants because they find themselves in a group that has close and similar experiences (18).

However, it is important to be aware of the disadvantages of the focus groups. These include costs for developing the questionnaires, organization (hosting participants, meeting room costs), data processing and analysis (17). Some shortcomings can be avoided by a well-planned discussion, but some disadvantages cannot be avoided. One of the disadvantages is a relatively small number of respondents. A sample of focus group participants is often appropriate. Also, participants who agreed to the research for which they took time and came to the examination could show better motivation (14). Another disadvantage is that some people will not want to participate in the discussion (for example, shy, less self-confident and so on). The moderator plays an important role in the Focus Group but also has less control over interaction in the group, which may be a disadvantage. A potential disadvantage may be if the moderator does not know enough group dynamics, which may cause certain respondents to dominate the group and impose themselves, while others are withdrawing and failing to express their attitudes, opinions and beliefs. The process of analysing the obtained data in qualitative research and in the Focus Group requires time and can be a slow and long-lasting process (17). Furthermore, one disadvantage may be that the Focus Group is rarely used as the only data collection method or is more effective when used with other data collection methods (17).

statak u fokusnim grupama je činjenica da u grupnom okruženju sudionici iznose iskustva koja obično zadržavaju za sebe, te se ne mogu predvidjeti sve moguće reakcije ostalih sudionika fokusne grupe (18).

Fokusna grupa se može održati na različitim mjestima, domovima, iznajmljenim objektima, ali je ipak najbolje izabrati neutralnu lokaciju kako bi se izbjegle bilo kakve asocijacije (bilo negativne ili pozitivne) vezane uz određeno mjesto (20).

Neophodno je osvrnuti se i na etička pitanja prigodom provedbi kvalitativnih istraživanja uključujući i fokusne grupe. Kako u kvantitativnim tako i u kvalitativnim istraživanjima vrijede osnovna načela kao što su poštivanje ljudskih prava i dostojanstva osoba (uključujući ljudske, kulturološke i ostale razlike), kompetentnost istraživača, te profesionalna i znanstvena odgovornost istraživača. U istraživanjima je potrebno osigurati anonimnost i povjerljivost podataka, važan je informirani pristanak sudionika o svrsi i postupcima provedbe istraživanja, pravo na odustajanje od sudjelovanja u istraživanju u svakom trenutku, dobrobit za sudionika istraživanja kao i okolinu treba biti veća od potencijalnih rizika. Podatci trebaju biti točno prikupljeni, te je potrebno izbjegavati neprimjerenu interpretaciju rezultata. Postoje određene kategorije za koje vrijede posebna pravila prigodom dobivanja informiranog pristanka, a to su, na primjer, djeca ili osobe s intelektualnim poteškoćama. Za njihovo sudjelovanje u istraživanjima potrebno je dobiti suglasnost roditelja/skrbnika (18,21). Važno je navesti određene specifičnosti i etičke izazove koji su vezani uz kvalitativna istraživanja. U kvalitativnim istraživanjima karakterističan je neposredni kontakt sa sudionicima te su i etička pitanja prisutna od početka odnosno pripreme istraživanja, tijekom provedbe istraživanja i prikupljanja podataka, kao i prigodom izvještavanja o rezultatima. Određenu skupinu za istraživanje odabiremo jer ima neka

Another disadvantage of focus groups is the fact that in a group environment participants share experiences they usually retain for themselves and cannot foresee all possible reactions from other focus group participants (18).

The Focus Group can be held in different places, homes or rented facilities, but it is best to choose a neutral location to avoid any association (either negative or positive) associated with a particular location (20). It is also necessary to look at ethical issues when conducting qualitative research including focus groups. Both in quantitative and qualitative research, basic principles such as respect for human rights and dignity of persons are applied (including human, cultural and other differences), the competence of researchers and the professional and scientific responsibility of the researchers. In research, it is necessary to ensure anonymity and confidentiality of the data, informed consent of the participants about the purpose and procedures of research implementation is important, the right to waive participation in research at all times, the benefit for the research participants as well as the environment should be greater than the potential risks. Data should be accurately collected and it is necessary to avoid inappropriate interpretation of results. There are certain categories for which special rules apply when getting informed consent, such as children or persons with intellectual disabilities. Parents/guardians must provide informed consent for their participation in the research (18,21). It is important to point out certain specific and ethical challenges related to qualitative research. Qualitative research is characterized by direct contact with the participants and ethical issues are present since the beginning or the preparation of the research, during the research and the data collection, as well as when reporting on the results. We select a particular research group because it has some important attributes and therefore the important ethical question is how we came to the respondents, as well as what their motivation for research was.

obilježja koja su nam bitna te je stoga važno etičko pitanje na koji način smo došli do ispitanika, kao i koja je njihova motivacija bila za istraživanje. Istraživač je u kvalitativnim istraživanjima promatrač, ali i promatran od sudionika istraživanja. Sudionici promatraju istraživačeva ponašanje, objektivnost, vrijednosni sustav što može utjecati na valjanost istraživanja (22).

U kvalitativnim istraživanjima odnos istraživača i sudionika je obilježen višestrukom i višeznačnom ulogom istraživača (ponekad je istraživač osoba koja je pomagačke profesije, tada je bitno zadržati mjeru između pomagačke profesije i istraživačke pozicije, bitno je na samom početku iskomunicirati ulogu istraživača sudionicima, a ako je problem ozbiljan i postoji potreba za pomoći osigurati stručnu pomoć za sudionika itd). Bitna je ulogu u odnosu statusa i moći između istraživača i sudionika kao i utjecaj vrijednosnog sustava istraživača (vrijednosni sud istraživača utječe na valjanost istraživanja, kada se radi o fokusnim grupama međusobna interakcija sudionika daje više mogućnosti istraživaču da izbjegne eksplicitno iznošenje vlastitih vrijednosnih normi). Kod izvještavanja o rezultatima kvalitativnih istraživanja posebno treba paziti da se sudionici ili neposredni sudionici (obitelj, osobe iz neposrednog okruženja) ne mogu prepoznati. Također je važno etičko pitanje jesu li podatci dobiveni od sudionika točno interpretirani (22).

Posebno etičko pitanje tijekom kvalitativnih istraživanje je kako postupiti ako se dobiju podatci o planiranju nanošenja štete sebi ili drugima ili ako se dobiju podatci o zlostavljanju. Kako bi se osigurala etičnost važno je na samom početku upoznati sudionike s istraživačevim zakonskim obavezama, te će sudionik biti taj koji će odlučiti o dijeljenju i/ili zadržavanju informacija za sebe. Također je važno učiniti sve što je u istraživačevoj mogućnosti da se zadrži integritet sudionika, a da ipak na

In qualitative research, the researcher is an observer but is also observed by the research participants. Participants observe the researcher's behaviour, objectivity and value system, which can influence the validity of research (22).

In qualitative research, the relationship between the researcher and the participants is marked by the multiple and multidimensional role of the researcher (sometimes a researcher is in an auxiliary profession, and then it is important to keep the balance between the auxiliary profession and the research position, in the beginning it is essential to communicate the role of the researcher to the participants and if the problem is serious and there is a need for help, to provide expert assistance to participants, etc.), the role of the relationship between status and power between researchers and participants is important, as well as the impact of the researcher's value system (the value judgement of the researcher influences the validity of the research, and when it comes to focus groups, mutual interaction of the participants gives more opportunities to the researcher to avoid explicitly issuing their own value standards). When reporting on the results of qualitative research, particular care should be taken to ensure that participants or immediate participants (family, people from the immediate environment) cannot be identified. The important ethical question is also whether the data obtained from the participants are correctly interpreted (22).

A special ethical question during qualitative research is how to proceed if obtained data is about planning to harm yourself or others, or if abuse data is obtained. To ensure that ethics are upheld, at the very beginning it is important to introduce participants to the researcher's legal obligations and the participant will be the one who will decide on sharing and/or retaining information for themselves. It is also important to do everything in the researcher's power to maintain the integrity of the participant while also responding in a suitable manner to the behaviour of the participant (18,22).

prikladan način reagira na izneseno ponašanje sudionika (18, 22).

MOGUĆNOSTI I KARAKTERISTIKE PRIMJENE METODE FOKUSNE GRUPE U ISTRAŽIVANJIMA S DJECOM

Fokusne grupe se mogu koristiti u istraživanju s djecom. Jedno od prvih istraživanja putem fokus grupa u radu s djecom i vezano uz djecu su istraživanja o seksualnosti, odnosno seksualnoj aktivnosti, spolno prenosivim bolestima, pobačaju i roditeljstvu. Kisker je 1985. godine istraživao u SAD-a slabu upotrebu kontraceptiva kod tinejdžera (9). Rađene su i fokusne grupe kojima se htjelo doznati koliko djeca razumiju AIDS, te dječje emocionalne reakcije spram osoba oboljelih od AIDS-a (9). Fokusne grupe se koriste i kako bi se procijenile potrebe ciljnih skupina, na primjer, adolescenata te kako bi se radilo na promociji zdravlja adolescenata i poboljšali preventivni programi za njih (9). Važna je u dobivanju informacije o pitanju javnog zdravlja kod adolescenata, na primjer, značenje potrošnje alkohola (23). Koriste se i u istraživačkom radu sa socijalno i psihološki ranjivom djecom i mladima (npr. djecom lošijeg socioekonomskog statusa, djecom žrtvama obiteljskog nasilja) (18).

Sudjelujući u fokusnoj grupi adolescenti lakše iznose i pričaju o svojim ponašanjima koja mogu biti tabu teme ili smatrana od odraslih devijantnim, u fokusnoj grupi adolescenti iznose svoja pitanja i otkrivaju svoje prioritete, te je fokusna grupa kod adolescenata savršen okvir za razvoj novih i zajedničkih stavova (23). Adolescenti su slobodni u fokusnoj grupi koristiti „svoj adolescentni rječnik", a moderator da bi im se približio i prevladao generacijski jaz također može koristiti njihov rječnik (22). Ideje iznesene u grupi bivaju interakcijama filtrirane, mijenjaju se ili razvijaju kao rezultat rasprave.

POSSIBILITIES AND CHARACTERISTICS OF USING FOCUS GROUP IN RESEARCH WITH CHILDREN

Focus groups can be used in research with children. Among the first examples of research using focus groups in working with children and related to children are studies of sexuality, sexual activity, sexually transmitted diseases, abortion and parenthood. In 1985, Kisker investigated the poor use of contraceptives among teenagers in the United States (9). Focus groups were also used to discover if children understood AIDS and children's emotional reactions to people suffering from AIDS (9). Focus groups are also used to assess the needs of target groups such as adolescents and to work on promoting adolescent health and improving preventive programs for them (9). It is important to obtain information on public health issues in adolescents, for example, the importance of alcohol consumption (23). They are also used in research work with socially and psychologically vulnerable children and youth (for example children with a poorer socioeconomic status, children who are domestic violence victims) (18). By participating in the Focus Group, adolescents are more likely to talk about their behaviours, which can be a taboo topic or considered deviant by adults, and through it they ask their questions and reveal their priorities, and using focus groups with adolescents is the perfect framework for developing new and shared attitudes (23). When Participating in focus groups, adolescents are free to use "their adolescent dictionary" and, in order to approach them and overcome the generational gap, the moderator can also use their dictionary (22). The ideas presented in the group are filtered through the interactions and are changing or developing as a result of the discussion. Focus groups can be used for preventive programs at school, in which case we start from the assumption that it is not only necessary to provide the information but also to create the ability for adolescents to recognize certain types

Fokusna grupa se može koristiti za preventivne programe u školi. Tada polazi od pretpostavke kako nije potrebno samo dati informaciju već i stvoriti mogućnost da adolescenti u grupi prepoznaju određene tipove rizičnih ponašanja. Za aktiviranje preventivnih shema nije bitno samo utvrđivanje ciljeva već se stvara vremenski i mjesni okvir gdje adolescent može izreći svoju priču i svoje iskustvo i gdje se stvara plodno tlo za diskusiju i stvaranje novog, zajedničkog mišljenja (23).

Fokusna grupa se koristi u radu s djecom koja imaju poremećaj u ponašanju, u fokusnoj grupi djeca mogu osvijestiti koje posljedice ima njihovo ponašanje na njih kao i na njihovu obitelj, te okolinu. Putem fokusne grupe može se čuti njihov glas, kako i je li im dostupna pomoć, nude li se intervencije u zdravstvu, socijalnoj skrbi, zajednici kako za njih tako i za njihove obitelji, te oni sami mogu biti pomoć u kreiranju intervencija za djecu s poremećajima ponašanja.

Rad s djecom u fokusnoj grupi ima svoje posebnosti, odnosno bitno je poznavati razvojne specifičnosti, te potrebe sudionika. Moderator treba uvažiti razvojnu dob djeteta te prilagoditi rad u grupi djetetovim mogućnostima kako bi razumjelo određenu temu o kojoj se raspravlja (9).

Veličina grupe kada se radi fokusna grupa s djecom je manja u odnosu na odrasle, odnosno najbolje je da se grupa sastoji od 4 do 6 sudionika (9). Ako ih je manje, grupna diskusija može nalikovati na paralelni intervju, a ako je grupa veća može biti poteškoća kontrolirati grupu. Također se smatra da fokusne grupe nisu prikladne za djecu mlađu od šest godina zbog socijalnih i jezičnih vještina, ali nakon šeste godina djeca mogu biti sudionici fokusne grupe. Djeca su dobri sudionici fokusnih grupa jer su spontani i manje su skloni davati socijalno poželjne odgovore (u usporedbi s odraslima). Fokusne grupe se mogu koristiti i u istraživanju s djecom mlađom od 6 godina, ali su potrebna daljnja istraživanja o valjanosti takvih grupa.

of risk behaviour through the group. In order to activate a preventive program, it is not only important to determine goals but to create a time and space framework for an adolescent to express their story and experience, as well as a fertile ground for discussion and the creation of a new, shared opinion (23).

Focus groups are used in working with children who have behavioural disorders, and through the Focus Group children can become aware of the consequences of their behaviour on themselves as well as on their families and on the environment. Using the Focus Group, their voice can be heard, they can discover how and whether they can get help, whether there are any available intervention measures in health care, social welfare or the community intended for them as well as for their families and they themselves can be helpful in creating interventions for children with behavioural disorders.

Working with children in a focus group has its own specifics, i.e. it is essential to know the developmental specificities and the needs of the participants. The moderator should take into account the developmental age of the child and adapt the work of the group to the child's capabilities in order to understand a particular discussed topic (9).

The size of a group when using focus groups with children is smaller in relation to adults, that is, it is ideal if the group is composed of 4-6 participants (9). If a group is smaller, the discussion can look like a parallel interview, and if the group is bigger, it may be difficult to control the group. It is also believed that focus groups are not suitable for children younger than six years of age because of their social and language skills, but after the age of six children can be a part of the Focus Group. Children are good focus group participants because they are spontaneous and are less inclined to give socially desirable responses (compared to adults). Focus groups can also be used in research with children younger than 6 years of age, but further research on

Vezano za duljinu trajanja fokusne grupe u radu s djecom preporuča se da grupa traje kraće, odnosno fokusna grupa bi trebala biti oko 45 minuta za djecu do 10 godina i oko 60 minuta za djecu od 10 i 14 godina, te se kao maksimalno moguće trajanje navodi 90 minuta (9). Prema 93 empirijske studije koje su razmotrili Heary i Hennesy 2002. g. (9) većina fokusnih grupa s djecom i mladima je trajala između 30 i 90 minuta.

Prednosti korištenja fokusne grupe u radu s djecom su te što djeca bolje komuniciraju u grupi vršnjaka u odnosu na komunikaciju jedan na jedan s odraslima. Također nema pritiska na samo jedno dijete (24). Korištenje fokusne grupe kod djece je priznato od stručnjaka, te podatci koji se dobiju ovom kvalitativnom metodom imaju dobru valjanost (9). Prednost fokusne grupe općenito pa tako i u radu s djecom je njena fleksibilnost te mogućnost kombiniranja s drugim kvalitativnim i kvantitativnim metodama (9).

Nedostatak korištenja fokusne grupe u radu s djecom je taj što djeca mogu usvojiti mišljenje svojih vršanjaka vezano uz određenu temu, to jest mogu biti pod utjecajem druge djece prigodom formiranja mišljenja, ali navedeno nam može ukazivati i o zastupljenosti neke ideje unutar grupe vršnjaka (24).

Prema Etičkom kodeksu istraživanja s djecom Republike Hrvatske da bi se provelo istraživanje potrebna je usmena ili pisana suglasnost djeteta (za dijete starije od 14 godina). Ako je dijete mlađe od 14 godina usmenu ili pisanu suglasnost daje roditelj odnosno skrbnik (18). Ciljevi, korist, svrha istraživanja kao i podatci o tajnosti, povjerljivosti, dragovoljnosti u istraživanju kao i mogući rizici trebaju biti objašnjeni i djeci (na njima razumljiv i prihvatljiv način) kao i roditeljima (18). Djeca mogu odbiti sudjelovanje u istraživanju iako su roditelji dali pristanak, a mogu se i povući iz fokusne grupe bez negativnih posljedica.

the validity of such groups is needed. When it comes to the length of the Focus Group in working with children, it is recommended that the group is shorter, i.e. the Focus Group should be around 45 minutes for children up to 10 years and about 60 minutes for children aged 10 and 14, and 90 minutes (9) is stated as the maximum possible duration. According to 93 empirical studies considered by Heary and Hennesy (9), most focus groups with children and young people lasted between 30 and 90 minutes.

One advantage of the focus group use in working with children is that children communicate better in a group of peers compared to one-on-one communication with adults. There is also no pressure on only one child (24). The use of the Focus Group with children is recognized by experts, and the data obtained by this qualitative method has good validity (9). The benefit of the Focus Group in general and also in working with children is its flexibility and the ability to combine it with other qualitative and quantitative methods (9).

One disadvantage of using focus group in working with children is that children can adopt the opinion of their peers about a certain topic, they can be influenced by other children when forming opinions but may also indicate the representation of some idea within the peer group (24).

According to the Ethical code of research of children of the Republic of Croatia, in order to carry out research, oral or written consent of the child is required (for a child older than 14 years). If the child is younger than 14 years, the oral or written consent of the parent or guardian is required (18). Objectives, benefits, research purposes as well as secrecy, confidentiality, research volunteering and potential risks should be explained to children (in an understandable and acceptable way) as well as to their parents (18). Children may refuse to participate in the research even though parents have given consent and can also withdraw from the focus group without any negative consequences.

ZAKLJUČAK

Fokusna grupa je tehnika kvalitativnog istraživanja koja postaje sve popularnija osim u području marketinga te niza akademskih disciplina (sociologija, psihologija, obrazovanje) također i u području zdravstva gdje se koristi za istraživanja pozadine određenih zdravstvenih ponašanja, za istraživanje odnosa liječnik-bolesnik, istraživanje učinkovitosti zdravstvenih intervencija i slično. Fokusna grupa se u istraživanju može koristiti samostalno ili u kombinaciji s drugim oblicima istraživanja. Može imati sadržajnu i metodološku svrhu. Tijekom kvalitativnih istraživanja doznajemo o vrijednostima, vjerovanjima i motivima koji su u podlozi određenih ponašanja, a doprinos fokusne grupe je spoznati dublji motiv koji se nalazi iza racionalne evaluacije određene teme, te kako se neka pojava izražava u dinamici, njenim posljedicama i kretanju kroz kontekst, a ne generalizirano u općoj populaciji. Fokusnom grupom dolazimo do odgovora na pitanje zašto bolje razumijemo što se nalazi u podlozi određenog stava, mišljenja, vjerovanja. Osim u radu s odraslima može se koristiti i u radu s djecom i adolescentima. Ima svoje specifičnosti provedbe, ima prednosti i nedostatke čega trebamo biti svjesni tijekom provođenja ove tehnike, te se prigodom provedbe uvijek trebamo držati etičkih načela u radu s odraslima kao i s djecom. U radu s djecom doprinos fokusne grupe je zajednička interakcija, bolja međusobna komunikacija djece nego kada su u komunikaciji jedan na jedan s odraslim, mogućnost spoznavanja za djecu i adolescente bitnih prioriteta kao i stvaranje miljea u kojem će oni moći izreći svoja pitanja, priče, prepoznavati određena rizična ponašanja i najbitnije - stvarati nova i zajednička mišljenja i stavove.

CONCLUSION

The Focus Group is a qualitative research technique that is becoming increasingly popular in the field of marketing and in a series of academic disciplines (sociology, psychology, education) but also in the field of healthcare, where it is used to research the backgrounds of certain health behaviours, to investigate a doctor-patient relationship, research the efficacy of health interventions and similar. The Focus Group can be used alone or in conjunction with other research methods. It can have a content and a methodological purpose. Using qualitative research methods, we collect information about values, beliefs and motives that are in the background of certain behaviours, and as its key task, the Focus Group has to recognize a deeper motive behind a rational evaluation of a specific topic and how a phenomenon is expressed through the dynamics, its consequences and the movement through the context, rather than generalizing the occurrence in the general population. The Focus Group finds an answer to the question why and leads to a better understanding of what is in the background of a certain attitude, thinking or belief. Apart from working with adults, it can also be used in working with children and adolescents. This has its specificity of implementation, its advantages and disadvantages that we need to be aware of while using this method, and we must always adhere to ethical principles in dealing with adults as well as with children when implementing this technique. In working with children, the Focus Group's contribution is a shared interaction, better communication between children than communicating one to one with an adult, the ability to recognize children's and adolescents' essential priorities as well as creating a way for them to pronounce their questions, stories, to recognize certain risky behaviours and, most importantly, to create new and shared opinions and attitudes.

LITERATURA/*REFERENCES*

1. Sindik J. Osnove istraživačkog rada u sestrinstvu. Dubrovnik: Odjel za stručne studije, Preddiplomski stručni studij sestrinstva u Dubrovniku, 2014.
2. Skoko B, Benković B. Znanstvena metoda fokus grupe-mogućnosti i načini primjene. Politička misao 2009; 46(3): 217-36.
3. Halmi A. Kvalitativna istraživanja u obrazovanju. Pedagoška istraživanja 2013; 10(2):203-218.
4. Dawidowsky D. Ispitivanje valjanosti metode fokus grupe usporedbom s rezultatima na upitniku (Istraživanje Potrebe i problemi mladih u Hrvatskoj).Diplomski rad. Zagreb: Odjel za psihologiju Filozofskog fakulteta u Zagrebu, 2004.
5. Rahman S, Majumder AA. Qualitative research in medicine and healthcare: Is it subjective, unscientific or second class science? South-East Asia J Public Health 2013; 3(1): 69-71.
6. Povee KI, Roberts LD. Qualitative research in psychology: Attitudes of psychology students and academic staff. Australian J Psychol 2014; 66: 28-37.
7. BensonJ, Britten N. Patients' Decisions about Whether or not to Take Antihypertensive Drugs: Qualitative study. BMJ 2002; 325: 873-6.
8. Al-Busaidi Z. Qualitative Research and its Uses in Health Care. Sultan Qaboos Univ Med J 2008; 8(1): 11-19.
9. Heary CM, Hennesy E. The Use of Focus Group Interviews in Pediatric Health Care Research. J Pediatr Psychol 2002; 27(1): 47-57.
10. Lakshman M, Charles M, Biswas M, Sinha L, Arora NK. Focus group discussions in medical research. Indian J Pediatr 2000; 67(5): 358-62.
11. Rabiee F. Focus-group interview and data analysis. P Nutr Soc 2004; 63: 655-60.
12. Brown C, Lloyd K. Qualitative methods in psychiatric research. Adv Psychiatr Treat 2001; 7: 350-6.
13. Tkalac Verčić A, Sinčić Ćorić D, Pološki Vokić N. Priručnik za metodologiju istraživačkog rada: Kako osmisliti, provesti i opisati znanstveno i stručno istraživanje. Zagreb: M.E.P., 2010.
14. Đurić S. Metodologija fokus grupnog istraživanja. Sociologija 2005; 47(1): 1-26.
15. Sagoe D. Precincts and Prospects in the Use of Focus Groups in Social and Behavioral Science Research. The Qualitative Report 2012; 17: 1-16.
16. Kobeissy FH. Qualitative Versus Quantitative Methods in Psychiatric Research. In: Kobeissy FH (eds). Psychiatric Disorders: Methods and Protocols, Methods in Molecular Biology. Springer Science & Business Media, LLC, 2012, p. 49-62.
17. Masadeh MA. Focus Group: Reviews and Practices. Int J Applied Sci Technol 2012; 2(10): 63-8.
18. Rimac I, Ogresta J. Etički standardi primjene fokusnih grupa u istraživanju nasilja nad djecom u obitelji. Ljetopis socijalnog rada 2012; 19(3): 479-514.
19. Blackburn R, Stokes D. 'Breaking Down the Barriers: Using Focus Groups to Research Small and Medium Sized Enterprises'. Int Small Bus J 2000; 19(1): 44-67.
20. Powell RA, Single HM. 'Focus groups'. Int J Qual Health Care 1996; 8(5): 499-504.
21. Milas G. Istraživačke metode u psihologiji i drugim društvenim znanostima. Jastrebarsko: Naklada Slap, 2005.
22. Čorkalo Biruški D. Etički izazovi kvalitativnih istraživanja u zajednici: od planiranja do istraživačkog izvještaja. Ljetopis socijalnog rada 2014; 21(3): 393-423.
23. Gatta MC, Svanellini L, Lai J, Maurizio S, Ferruzza E. Focus Groups as a Means for Preventing Adolescent Alcohol Consumption: Qualitative and Process Analysis. J Groups Addict Recover 2015; 10(1): 63-78.
24. Lewis A. Group child interviews as a research tool. BERJ 1992;18: 413-21.

Nesuicidalno samoozljeđivanje i razvoj identiteta kod adolescenata

/ Nonsuicidal Self-Injury and Identity Development in Adolescents

Nela Ercegović[1], Ljubica Paradžik[1], Vlatka Boričević Maršanić[1,2], Darko Marčinko[3,4]

[1]Psihijatrijska bolnica za djecu i mladež, Zagreb, Hrvatska, [2]Sveučilište Josip Juraj Strossmayer u Osijeku, Medicinski fakultet, Osijek, Hrvatska, [3]Klinički bolnički centar Zagreb, Zagreb, Hrvatska, [4]Sveučilište u Zagrebu, Medicinski fakultet, Zagreb, Hrvatska

/ [1]Psychiatric Hospital for Children and Youth, Zagreb, Croatia, [2]Josip Juraj Strossmayer University of Osijek, Medical School, Osijek, Croatia, [3]University Hospital Centre Zagreb, Zagreb, Croatia, [4]University of Zagreb, School of Medicine, Zagreb, Croatia

Nesuicidalno samoozljeđivanje (NSSO) je značajan problem mentalnog zdravlja adolescenata. Pretpostavlja se da problemi u formiranju identiteta imaju važnu ulogu u nastanku samoozljeđujućeg ponašanja kod mladih. Ciljevi istraživanja su bili ispitati klinička obilježja u adolescenata s NSSO te istražiti razlike u razvoju identiteta između opće (školske) populacije adolescenata i adolescenata s NSSO.

U istraživanju su sudjelovali adolescenti u dobi od 11 do 18 godina oba spola. Kliničku skupinu (n=31) činili su adolescenti prvi puta psihijatrijski hospitalizirani kod kojih je kliničkom procjenom utvrđena prisutnost NSSO unutar 6 mjeseci prije hospitalizacije. Školsku populaciju (n=294) činili su učenici osnovnih i srednjih škola Grada Zagreba. Svi adolescenti su popunjavali upitnik Procjena razvoja identiteta u adolescenciji (AIDA), dok su pacijenti ispunjavali i Inventar namjernog samoozljeđivanja (DSHI). U kliničkoj populaciji adolescenata utvrđena je visoka učestalost i multipli tipovi NSSO. Pacijenti s NSSO su imali značajno više rezultate difuzije identiteta u odnosu na učenike, što upućuje na veće poteškoće u razvoju identiteta kod adolescenata s NSSO. Bolje razumijevanje odnosa između oštećenja u razvoju identiteta i NSSO moglo bi unaprijediti procjenu i liječenje adolescenata s ovim značajnim psihijatrijskim problemom.

/ Nonsuicidal self-injury (NSSI) is a significant mental health problem among adolescents. Problems in identity formation have been hypothesised to play an important role in the emergence of self-harming behaviours among adolescents. The aims of the study were to examine clinical characteristics of hospitalized adolescents with NSSI and differences in identity development between inpatients with NSSI and general (school) adolescent population.

The participants were adolescents aged 11 to 18 years of both genders. The clinical sample (n=31) included inpatients hospitalized for the first time at the psychiatric ward in whom NSSI was present 6 months before referral as established by clinical assessment. The school sample (n=294) consisted of elementary and high school students from the city of Zagreb. All adolescents completed the Assessment of Identity Development in Adolescence (AIDA), while inpatients with NSSI also completed the Deliberate Self-Harm Inventory (DSHI). A high frequency and multiple types of NSSI were found in the clinical sample. Inpatient adolescents with NSSI had significantly higher scores on Identity Diffusion than students, which indicates greater difficulties in identity development in hospitalized adolescents with NSSI. A better understanding of the relationship between impairment of identity development and NSSI could improve the assessment and treatment of adolescents with this significant psychiatric problem.

ADRESA ZA DOPISIVANJE / *CORRESPONDENCE:*
Nela Ercegović, dr. med.
Psihijatrijska bolnica za djecu i mladež
Ul. Ivana Kukuljevića 11
10 000 Zagreb, Hrvatska
E-pošta: nelaerc@gmail.com
nela.ercegovic@djecja-psihijatrija.hr

KLJUČNE RIJEČI / *KEYWORDS:*
Adolescencija / *Adolescence*
Razvoj identiteta / *Development of identity*
Difuzija identiteta / *Identity diffusion*
Nesuicidalno samoozljeđivanje / *Nonsuicidal self-injury*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2018.457

UVOD

Nesuicidalno samoozljeđivanje (NSSO) je direktno i namjerno, samonaneseno oštećenje vlastitog tjelesnog tkiva bez svjesne suicidalne namjere (1). Zbog rasprostranjenosti među adolescentima i štetnog utjecaja na tjelesno i mentalno zdravlje, te socijalno funkcioniranje značajan je javno zdravstveni problem mladih. NSSO najčešće ima početak u adolescentnoj dobi, sa stopama prevalencije oko 17 % u općoj populaciji (2,3) i 40-60 % u kliničkim populacijama adolescenata (4,5). NSSO može imati različite oblike poput rezanja, grebanja, ubadanja kože, urezivanja znakova, udaranja dijelovima tijela, paljenja i sprječavanja cijeljenja rana, pri čemu djevojčice najčešće koriste rezanje, a dječaci udaranje kao metodu samoozljeđivanja (6,7). NSSO ima različite intrapersonalne i interpersonalne funkcije poput regulacije afekta, antidisocijativne, antisuicidalne i samokažnjavajuće funkcije, uspostavljanje interpersonalnih granica i utjecaja, poput signaliziranja vlastitih poteškoća i pokušaja izbjegavanja neugodnih situacija (8-10). U etiologiji NSSO uključen je niz bioloških, psiholoških i socijalnih čimbenika. Meta-analize čimbenika rizika za NSSO pokazuju da najveću prediktivnu vrijednost imaju ranija prisutnost NSSO, poremećaji ličnosti iz sklopa B i beznadežnost (11,12). Drugi značajni čimbenici rizika su negativni životni događaji, izloženost vršnjačkom na-

INTRODUCTION

Nonsuicidal self-injury (NSSI) is the direct, deliberate and self-inflicted destruction of body tissue in the absence of conscious suicidal intent (1). Due to high prevalence rates among adolescents and harmful impacts on physical and mental health and social functioning, it has emerged as a major public mental health concern. NSSI most commonly occurs in adolescence, with a lifetime prevalence in general samples of adolescents of about 17% (2,3), and 40-60% in adolescent clinical samples (4,5). It mainly involves methods like cutting, scratching, carving, banging, hitting against objects, burning, punching, biting, interfering with wound healing (6). Girls are more likely to engage in self-cutting behaviour, whereas boys are more likely to engage in self-hitting (7). NSSI serves multiple intrapersonal and interpersonal functions like affect regulation, anti-dissociation, anti-suicidal and self-punishment functions and to establish interpersonal boundaries and influences, like signalling personal distress and trying to avoid difficult situations (8-10). Many biological, psychological and social factors are involved in the aetiology of NSSI. According to a recent meta-analysis on risk factors of NSSI, cluster B personality disorders, prior history of NSSI and hopelessness yield the strongest predictive values (11,12). Other risk factors associated with NSSI are adverse childhood experiences, being bullied, exposure to

silju i adolescentima koji se samoozljeđuju, simptomi poput depresije, anksioznosti, nisko samopoštovanje i poteškoće u regulaciji afekta (13,14).

NSSO u adolescenata povezano je s visokim psihijatrijskim morbiditetom, osobito s poremećajima raspoloženja, graničnim poremećajem ličnosti, anksioznim poremećajima, posttraumatskim stresnim poremećajem i poremećajima uzimanja psihoaktivnih tvari (15,16). Empirijski dokazi upućuju da je funkcioniranje ličnosti važna psihopatološka dimenzija povezana s nesuicidalnim samoozljeđivanjem (17).

U novoj konceptualizaciji dijagnosticiranja poremećaja ličnosti u Sekciji III DSM 5 identitet je jedan od ključnih kriterija u procjeni sa selfom povezanog funkcioniranja ličnosti. Definiran je kao iskustvo sebe kao jedinstvenog, s jasnim granicama između selfa i drugih, stabilnog samopoštovanja i točnosti procjene sebe, s kapacitetom za reguliranje cijelog raspona emocionalnih stanja (18).

Adolescencija je razdoblje visokog rizika za razvoj poteškoća u funkcioniranju ličnosti i pojavu niza disfunkcionalnih ponašanja, među kojima je i NSSO. Jedan od ključnih zadataka adolescencije je formiranje integriranog i stabilnog identiteta. Razvoj identiteta se može opisati kao kontinuum na čijem je jednom kraju integrirani identitet, a na drugom difuzija identiteta koju obilježava nesposobnost definiranja sebe i drugih, deficiti u autonomnom funkcioniranju i nesposobnost formiranja učinkovitih ciljeva, vrijednosti i ideala na kojima se temelji identitet odraslih (19,20). Siguran osjećaj identiteta omogućava adolescentu razvijanje zadovoljavajućeg prijateljstva, formiranje jasnih životnih ciljeva, na prikladan način komuniciranje s roditeljima i učiteljima, uspostavljanje intimnih odnosa i održavanje pozitivnog samopoštovanja. Difuzija identiteta se sagledava kao temelj za razvoj patologije ličnosti, te je u osnovi niza neprilagođenih i disfunkcionalnih

peer NSSI and symptoms like depression, anxiety, poor self-esteem and deficits in emotion regulation (13,14). NSSI in adolescents is associated with high psychiatric morbidity, especially mood disorders, borderline personality disorder, anxiety disorders, posttraumatic stress disorder and substance use disorders (15,16). Empirical findings show that the psychopathological dimension more consistently related to NSSI concerns personality functioning (17).

In the new conceptualisation of personality disorders in Section III of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5), the construct of identity has been integrated as an essential diagnostic criterion for self-related personality functioning (18). Identity is defined as the experience of oneself as unique, with clear boundaries between self and others, stability of self-esteem and accuracy of self-appraisal, capacity for and ability to regulate a wide range of emotional experiences (18).

Adolescence is a vulnerable period for the emergence of maladaptive and dysfunctional behaviours, including NSSI. The core developmental task of adolescence is to establish a stable, integrated identity. Identity development can be described as a continuum with an integrated personal identity at the one end, and identity diffusion at the other end (19). Identity diffusion is viewed as a lack of integrated concept of the self and significant others, with deficits in autonomous functioning, and inability to develop a workable set of goals, values and commitments on which an adult identity is based (19).

A stable sense of identity permits the adolescent to develop rewarding and satisfying friendships, have clear life goals, interact appropriately with parents and teachers, establish intimate relations and have positive self-esteem. Identity diffusion is seen as the basis for subsequent personality pathology, and for different dysfunctional behaviours (20). It is

ponašanja (20). Pretpostavlja se da poteškoće u formiranju identiteta u adolescenciji imaju važnu ulogu u nastanku i održavanju NSSO u adolescenata.

CILJ ISTRAŽIVANJA

Ciljevi istraživanja su bili ispitati klinička obilježja hospitaliziranih adolescenata s NSSO, te istražiti razlike u razvoju identiteta između pacijenata adolescentne dobi s NSSO i opće (školske) populacije.

METODE

Ispitanici

Školski uzorak se sastojao od 294 učenika dvije osnovne škole te jedne redovne srednje škole na području grada Zagreba. Dob učenika bila je između 11 i 18 godina (prosjek 15,0; SD=1,7). Uzorak se sastojao od 59,2 % dječaka i 40,8 % djevojčica.

Klinički uzorak sastojao se od adolescenata koji su prvi put hospitalizirani u Psihijatrijskoj bolnici za djecu i mladež u Zagrebu i kod kojih je na temelju kliničke procjene multidisciplinskog tima i odgovora na upitniku Inventar namjernog samoozljeđivanja utvrđena prisutnost NSSO tijekom šest mjeseci prije hospitalizacije. Ukupno je uključen 31 adolescent, 29 (95,5 %) djevojaka i 2 (6,5 %) mladića, raspona dobi od 12 do 17 godina (prosječna dob = 15,2; SD=1,5).

Kriteriji isključivanja su bili: prisutnost suicidalnog ponašanja (prijetnje i pokušaji), psihotična epizoda, pervazivni razvojni poremećaj, kognitivna ograničenja (IQ<80), te neurološke i kronične tjelesne bolesti.

Instrumenti

Procjena razvoja identiteta u adolescenciji (*Assessment of Identity Development in Adolescence*, AIDA) (21) je samoocjenski upitnik namijenjen

assumed that inability to form integrated identity plays an important role in the emergence and maintenance of NSSI among adolescents.

AIMS OF THE STUDY

The aims of the study were to examine clinical characteristics of hospitalized adolescents with NSSI and differences in identity development between inpatients with NSSI and general (school) adolescent population.

METHODS

Participants

The school sample consisted of students of two elementary schools and one regular public high school from the city of Zagreb. Students were aged 11 to 18 years (M=15.0; SD= 1.7). The sample included 59.2% boys and 40.8% girls.

The clinical sample (n= 31) involved adolescents of both genders, aged 12 to 18 years, who were hospitalised for the first time at the Psychiatric Hospital for Children and Youth in Zagreb. The inclusion criterion was the presence of NSSI during six months prior to hospitalisation, established on the basis of a multidisciplinary team clinical evaluation and adolescents' answers in the Deliberate Self-Harm Inventory. The sample consisted of 29 (95.5%) girls and 2 (6.5%) boys, ranging from 12 to 17 years (mean 15.2, SD 1.5).

The exclusion criteria included the presence of suicidal behaviour (threats and attempts), the current psychotic episode, pervasive developmental disorders, intellectual disabilities (IQ<80) and significant medical illness.

Instruments

The Assessment of Identity Development in Adolescence (AIDA) (21) is a self-report questionnaire which measures identity development in ado-

ispitivanju razvoja identiteta kod adolescenata u dobi od 12 do 18 godina (± 2 godine) u rasponu od "zdravog" prema "poremećenom" identitetu s ciljem razlikovanja zdravog razvoja identiteta od krize identiteta i difuzije identiteta. Upitnik se sastoji od 58 čestica na koje se odgovara na ljestvici Likertovog tipa od 0 (uopće nije točno), 1 (uglavnom nije točno), 2 (nisam siguran), 3 (uglavnom je točno) i 4 (da, u potpunosti je točno). Ljestvice su kodirane prema patologiji, tako da visoki rezultati upućuju na visoku razinu oštećenja. Sve stavke se zbrajaju do ukupnog rezultata u rasponu od integracije do difuzije identiteta. Ukupna ljestvica Difuzije identiteta sastoji se od 2 primarne ljestvice: Diskontinuitet i Inkoherencija, od kojih je svaka zbroj rezultata na tri podljestvice koje odražavaju određena područja psihosocijalnog funkcioniranja adolescenata. Ukupna ljestvica Difuzije identiteta i primarne ljestvice Diskontinuitet i Inkoherencija u originalnoj verziji AIDA imaju koeficijente unutarnje konzistencije Cronbach alfa 0,94, 0,86, 0,92 .

Rezultati ispitivanja u školskoj populaciji pomoću kulturalno prilagođene hrvatske verzije upitnika AIDA pokazali su dobru pouzdanost i valjanost, sličnu originalnoj verziji AIDA (Cronbach alfa za ukupnu ljestvicu Difuzije identiteta 0,93, ljestvicu Diskontinuiteta 0,83 i Inkoherencije 0,89. U kliničkom uzorku je također dobiven visoki koeficijent pouzdanosti Cronbach alfa 0,90 za Difuziju identiteta, 0,81 za ljestvicu Diskontinuiteta i 0,84 za ljestvicu Inkoherencije.

Inventar namjernog samoozljeđivanja (*Deliberate Self Harm Inventory*, DSHI) (22) je samoocjenski upitnik koji sadrži 17 pitanja koja ispituju različite aspekte nesuicidalnog samoozljeđivanja, uključujući tip, učestalost, trajanje i jačinu NSSO.

Utvrđeno je da upitnik ima visoku unutarnju konzistenciju, Cronbach alfa 0,82, adekvatnu konstruktivnu, konvergentnu i diskriminativnu valjanost i test-retest pouzdanost.

lescents aged 12-18 years (± 2 years). It offers a range from a "healthy" to "disturbed" identity in order to differentiate healthy identity development from a current identity crisis and a severe identity diffusion. AIDA contains 58 items with a 5–step format (0=no, 1=mainly no, 2=not sure, 3=mainly yes and 4=yes). The items are coded towards pathology, thus high scores signal a high amount of impairment. All items add up to a total score ranging from identity integration to identity diffusion. The total scale Identity Diffusion consists of two primary scales, Discontinuity and Incoherence, each assessed as a sum of three subscales reflecting different psychosocial areas of adolescents functioning.

In the original German AIDA version scale reliabilities were good, with Cronbach's alpha 0.94 on the total level (Diffusion), 0.87 (Discontinuity) and 0.92 (Incoherence).

A culture-adapted Croatian version of AIDA in mixed Croatian schools showed good reliability similar to the original AIDA version (Cronbach's alpha for Identity Diffusion of 0.93, Discontinuity 0.83 and Incoherence 0.89). In the clinical sample of adolescents with NSSI, AIDA showed good reliabilities (Diffusion: Cronbach's alpha= 0.90, Discontinuity: Cronbach's alpha= 0.83, Incoherence: Cronbach's alpha= 0.84).

The Deliberate Self-Harm Inventory (DSHI) (22) is a 17-item self-report questionnaire developed to assess deliberate self-harm defined as deliberate, direct destruction of body tissue without conscious suicidal intent. This measure assesses frequency, age of onset, duration, date of last occurrence and severity of 17 types of self-harming behaviour.

It has been established that DSHI has high internal consistency, Cronbach's alpha= 0.82, adequate construct, convergent and discriminant validity, as well as adequate test-retest reliability.

The sociodemographic questionnaire was designed for the purposes of this study and assessed variables like age and gender of the participants,

Upitnik sociodemografskih podataka konstruiran je za potrebe ovog istraživanja, te je uključivao podatke o dobi i spolu ispitanika, obrazovanju i zaposlenosti roditelja, broju djece u obitelji, materijalnom stanju obitelji (subjektivna procjena roditelja), tjelesnim bolestima djeteta, ranijem psihijatrijskom liječenju adolescenta i prisutnosti psihijatrijskih bolesti kod roditelja.

Postupak

Provođenje istraživanja u kliničkom uzorku adolescenata odobrilo je Etičko povjerenstvo Psihijatrijske bolnice za djecu i mladež, Zagreb. Ispitanici su pozvani na sudjelovanje nakon inicijalne procjene od multidisciplinskog tima koji se sastojao od dječjih i adolescentnih psihijatara, kliničkog psihologa, neurologa i socijalnog radnika. Psihijatrijske dijagnoze utvrđene su prema kriterijima Međunarodne klasifikacije bolesti i srodnih zdravstvenih problema, Deseta revizija (25), pri čemu su poštovana pravila najbolje procjene tijekom dijagnostičkog postupka. U procjeni su sudjelovala 3 do 4 psihijatra, korišteno je više izvora podataka, a prikupljeni podatci su razmatrani na sastanku tima, kada je postavljena dijagnoza. U slučaju nemogućnosti postizanja konsenzusa konačnu dijagnozu je postavio psihijatar s najduljim kliničkim iskustvom.

Nakon informiranja, roditelji su potpisali informirani pristanak za sudjelovanje svojeg djeteta u ispitivanju, dok su adolescenti usmeno iskazali suglasnost za sudjelovanje.

Ispitivanje se provodilo individualno, tijekom prvih deset dana hospitalizacije, u prisutnosti istraživača koji je prije i tijekom ispitivanja osigurao sva potrebna objašnjenja. Ispitanici su imali mogućnost odustati u bilo kojem trenutku ispitivanja. Jedan je ispitanik tijekom ispitivanja odustao.

Suglasnost za provođenje istraživanja u školskoj populaciji je dalo Ministarstvo znanosti i obrazovanja Republike Hrvatske i Etičko povjerenstvo Psihijatrijske bolnice za djecu i mladež, Zagreb.

the parents' education and employment, the number of children in the family, the family's socio-economic status (subjective assessment of the parent), physical illness in adolescents, history of psychiatric treatment in adolescents and presence of psychiatric disorders in parents.

Procedure

The study in the clinical sample of adolescents was approved by the Ethics Committee of the Psychiatric Hospital for Children and Youth in Zagreb. The adolescents were invited to participate after an initial assessment by a multidisciplinary treatment team composed of child and adolescent psychiatrists, a clinical psychologist and a social worker. Psychiatric diagnoses were made according to the International Classification of Diseases, 10th Revision (ICD-10) criteria (25). During the diagnostic process, a best estimate diagnostic procedure was followed. It involved the use of three to four child and adolescent psychiatrists in determining the diagnosis, the use of more than one source of information and a meeting in which accumulated data was discussed and a diagnosis was determined. In case of disagreement in reaching a consensus after discussions, the most experienced psychiatrist made the final decision. After providing information, parents/guardians gave written informed consent, and adolescents verbally expressed their consent to participate in the study. The adolescents were assessed individually within the first ten days following admission, in the presence of a researcher who provided all necessary explanations before and during the examination. The participants had the opportunity to give up at any point of the examination. One adolescent ceased participating during the examination.

The study in the school sample was approved by the Ministry of Science and Education of the Republic of Croatia, and by the Ethics Committee of the Psychiatric Hospital for Children and

renstvo Psihijatrijske bolnice za djecu i mladež. Pozivi za sudjelovanje u istraživanju upućeni su dvjema osnovnim i redovnim srednjim školama na području grada Zagreba izabranim slučajnim odabirom. Učenici su ispunjavali upitnik Procjena razvoja identiteta u adolescenciji nakon potpisivanja pristanka od roditelja i vlastite usmene suglasnosti. Podatci su prikupljani u školi, u razredu, u grupnom okruženju, tijekom jednog školskog sata. Ispitanici su upućeni da upitnik ispunjavaju sami, bez diskusije sa školskim kolegama, u prisutnosti suradnika u istraživanju, koji je u slučaju potrebe pojašnjavao pitanja tijekom ispunjavanja upitnika.

Statistička obrada

Obrada podataka uključivala je deskriptivnu statistiku (srednja vrijednost, standardna devijacija, frekvencija) i t-test za nezavisne uzorke. Rezultati su interpretirani kao značajni uz razinu značajnosti p <0,05.

REZULTATI

Klinička obilježja hospitaliziranih adolescenata s NSSO

Adolescenti s NSSO samoozljeđivali su se na različite načine: rezanjem, urezivanjem riječi i znakova, grebanjem, zabadanjem oštrih predmeta, paljenjem, udaranjem šakom, griženjem, namjernim sprječavanjem cijeljenja rana, trljanjem kože i udaranjem glavom, pri čemu je rezanje najčešći oblik, prisutan kod svih adolescenata. Slika 1 prikazuje učestalost pojedinih oblika samoozljeđivanja u kliničkoj skupini adolescenata.

Ispitivanjem je utvrđeno da je jedan adolescent (3,2 %) koristio samo jedan tip samoozljeđivanja, 13 adolescenata (41,9 %) dva do četiri tipa, a više od polovine ispitanika (54,9 %) je koristilo više od pet tipova NSSO. Rezultati ukazuju da adolescenti češće koriste više tipova NSSO.

Youth, Zagreb. Invitations to participate in the study were sent to two elementary schools and two high schools selected randomly. The students completed the Assessment of Identity Development in Adolescence questionnaire. Data collection took place at the schools after parents gave written informed consent, in the classroom, in a group-setting during one school lesson. The participants were instructed to fill out the questionnaires alone, without discussing them with their classmates. Questions could be clarified by the research assistant during the completion of the questionnaire.

Statistical analysis

Statistical analysis included descriptive statistics (mean, standard deviation or frequencies where appropriate) and the t-test for independent samples. The results were reported as significant at $p<0.05$.

RESULTS

Clinical characteristics of the inpatient adolescents with NSSI

The patients engaged in various forms of NSSI: cutting, carving words and signs into skin, severe scratching, sticking sharp objects into skin, burning, fist hitting, biting, interference with wound healing, skin rubbing and head banging. Cutting was the most frequent form of NSSI present in all patients. Figure 1 presents frequencies of different NSSI forms of the patients.

The results showed that the patients dominantly used multiple types of NSSI. One adolescent (3.2%) used only one type of NSSI, 13 patients (41.9%) used two to four types, and more than half of the patients (54.9%) used more than five types of NSSI, which indicated a high diversification of NSSI in the examined clinical population.

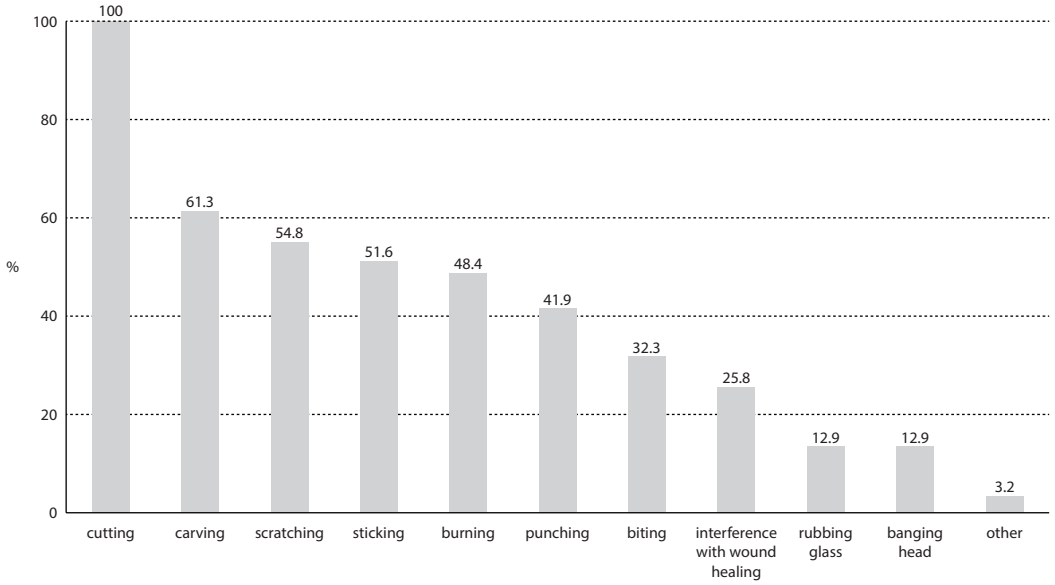

FIGURE 1. Types of nonsuicidal self-injury (N = 31)

Adolescenti u ovom kliničkom uzorku su bolesnici s dominantno ponavljajućim samoozljeđivanjem. Više od 5 epizoda samoozljeđivanja bilo je prisutno kod 93,5 % ispitanika (slika 2).

Kliničkom procjenom multidisciplinskog tima u 22 adolescenata (71,0 %) dijagnosticiran je internalizirajući poremećaj (F32 Depresivna epizoda, F33 Povratni depresivni poremećaj, F43.2 Poremećaj prilagodbe, F93 Emocionalni poremećaji s početkom specifično u djetinjstvu). U 7 bolesnika (22,6 %) postavljena je dijagnoza graničnog poremećaja ličnosti F60.3, a

Adolescents in this sample were patients with predominantly repetitive NSSI. More than 5 episodes of NSSI were present in 93.5% of participants (Figure 2).

Based on clinical evaluation, 22 inpatients (71.0%) were diagnosed with internalising disorders (F32 Depressive episode, F33 Recurrent depressive disorder, F 43.2 Adjustment disorder, F93 Emotional disorders with the beginning in the childhood). Seven patients (22.6%) were diagnosed with borderline personality disorder (F60.3), and 2 patients (6.4%) were

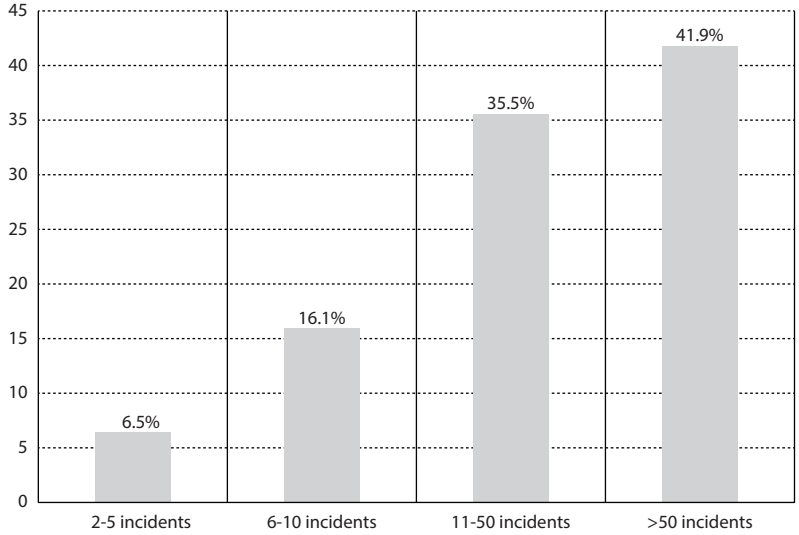

FIGURE 2. Frequency of nonsuicidal self-injury

u 2 bolesnika (6,4 %) eksternalizirani poremećaj (F91 poremećaj ponašanja).

Razlike u razvoju identiteta između opće (školske) populacije adolescenata i kliničke populacije adolescenata s NSSO

Rezultati t-testa pokazali su postojanje statistički značajne razlike između skupina na svim ljestvicama AIDA (tablica 1). Hospitalizirani adolescenti s NSSO imali su viši ukupni rezultat Difuzije identiteta (M=121,8>M=75,6), te više rezultate na primarnim ljestvicama diskontinuiteta (M=56,1 >M=32,8) i inkoherencije (M= 65,7 >M=42,8).

DISKUSIJA

Jedan od ciljeva istraživanja bio je ispitati kliničke karakteristike hospitaliziranih adolescenata s NSSO. U kliničkom uzorku su dominantno bile zastupljene djevojke (95,5 %), što je u skladu s podatcima dobivenim u većini dosadašnjih istraživanja (2,7). Prosječna dob ispitanika je bila 15,2 godine što je također u skladu s rezultatima dosadašnjih istraživanja u kojima je utvrđena najviša prevalencija NSSO kod adolescenata u dobi 15 do 16 godina (4,6). Rezultati pokazuju da su hospitalizirani adolescenti koristili različite oblike samoozljeđivanja što je potvrđeno i u ranijim istraživanjima (2,6). Također, u većine hospitaliziranih adolescenata NSSO je bilo repetitivno uz korištenje multiplih oblika samoozljeđivanja od istih pa-

diagnosed with externalising disorders (F91 Conduct disorder).

Differences in identity development between school sample and clinical sample of inpatients with NSSI

The t-test results showed statistically significant differences between the groups in all AIDA scales (Table 1). Adolescents with NSSI had a higher total score of Identity Diffusion (M=121.8>M=75.6), and higher scores on the primary scales of Discontinuity (M=56.1> M=32.8) and Incoherence (M= 65.7> M= 42.8).

DISCUSSION

One of the aims of this study was to examine the characteristics of inpatient adolescents with NSSI. In the clinical sample, girls were predominantly represented (95.5%), which is consistent with the data reported in previous studies (2,7). The average age of inpatient adolescents with NSSI in our study was 15.2 years, which is also in line with previous research showing that the prevalence of NSSI was highest around the age of 15 to 16 (4,6).

Our results showed that inpatient adolescents used various forms of NSSI as found in other studies of NSSI in adolescents (2,6). Also, in the majority of adolescents NSSI was repetitive and multiple forms of NSSI were used by individual patients, and previous research showed

TABLE 1. Differences in Identity Diffusion, Discontinuity and Incoherence (AIDA) between adolescents with NSSI and school population. Significance p<0.05; effect size d > 0.20 small, d > 0.50 medium, d > 0.80 large.

	School population N=294		Adolescents NSSI n=31				
	M	SD	M	SD	t	p	d
Diffusion	75.6	27.9	121.8	32,7	8.73	0.00	1.53
Discontinuity	32.8	12.1	56.1	15,4	9.89	0.00	1.69
Incoherence	42.8	17.1	65.7	19,8	7.04	0.00	1.23

cijenata, a ranija istraživanja utvrdila su povezanost s težinom komorbidne psihopatologije (17). U dosadašnjim istraživanjima utvrđene su i rodne razlike u oblicima samoozljeđivanja, te se djevojčice u većini slučajeva ozljeđuju rezanjem, a dječaci udaranjem (7). Zbog malog broja mladića u našem uzorku nije bilo moguće ispitati rodne razlike u korištenju različitih oblika NSSO.

Ispitivanjem razvoja identiteta utvrđena je razlika između kliničke skupine adolescenata i školske populacije. Adolescenti s NSSO imali su značajno više rezultate difuzije identiteta, odnosno veće poteškoće u razvoju identiteta što može upućivati da procesi u formiranju identiteta doprinose povećanoj vulnerabilnosti adolescenata za NSSO. Dosadašnja istraživanja identiteta kod adolescenata s NSSO upućuju da poteškoće u formiranju identiteta mogu povećati vulnerabilnost za NSSO. Rezultati kvalitativne analize 56 autobiografskih online iskaza adolescenata s NSSO u kontekstu razvoja selfa i identiteta Breena i sur. (24) upućuju da NSSO može biti sredstvo upravljanja negativnim emocijama povezanim s negativnim self konceptom, izvor self identifikacije, način postizanja osjećaja koherentnog selfa i grupnog identiteta. Claes i sur. (25) pružili su izravniji dokaz o povezanosti procesa u formiranju identiteta i NSSO. U uzorku učenika srednjih škola utvrđena je pozitivna povezanost između konfuzije identiteta i NSSO, te negativna povezanost između sinteze identiteta i NSSO, neovisno o spolu, dobi i postojanju depresije. Ispitujući procese i statuse u formiranju identiteta kod učenika srednjih škola Luyckx i sur. (26) uočili su slične rezultate. Kod adolescenata kod kojih je u vrijeme istraživanja bilo prisutno NSSO nađena je jasna povezanost s difuzijom identiteta. Luyckx i sur. (27) su u uzorku od 384 adolescentice i 131 bolesnice s dijagnosticiranim poremećajem hranjenja i graničnim poremećajem ličnosti ispitivali prediktornu snagu formiranja identiteta u odnosu na NSSO neovisno o drugim poznatim prediktorima poput sociodemografskih

a relationship with the severity of comorbid psychopathology (17). Previous studies have found gender differences in the NSSI methods used, with girls mostly engaging in self-cutting and boys in self-hitting (7). Due to a small number of boys in our sample, it was not possible to examine the gender differences in NSSI methods used.

Differences in identity development between inpatient adolescents with NSSI and school population were detected in our study. Adolescents with NSSI had significantly higher results in identity diffusion. This may indicate that problems in identity formation can contribute to increased adolescent vulnerability to NSSI.

Previous studies of adolescents with NSSI suggest that difficulties in identity formation can contribute to vulnerability to NSSI. Results of the qualitative analysis of 56 online autobiographic narratives of adolescents engaging in NSSI in the context of the development of self and identity by Breen et al. (24) suggests that NSSI may provide a source of self-identification in the service of developing self-identity, a means for managing negative emotions specifically related to negative self-concepts, and may provide a basic sense of coherent self and group identity. Claes et al. (25) provided more direct evidence of association between the processes of identity formation and NSSI. In the sample of high school students, they found that NSSI was positively associated with identity confusion and negatively with identity synthesis in adolescents, beyond age, gender and depression. Exploring the processes and statuses of identity formation in high school students, Luyckx et al. (26) found similar results. In adolescents who were engaged in NSSI during the study they found that identity diffusion was uniquely related to NSSI. Luyckx et al. (27) examined the predictive power of identity formation towards NSSI, beyond well-established predictors such as demographic variables, anxiety and depression, in the sample of 348 female

varijabli, anksioznosti i depresije. Konfuzija i sinteza identiteta bile su značajno povezane s NSSO. Dobiveni rezultati su upućivali da konfuzija identiteta kod adolescentica pozitivno, a sinteza identiteta kod bolesnica negativno predviđaju NSSO. Gandhi i sur. (28) su kod učenika srednjih škola istraživali vezu između NSSO, identiteta i privrženosti s majkama i vršnjacima. Utvrđeno je da je pozitivna povezanost između otuđenja u odnosima s majkama i NSSO posredovana manjkavom sintezom identiteta.

Dobiveni rezultati upućuju na važnost istraživanja povezanosti i međusobnih djelovanja između identiteta i različitih čimbenika tijekom razvoja, budući da bi to moglo rasvijetliti faktore koji povećavaju vulnerabilnost adolescenata za NSSO, te upućivati na postojanje određenih razvojnih puteva koji potencijalno vode do NSSO. Time bi se moglo unaprijediti strategije prevencije i kliničke intervencije kojima bi se promicanjem sinteze identiteta smanjila učestalost NSSO kod adolescenata.

Jung i sur. (29) su ispitali razlike u razvoju identiteta kod adolescenata s različitim psihičkim poremećajima pomoću upitnika AIDA (30,31). Istraživanje Junga i sur. je pokazalo da su adolescenti s poremećajem ličnosti, većinom graničnim poremećajem ličnosti i drugim poremećajima ličnosti tipa B, imali značajno više rezultate na svim ljestvicama AIDA, ne samo u odnosu na zdravu populaciju, već i u odnosu na bolesnike s drugim psihijatrijskim poremećajima. Bolesnici s internaliziranim poremećajima (depresivni i anksiozni) imali su blago povišenje, ispod klinički značajne norme, koje se moglo interpretirati kao aktualna kriza identiteta, dok u bolesnika s eksternaliziranim poremećajima (poremećaji ponašanja i hiperkinetički poremećaj) nije nađena razlika u odnosu na školsku populaciju. Bolesnici s poremećajem ličnosti, osobito graničnim poremećajem ličnosti, pokazuju značajno povišene rezultate, što upućuje da je difuzija identiteta na način kako je definirana u modelu AIDA dominantno

adolescents and 131 psychiatric patients with borderline personality disorder and eating disorder. Identity confusion and synthesis were significantly related to NSSI. Identity confusion in adolescents positively predicted NSSI and identity synthesis in patients negatively predicted NSSI. Gandhi et al. (28) examined associations between NSSI, identity formation and attachment with mother and peers in high school students. They found that the positive association between peer alienation and NSSI was partially mediated by a lack of identity synthesis.

These findings indicate that exploring developmental linkages is especially important as they may highlight factors that increase vulnerability of adolescents to engaging in NSSI and suggest the presence of important pathways potentially leading to NSSI. This can improve prevention strategies and clinical interventions that may decrease vulnerability to NSSI by promoting identity synthesis.

Jung et al. (29) examined differences in identity development between adolescents with different psychiatric disorders using the AIDA questionnaire (30,31). Jung et al. (29) found that patients with personality disorders, mostly borderline or other B cluster personality disorders scored on all AIDA scales remarkably higher than the healthy norm population, and higher than the other patient groups with internalising or externalising disorders. Patients with internalising disorders (anxiety and depression) scored slightly above the population norm, which may be interpreted as the presence of a current identity crisis. Patients with externalising disorders (ADHD and conduct disorder) did not differ from the school population in their identity development (29). It is in line with the AIDA definition of pathology-related identity development that patients with a personality disorder, especially borderline, show elevated scores, indicating that identity diffusion as defined in the AIDA

obilježje za poremećaj ličnosti, a ne samo za psihijatrijski poremećaj općenito.

Rezultate je potrebno razmatrati u okviru ograničenja ovog istraživanja. U ovom istraživanju ispitivane su razlike u razvoju identiteta između učenika i dijagnostički heterogene skupine adolescenata s NSSO, ali ne i između pojedinih dijagnostičkih kategorija u skupini adolescenata s NSSO, što je ograničenje studije. Ispitivanje razvoja identiteta u većim i dijagnostički homogenim skupinama adolescenata trebalo bi biti predmet budućih istraživanja. Nadalje, zbog malog broja mladića u kliničkom uzorku nisu ispitane razlike između spolova u razvoju identiteta i karakteristikama NSSO. Također, nisu uspoređivani adolescenti s rijetkim i ponavljajućim samoozljeđivanjem koji bi se mogli razlikovati u obilježjima razvoja identiteta. U postupku utvrđivanja dijagnoze nisu korišteni relevantni strukturirani dijagnostički upitnici, već je dijagnoza postavljena na temelju kliničke procjene.

Ovo je presječna studija koja pokazuje postojanje razlika u razvoju identiteta među adolescentima, te upućuje kao i većina dosadašnjih studija na potrebu provođenja longitudinalnih istraživanja, kako bi se rasvijetlila uzročno-posljedična povezanost između NSSO i razvoja identiteta. Konačno, rezultati našeg istraživanja dobiveni su ispitivanjem samo hospitaliziranih bolesnika, te buduća istraživanja trebaju ispitati razvoj identiteta u drugim kliničkim populacijama adolescenata (ambulantni pacijenti, parcijalna hospitalizacija – dnevna bolnica).

ZAKLJUČAK

Istraživanjem su utvrđene veće poteškoće u razvoju identiteta kod hospitaliziranih adolescenata s NSSO u odnosu na školsku populaciju. Ovi rezultati mogu upućivati da procesi u formiranju identiteta doprinose povećanoj vulnerabilnosti adolescenata za NSSO. Procje-

model is a distinguishing feature of personality disorders, not only of psychiatric disorder in general.

The results of this study should be considered within the study limitations. In our study, differences in identity development between students and a heterogeneous diagnostic group of inpatient adolescents with NSSI were examined. Further research is needed to examine identity development in homogenous diagnostic groups of adolescent patients. Furthermore, because of a small number of boys in the clinical sample, we did not investigate gender differences in identity development and clinical characteristics of NSSI. Also, we did not compare adolescents with sporadic and repetitive self-injuries who may differ in identity development. The psychiatric diagnosis in our study was based only on clinical evaluation with the lack of reliable structured diagnostic interview in the diagnostic process. The study design was cross-sectional and thus no causal relationships can be established. Longitudinal studies are needed to examine the causal relationship between impairments in identity development and NSSI. The clinical sample in our study included only inpatient adolescents, but future research should examine identity development in other clinical populations (outpatients, partial hospitalization - day hospital patients).

CONCLUSIONS

This study found higher disturbances of identity development in inpatient adolescents with NSSI compared to the school population. These results may indicate that problems in identity formation can contribute to increased adolescent vulnerability to NSSI.

The assessment of identity development in adolescence is important in the research of developmental processes and specific pathologi-

na razvoja identiteta već u adolescentnoj dobi značajna je u ispitivanju razvojnih procesa i specifičnih patoloških rizika, te u dijagnostičkoj procjeni i tretmanu adolescenata. Stoga je važno razvijanje pouzdanih i valjanih instrumenata za procjenu identiteta u adolescenciji. Upitnik AIDA omogućuje uvid u važne aspekte razvoja identiteta, te se pokazao pouzdan i u populaciji hrvatskih adolescenata.

Bolje razumijevanje odnosa između poteškoća u razvoju identiteta i NSSO moglo bi pomoći u unaprjeđenju procjene i liječenja adolescenata s ovim značajnim problemom mentalnog zdravlja, kao i ranoj detekciji mladih s rizikom za samoozljeđujuće ponašanje.

Stoga su potrebna dalja istraživanja međudjelovanja razvojnih čimbenika (formiranje identiteta) i drugih čimbenika unutar složene mreže bioloških i okolinskih faktora koji utječu na vulnerabilnost za NSSO. Ispitivanje povezanosti sociodemografskih obilježja, traumatskih iskustava, obiteljske kohezivnosti, odnosa s roditeljima i vršnjacima s razvojem identiteta i s NSSO kod adolescenata moglo bi doprinijeti boljem razumijevanju ovog značajnog problema mentalnog zdravlja mladih.

cal risks, as well as in the diagnostic evaluation and treatment of adolescents. Therefore, it is important to develop reliable and valid assessment instruments that are focused on identity issues. The AIDA questionnaire provides an insight into important aspects of identity development and has also proven to be a reliable instrument in the population of Croatian adolescents.

A better understanding of the relationship between disturbances in identity development and NSSI could improve assessment and treatment and help in the early detection of high-risk adolescents. Therefore, we need further research on the interactions between developmental (identity formation) and other related factors within a complex network of biological and environmental factors that affect the vulnerability to NSSI.

Exploring the linkages of sociodemographic characteristics, traumatic experiences, family cohesiveness, attachment with parents and peers with identity development and NSSI could contribute to a better understanding of this significant mental health problem in adolescents.

LITERATURA/*REFERENCES*

1. Nock MK. Self–injury. Annu Rev Clin Psychol 2010; 6: 339-63.
2. Jacobson CM, Gould M. The epidemiology and phenomenology of non-suicidal self-injurious behavior among adolescents: A critical review of the literature. Arch Suicide Res 2007; 11: 129-47.
3. Nock MK, Joiner TE, Gordon KH, Lloyd-Richardson E, Prinstein MJ. Non-suicidal self-injury among adolescents: diagnostic correlates and relation to suicide attempts. Psychiatry Res 2006; 14: 465-72.
4. Muehlenkamp JJ, Claes L, Havertage L, Plener PL. International prevalence of adolescent non-suicidal self injury and deliberate self-harm. Child Adolesc Psychiatry Ment Health 2012; 6: 10.
5. Swannell SV, Martin GE, Page A, Hasling P. Prevalence of nonsuicidal self-injury in nonclinical samples: systematic review, meta-analysis and meta-regression. Suicide Life Threat Behav 2014; 44: 273-303.
6. Plener PL, Fegert JM. Non suicidal self injury: state of art perspective of a proposed new syndrome for DSM 5. Child Adolesc Psychiatry Ment Health 2012; 6: 9.
7. Brunner R, Kaess M, Parzer P, Fischer G, Carli V, Hoven CW *et al*. Life time prevalence and psychosocial correlates of adolescent direct self-injurious behavior: a comparative study of findings in 11 European countries. J Child Psychol Psychiatry 2014; 55: 337-48.
8. Marčinko D. Suicidologija. Zagreb: Medicinska naklada, 2011.
9. Tatnell R, Kelada L, Hasking P, Martin G. Longitudinal analysis of adolescent NSSI: The role of intrapersonal and interpersonal factors. J Abnorm Child Psychol 2014; 42(6): 885-96.
10. Hamza CA, Willoughby T. Nonsuicidal self-injury and affect regulation: Recent findings from experimental and ecological momentary assessment studies and future directions. J Clin Psychol 2015; 71: 561-74.
11. Fox KR, Franklin JC, Ribeiro JD, Kleiman EM, Bentley KH, Nock MK. Meta-analysis of risk factors for nonsuicidal self-injury. Clin Psychol Rev 2015; 42: 156-67.

12. Boxer P. Variations in risk and treatment factors among adolescents engaging in different types of deliberate self-harm in an inpatient sample. J Clin Child Adolesc Psychol 2010; 39: 470-80.
13. Gratz KL. Risk factors for and functions of deliberate self-harm: an empirical and conceptual review. Clin Psychol Sci Prac 2003; 10(2): 192-205.
14. Wilkinson P, Goodyer I. Non suicidal self injury. Eur Child Adolesc Psychiatry 2011; 20: 103-8.
15. Jacobson CM, Muehlenkamp JJ, Miller AL,Turner JB. Psychiatric impairment among adolescents engaging in different types of deliberate self harm. J Clin Adolesc Psyhiatry 2008; 37: 363-75.
16. Esposito Smythers C, Goldstien T, Birmaher B, Goldstein B, Hunt J, Ryan N *et al*. Clinical and psychosocial correlates of non-suicidal self-injury within a sample of children and adolescents with bipolar disorder. J Affect Disorders 2010; 125: 89-97.
17. Ferrara M, Terrinoni A, Williams R. Non-suicidal self-injury (NSSI) in adolescent inpatient: assessing personality features and attitudes toward death. Child Adolesc Psychiatry Ment Health 2012; 6: 12.
18. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM 5). Washington: American Psychiatric Association, 2013.
19. Kernberg O. The diagnosis of borderline conditions in adolescence. In: Feinstein S, Giovacchini P. Adolescent Psychiatry. Chicago: University of Chicago Press, 1978.
20. Kernberg PF, Weiner AS, Bardenstein KK. Personality Disorders in Children and Adolescents. New York: Basic books, 2000.
21. Goth K, Foelsh P, Schlüter-Müller S, Schmeck K. AIDA: A self report questionnaire for measuring identity in adolescence-Short manual. Basel: Department of Child and Adolescent Psyhiatry Psychiatric University Clinics (UPK), 2012.
22. Gratz KL. Measurement of deliberate self-harm; preliminary data on the Deliberate Self Harm Inventory. J Psychopathol Behav Assess 2001; 23: 253-63.
23. International statistical classification of diseases and related health problems tenth revision. Geneva: World Health Organisation, 1994.
24. Breen AV, Lewis SP, Sutherland O. Brief report: Non-suicidal self-injury in the context of self and identity development. J Adult Dev 2013; 20: 55-64.
25. Claes L, Luyckx K, Bijtterbier P. Non suicidal self injury in adolescence. Prevalence and association with identity formation above and beyond depression. Pers Individ Dif 2014; 61: 101-4.
26. Luyckx K, Gandhi A, Bijttebier P, Claes L. Non-suicidal self injury in high school students: Associations with identity processes and statuses. J Adolesc 2015; 41: 76-85.
27. Luyckx K, Gandhi A, Bijtterbier P, Claes L. Non-suicidal self injury in female adolescents and psychiatric patients: A replication and extension of the role of identity formation. Pers Individ Dif 2015; 77: 91-6.
28. Gandhi A, Claes L, Bosmanns G, Baetens I. Non-suicidal self injury and adolescent attachment with peers and mother: The mediating role of identity synthesis and confusion. J Child Fam Stud 2016; 25: 1735-45.
29. Jung E, Pick O, Schlüter-Müller S, Schmeck K, Goth K. Identity development in adolescents with mental problems. Child Adolesc Psychiatry Ment Health 2013; 7: 26.
30. Schlütter-Müller S, Goth K, Jung E, Schmeck K. Assessment and treatment of identity pathology during adolescence. Scand J Child Adolesc Psychiatry Psychol 2015; 3(1): 63-70.
31. Goth K, Foelsch P, Schlüter-Müller S, Birkhölzer M, Jung E, Pick O, Schmeck K. Assessment of identity development and identity diffusion in adolescence- Theoretical basis and psychometric properties of the self-report questionnaire AIDA. Child Adolesc Psychiatry Ment Health 2012; 6: 27.

XXIII. Škola psihoterapije psihoza u Dubrovniku

/ The 23th School of Psychotherapy of Psychoses in Dubrovnik

Od 1996. godine redovito se u svibnju svake godine u Interuniverzitetskom centru u Dubrovniku održava simpozij „Škola psihoterapije psihoza“ s podnaslovom „Prema sveobuhvatnom liječenju psihotičnih poremećaja“. Školu organizira Hrvatski liječnički zbor, ISPS Hrvatska (Hrvatska udruga za psihoterapiju, psihosocijalne metode i ranu prevenciju psihotičnih poremećaja), Hrvatsko društvo za kliničku psihijatriju, Akademija medicinskih znanosti Hrvatske, Institut za grupnu analizu i Škola narodnog zdravlja „Dr. Andrija Štampar“.

Škola se održala od 9. do 12. svibnja 2018. godine s temom „Put prema znanstvenim dokazima temeljenim na individualnoj i grupnoj psihoterapiji psihoza“. Škola se održava na engleskom jeziku. Ove godine tri predavača su bila iz inozemstva: B. Rosenbaum iz Danske, C. Mela iz Grčke i V. Meden-Klavora iz Slovenije.

Škola je otpočela dokumentarnim filmom D. Macklera „Uzmi ova slomljena krila – oporavak od shizofrenije bez medikacije“, nakon čega je slijedila diskusija.

Nakon toga su održana ova predavanja: „Gdje se nalazimo sa znanstvenim dokazima o efikasnosti individualne i grupne psihoterapije za osobe sa psihozom“ (I. Urlić), zatim „Uloga psihoterapije u radu timova za mentalno zdravlje u zajednici za osobe s psihozom“ (S. Štrkalj-Ivezić). B. Restek-Petrović, M. Grah i N. Orešković-Krezler prikazale su postignuća u području istraživanja učinkovitosti grupne psihoterapije. V. Meden-Klavora prikazala je prijelaz iz psihijatrijske bolnice u svakodnevni život u zajednici ocrtano putem slikarske ekspresije. U jednoj galeriji u starom dijelu grada ta likovna ekspresija pacijenta bila je prikazana na jednoj vrlo

Since 1996, the School of Psychotherapy of Psychoses has been held regularly in May each year at the Inter-University Centre in Dubrovnik under the name “Towards comprehensive treatment of psychotic disorders”. The school is organized by the Croatian Medical Association, ISPS Croatia (Croatian Association for Psychotherapy, Psychosocial Methods and Early Prevention of Psychotic Disorders), Croatian Society for Clinical Psychiatry, Croatian Academy of Medical Sciences, Institute of Group Analysis and the “Andrija Štampar” School of Public Health.

The symposium was held from the 9th to the 12th of May 2018, on the topic “The road to evidence-based individual and group psychotherapy of psychosis”. The symposium is held in English. This year, there were three foreign lecturers: B. Rosenbaum from Denmark, C. Mela from Greece and V. Meden-Klavora from Slovenia.

The school started with D. Mackler’s documentary film “Take These Broken Wings – Recovery from Schizophrenia Without Medication”, followed by a discussion.

There were lectures on “How far are we from evidence based individual and group psychotherapy for psychoses?” (I. Urlić), followed by “The role of psychotherapy within community mental health teams for psychoses” (S. Štrkalj-Ivezić). B. Restek-Petrović, M. Grah and N. Orešković-Krezler presented the achievements in the field of research of group psychotherapy efficiency.

V. Meden-Klavora showed the transition from psychiatric hospital to everyday life in the community, mirrored through artistic expression. This artistic expression of the patient was displayed in a very interesting exhibition in one gallery in the old part of the city. On that occa-

zanimljivoj izložbi. Tom prigodom je prikazana i knjiga I. Urlića i A. Russo „Živjeti s kroničnom bolešću“. Nadalje, I. Urlić i S. Štrkalj-Ivezić prikazali su smjernice za istraživanje u grupnoj psihoterapiji.

B. Rosenbaum je pokazao i komentirao rezultate velikog i dugotrajnog danskog nacionalnog projekta istraživanja shizofrenije u smislu rezultata, ograničenja i nedostataka u dosadašnjim terapijskim pristupima osobama sa psihozom. Rezultat pokazuje da se najuspješnijim pristupom osobama sa psihotičnim poremećajima pokazuje kombinacija medikamentnog i psihoterapijskog pristupa u okviru nastojanja da se ti pacijenti što više uključuju u život u zajednici.

C. Mela je neurologinja i grupna analitičarka koja proučava psihopatološke fenomene povezujući ih s neuroznanstvenim istraživanjima. Iznijela je zanimljive podatke o epilepsiji kao načinu postizanja znanstvenih uvida u implicitnu memoriju i nerazriješene konflikte. Teorijska izlaganja i klinička iskustva bila su popraćena prikazom slučajeva u malim grupama.

Dubrovačke škole psihoterapije psihoza jedne su od najstarijih psihijatrijskih manifestacija koje se redovito održavaju svake godine u okviru međunarodne suradnje i prikaza dostignuća suvremene psihijatrije u okviru sveobuhvatnog pristupa fenomenu psihoza. Šteta je što se taj rad nedovoljno prepoznaje, posebno u vidu mogućnosti stipendiranja mladih psihijatara, čije bi se znanje i iskustvo obogatilo i oplemenilo novim saznanjima, te usporedilo s brojnim svjetskim iskustvima i rezultatima istraživanja.

Sljedeća XXIV. Škola psihoterapije psihoza održat će se od 8. do 11. svibnja 2019. godine s temom: „Edukacija iz suportivne psihodinamske psihoterapije za psihoze: Fokus na psihodinamskoj formulaciji“. Organizatori Škole su prof. dr. sc. Slađana Štrkalj-Ivezić i prof. dr. sc. Ivan Urlić.

U Splitu, 5. listopada 2018. Ivan Urlić

sion, the book by I. Urlić and A. Russo, “Living with chronic illness”, was also presented. Furthermore, I. Urlić and S. Štrkalj-Ivezić presented the guidelines for group psychotherapy research.

B. Rosenbaum demonstrated and commented on the results of a large and long-lasting Danish national research project on schizophrenia in terms of results, limitations and disadvantages in the therapeutic approaches available to people with psychosis. The results have shown that the most successful approach to people with psychotic disorders shows a combination of medication and psychotherapy as part of the effort to involve these patients in community life as much as possible.

C. Mela is a neurologist and group analyst who studies psychopathological phenomena by linking them with neuroscientific research. She presented interesting data on epilepsy as a way of gaining scientific insights into implicit memory and unresolved conflicts.

Theoretical exposures and clinical experiences were accompanied by case presentations in small groups.

The Dubrovnik School of Psychotherapy of Psychoses is one of the oldest psychiatric manifestations that are regularly held every year within the framework of international co-operation and presentation of the achievements of contemporary psychiatry within a comprehensive approach to the phenomenon of psychosis. It is a pity that this work is not sufficiently recognized, especially in terms of possibilities for scholarships for young psychiatrists, whose knowledge and experience would be enriched and refined with new knowledge and compared with many world experiences and research findings.

The 24th School will be held from the 8th to 11th of May 2019 on the topic of “Training in Supportive Psychodynamic Psychotherapy for Psychoses: The Focus on Psychodynamic Formulation.” The organizers of the School are Prof. Slađana Štrkalj-Ivezić, PhD and Prof. Ivan Urlić, PhD.

Split, October 5th, 2018 Ivan Urlić

Registration fee:
Croatian Association for Clinical psychiatry and ISPS Croatia: 170 € (1300 KN)
Non-members: 240 € (1800 KN)

The registration fee should be paid to:
HLZ Hrvatsko društvo za kliničku psihijatriju
Šubićeva 9, 10000 Zagreb, Hrvatska

For participants of the School the fee includes:
Registration for the whole programme, lunch and coffee break

Account:
The fee should be paid to the following bank account:
Zagrebačka banka, Savska cesta 60,
HR-10 000 Zagreb, Hrvatska
OIB 60192951611
SWIFT: ZABAHR2X
IBAN: HR7423600001101214818
Call to number 268-142

The Croatian Medical Chamber will endorse participation at the School.

Venue: Dubrovnik, IUC, Don Frana Bulića 4

Information and application:
Marija Kušan Jukić
E-mail: mkjukic45@gmail.com
E-mail: sladjana.ivezic@bolnica-vrapce.hr
E-mail: ivan.urlic2@gmail.com

XXIV - ISPS Croatia

Croatian Medical Association

Croatian Association for Psychotherapy, Psychosocial Methods and Early Prevention of Psychotic Disorders

Croatian Association for Clinical Psychiatry

Croatian Academy of Medical Sciences

Institute of Group Analysis

Andrija Štampar Teaching Institute of Public Health

SCHOOL OF PSYCHOTHERAPY OF PSYCHOSES

Toward Comprehensive Treatment of Psychotic Disorders

Training in Supportive Psychodynamic Psychotherapy for Psychosis
Focus on Psychodynamic Formulation

Dubrovnik,
May 8-11, 2019
Inter-University Centre Dubrovnik

Wednesday, May 8th

17.00 – 18.00	Registration
18.00 – 19.30	Documentary film: Hearing voices Discussion

Thursday, May 9th

08.30 – 09.00	Registration
09.00 – 10.30	Supportive psychodynamic psychotherapy during different phases of psychosis (B. Rosenbaum)
10.30 – 11.00	Coffee break
11.00 – 11.30	Case presentations: Video demonstration
11.30 – 13.00	Psychodynamic formulation (S. Štrkalj Ivezić)
13.00 – 14.00	Lunch break
14.00 – 15.30	Case presentation with a discussion

Friday, May 10th

09.00 – 10.30	Transference and countertransference in supportive psychodynamic psychotherapy (I. Urlić)
10.30 – 11.00	Coffee break
11.00 – 11.30	Papers on the topic
11.30 – 13.00	Supervision 1 (Lj. Milivojević)
13.00 – 14.00	Lunch break
14.00 – 15.30	Supervision 2 (Lj. Milivojević)

Saturday, May 11th

09.00 – 10.30	Organization of a psychotherapeutic ward as a therapeutic holding environment (B. Restek Petrović, N. Mayer, M. Grah)
10.30 – 11.00	Coffee break
11.00 – 13.00	Papers on free topics
13.00 – 13.45	Closing session and ISPS meeting

Kongresi u 2019. godini
/ Congresses in 2019

2nd International Conference on Clinical Psychology
Pariz, 23. – 24. siječnja 2019.

8th Annual International Conference on Cognitive and Behavioral Psychology
Singapur, 28. – 29. siječnja 2019.

34th Annual International Conference on Child and Family Maltreatment
San Diego, 28. – 31. siječnja 2019.

American Psychoanalytic Association National Meeting
New York, 5. – 10. veljače 2019.

21st Congress of the European Society for Sexual Medicine
Ljubljana, 14. – 16. veljače 2019.

56th American College of Psychiatrists Annual Meeting
Honolulu, 20. – 24. veljače 2019.

3rd International Brain Stimulation Conference
Vancouver, 24. – 27. veljače 2019.

7th International Child and Adult Behavioral Health Conference
Abu Dhabi, 28. veljače – 2. ožujka 2019.

5th International Conference on Mental Health and Human Resilience
Barcelona, 7. – 8. ožujka 2019.

7th World Congress on Depression and Anxiety
Seul, 7. – 8. ožujka 2019.

32nd Annual General Meeting of British NeuroPsychiatry Association
London, 7. – 8. ožujka 2019.

ECNP Workshop for Early Career Scientists in Europe
Nica, 7. – 10. ožujka 2019.

ECNP New Frontiers Meeting
Nica, 10. – 11. ožujka 2019.

European Autism Congress
Zagreb, 14. – 15. ožujka 2019.

International Conference of Academy for Eating Disorders
New York, 14. – 16. ožujka 2019.

11th World Congress on Alzheimer's Disease & Dementia
Sydney, 20. – 21. ožujka 2019.

21st Annual Conference of the International Society for Bipolar Disorders
Sydney, 20. – 23. ožujka 2019.

30th Annual Meeting American Neuropsychiatric Association
Chicago, 20. – 23. ožujka 2019.

American Academy of Clinical Psychiatrists Current Psychiatry Update
Chicago, 21. – 23. ožujka 2019.

WPA Thematic Congress: Challenges for Psychiatry and Mental Health at the New Millenium
Buenos Aires, 21. – 23. ožujka 2019.

21st International Conference on Psychotherapy and Counseling
Pariz, 28. – 29. ožujka 2019.

39th Annual Anxiety and Depression Conference
Chicago, 28. – 31. ožujka 2019.

21st International Neuroscience Winter Conference
Sölden, 31. ožujka – 4. travnja 2019.

27th European Congress of Psychiatry
Varšava, 6. – 9. travnja 2019.

Congress of the Schizophrenia International Research Society
Orlando, 10. – 14. travnja 2019.

3rd Biennal European Professional Association for Transgender Health
Rim, 11. – 13. travnja 2019.

24. Dani Ramira i Zorana Bujasa
Zagreb, 11. – 13. travnja 2019.

6th International Conference on Depression, Anxiety and Stress Management
London, 25. – 26. travnja 2019.

6th World Congress on Mental Health, Psychiatry and Wellbeing
New York, 25. – 26. travnja 2019.

26th International Symposium on Current Issues and Controversies in Psychiatry
Barcelona, 25. – 27. travnja 2019.

13rd Organization for the Study of Sex Differences Annual Meeting
Washington, 5. – 8. svibnja 2019.

WPA Thematic Congress: Dementia
Ohrid, 15. – 18. svibnja 2019.

63rd American Academy of Psychoanalysis and Dynamic Psychiatry Annual Meeting
San Francisco, 16. – 18. svibnja 2019.

26th Annual International „Stress and Behavior" Neuroscience and Biopsychiatry Conference
St. Petersburg, 16. – 19. svibnja 2019.

172nd Annual Meeting of the American Psychiatric Association
San Francisco, 18. – 22. svibnja 2019.

8th European Conference on Clinical Neuroimaging
Bruxelles, 20. – 21. svibnja 2019.

2nd International Annual Congress on Controversies on Cannabis-Based Medicines
Barcelona, 23. – 24. svibnja 2019.

The International Conference on Brain Health Innovations and Technologies
Beč, 27. – 28. svibnja 2019.

59th International Neuropsychiatric Congress
Pula, 30. svibnja – 2. lipnja 2019.

16th European Society for Traumatic Stress Studies Conference
Rotterdam, 14. – 16. lipnja 2019.

108th American Psychoanalytic Association Annual Meeting
San Diego, 21. – 23. lipnja 2019.

18th International Congress of European Society for Child and Adolescent Psychiatry
Beč, 30. lipnja – 2. srpnja 2019.

ECNP School of Neuropsychopharmacology
Oxford, 30. lipnja – 5. srpnja 2019.

The Royal College of Psychiatrists International Congress
London, 1. – 4. srpnja 2019.

16th European Congress of Psychology
Moskva, 2. – 5. srpnja 2019.

18th International Forum on Mood and Anxiety Disorders
Beč, 4. – 6. srpnja 2019.

40th STAR Conference
Palma de Mallorca, 9. – 12. srpnja 2019.

9th World Congress of Behavioural and Cognitive Therapies
Berlin, 17. – 20. srpnja 2019.

127th Annual Convention of the American Psychological Association
Chicago, 8. – 11. kolovoza 2019.

19th WPA World Congress of Psychiatry
Lisabon, 21. – 24. kolovoza 2019.

33rd Annual Conference of the European Health Psychology Society
Dubrovnik, 3. – 7. rujna 2019.

4th International Conference on Addictive Behavior and Dual Diagnosis
Budimpešta, 5. – 6. rujna 2019.

32nd ECNP Congress
Kopenhagen, 7. – 10. rujna 2019.

International Brain Research Organization World Congress
Daegu, 21. – 25. rujna 2019.

CINP International Meeting
Atena, 3. – 5. listopada 2019.

The Mental Health Services Conference of the American Psychiatric Association
New York, 3. – 6. listopada 2019.

Neuroscience Annual Meeting
Chicago, 19. – 23. listopada 2019.

World Congress of Neurology
Dubai, 26. – 31. listopada 2019.

1st Congress of European Association of Clinical Psychology and Psychological Treatment
Dresden, 31. listopada – 2. studenog 2019.

27. godišnja konferencija hrvatskih psihologa
Osijek, 6. – 8. studenog 2019.

35th International Society for Traumatic Stress Studies Annual Meeting
Boston, 14. – 18. studenog 2019.

23th World Congress of Social Psychiatry
Pariz, 20. – 22. studenog 2019.

PREDMETNO I AUTORSKO KAZALO ZA VOLUMEN 46/2018.

PREDMETNO KAZALO

AUTORSKO KAZALO

Upute autorima

O časopisu

Socijalna psihijatrija je recenzirani časopis koji je namijenjen objavljivanju radova iz područja socijalne psihijatrije, ali i iz kliničke psihijatrije i psihologije, biologijske 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: uvodnike, 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 prihvatiti i drugu vrstu rada (prigodni rad, rad iz povijesti struke 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), detaljnjije na: https://publicationethics.org/files/Code%20of%20Conduct_2.pdf, kao i preporuke ponašanja, izvještavanja, uređivanja i objavljivanja znanstvenih radova u časopisima medicinske tematike kojeje 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* pregledava 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.

Instructions to authors

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) 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 nijedan 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) financijske (zaposlenje, u posjedu dionica, plaćeni honorar), akademske, 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 dio troškova 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 italiku. 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.).

Autoru koji je zadužen za dopisivanje treba navesti titulu, ime i prezime, adresu, grad, državu i adresu e-pošte. Također je potrebno navesti i ORCHID 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 ORCHID 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 podatci. 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 izjava i zaključaka koji nisu potpuno potvrđeni dobivenim 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 izrađena 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 navođenje sažetaka, usmenih priopćenja i sl.

Ponovno citiranje nekog rada treba označiti istim brojem pod kojim je prvi put spomenut.

Prigodom doslovnog navođenja izvatka 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 navođenja definicija).

Sekundarno citiranje odnosi se na slučaj kada autor koristi navod iz djela kojemu 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 avoid.

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 fit 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 poleđini 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 stavlja 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. shttps://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.

SOCIJALNA PSIHIJATRIJA – ČASOPIS HRVATSKOGA PSIHIJATRIJSKOG DRUŠTVA

SOCIJALNA PSIHIJATRIJA – THE JOURNAL OF CROATIAN PSYCHIATRIC SOCIATY

Izdavač/Publisher
Medicinska naklada

Adresa Uredničkog odbora/Address of the Editorial Board
SOCIJALNA PSIHIJATRIJA
Klinika za psihijatriju, Klinički bolnički centar Zagreb, Kišpatićeva 12, 10000 Zagreb, Hrvatska
Department of psychiatry, University Hospital Centre Zagreb, Kišpatićeva 12, 10000 Zagreb, Croatia

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

Oblikovanje korica/Cover design
Andrea Knapić (Zagreb)

Prijelom/Layout
Marko Habuš (Zagreb)

Tisak/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.

Indeksiran je u bazama: SCOPUS, PsychINFO, Excerpta Medica (EMBASE), Index Copernicus, Google Scholar, EBSCO, HRČAK, CiteFactor
Socijalna psihijatrija is indexed in SCOPUS, PsychINFO, Excerpta Medica (EMBASE), Index Copernicus, Google Scholar, EBSCO, HRČAK, CiteFactor

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., Paromlinska 2, 10000 Zagreb, Croatia
IBAN: HR2223600001101226715, **SWIFT:** ZABAHR2X (for Socijalna psihijatrija).

Kontakt/Contact
socijalna.psihijatrija@kbc-zagreb.hr
http://www.kbc-zagreb.hr/soc.psi