

**MENTAL HEALTH ASSOCIATION  
OF SOUTH-EASTERN EUROPE**

**“LUCIAN BLAGA” UNIVERSITY SIBIU  
FACULTY OF MEDICINE**

**“LUCIAN BLAGA” UNIVERSITY SIBIU  
FACULTY OF SOCIAL AND HUMAN SCIENCES**

**“DR. GHEORGHE PREDA”  
PSYCHIATRIC HOSPITAL SIBIU**



**2<sup>ND</sup> EASTERN EUROPEAN  
CONFERENCE  
OF MENTAL HEALTH**

# **IN AND OUT OF YOUR MIND**

**SIBIU, ROMANIA  
27 – 30 SEPTEMBER  
2018**

# **ABSTRACT BOOK**

**EDITURA UNIVERSITATII LUCIAN BLAGA SIBIU**

**ISBN:978-606-12-1569-0**



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**LECTURES**  
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**WORKSHOPS**



**BIostatISTICS IN MENTAL HEALTH FACILITIES**

DO Alexandru

University of Medicine and Pharmacy of Craiova, Romania

Today's "belief" or "faith" in Evidence Based Medicine must be permanently strengthened through/ with rational and logical proofs. The field of Biostatistics or Medical Statistics has to provide the appropriate tools for the aforementioned purpose.

In order to create functional, practical tools, we have to quantify or, at least, categorize the clinical based findings. These tools vary from simple, descriptive statistics to instruments that show or emphasize interdependencies or influences between the studied factors, either as correlations or differences between factor categories, to complex multivariate and multivariable analysis (multivariable polynomial or logistic regression, factor analysis, survival analysis etc.).

The aim of this lecture is to provide the Mental Health clinician, as well as other medical doctors, with an insight on how measuring the state of a patient, either on quantitative or qualitative scales, has an impact on the outcome of the analysis, so the results can be easily used into current medical practice, for the immediate benefit of both the physician and the patient, and to describe the most common tests and methods used in medical studies.



**COMMUNITY MENTAL HEALTH IN JAPAN – FOCUS ON SUICIDE PREVENTION**

H Ambo

Yamagata Prefectural University of Health Sciences, Yamagata, Japan

Suicide in Japan has become a major national social issue. Japan has a relatively high suicide rate compared to other countries, but the number of suicides is declining and as of 2013 has been under 30,000 for three consecutive years. Seventy-one percent of suicides in Japan were male, and it is the leading cause of death in men aged 20–44. By 2016, suicide rates had reached a 22-year low of 21,764, that is, men decreased by 1,664 to 15,017 and women decreased by 597 to 6,747.

In 2007, the government released a nine-step plan, a "counter-suicide White Paper", which it hopes will curb suicide by 20% by 2017. The goal of the white paper is to encourage investigation of the root causes of suicide in order to prevent it, change cultural attitudes toward suicide, and improve treatment of unsuccessful suicides. Effective interventions in this plan are include a gatekeeper training and outreach for social withdrawal people.

First, the presentation shows a theoretical model describing how gatekeeper training may influence individual knowledge, beliefs, and attitudes that may, in turn, result in intervention behaviors. Second, suicide prevention strategies such as visiting their home, sending postcards or making phone calls have been used to keep in contact with suicide attempters in the views of the benefit to the prevention of post-acute suicidal behaviors. At the last, the presentation reviews the evidence supporting each of the relationships presented, and concludes with recommendations for advancing community mental health practice and research in this field.



**PEER SUPPORT PROMOTION IN MENTAL HEALTH SERVICES – A JAPANESE MODEL**

H Ambo

Yamagata Prefectural University of Health Sciences, Yamagata, Japan

Peer support can be defined as the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems.

Historically, peer support has been shown to be a key component of many existing addiction treatment and recovery approaches such as the community reinforcement approach,<sup>1–11</sup> therapeutic communities, and 12-step programs; the community reinforcement approach has demonstrated the importance of valued social roles in maintaining abstinence, which is the foundation of the peer support relationship. In 2011, in order to reduce re-hospitalization of patients who became disconnected from regular contact with outpatient medical services, the Japanese Ministry established the Japanese Outreach Model Project (JOMP). In this project, all services are multi-professional and ACT and JOMP include peer staff. All the services provide 24/7 services and use case management. Ratios of patient and clinical staff are as follows: 12:1 at ACT, more than 10:1–12:1 at AO and JOMP had a range from 3:1 to 20:1 with an average 6:1. Some research about this field suggest that JOMP might be effective for keeping low readmission rates and for improving social function and delimiting problematic behavior. The JOMP teams including peer supporters provided long-term support for families.

Recent years Wellness Recovery Action Planning group facilitated by peer supporters is also becoming popular in mental health services. Wellness Recovery Action Planning (WRAP) is an illness self-management intervention with an educational component that promotes healthy living and a psychological component that involves peer support. Several researches suggest effectiveness in the focus of their mental well-being, self-perceived recovery, and social functioning.

At the last in this presentation, it shows some examples of social inclusion, which includes business, art, and education collaborating with mental health services.



**DEPRESSION AND ABUSIVE ALCOHOL CONSUMPTION IN PRIMARY CARE**

C Băcilă

*Gheorghe Preda* Psychiatric Hospital Sibiu, Romania, *Lucian Blaga* University, Sibiu, Romania

Depression is the most common major psychiatric disorder with high severity and recurrence that increases the number of somatic comorbidities and correlates directly with the decrease in overall, physical and social functioning, and the quality of life of the patient and his/her family. By imposing a consistent burden of disease expressed by residual symptoms, cognitive deficits, frequent recurrences, decreased quality of life, suicide, associated cardiovascular and cerebrovascular disease, psychosocial inadaptability, and economic loss, early detection of depression becomes a primary task for specialist assistance at all levels, but early identification and intervention at the level of primary care can lead to the best effects in medical and socio-economic terms. The frequent association of depressive disorder with alcohol abuse is also a target of preventive policies with increased addressability at the primary level of healthcare, with positive results in terms of therapeutic intervention efficiency and cost reduction.



**TEARS AND SMILES - SOCIAL ASSISTANCE, PSYCHODRAMA AND  
MENTAL HEALTH OF THE ELDERLY PERSONS**

V Bobic

*Lucian Blaga University of Sibiu, Faculty of Social and Human Sciences, Sibiu, Romania*

The quality of life is a concept approached by specialists in various fields and who recognize that there is a relationship between quality of life and physical, mental, social and spiritual health. From the perspective of mental health, studies show that emotional well-being and cognitive processes interrelate each other. With aging, the aging process does not affect emotional well-being, but emotional experiences can be influenced by the contexts of knowledge. When knowledge is goal-oriented, then the emotional state improves, and this in turn produces a cognitive involvement and greater life satisfaction. The question is: how do we contribute to maintaining and increasing the quality of mental health of the elderly, to creating the optimum life framework so that the elderly is able to adapt?

In this workshop, we propose a response - psychodrama as a method of intervention in the field of social assistance, in particular social assistance of the elderly person. Psychodrama may be the frame within which the elderly can explore their own psychic contents, objectively mental representations about their vulnerability / dependency and about the other members of the group to which they belong. With the help of the psychodrama, the elderly can make the necessary changes to function psychologically and socially within normal limits and to prevent situations of difficulty/ dependency.



**MULTIDIMENSIONAL DIAGNOSIS OF OCCUPATIONAL STRESS FOR  
ROMANIAN PROFESSIONALS IN THE HEALTH CARE SYSTEM**

AT Brate

*Lucian Blaga University of Sibiu, Faculty of Social and Human Sciences, Sibiu, Romania*

**Introduction:** Occupational stress is considered a potential risk factor for organizational safety/ work security and one of the high cost related problems for the social-economic system – generally, and for the personnel in the health system - especially. The perception of the effects of stress for personnel from different medical units/ departments of the health system could depend on the organizational culture, the type of management, the specific stressors they are confronted with and the significant individual differences / coping mechanisms in the stress process.

**Methods:** Participants from different personnel categories of Romanian health departments/ institutions have completed a demographic data questionnaire and the Romanian version of Pressure Management Indicator (Williams & Cooper, 1998, adapted by the author).

**Results and discussion:** The results identify the perceived levels (occupational stress profile) and the significant relationships between specific socio-professional pressures (stressors), individual differences, coping strategies and different effects/ outcomes of occupational stress. Based on the results concerning the perception of several facets of the occupational stress process in Romanian medical units/ departments, multilevel intervention strategies and future research orientations are presented.



**THE CHALLENGE OF SOCIALIZING THE CHILD WITH  
AUTISM SPECTRUM DISORDER**

AC Bratu

Romanian Association of Classical Psychodrama, Romania

Individual therapy, procurement generalization, integration are the words / concepts we hear most often when we follow the recovery process of a child diagnosed with Autism Spectrum Disorder (ASD). Integration into the mass education system is a major desideratum for the parent of that child, but the challenges that such children face when entering the kindergarten or school are multiple, because one of the main diagnostic criteria of ASD is represented by "persistent deficiencies in social communication and interaction". Thus, where a neuro-typical child acquires "on the go" skills by simply interacting with other children or adults (*modeling, copping*), a child with ASD will need to learn all these things in a structured way. Almost all intervention therapies for the ASD child (usually a *one to one* work) help him to acquire important things for his future development, but social interaction can only be acquired within a group. Psychodrama is a work method for groups and within the groups, where each person becomes, volunteer or not, therapist for the other. Thus, by integrating into a psychodrama group, a child with ASD will be able to benefit from a safe and stimulating environment that will positively lead him in the process of socialization.



**ONIRIC DRAWING ELEMENTS; METHODS OF ACTION  
IN THE THERAPY OF DEPRESSIVE DISORDERS**

MD Bucuța, I Petcu

*Lucian Blaga* University of Sibiu, Faculty of Social and Human Sciences, Sibiu, Romania;  
Romanian Association of Classical Psychodrama, Romania

Appearing at the confluence of Psychodrama with Abyssal Psychology, with Surrealism and Art History, the oniric drawing appears to be "...the optimum collaborator in *shaking* internal contents and in developing spontaneity and creativity" (L.Moretto, 2016).

Starting from the hypothesis that the oniric drawing, like the psychodrama, is a representation of the internal world, the workshop aims to show its applicability in the therapy of depressive disorders. By means of case studies and direct experimentation, in a securing environment, some of the expressive techniques used (for example graphic automation and graphic representation of images resulting from directed reveries) are presented, and then demonstrated how stage action reveals the symbolic, individual meaning of the drawing.

In the last part, critical advantages and *traps* of the use of the oniric drawing in psychotherapeutic practice are approached.





**QUALITY IN MENTAL HEALTHCARE SYSTEM**

M Cara

University of Medicine and Pharmacy of Craiova, Romania

Mental Health has been recognized as a key priority area and a goal for Europe, as stated by the European Commission in June 2008 through the publication of the European Pact on Mental Health and Well-being. Romanian mental health services have undergone profound changes over the last decades. The purpose of this study is to review how the concept of quality of service was adopted and implemented in Romanian mental healthcare system.

Our results can be used by hospital managements, policy-makers and academics to redesign their quality management processes and to shape the future direction of their more effective healthcare quality strategies for the improvement of the hospital performance and the quality of service in the mental healthcare system. Efforts should be permanently made to study how well the Romanian mental health system meets both patients' and professionals' expectations on the dimensions of the quality of service.



**MENTAL HEALTH IN THE SOUTH-EASTERN EUROPE OF 21<sup>st</sup> CENTURY**

A Çomo<sup>1</sup>, V Nakov<sup>2</sup>, MC Pîrlog<sup>3,4</sup>

<sup>1</sup>Psychiatric Service, University Hospital Center Tirana *Mother Teresa*, Albania; <sup>2</sup>National Center of Public Health and Analyses, Sofia, Bulgaria; <sup>3</sup>University of Medicine and Pharmacy of Craiova, Romania; <sup>4</sup>Clinical Hospital of Neuropsychiatry Craiova, Romania

Psychiatric disorders are one of the most important public health problems worldwide, with more than a third of the population affected by them. Their effects are represented by the high and early mortality, the burden of disease and the quality of life, not only at the individual level, but also at the level of the communities in which the affected people live.

Every year in Europe, about one in four people is diagnosed with a mental health disorder, representing a real challenge for health systems and also for policy-makers. Respect for fundamental human rights, the promotion of mental health and the prevention and treatment of mental disorders are the objectives of the Mental Health Action Plan 2013-2020 and, in this context, we propose a parallel assessment of mental health experiences in three Southeast European countries: Albania, Bulgaria and Romania. Highlighting strengths and weaknesses in the three mental health systems, finding common points in this area, and providing opportunities for better collaboration between mental health professionals in our countries could be a real asset in achieving the proposed results in the European Action Plan and lead to the development of new common strategies and policies in response to the evolution of mental health needs.



**HOLISTIC APPROACH OF SUICIDE PREVENTION**

D Cozman

*Iuliu Hatieganu* University of Medicine and Pharmacy, Cluj-Napoca, Romania

Suicide is one of the leading public health problems worldwide, and one of the phenomena that is projected to have one of the most formidable socio-economic impacts in the near future. Its prevention is therefore a priority, and both researchers and stakeholders have directed important resources in this direction in the recent past. As a consequence, important results have been obtained and these results need to be analyzed and integrated into a vision that fulfils both scientific and social expectations. Furthermore, it is more and more obvious that important results in the field of mental health, and health in general, can only be obtained through a holistic population-based approach, since only such an approach can both tackle risk-factors and promote resilience.



## AWARENESS IN PATIENTS WITH PSYCHIATRIC DISORDERS AND THE IMPACT ON SELF-STIGMA AND DEPRESSION

CA Crişan<sup>1</sup>, I Părau<sup>2</sup>, A Nemeş<sup>3</sup>, N Vlasin<sup>4</sup>

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**Introduction:** Awareness of illness is a complex concept and along with self-stigma is one of the most important factors for the evolution and long-term management in patients with major psychiatric disorders, especially schizophrenia. The aim of our study was to investigate the possible relationship between insight, self-stigma and depression in patients diagnosed with schizophrenia.

**Methods:** 60 patients between the ages of 18 and 70 (M = 39.85, SD = 10.40) diagnosed with different forms of schizophrenia according to ICD-10 and DSM-5 were included in our study. Socio-demographical data were collected using a semi-structured interview. PANSS (Positive and Negative Syndrome Scale), ISMI (The Internalized Stigma of Mental Illness) and CDRS (Calgary Depression Rating Scale) scales were used to assess psychopathological symptoms, self – stigma and depression.

**Results and discussions:** Most of the patients had low level insight regarding their mental illness and recorded mild internalized stigma. Positive schizophrenia symptoms were associated to low awareness of the illness and a strong correlation was found between positive symptoms and self-stigma. The presence of depression was associated with alienation, social withdrawal, perceived discrimination and internalized stigma in general. Findings suggest that illness awareness and self-stigma are key factors in schizophrenia, as they can influence the onset of depressive symptoms and the evolution of this disorder. The recognition and assessment of these two factors are useful for a better management of the illness.



**SOMETHING OLD AND SOMETHING NEW  
IN THE TREATMENT OF INDIVIDUALS WITH EARLY NON-AFFECTIVE PSYCHOSIS**

L Dixon<sup>1</sup>, D Goff<sup>2</sup>

<sup>1</sup>Columbia University Medical Center, New York, USA, <sup>2</sup>New York University Langone Medical Center, New York, USA

This session will cover key considerations and evidence-based approaches in the care of adolescents and young adults with emerging and early non-affective psychosis. The organization of care should build on two foundations. The first underscores the importance of reducing the duration of untreated psychosis. The second focuses on providing optimal, multi-element team-based care. Recently advances in our understanding of how untreated psychosis and medication may affect the brain will be presented to inform decisions about whether to start or stop medication in early psychosis. Addressing these imperatives from a psychosocial and community perspective requires first addressing issues of stigma and community education in order to facilitate early care. The team-based care is called *Coordinated Specialty Care* in the US and in addition to pharmacotherapy includes psychotherapy, supported employment, family support, case management, peer support, and attention to substance use and suicide prevention.



**THE IMPORTANCE OF MENTAL HEALTH SERVICES IN PUBLIC HEALTH**

L Duică

*Lucian Blaga University, Faculty of Medicine, Sibiu, Romania,**Gheorghe Preda Psychiatric Hospital Sibiu, Romania*

Mental health issues constitute a growing concern throughout the world, the prevention of mental disturbances and the creation of appropriate mental health service represent a task of utmost importance in Public Health. Mental health is an integrant part of health in the general meaning and needs to be looked after as any other physical health emergency. Mental issues can influence the debut, the progression and the prognosis of somatic afflictions. Numerous studies have shown that depression is a risk factor for arterial hypertension, other cardiovascular diseases, diabetes and can negatively affect the evolution and management of these afflictions. The development of community services represented, in the first place, by mental health centers aims at monitoring the evolution of patients with severe mental issues, initiation of the therapeutic procedures whether we are talking about pharmacological procedures or counseling in the case of decompensation, when this thing is possible and ensuring a wide spectrum of services – psychiatric, psychological or social – for the patients that are being monitored, in accordance to their needs. In this way, it constitutes an opportunity for the patients with severe mental disturbances to continue living their lives in the community.



**SCHIZOPHRENIA AND PSYCHOSIS: DELIMITATIONS AND SUPERPOSITIONS  
IN A CLINICAL AND BIOLOGICAL CONCEPTUALIZATION**

L Duică

*Lucian Blaga University, Faculty of Medicine, Sibiu, Romania,*

*Gheorghe Preda Psychiatric Hospital Sibiu, Romania*

The term “psychosis” comes from the 19th Century referring to an allembicing diagnostic concept, included all the different general forms of insanity. Kraepelin considers „dementia precox” (a precursor term for schizophrenia), together with „manic depression insanity” as a endogenous psychosis.

The Third Edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM-III) (1980) develops a taxonomy including an important chapter entitled „Schizophrenia and other psychotic disorders”, so as psychosis is considered as a syndrome of schizophrenia and related psychotic disorders.

In 1992 Liddle take into consideration the psychotic symptoms (delusion, hallucination, disorganized speech and behavior) as positive symptoms, along with negative and cognitive symptoms.

From the biological point of view, Carlsson and Linquist in 1993 state that psychosis is related with dopamine theory of schizophrenia, meaning the dopamine hyperactivity in the mesolimbic pathway. In the pathogenesis of the psychosis, the latest psychopharmacological studies point out the dopaminergic ways in interaction with glutamatergic ways. Meanwhile the pathogenesis of schizophrenia is derived from a dysfunctional interplay between many neurotransmitters as dopamine, serotonin, glutamate, GABA, etc., along with genetic and neuroanatomical abnormalities.



**SOMETHING OLD AND SOMETHING NEW  
IN THE CARE OF INDIVIDUALS WITH SCHIZOPHRENIA**

D Goff<sup>1</sup>, L Dixon<sup>2</sup>

<sup>1</sup>New York University Langone Medical Center, New York, USA, <sup>2</sup>Columbia University Medical Center, New York, USA

This session will cover key evidence-based approaches in the care of adults with established schizophrenia. Medication management will be reviewed with an emphasis on the individualized selection of medication that provides optimal symptom control and the least side effects. The challenges of incomplete adherence and of medication-resistant psychosis will also be addressed. Optimal care also should also include giving patients access to an array of psychosocial treatments and approaches. A selection of these include supported employment, family psychoeducation, health and wellness interventions for weight loss and smoking cessation, and peer support. Patients' needs and preferences should guide the selection of specific treatments for each person.





**MANAGEMENT OF SUBSTANCES ADDICTION AND OBESITY IN PRIMARY CARE**

C Kamal

University of Medicine and Pharmacy of Craiova, Romania

To have an addiction means to have a craving for something, to lose control over the lust and to continue to want that, despite the consequences and adverse effects. Addiction changes the way the brain works, first by undermining the way the brain understands pleasure, then by altering other normal processes such as learning and the personal motivation process. But, although the overcoming of a dependence can be a difficult process, this is possible!

Many of us, overweight or otherwise, lose control over many aspects of our daily lives. Most people eat for reasons other than hunger. If you examine your life, you will realize that excess eating triggers psychological states even if you do not suffer from a food disorder. The most real and frightening lesson is that we all have the ability to reach 300 pounds, somewhere in the middle of our psyche. The way European countries fight obesity should reflect this.

We cannot attribute morbid obesity to any single factor, be it biology, psychology or addiction. These factors combine. It's hard to put the problem in terms of guilt, we all have the ability to make decisions. For some of us, it's much more difficult to do it because of genetic reasons, hormones, our experiences, the environment in which we live, of parents or of education, which "sabotage" our self-control.

The result of these adaptations is that dopamine will have a low impact on reward centers in the brain. People who develop addiction usually discover that the desired substance does not offer them as much pleasure. They have to consume more to achieve the same effect, because their brain has adapted - an effect known as tolerance.

It is not enough "just to say no" - as suggested a slogan from the '80s. Instead, you can protect (and cure) addiction by saying "YES" to other things, such as cultivating various interests that give purpose and meaning to your life, understanding that issues are generally fleeting, and most importantly, accepting that life is not always made to be pleasant.



**FIXING MENTAL HEALTH CARE – TOP-DOWN AND BOTTOM-UP APPROACHES**

H Katsching

Medical University of Vienna, Austria

Only a little more than half a century ago in most European countries large traditional psychiatric hospitals prevailed. It was well established by the time that such institutions increased suffering and contributed to the stigma of mental illness. Helped by the discovery of psychotropic medications, the so-called de-institutionalisation process started - at different speeds though in different countries - with top-down political decisions or financial considerations of avoiding expensive hospital stays. Often unintended consequences occurred and community mental health services did not follow suit as planned. With little delay, patients (calling themselves “clients”, “consumers”, “users”, “ex-users” or even “survivors of psychiatry”) and family members (calling themselves “carers”) founded self-help organisations and started to act bottom-up by putting pressure on politicians, administrators and professionals. Of course, neither the “top group” nor the “bottom group” are in themselves homogenous, and concepts, interests and hierarchies of power, as well as coalitions, are manifold. The complex history and nature of today’s mental health care systems makes it difficult to achieve a “common sense” approach to fixing mental health care, and different developments in different countries (e.g. concerning financing mechanisms) do not allow a “one size fits all” solution. The "top-down – bottom-up" framework will be used for analysing examples of attempts of fixing mental health care and also for illustrating dysfunctional developments.



**AGGRESSION IN HOSPITAL SETTINGS – A COMPREHENSIVE VIEW**

M Ladea

*Carol Davila* University of Medicine and Pharmacy, Bucharest, Romania

Healthcare providers, general practitioners, and staff in emergency departments in particular, are likely to encounter aggression and violence from patients and/or their caregivers. The medical personnel require training in identifying those patients at risk of violent or aggressive outbursts, as well as in de-escalation techniques, in order to minimize the risk of violence. Prevention means and assessment protocols should be set in place, for quick identification of the underlying cause for aggression (psychiatric illness, somatic medical condition, substance/alcohol use) and subsequent appropriate choice of treatment approach.

This presentation aims to provide insight into the risk factors, assessment for aggressive behavior, available non-pharmacologic and pharmacological management means and possible prevention methods in dealing with aggressive or violent patients.



**TELEMENTAL HEALTH - ROMANIAN SOLUTIONS**

M Ladea, M Bran

*Carol Davila* University of Medicine and Pharmacy, Bucharest, Romania

Modern technologies provide means of increasing access to care and medical information to and among medical specialists, patients, as well as the general population. Telemental health (E-mental health) makes use of these technologies in order to provide services at a distance.

An evidence-based medicine approach, through analysis of a large number of studies on the topic, highlights the advantages of telemental health, of which the most important remains access to care. Obstacles are also, of course, encountered, including costs, legal and technical aspects, and, none the least, general resistance to change.

Inomedica is a Romanian E- mental health solution. It is a NGO that provides information for patients and caregivers, self-assessment instruments through its applications ([www.depresiv.ro](http://www.depresiv.ro), [www.schizophrenia.ro](http://www.schizophrenia.ro)) for the general population, while leading a campaign against stigma related to mental health issues. It also has a platform, MindU - that provides credited interactive courses for medical practitioners.

Atlashelp.net, another Romanian solution, is a platform reuniting over 120 medical specialists, functioning since 2016 in observance of HIPAA American standards of security and confidentiality. It provides services of psychotherapy, counselling, personal development, parenting, coaching, many of its users being Romanian citizens working abroad.



**A COMPREHENSIVE APPROACH ON SOCIAL REHABILITATION**

D Mihalcea<sup>1</sup>, I Pavel<sup>2</sup>, M Onofreiu<sup>2</sup>, T Purnichi<sup>3</sup>

<sup>1</sup>Queen Mary Hospital, Bucharest, Romania; <sup>2</sup>Mind Health Partners, Bucharest, Romania, <sup>3</sup>University of Medicine Craiova, Doctoral School, Craiova, Romania

**Introduction:** The comprehensive approach to social rehabilitation combines problem-oriented, environmental-oriented and development-oriented approaches that are applied at individual level, at the level of its environment (living environment, work environment, care facilities) and macroeconomic level (government policy, structure of the mental health care sector). Rehabilitation is a dynamic, continuous process that works in three dimensions: relationship, action and time. Mental health professionals should focus on the quality of life of mentally and socially impaired people in a vulnerable situation, and this is a key objective of the global approach as well as the quality of the environment in which the client lives.

**Methods:** We have applied the Global Approach methodology in our work with patients with chronic mental illness, following the next three areas: meeting wishes, and goals related to quality of life, addressing vulnerability and strengthening strengths and gaining access to desired environments. The methodology includes the following six steps and activities: building and maintaining an "effective" relationship; gathering information and developing a personal profile with the client; helping the person to formulate wishes, make decisions, and set goals; helping the person to develop a personal plan (including the Support Plan); helping the person to implement the plan; following the process, learning, evaluation and adjustment.

**Results and discussions:** What we know about recovery comes from both research and many customer accounts and it is proved that recovery is a difficult and painful process that necessarily involves a lot of work from both patients and mental health professionals, as well as a lot of acceptance, increasing tolerance and commitment, a process in which both medication and social interventions must be combined. The Global Approach facilitated the complex intervention and helped in managing in a more accessible and secure way the recovery process for the patient.



**PSYCHOLOGICAL ASSESSMENT.****PROJECTIVE TECHNIQUES: OPPORTUNITIES VS. LIMITS?**

M Milcu

*Lucian Blaga University of Sibiu, Department of Psychology, Center for Psychological Research*

The traditional standardized instruments were designed to measure objectively the whole personality (one or more traits of it). However, ones of the main targets of the human been are to protect the self-image and to promote a specific positive social-image.

In these situations, let the others to know about personal emotions, feelings, issues ... seems to be complete out of the question. If that means to distort the truth about yourself – that's it!

The psychologists expect from their clients to tell the real stories, to reveal their real problems, fears ..., but many times that is not happens!

Finding some alternative ways to get the truth about clients is required.

The projective instruments are very good tools to attend this necessity. But can we get good, real, trustful data on our clients? Are these tools reliable?



**WAKEZ - MEDTECH START-UP TO #HACKYOURSLEEP**

Z Milhem

WakeZ – Hack Your Sleep, FreshBlood Health Tech Community, Romania

Waking up tired is an issue 4 out of 5 people usually experience. As the CDC recently deemed the bad quality of sleep an epidemic, it is becoming obvious that this is a real issue, both difficult to manage and costly. According to RAND Europe, the US spends an average 411 billion \$ (2,28% of GDP) to cover the consequences of sleep pathology.

WakeZ is a revolutionary application for smartphones and mainstream wearables, meant to enhance brain activity during sleep, ensuring an easy falling asleep, a restful night and smooth awakening, all with a special subliminal vibration stimuli algorithm applied to the user's wrist. After winning the two most prestigious innovation competitions in Romania in 2018 (Best Product @Innovation Labs and Health Award @200 Seconds of Fame), WakeZ is close to securing a substantial seed investment and launching in 2019.

Apart from the conceptual engineering of WakeZ, the benefits and the issues, we will cover the extensive roadmap of our project and obstacles health innovators tend to encounter in the difficult path of translational research, a new notion for Eastern Europe.



**INTENTIONALITY AND BELIEFS SYSTEMS IN DELUSION**

C Moşoiu

*Lucian Blaga University of Sibiu, Faculty of Social and Human Sciences, Sibiu, Romania*

A widely accepted view is that beliefs are states of mind about things and events, real or imagined, different than simple reference to something or someone. Belief systems formation and revision, doxastic state and intentionality are core concepts in psychology. In psychopathology delusions are defined by epistemic features (unjustified, false, contrafactual ignorance) that can't delineate clearly delusions from other types of abnormal beliefs. In our work we evaluate belief systems from a dimensional point of view that allow us to elaborate a continuum between everyday belief at one end and clinical delusions at the other end.





**E-MENTAL HEALTH: THE FUTURE IS NOW**

D Mucic

*Little Prince Psychiatric Centre, Copenhagen, Denmark*

E-Mental Health (eMH) is a term for mental healthcare practice supported by electronic processes and communication. The mass availability of powerful computers, easy to write programs, and smart phones has transformed the effects of technology on health and healthcare. Clinicians have long recognized its use for hard to reach areas but have been slow to harness its power to change the care of urban populations. Young people with mental challenges has very limited access to mental health services. Although the burden of disease for addiction and mental illness in that age group is dramatic, access to targeted prevention or care is nearly impossible across the globe. Web and social media are changing not only communication patterns especially for young people, but also the way they are looking for help, sharing experiences, learning new behaviors. Web based screening and assessment, information and online treatment are an opportunity to provide quality care with more capacity. From apps to platforms, the spectrum of options and opportunities will be explored. The discussion on national strategies in support of eMH lead to more awareness and research in this field.



**MENTAL HEALTH IN PRIMARY CARE – AS SIMPLE AS POSSIBLE**

M Mutică

*Elisabeta Doamna Hospital of Psychiatry, Galați, Romania*

Family physicians in Romania have everyday useful time affected by bureaucracy and health system problems. Workload is increasingly driven by an unprecedented increase in the number of patients and increasing complexity of bureaucratic penitentiaries. General practitioners are entry point to primary care so there is a need to strengthen their skills toward better health outcomes. The time dedicated to assimilation of new information from various medical specialties or to the upgrading of information acquired in the past is limited. Often the information presented by academics is theoretical and the ones presented by the pharma industry are the arid data of the clinical studies or the indications of some substances accepted by the policy maker. Thus, General practitioners claim the need for pragmatic, pertinent, syncretic information, presented in a time-saving manner as well. Recently, there has been a massive increase in mental health presentations in the GP cabinet. Between 30 and 50 percent of family physician consultations involve mental health problems. Predominantly pragmatic information related to mental health for general practice is needed, structured on the most important topics in the General practitioners' area, whether they are frequently or serious disorders. Whether it is a national or local educational project, formal or informal, a feasible educational offer should address issues of diagnosis and management of important mental disorders, recognition and management of emergencies related to mental health, introductory conversational therapy skills, pragmatic information on psychopharmacology.



**THE INCLUSION OF PSYCHOPATHY INTO DSM-5:  
HISTORY OF THE CONCEPT - IMPLICATIONS FOR OUR WORK LIFE -  
IMPLICATIONS FOR OUR EVERYDAY LIFE**

J Nietschke

University of Regensburg, Germany

Psychopathy has a huge impact on treatability of psychiatric patients and the security of fellow patients or staff members. The talk will cover theoretical, diagnostic, clinical, and risk assessment aspects of psychopathy, with an additional focus on distinguishable variants. Psychopathy is characterized by deceitfulness, emotional detachment, impulsivity, and recklessness. Compared with individuals diagnosed with antisocial personality disorder (ASPD), psychopaths show a particularly profound lack of empathy. Psychopathy is among the primary risk factors for violent offending and an indicator for future compliance or adherence. Recent research shows that psychopathy as measured by the Psychopathy Checklist-Revised (PCL-R; Hare, 2003) is likely a heterogeneous construct. More specifically, two variants of psychopathy could be identified in adult male offenders with high PCL-R scores: Manipulative psychopaths who excel at conning and defrauding others, and aggressive psychopaths who primarily rely on threats and instrumental violence in order to achieve their goals. Finally, the talk will highlight the role of psychopathy in daily live emphasizing the consequences for work life: Is your colleague, employee, boss a psychopath and how can I deal with it?



**INNOVATION AND ENTREPRENEURSHIP IN DIGITAL MEDICINE**

IG Petrovai

FreshBlood Health Tech Community, Romania

The technology gets more and more embedded in our lives, impacting our choices and adaptation processes. The medicine is benefitting/suffering from the technology as well, as part of the constant search for improvement and innovation. What can the mental healthcare specialist do in this context in order to be better prepared and even take leadership when he sees the need and he believes that he can make a difference. We will detail how to deal with technology in the medical practice, build an innovative project or even become an entrepreneur in the modern context of digital medicine.



**MENTAL HEALTH FROM THE GP'S POINT OF VIEW**

A Pleșea-Condratovici<sup>1</sup>, M Mutică<sup>2</sup>, C Pleșea-Condratovici<sup>1</sup>

<sup>1</sup>Department of Morphological and Functional sciences, Faculty of Medicine and Pharmacy, *Dunărea de Jos* University of Galați, Romania; <sup>2</sup>*Elisabeta Doamna* Hospital of Psychiatry, Galați, Romania

**Background:** Since 1999 Romanian health insurance system shifts to a Bismarck model where primary care is provided by family medicine physicians, in private practices, under contracts with local insurance houses. Family doctors are supposed to have a Gatekeeping role, ensuring that patients see specialists only for conditions that could not be managed at this level and are referred to an appropriate specialist.

**Aims:** To explore the opinions of the family doctors on the interventions needed for a better management of the psychiatric cases.

**Method:** A survey was conducted among 165 family doctors from "Moldova" region (Romania).

**Results and Discussion:** Despite a formal gatekeeping role, Romanian family doctors do not have a pivotal role in coordinating psychiatric care. Direct access to a specialist is possible for certain pathologies and there is evidence of overuse of ambulance services, hospital services and outpatient care setting bypassing primary care.

**Conclusion:** Rather than focusing on the "gatekeeping" we should focus on more collaborative work between family doctors and psychiatrists with patients. An improved communication and cooperation between family doctor and psychiatrist plays an essential role for proper care processes and thus the overall quality of care for the psychiatric patient.



**RETURNING TO WORK AFTER CANCER - PSYCHOSOCIAL CHALLENGES  
FOR EMPLOYERS AND EMPLOYEES WITH CANCER**

A Popa, F Morândău

*Lucian Blaga University of Sibiu, Faculty of Social and Human Sciences, Sibiu, Romania*

In Romania, as in most of the European countries, cancer represents the second cause of mortality. There are over 80000 people diagnosed with cancer annually in our country, and slightly over half of them are between 15-65 years old, meaning that they are people who are potentially active for work. More and more people diagnosed with cancer go into remission, due to improvements in diagnostic tools and treatment and manage to go back to doing the activities they used to do before being diagnosed. Studies show that work is very important for cancer employees because it represents the way back to normality and also helps improve the quality of life. Society, on the whole, also benefits from it because the pressure on the social protection systems gets reduced. All these prove why the preoccupation with reintegrating cancer employees in the job market is so important.

Unfortunately, there are various impediments for coming back to work after such a diagnosis. Studies from other European countries show that cancer employees are 37% less likely to become unemployed, in comparison with those who don't have cancer, which indicates that employers are reluctant to give work to these people, but also other difficulties for them.

The round table will start with a presentation which will outline the employers and employees perspective on coming back to work after cancer in Romania, based on the results of a study conducted for this precise reason.

This presentation aims to be a starting point for a debate about the following subjects: what challenges do employers encounter when they have a cancer employee who wants to come back to work; what challenges do the employees diagnosed with cancer encounter when they want to come back to work; and what can be recommended to both categories in order to make going back into the job market easier.



**CHILD AND ADOLESCENT PSYCHIATRY: MYTHS AND REALITIES**

E Predescu, R Sipos

*Iuliu Hateganu* University of Medicine and Pharmacy, Cluj Napoca, Romania

Mental health problems affect about 1 in 10 children and young people. There are more treatments, services, and community support systems than ever before, and they are efficient. Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive proper treatment. In child psychiatry, the parents are the most important actors in identifying assessing and deciding to start the early intervention. Evidence data on caregiver strain and burden of care has explored processes and implications of coping with children's emotional and behavioral disorders (health care costs, quality of life, and parents' health). These findings have not adequately considered the implications of stigma associated with having a child with mental health problems. The main objective was to identify the frequent myths in child psychiatry and discussing them in the current scientific and cultural context. Literature reports few theoretic frameworks of stigma in child psychiatry and the myths regarding the access to proper services, diagnosis or psychiatric interventions still resist, and are in opposition with new evidences and realities.



**PHENOMENOLOGY OF EMOTION: SHAME**

P Radescu<sup>1</sup>, G Niculescu<sup>2</sup>, F Palada<sup>2</sup>

<sup>1</sup>SAEL Romania; <sup>2</sup>Romanian Association for Person Centered Psychotherapy

How do I recognize it? When it occurs? What value does it have? How can I manage it?

A workshop, phenomenologically oriented to discover the sign of emotion, its value, starting from different personal experiences, accessible and comfortable for a group discussion.

We will look for:

- a. easier recognition of emotion, based on elements of somatic expression or social context;
- b. establishing differences between to be ashamed and shame;
- c. clarifications about the psychic blockages (coping mechanisms) that may occur associated with this emotion;
- c. discovering ways to manage these blockages, and manage shame;
- c. clarifications regarding the role of socio-cultural impact in the development and integration of shame, as a living and landmark.





**SOCIO-CULTURAL DIVERSITY AND PSYCHOPATHOLOGICAL VARIATIONS**

P Radescu

SAEL Romania

Starting with Romania`s integration into the European Community and, secondly, by gaining the right of professional practice for Romanian physicians in Europe, the number of psychiatric specialists who have chosen to work in other medical systems, instead of the Romanian, has increased considerably. As an example, just for the Bucharest training center, class of the November 2011, almost 80% chose this option.

A secondary effect of this phenomenon seems to be the emergence of a large mass of specialists, with a certain socio-cultural, traditional Romanian and common background that has interacted with a variety of mental health systems. From this interaction, beyond individual, personal exposure, to various pathologies specific to social adoption systems, the opportunity for comparisons, the observation of weak points or resistance points of these systems can be achieved and understood by simple reporting, at the everyday practice of the psychiatrist specialist in France, Great Britain, Germany, Sweden, Denmark, Belgium, or Switzerland.

The details of this "national" exposure can be the source for facilitating easier adaptation, for choosing a more appropriate system for each of us, or producing a change in the daily practice, as a part of the mental health system in Romania.



**MENTAL HEALTH PROBLEMS AND THEIR CONSEQUENCES:  
THE CAREGIVER'S PERSPECTIVE**

M Radu, A Ciucă, R Moldovan

*Babeş-Bolyai University, Department of Psychology, Cluj Napoca, Romania*

**Introduction:** Having a family member affected by mental illness can have an impact on the entire family. Main reasons are due to high heritability of mental illnesses, and the burden of care that usually falls on the family members who assume carer roles. Genetic counselling can help address both perspectives. The aim of our current study was to investigate the psychological implications for family caregivers of patients with mental health problems.

**Method:** A cross sectional study was conducted from May 2017 to December 2017; 35 family members of patients with schizophrenia, bipolar disorder, or schizoaffective disorder (DSM-IV TR) were invited to participate. Caregivers completed questionnaires assessing demographics, knowledge, burden of care, stigma, wellbeing, quality of life, and illness perception.

**Results:** Using Pearson correlation we were able to identify positive associations between several variables. More specifically, knowledge about the mental health problem of the patient is positively associated with caregivers' quality of life. Also, quality of life is positively associated with psychological wellbeing. However, stigma is negatively associated with both psychological wellbeing and quality of life. Detailed results are presented.

**Conclusions:** Mental health problems influence not only the patient, but also the extended family. Specific insight regarding the impact of mental illness on caregivers' stigma, wellbeing, quality of life and illness perception can help us better understand and address these family issues.



**SUICIDE PREVENTION AMONG ADOLESCENTS**

M Sarchiapone

University of Molise, Italy

Suicide represents a serious social and public health problem, especially among adolescents. WHO estimates that 800.000 individuals die by suicide every year and more than 10.000.000 attempt suicide. Even if suicide is not predictable it is preventable. Among suicide prevention programs, those addressed to adolescents play a crucial role in order to both to decrease this phenomenon that represent the second cause of death during adolescence, and to promote mental health decreasing mental disorders when adults. Results from suicide prevention programs in Europe (n 20.000) and Asia (n 50.000) will be showed.



**CURRENT TRENDS IN THE PREVENTION OF CHILD ABUSE AND NEGLECT**

V Stancheva-Popkostadinova

South-West University *Neofit Rilski*, Blagoevgrad, Bulgaria

**Introduction:** Child abuse and neglect are serious multifaceted problems, which require unified efforts of many actors in order to be overcome. Even that is well known that child abuse and neglect can be prevented, there is still insufficient investment in developing and implementing effective programs for their prevention. The goal of this paper is to present current trends for prevention and interventions of child abuse and neglect.

**Methods:** Review of policies and strategies for prevention of child abuse and neglect, developed by World health organization (WHO) and International Society for prevention of Child abuse and neglect (ISPCAN) in last 20 years.

**Results and discussion:** Current tendencies for prevention of child abuse and neglect, delineated in the strategic documents, published by WHO and ISPCAN show that effective programs are used public health approach and stress in on the activities of primary prevention. Findings indicate as important elements of these programs the following: studying and analyzing risk and protective factors, connected with the child, his/her family, community settings and societal attitudes towards violence; development of surveillance systems for child abuse and neglect, providing services for victims of abuse; coordination of services, based on the standard procedures. The results suggest that there is a need to strengthen the role of health professionals at different levels of prevention. The current trends and problems at different stages of the process of building coordinated practices for prevention and intervention of child abuse and neglect are delineated and discussed.



**STRESS, BURNOUT AND DEPRESSION AMONG MEDICAL PROFESSIONALS**

N Stoimenov<sup>1</sup>, T Donchev<sup>2</sup>, K Kostadinov<sup>2</sup>, V Nakov<sup>3</sup>, MC Pîrlog<sup>4,5</sup>, Y Ganev<sup>2</sup>

<sup>1</sup>New Bulgarian University - Department of Cognitive Science and Psychology, Sofia, Bulgaria; <sup>2</sup>Military Medical Academy – MHAT Sofia, Department of Psychiatry, Sofia, Bulgaria; <sup>3</sup>National Center of Public Health and Analyses, Sofia, Bulgaria; <sup>4</sup>University of Medicine and Pharmacy of Craiova, Romania; <sup>5</sup>Clinical Hospital of Neuropsychiatry Craiova, Romania

**Introduction:** Large body of research has shown that people, working in the public sector, especially healthcare, education and social services, who are involved daily and deeply involved with solving other people's problems are the ones most susceptible to anxiety and burnout. Solving other people's problems (patients, students, unemployed and socially disadvantaged) is often difficult to achieve, creating environment for the development of insecurity or helplessness. According to data from the National Association of General Practitioners, 70% of medical staff in Bulgaria suffers from the syndrome of a fool.

**Methods:** The purpose of the present study is to investigate the manifestations of stress, burnout syndrome and depressive symptoms in doctors and other medical staff of the Military Medical Academy (MMA) - Sofia and to compare the results with a control group.

The study involved a total of 90 participants. Thirty of them work in the Psychiatric Clinic, 30 are stationed in the Surgical Units of MMA - Sofia and 30 are medical students who represent the control group. The study population was given questionnaires regarding their socio-demographic metrics, The Holmes and Rahe Stress Scale, Maslach Burnout Inventory (MBI) and Beck's Depression Inventory (BDI).

**Results and discussion:** Comparative analysis of the results shows that stress is common for all subjects and important parallel should be made about the links between levels of burnout and depression in the workplace. Results on the links between demographic and occupational characteristics and stress, misunderstanding, and depression are presented. Current strategies for the prevention of health care in the context of healthcare are reviewed and discussed.



**TENSIONAL PSYCHOLOGICAL PREDETERMINISM BETWEEN  
IMPLICATIONS AND CONSEQUENCES**

AG Sumedrea

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The paper presents a theory of psychological functionality based on the predeterminism hypothesis and on the tensional information that is read by the psychological system in every moment of life. The connection between the lifespan of the person and the tensional psychological intensities, which are specific to the state of sleep / wakefulness and to the initial moment of life, is also presented.



**IDENTIFYING SUICIDE BY EYE DETECT TECHNIQUE  
FOR ASSESSING COGNITIVE EFFORT**

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In approximately 75% of completed suicides, the individuals had seen a physician within the year before their death, including 45-66% within the prior month. Approximately 33-41% of those who completed suicide had contact with mental health services in the prior year, including 20% within the prior month. These studies suggest an increased need for effective screening.

Many suicide risk assessment measures are not sufficiently validated, and do not include all three core suicidality attributes (i.e., suicidal affect, behavior, and cognition).

Also, the foreseeable nature of the questions facilitates the attempt to circumvent them, masking suicidal intention. EyeDetect's measurement of cognitive effort in responses development makes screening more effective by highlighting the level of trust in verbal intention.

EyeDetect is the world's first nonintrusive lie detection technology that accurately detects deception in 30 minutes by analyzing eye behavior. The high-definition, infrared eye-tracking camera takes approximately 60 measurements per second of involuntary eye behavior in each eye — including pupil dilation, blink rate and other eye movements — to detect deception. During the course of a 30-minute test, over 90,000 eye measurements are recorded of each eye — 180,000 total.



**HEALTH TECHNOLOGY ASSESSMENT (HTA) FOR THE NEW ANTIDEPRESSANTS**

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Head of Pharmaceutical Marketing, Pharmacoeconomics and Statistical Analysis in Clinical Trials

The Health Technology Assessment (HTA) program was set up in 1993 as part of the National Institute for Health Research (NIHR) in UK for the first time in Europe. It produces high-quality research information on the effectiveness, costs and broader impact of health technologies for those who use, manage and provide care in the National Health Services. 'Health technologies' are broadly defined as all interventions used to promote health, prevent and treat disease, and improve rehabilitation and long-term care (not only drugs).

In other jurisdictions, even those with prominent 'focal institutions', such as the National Institute for Health & Care Excellence (NICE) in the UK, the reality is that the HTA framework nevertheless depends on the interaction and cooperation of a number of organizations and 'stakeholders' within a well-articulated and formalized process. The Romanian Minister of Health has expressed a preference for the HTA unit at the NAMMD to remain a focal institution for health technology assessment in Romania.

A pharmacoeconomic analysis for a new antidepressant contains a range of relevant outcomes, including response to treatment, remission, relapse, symptoms severity, anxiety, cognitive dysfunction, sleep quality, health-related quality of life and a range of adverse events. The manufacturer must report relevant data for most of the outcomes in the trials of the new antidepressant, with the evidence on the relative efficacy, safety, quality of life and cost-effectiveness of the new antidepressant versus other active comparators.





**THE ROLE OF BELIEFS IN MENTAL HEALTH**

C Vasile

University of Ploiesti, Romania

According to Ellis` Theory, when we are faced with events that prevent us from achieving our personal goals we tend to become irrational. The balance between rational thinking and irrational thinking is strictly connected to the evaluation of the situation, the consequences of this evaluation are dysfunctional emotions and behaviors. It is generally considered that human actions are efficient when the person feels a satisfaction of the Ego, a satisfaction that follows achievements, when they are approved by the people that are in a close relationship with, and when they have the satisfaction of personal security. If this is not attained, irrational thinking occurs (thinking distortions) which is represented by imperative demands, low frustration tolerance, self-deprecation. The degree of irrationality is connected with self-acceptance which has self-respect at its core, while reducing irrationality can be achieved by increasing the level of education



**ARE WE AWARE THAT OUR DIGITAL FOOTPRINT STAYS FOREVER?**

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**Introduction:** Social networks are defined as web sites and applications that allow users to create, share, comment on content and present platforms that enable social networking. With the emergence of digital media and social networks, the term e-professionalism of physicians is defined as attitudes and behaviours that reflect the traditional paradigms of professionalism of health professionals manifested through digital media.

**Methods:** Aim of this presentation is to explore the impact of social networks on e-professionalism of healthcare professionals in the Republic of Croatia. We'll present the impact of social networks on e-professionalism from the prospective of a specialist in psychiatry, and compare it with the prospective from a different healthcare professional, dentist.

**Results and discussion:** Digital media influence a wide range of medical professional behaviour, and present both dangers and challenges to opportunities. The opportunities are: 1) the use of social networks as a tool to improve information sharing; 2) the presence of doctors in area with inadequate health care; 3) the process of life-long learning is supported by social networks; 4) mentoring student activities on social networks. The most common limitations are insufficient reliability, questionable quality of information, lack of privacy and confidentiality, inadequate use of social networks for communicating with patients and social networks may be an obstacle to realizing "real" contact with a healthcare worker.

**Research support:** This research was funded by Croatian Science Foundation Installation Research Project (UIP-2017-05-2140) "Dangers and benefits of social networks: E-Professionalism of healthcare professionals". The authors declare that there is no conflict of interest.



**DISORDER OF INTELLECTUAL DEVELOPMENT (DID) AND CURRENT TRENDS  
OF SUPPORT FOR PEOPLE WITH DID IN EUROPE**

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Disorder of Intellectual Development (DID), a category and term officially introduced with ICD-11 in 2017, refers to people with low levels in both intellectual-cognitive functioning as well as in social-adaptive behaviours. In ICD-10 this category was known as mental retardation. In the EU, the figure for people with DID is roughly estimated 5 million, based on a prevalence of 1% for the total population. However, over 80 million is the estimation for people with disability in general in the EU. Current trends of support for people disabilities in general and specifically for people with DID haven been fuelled in recent years by EU's Disability Strategy 2010-2020. This strategy in turn mirrors society's new view towards people with disabilities, based on the 2006 UN Convention for the Rights of People with Disabilities (UN-CRPD). The convention takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. Thus, the convention, a mandate for promoting self-determination, participation and social inclusion in all areas affecting an individual's life, is a core legally binding instrument for assuring equal opportunities and non-discrimination for people with disabilities. All of EU's member states as well as the EU itself, as a multinational organization, have ratified the UN-CRPD. Thus, the UN-CRPD asks EU's member countries to review their policies and practices towards people with disabilities. With regard to people with DID, who would typically live in a highly segregated institution in many of the European countries, there is now a clear shift to community based small living accommodations. The presentation will address basic areas of change covering inclusive education, health promotion, health competence as well as personal assistance and personal budget, new instruments considering the requirements as stipulated in the convention when it comes to the organization and management of systems of support for people with ID. The presentation will conclude with a first evaluation of trends and changes from selected countries on their way to implement the UN-CRPD.



**ORAL PRESENTATIONS**  
**POSTERS**

**PARENT - TEACHER AGREEMENT ON RATINGS OF INATTENTION/HYPERACTIVITY SYMPTOMS IN A SAMPLE OF ALBANIAN ELEMENTARY SCHOOL CHILDREN**

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**Introduction:** Informant discrepancies have an impact on the assessment, classification, and treatment of childhood psychopathology.

**Objective:** To assess parent-teacher concordance on ratings of inattention/ hyperactivity problem behaviors in a sample of Albanian elementary school children.

**Method:** Parents and Teachers ratings on SDQ (strengths and difficulties questionnaire) and Conners IOWA rating scale were compared for 451 children aged 6-12 years. Agreement was calculated using Pearson correlations and Cohen's kappa.

**Results:** The correlations between parent and teacher ratings were low both on SDQ hyperactivity scale ( $r = .22$ ,  $p < 0.001$ ) and on Inattention/overactivity Conners IOWA subscale ( $r = .34$ ,  $p < 0.001$ ). Kappa values were even lower, respectively, ( $\text{kappa} = .078$ ,  $p < 0.001$  and  $\text{kappa} = .21$ ,  $p < 0.001$ ).

**Conclusion:** These preliminary results confirm the low inter-rater agreement in clinical child psychopathology research and obtaining ratings from multiple informants is critical for a comprehensive assessment of children's mental health problems. Our results highlight the variability in presentation across settings of hyperactivity and inattention problems.



**RELIABILITY OF THE STRENGTH AND DIFFICULTIES QUESTIONNAIR  
FOR PARENTS AND TEACHERS IN A SAMPLE OF  
ALBANIAN ELEMENTARY SCHOOL CHILDREN**

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**Introduction:** The Strengths and Difficulties Questionnaire (SDQ) is a 25-item screening measure for emotional and behavioral problems in children and adolescents ages 4 to 16.

**Objective:** To evaluate the reliability of SDQ in a sample of Albanian elementary school children.

**Method:** Parents and teachers of children (N=637) from three elementary schools of Tirana city, Albania, (aged 6 to 12 years, grade 1-4) completed the Albanian version of SDQ. Internal consistency reliability was determined by calculation of the Cronbach  $\alpha$  coefficient. Factor structure of the questionnaire was tested with method of extraction of principal components and Varimax Orthogonal Transformation. The inter-rater agreement between parent and teachers was analyzed with Pearson's correlation coefficient.

**Results:** Internal consistency reliability was acceptable to good with  $\alpha$  values that ranged from  $\alpha = .68$  (prosocial) to  $\alpha = .83$  (hyperactivity-inattention) for teacher-rated subscales and from  $\alpha = .67$  (prosocial) to  $\alpha = .82$  (hyperactivity inattention) for parent ratings. The correlation between parent and teacher ratings ranged from  $r = -.050$  (peer problems scale) to  $r = .31$  (emotional scale). For both parent and the teachers SDQ versions, factor loading was statistically significant for all the factors ( $p < .001$ ) and most items loaded moderately to highly onto their SDQ predicted factors.

**Conclusion:** The SDQ demonstrated satisfying reliability based on internal consistency coefficients and inter-rater agreement. The findings provide preliminary support for the reliability and validity of the British version of the parent and teacher SDQ in a sample of elementary school Albanian children.



## THEORY OF MIND ALONG THE PSYCHOTIC CONTINUUM

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**Introduction:** Social cognition represents the set of mental operations that govern social interactions. This concept incorporates a large number of abilities, a widely studied one being Theory of Mind (ToM), which consists of understanding the notion that other people have mental states that differ from one's own, the ability to attribute mental states to others based on limited stimuli, as well as the capacity to infer the content of those mental states. The goal of this study is to evaluate the attribution phase of ToM along the psychotic continuum.

**Methods:** Participants were divided into 3 groups: 11 individuals diagnosed with acute and transient psychotic disorders (ICD 10 criteria), 10 individuals with chronic psychotic disorders and 10 clinically healthy first-degree relatives of the subjects in the aforementioned group. The severity of current symptoms was evaluated using the PANSS scale. ToM was assessed using the "Reading the Mind in the Eyes" test.

**Results and Discussion:** There are no statistically significant differences between the test scores of individuals with one or multiple psychotic episodes ( $p=0.180$ ). The high-risk group (healthy relatives) scored 2 times higher compared to subjects diagnosed with acute psychotic disorders ( $p=0.009$ ) and 2.36 higher compared to those with chronic psychosis. There are no correlations between the type or severity of current symptoms and ToM. ToM deficit is present from the early stages of psychosis, it appears stable over time and it is not linked to the type or severity of current psychotic symptoms.



**LIVING WITH A MENTALLY ILL PARENT IN ALBANIA  
- BROKEN CHILDHOOD AND CLOSED DOORS**

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1 in 6 people experiences a mental health problem in Albania. The prevalence is increasing due to the aggravated daily conditions: the life dynamics are differently experienced from one person to the other due to social conditions, poverty, isolation and abandonment that remain the “silent” factors eroding persons suffering from mental health problems more than the disease per se.

Along with social factors, the mental illness "affects" the individual (patient), the whole family and the community in which he/she lives. This individual (the patient) is mostly a parent (mother or father) living with his children (often under-aged) and in constant need for emotional support for their well-being.

Children with parents with a mental disorder face unimaginable difficulty. They devote all personal well-being, education, care, and their personal quality of life to own parents (all standards that are fundamental rights according to the UN Convention on the Right of the Child). In some families, parental concern may require from the children to assume the responsibilities commonly belonging to family adults: they become small caregivers, not supported by the social protection system at the local level and with numerous daily problems.

Caring for a mentally ill parent can have important consequences. Small caregivers do not have self-confidence, they have socialization problems, they return to victims of domestic violence and bullying. These factors create negative stereotypes to mental disorders. Data from INSTAT show that 1/4 of all little caregivers report missing school due to their parents' need for care; these children are likely to have limited alternatives to their peers. These children tend to experience mental health problems 3 times more than other children.

At least three cases were brought by the investigative TVs to the attention of the public, raising very serious concerns for a considerable number of children throughout Albania, claiming for support by local structures in terms of social services, medical care and education (rights that should have been guaranteed by such authorities).





**THE SOCIAL REPRESENTATIONS OF THE FAMILY ABOUT  
THE MENTAL HEALTH OF THE ELDERLY PERSON**

V Bobic

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The increase in the number of elderly people, lack of time and means of family care are arguments for the establishment of new residential social services or at home. The institutionalization of elderly people is an alternative but has direct consequences on their health and family.

In the present study, we propose to describe and explore the social representations of the family about the health of the elderly and the need for residential social services to maintain health and to prevent the health problems to the elderly people.

The social representations of the family about the quality of life of the elderly in terms of mental health result from the functions they fulfill: knowledge of the mental health characteristics of the elderly, definition of the need for social services, specification of the finality in the provision of social services, argumentation of attitudes and behaviors of the family in relation to the elderly.

Knowledge of these social representations is an argument for improving affective relations between family and the elderly person, improving / maintaining the emotional life of the elderly person and finally adapting it to the life in the residential center.



**THE ROLE OF SOCIAL ASSISTANCE IN  
DR. GHEORGHE PREDA PSYCHIATRIC HOSPITAL SIBIU, ROMANIA**

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The paper presents the role of the assistant in the therapeutic team, its importance and involvement with theoretical, practical and specific resources.

The social assistant in the psychiatric hospital seeks to meet specific patient needs through social assistance actions and activities.

The Social Assistance Department of the Psychiatric Hospital *Dr. Ghe. Preda* Sibiu was established by Decision No. 87 of May 30<sup>th</sup>, 2003.

According to Law 487/2002, the law on mental health and the protection of people with mental disorders, the social worker is republished and is part of the therapeutic team consisting of: "the total number of mental health professionals involved in the provision of mental health, health care and caring for a people with mental disorders, such as: physician, psychiatrist, psychologist, nurse, social worker, ergotherapist and paramedical staff. "



**PSYCHOLOGICAL PAIN MANAGEMENT IN TERMINAL PATIENTS  
WITH GROUP THERAPY**

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In University Hospital Center *Mother Theresa* in Tirana Albania, for 5 years we are trying to treat psychological pain in terminal patients, with the cooperation of psychologists, psychiatrists, and the health care specialist of the service. We have followed different psychological treatment techniques such as behavioral interventions, social assistance, coping strategies, active physical therapy and the most effective for us, Group Therapy.

We decided to study and compare two groups of 10 patients each; whom experienced and referred almost the same symptoms such as decreased of physical activity, fatigue, sleep disturbance and elements of depression and anxiety. An evaluation of their mental health was made from the psychiatrist and the psychologist, finding these elements the most frequent in terminal patients with chronic pain.

Both groups of patients were administered psychiatric medications to alleviate emotional symptoms from the psychiatrist and other medications for the physical pain. Group “One” were the ones who refused group therapy. Group “Two” were the ones who followed group therapy for more than 6 months. Every 3 months an evaluation was made and we saw that group “Two” who followed group therapy, had psychiatric medications decreased from the psychiatrist. After 6 months, 8 of 10 patients in group “Two” had totally removed psychiatric medications. In group “One” 7 of 10 patients who refused group therapy continued to take medications prescribed from the psychiatrist.

We use different psychological therapies (which one is best or adequate for the patient) to decrease pain, especially psychological pain to improve patient wellbeing. And we think, as the results of the study say so, that group therapy is a good therapy to alleviate psychological pain and to increase patient wellbeing. Remains to be evaluated the connection between pain medication and psychological group therapy/support.



**ANXIETY AFTER BLEEDING IN HEMOPHILIA PATIENTS**

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Hemophilia is a chronic, lifelong disease that brings pain in joint muscles, bleeding, social problems, even disabilities. After one year of working with hemophilia patients and their families, treating and counseling them in University Hospital Center “Mother Theresa” in Tirana Albania (that is the only Hospital that treats this kind of patients in all Albania) we saw increased parent stress associated with increased bleeding in general in their children. We decided to make a study about anxiety in teenagers because by the time they reach that age they know pretty everything about their illness.

As a middle-income country usually, we do not use prophylaxis treatment for hemophilia patients which reduces the likelihood of bleeds occurring, rather than on-demand treatment which infuses clotting factor once a bleed has occurred. In 6 months, we monitored 89 adolescents, age 13-18 years old who came at our hospital for treatment with factor VIII. They came after having a bleed in joints parts of the body and were administered the Beck Anxiety Inventory. 77 of them came at the hospital more than once for treatment that means they had a bleeding situation and after that, they came to take the factor VIII.

We found out after taking the test that 15% of them scored 36 meaning potentially concerning levels of anxiety. 66% of them scored between 22 –35 meaning moderate levels of anxiety and just a minimum percentage of 8% scored low levels of anxiety. It is indispensable to provide psychological and social support to patients with Hemophilia and their families. We also recommend the use of prophylaxis treatment, so it will decrease bleeding problems, low the chances for different disabilities, and they will be able to go to school or have a normal social life.



**METHODS OF ASSESSING THE QUALITY OF LIFE OF CHILDREN AND ADOLESCENTS. ASSESSMENT OF THE CONSTRUCTIONAL VALIDITY OF THE *MULTIDIMENSIONAL SCALE OF STUDENT LIFE SATISFACTION***

A Cătană

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Considering the complexity of the quality of life construct and implicitly the difficulty of its evaluation at empirical level, this work aims to highlight the differences induced by three conceptual models, namely the three-dimensional model of subjective well-being, the comprehensive model of quality of life related to health, and the integrative model of subjective well-being in the approach and evaluation of this construct in relation to childhood and adolescence.

At the same time, in order to measure reliably and validly the nature, the dynamics and the components of the subjective quality of life, it is imperative that the tools used in this sense have these characteristics. Thus, information on the validity of the *Multidimensional Scale of Student Life Satisfaction* will be presented and discussed.



**ADVERSE CHILDHOOD EXPERIENCES AND TOBACCO USE  
AMONG BULGARIAN UNIVERSITY STUDENTS**

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**Introduction:** It is well known that adverse experiences in early years of life are impact negatively health and behavior in adulthood. Events such as death or separation of the parents, parental mental illness or criminal behavior, and exposure to violence, abuse and poverty up to the age of 18 are called adverse childhood experiences (ACE). Study results indicate that Adverse childhood experiences are related to mental disorders in adulthood, leading to health, social, and behavioral problems. This report presents data for Bulgaria about relation between ACE and tobacco use from the study "Adverse childhood experiences and tobacco use risky health behaviors among students."

**Methods:** Questionnaire "Adverse Childhood Experiences International Questionnaire (ACE-IQ)", ACE-IQ was translated in Bulgarian language and linguistically adapted for the use in Bulgarian population and Questionnaire on risk health factors -adjusted for the purposes of the study. was fulfilled by 150 Social work and medicine students.

**Results and discussion:** The study involves 93 men and 505 women, as one respondent did not notice his gender. Average age 24.07 (SD  $\pm$  0.85). Most of them are single (80%). Exposure to child maltreatment or violence is the most widespread (40,9 % emotional abuse, 28 % physical abuse and 11,3 % sexual abuse). Living in a dysfunctional environment follows in terms of ACE prevalence: domestic violence is the most prevalent 46.6%, followed by parental divorce - 24.1%. Almost half of the respondents (44%) are smokers and 32% have smoked earlier in life. More than half (64%) of respondents live in families with smokers. There is a high exposure level of four or more than four ACE. The most common ACE are related to violence. The use of tobacco is the most common risky health behavior among respondents. Emotional violence is associated with a higher risk of smoking at an early age (OR = 2.7 [1.5-4.7]). Life in a dysfunctional family environment significantly increases the risk of smoking (OR = 3.5 [1.0-12.2]), smoking at an early age (OR = 2.0 [1.1-3.4]). Experienced community violence increases the risk of smoking (OR = 1.6 [1,1-2,3]). Tobacco risks increase by one and a half times if the person is exposed to four or more ACE than those who have experienced less ACE.



**A CASE OF EARLY ONSET ALZHEIMER'S DEMENTIA  
WITH OVERLAPPING DEPRESSIVE FEATURES**

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**Introduction:** Alzheimer's dementia is the most common type of dementia, accounting for 50-60% of all cases, thus a major public health issue. Early onset Alzheimer's dementia affects people under the age of 65. Approximately 5% of Alzheimer's dementia cases are younger-onset, with the development of symptoms in their 40s or 50s.

**Case presentation:** We report a case of a 58 years old female patient who presented to our inpatient clinic with important memory deficit in both acquiring and recalling domains, impairment in concentration, organizations and planning functions, episodes of disorientation in time and space, agnosia, and depressive features. These symptoms had an insidious start 2 years ago seriously affecting her social and occupational function. The MRI showed a generalized cortical atrophy. The MMSE was 13 points, suggesting a moderate to severe cognitive disfunction. The lab tests and the neurological examination excluded other general medical conditions. Considering all above, we diagnosed the patient with Dementia in Alzheimer Disease with early onset. The patient was treated with memantine (up to 20mg/day), rivastigmine (4,6mg/day) and duloxetine (30mg/day).

**Conclusion:** This case is relevant in both the age of the patient- revealing an early onset of the disease – and also in the affective symptoms of the patient – pointing out the many complex implications of the Alzheimer's Disease.



**NEW PSYCHOACTIVE SUBSTANCE  
– A MAJOR CHALLENGE FOR ADDICTOLOGY AND MENTAL HEALTH**

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**Introduction:** Cannabimimetic compounds and cathinone derivatives, or synthetic cathinones, are sold as “bath salts”, “jewelry cleaner”, “research chemicals”, Spice, K2 and others in order to skirt law enforcement regulations on the sale of substances of abuse (EMCDDA Report 2017, 2018). The synthetic cathinones are b-keto analogs of commonly abused amphetamines and other phenethylamines displaying analogue but more potent pharmacological effects. Synthetic cannabinoids are also among the most common and prevalent groups of new psychoactive substances, known as compounds that produce unique neuropharmacological effects, on several main neurotransmitters, also with neurotoxic properties.

**Methods:** There were searched PubMed, Web of Science databases for key words such as: synthetic cathinones, synthetic cannabinoids, addiction, abuse. There were selected about 30 relevant papers on the subject for the current review.

**Discussion:** Methedrone, methylone, and MDPV appear to be most prevalent and toxicologically problematic synthetic cathinones, responsible even for cases of fatality. Each influence the dopamine, serotonin transporter and norepinephrine transporter, also neurotransmitter release and formation. Synthetic cannabinoids are already in their third generation of representatives with psychodysleptic and other effects, being responsible for many hospital emergency presentations and acute drug toxicity. Although an abundance of evidence has been presented to describe the characteristics of synthetic cannabinoids and synthetic cathinones as hallucinogens and psychostimulants, their behavioral effects on locomotion, memory, and potential for abuse, the expressions of their neurotoxic properties, effects on other mental processes await comprehensive elucidation.

**Conclusion:** The rise of the use and abuse of new psychoactive substances over this decade in Europe has become a serious medical and social issue that implies numerous research and therapeutic aspects, being a complex direction in current addictology and mental health assistance with need for further investigation and organization.





**SUBSTANCE USE AMONG MEDICAL STUDENTS OF THE UNIVERSITY OF NOVI SAD**

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**Introduction:** Unhealthy life habits acquired at a young age significantly impact the health in the short and long term. According to the Global Burden of Disease, Injuries, and Risk Factors Study 2013, tobacco and alcohol use are among the leading risk factors for premature death and morbidity worldwide. The objective of our research was to analyze habits of psychoactive substance use (tobacco, alcohol, illicit drugs) among medical students.

**Methods:** The study was conducted at the Faculty of Medicine in Novi Sad during the academic year 2013/2014, as part of the project “Risk behaviors of students related to reproductive health”. The research included 778 students out of 1143 students of the first and the third year of all study programs (medicine, dentistry, pharmacy, nursing, medical rehabilitation and special rehabilitation and education). Self-administered questionnaire has been used.

**Results and discussion:** Every fourth student smoked cigarettes occasionally or daily (25.1%), without difference regarding gender. Smoking was more frequent among students from urban than from rural settlements (27.8% vs. 18.0%;  $p=0.005$ ). Every second student (56.6%) consumed 6 or more alcohol drinks per occasion more than once in a year (76.6% males and 51.5% females;  $p<0.001$ ). This pattern of drinking was more prevalent in smokers compared to nonsmokers (81.4% vs. 48.3%;  $p<0.001$ ). Illicit drugs used 10.3% of students at least once in a lifetime with significant gender difference (17.2% males and 8.5% females;  $p=0.001$ ). Illicit drug abuse was more frequent among smokers than students who never smoked (25.4% vs. 5.2%;  $p<0.001$ ). Psychoactive substance use in medical students is concerning, especially among males, as well as the simultaneous use of different types of psychoactive substances.

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**IMPACT OF PSYCHIATRIC COMORBIDITIES IN ONCOLOGICAL PATIENTS**

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**Introduction:** Psycho-oncology gives an approach to cancer patients and treats the emotional, social and spiritual distress which accompanies them. This study aims to establish the prevalence of anxiety and depression, the quality of life, cognitive impairment, sleep disorders and substance dependence in cancer patients from a Romanian hospital. It also describes the clinical characteristics of these patients and examines if different types of cancer have any influence on the level of psychiatric diagnosis.

**Methods:** This is a prospective, longitudinal study that followed 130 patients from the radio-oncology department for three months and 37 of them were reevaluated. For the evaluation of psychiatric comorbidities a number of eight scales were used, six of them were based on self-assessment: Hospital Anxiety and Depression Scale (HADS) was used to determine the levels of anxiety and depression that patients were experiencing, quality of life was estimated with Quality of Life Enjoyment and Satisfaction Questionnaire (QLESQ-SF), Athens Insomnia Scale (AIS) rates sleep disorders, Numeric Rating Scale for Pain (NRS Pain) and its influence on psychical distress, alcohol and tobacco dependence were measured with CAGE scale and Fagerstrom test. The other two scales were used by mental health clinicians to subjectively rate: social, occupational, and psychological functioning of the individual (Global Assessment of Functioning - GAF) and screening assessment for detecting cognitive impairment (Montreal Cognitive Assessment - MoCA).

**Results and discussion:** Depression and anxiety are underdiagnosed among the lot of the study. The quality of life is strongly correlated with intensity of pain, depression and anxiety level. The cancer stage is a prognosis influencer and has a great impact on the quality of life. To sum up, patients from oncology department should always have access to psychiatric services due to high prevalence of this type of disorders. Both the disease and oncological treatment influence the quality of life and can lead to anxiety and depression.



## PSYCHOLOGICAL ASPECTS OF PSYCHOTRAUMA

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The aim of the study was to standardize a test for the assessment of surviving psychotrauma in order to support the diagnostic evaluation of posttraumatic stress disorder. The survey was conducted in the months of January-August, 2018. Testing was anonymous in compliance with all ethical rules. The survey included 435 men, both women and men, with primary, secondary and tertiary education. Completing the tests for the study was a two-step paper-pencil, as well as completing the test online. The results of the study showed that there is no statistically significant difference between completed paper and online tests. The reliability of the test (Cronbach's alpha) is 0.91. There are significant differences in the type of psychotrauma. There is a significant difference with regard to the type of psychotrauma, with the loss of a significant subject with the highest weight in terms of psychotrauma.



**CURIOSITY AND MENTAL HEALTH**

G Marcu

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Curiosity is a basic element of human knowledge, a motivator for learning, an important vector in decision-making and an essential element for healthy mental development. The last years have seen an important increase in interest in both neuroscience and psychology of curiosity. The studies looked at various aspects of the construct, starting from the fact that we are born with this trait, but we lose out of it, different, personalized quantities over the course of our life (eg, in some educational systems we are "trained" not to ask questions), reaching out to call curiosity as a pre-requisite for empathy. Other studies illustrate how stimulation of curiosity causes changes in brain circuits. It is not to be neglected that curiosity is used in health improvement programs, influencing the subjective assessment of well-being (especially in adolescents). All these directions of research justify bending with interest to a more in-depth study of curiosity or the discovery of new practical aspects in relation to mental health.



**LEVELS OF DEPRESSION IN PARENTS OF CHILDREN DIAGNOSED WITH AUTISM SPECTER DISORDER. IMPLICATIONS FOR INTERVENTION.**

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**Aims:** Autism is a neurodevelopmental disorder, which is characterized by impairments in communication, social interaction, existence of stereotyped behavior, and narrow interests. Autism requires a long-life dedication, and parental support as well. Robust research evidence links this population with high levels of depression. The aim of this study is to examine the depression levels of the parents whom their children receive therapy in the Regional Center for Autism in Tirana, in order to gain implication for parental interventions.

**Methodology:** In this quantitative study are included N=43 parents of children diagnosed with ASD, 35 females and 8 males. The age of children's receiving therapy is between 3 to 15 years old, and the time of receiving ABA therapy varies for 2 to 8 years. The age of parents is from 25 to 50 years old. Parents had signed the informed consent, and had completed the BDI (Beck Depression Inventory), and a detailed sociodemographic questionnaire.

**Results and Discussion:** Parents exerted significant levels of depression, conforming thought previous research on the topic. The mean was 15, 3 indicating moderate levels of depression. Five of the parents were found with high score indicating the presence of clinical depression, and the age of their children was older than 10 years old. Also, 10 parents were presented with mild symptomatology, and 28 of them with moderate levels. Higher levels were found among parents of children receiving more than 5 years ABA therapy. Two of the fathers had shown moderate depression.

**Conclusion:** Results indicated and should be discussed within the focus of screening parents about depressive levels, implicating though a need for parental treatment interventions (e.g. Parent training programs). Further research is needed to identify other factors than age and years of therapy, that contribute to parental depression e.g. Parental cognitive distortions.



## GENEALOGICAL STUDY ON A CLOSED GROUP OF POPULATION WITH SCHIZOPHRENIA

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**Introduction:** According to Irving I. Gottesman, there are schizophrenia-specific markers (endophenotypes) with the following particularities: They correlate with the disease, but are not equivalent to the concept of diagnosis, correlating mostly with the genetic expressivity, rather than with the symptoms of the disease, they appear before the symptoms of the disease and can also be detected in the healthy relatives of the patients. At the same time, there are also certain specific cognitive or structural markers characteristic of schizophrenia: Smooth pursuit eye movements (SPEM), P50 bio-potential (sensory gating deficit), continuous performance test (CPT), PET – hypofrontality, structural endophenotypes (eg, lower hippocampal volume).

**Material and methods:** The study investigated two descending lines of a family from the closed population group with an increased penetration of schizophrenia. The family consisted of two brothers in two descending lines. A total number of 44 first-line descendants (branch 1) and 37 second-line descendants (branch 2) from the closed population group in which schizophrenia was diagnosed were assessed. Five genetic tests were performed on blood samples (3 people with a schizophrenia diagnosis and 2 healthy subjects). The diagnosis of schizophrenia in the persons from whom blood samples were collected was confirmed by M.I.N.I. Interview, version 7.0.

**Results and discussions:** The M.I.N.I. Interview with the three persons diagnosed with schizophrenia identified the following comorbidities:

- 1bd 1. Alcohol-related disorder (F10);  
2. Schizophrenia;  
3. Antisocial personality disorder;
- 2bb 1. Schizophrenia;
- 2ab 1. Schizophrenia;  
2. Suicidality;  
3. Antisocial personality disorder;

**Conclusions:** A genetic transmission through the male line of the phenotypic traits that fall into the diagnosis of schizophrenia can be supposed. Schizophrenia being conceived as a group of different diseases, the respective case could be considered as a family case, with an increased penetration and with probable transmission through the male line.



**DEPRESSION AND NUTRITION: POTENTIAL THERAPEUTIC OPTIONS**

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**Introduction:** There is growing interest about the potential of diet and nutrients to improve the mental health of the population and for the treatment of psychiatric disorders. As a whole, depressive patients follow a low-quality diet and are exposed to deficiencies in various nutrients that are essential for brain functioning. The objective of this study was to compare the changes in depression scores for patients who consume different amounts of folic acid, tryptophan and Omega 3 fatty-acids intake by food with or without dietary supplements.

**Methods:** The study included a number of 100 patients diagnosed with major depressive disorder according to ICD-10 and DSM IV-TR, aged between 20 and 75 years, hospitalized at the moment of the evaluation at the Cluj-Napoca Psychiatric Clinic or visiting a private practice of psychiatry from Cluj-Napoca. The group of patients was divided into two subgroups, one of them having dietary supplements added. The study was structured in two stages. In the first stage, 46 patients were followed for a 4-week period, in the second phase, it is intended to maintain the remission and the compliance of the patients during the following year. The Hamilton and Beck Depression Scales were applied to the patients at their first visit and after 4 weeks. Also, a general questionnaire evaluated diet, anthropometric indices, lifestyle, disease history, psychotropic medication, toxic consumption.

**Results and discussion:** Upon entry to the study, mean tryptophan doses were 57.3% of the recommended daily intake (RDA = 5mg/kgc/day), for folic acid of 75.85% (RDA = 330µg / day) and for Omega 3 fatty-acids of 45.79% (male: RDA = 1.6 g/day, female RDA = 1.1g / day) for both subgroups. We mention that the study is ongoing, but preliminary results suggest that scores on depression scales have improved in both subgroups, with no significant difference at this stage between the subgroup of patients with dietary supplements and the one without dietary supplements.



## NLP COACHING AND PERSONAL REHABILITATION

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**Introduction:** The rehabilitation is an essential goal in the management of mental afflictions. Combination of social, educational, occupational, behavioral and cognitive interventions that has as a long-term goal the lack of re-employment and social insertion because of the stigma. Stigma refers to a set of negative attitudes, beliefs, and thoughts about a specific situation including psychological disorders, which is not limited, the afflicted individual and includes the family members as well.

**Methods:** Providing patients with mental illness opportunities to live, learn and work in their own communities. The focus of the therapist is on health and well-being, not on symptoms. It takes an adult-adult communication with the patient (if there is no dissolution of the personality) and a very well-defined contractual relationship. This can be achieved when the patient is treated as a person who has goals to achieve. Are there any other ways to help the patient achieve their goals?

**Results and discussions:** In our opinion the Neuro-Linguistic Programming, the form of cognitive-behavioral therapy, provides performance modeling "to be integrated into the home community." Or it may be an objective per se. The coaching model through NLP can be applied in an individual context, family or even community. Coaching is a vehicle for helping people to achieve a higher level of well-being and performance. Coaching is a growth promoting relationship that elicits autonomous motivation increases the capacity to changes and facilitates a change process through visioning, goal setting and accountability. For health practitioners, having knowledge of treatment protocols is not enough. They must be able to inspire behavior change in their patients. For the treatment to be effective, patients must be empowered to implement therapeutic approaches in their lives. Health coaching uses a blend of evidence-based strategies, interventions, and communication to actively and safely engage patients. Adapted to each situation the interventions bring benefits in anxiety, phobias or trauma. The core components of health coaching that can be applied to patient care, such as positive psychology, motivation, establishing trust, and goal setting.





**MANAGING EMOTIONS AND MORAL VALUES IN MEDICAL PRACTICE**

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The last years brought to physician's new issues to deal with in terms of managing medical ethics. Patients require more medical data and time from their doctors as they come with a lot of unselected information from accessing the internet, the malpractice due to insufficient resources doctors can use to treat and the lack of medical personnel, and the big social pressure to stay loyal to one's personal moral values while the insurance system is getting less affordable for a large majority of people, at least in the private sector. So, just starting from these issues, we can only imagine the amount of emotions and moral conflicts one doctor has to deal with every day. Medical ethics is not just a thought process. It also involves people skills, such as gathering the facts needed to decide and presenting your decision in a way that wins over the confidence of all parties. And, there are other important values to consider, such as truth-telling, transparency, showing respect for patients' own values. Thus, keeping an ethical practice is becoming a serious cause for burnout as the Medscape Physician Lifestyle Report 2017 suggests that 50% of physicians in the United States report signs of burnout; this represents a rise of 4% within a year. Results of the meta-analysis, which included 47 relevant studies and more than 42 000 physicians indicate that physician burnout is significantly associated with an increased risk for patient safety incidents, poorer quality of care, owing to low professionalism and low satisfaction ratings from patients. Taking into consideration the fact that physicians address in a very low rate any psychological services, this workshop tries to offer some practical tools to participants for them to better manage their own emotional reactions while practicing.



**STAY HOME OR STAY AT WORK: A BRIEF ANALYSIS OF CANCER PATIENTS STUDY  
CANCER DISCOURSE IN THE ROMANIAN SETTING FROM A PSYCHOLOGICAL VIEW**

RI Popa

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The aim of the present paper is to underline from a qualitative perspective, under the case study setting, several psychological features of the cancer patient in Romania in accordance to the process of work return, by following and analyzing topics and common thematic perceptions inside the interview discourse. Concerning the method, the analysis followed an in-depth discourse approach, using as supplementary support the Nvivo 11 coding scheme and apparatus, observing a total of 28 individual interviews with cancer patients, containing subjects who returned to work after cancer and also individuals who did not. Results showed several differences as expected between the two samples, cancer patients who returned to work manifest higher levels of social integration and interaction, get support from social actors such as family members and friends who share the same vision as the patient, based on that staying or returning at work could sustain a better recovery, development and mental health improvement and also the perceived active involvement of the employer in hearing and addressing the patient's needs. The findings stated also several common topics between the two groups of subjects, outlining a few motives to return to work or not.



## THE IMPACT OF CHRONIC INFLAMMATION ON AGING, COGNITION AND EMOTIONS

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**Introduction:** Physiological pathways linking the immune system and central nervous systems and studies linking inflammation with neurocognitive function are more and more published in the literature. More and more evidences suggest that inflammation is positively associated with age-related cognitive decline and may play a role in psychiatric afflictions.

**Methods:** We review over 100 articles from the specialty literature and compare the results with our prospective study of 100 random naïve elderly population that came for routine blood test at INGG Ana Aslan laboratory and agreed to complete the inform consent and HADS scale.

**Results and discussions:** Recent studies combining different markers of inflammation, neuroimaging methods and cognitive testes and are consistent with the studies on animal model and show that inflammation contributes to lower cognitive performance over and above more traditional cardiovascular risk factors, including education, hypertension, metabolic factors, smoking, subclinical atherosclerosis and symptoms of cardiovascular peripheral inflammation and cognitive aging disease. CRP-HS is a valid marker for depression and for anxiety, but fibrinogen and other general inflammation markers are not valid or specific.



## SCREENING, DIAGNOSIS AND INTERVENTION IN AUTISM SPECTRUM DISORDERS - CONSEQUENCES ON THE HEALTH SYSTEM IN ROMANIA

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Once considered a rare condition, Autism Spectrum Disorder is now one of the most common developmental disorders and definitely one of those with an important impact on child development. Even though our population doesn't benefit from an epidemiological study, trends reported by local studies are similar with data reported by Center of Disease Control.

The addressability for this pathology has greatly increased but the public services haven't developed enough to cope with the situation. The underdevelopment of public services and the insufficient number of child and adolescent psychiatrists often means that for children with ASD the evaluation, diagnosis and start of therapy is being delayed, which in many cases affects their improvement rates. Measures have been taken for improving healthcare services for ASD - such as implementing a law in 2010 (151/2010) which sets directions for early diagnosis and interventions, and a screening questionnaire for general practitioners.

In this paper, we would like to approach general aspects of ASD in Romania including the impact it has on the mental health system and the stigma encountered in our society for neurodevelopmental disorders. Also, we'll present aspects on screening (including data on parent's level of information and the knowledge, practices, and attitudes of general practitioners), and early diagnosis of ASD in Romania.



**ASSESSING THE MENTAL HEALTH OF CHILDREN THROUGH SDQ**

RA Sassu

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The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. Each version includes between one and three of the following components: 25 items on psychological attributes, an impact supplement and follow-up questions.

SDQ can be used in clinical assessment, for evaluation of specific interventions, in epidemiological studies, in research and as a screening instrument.

We are interested in using SDQ for research purpose, looking at relations between specific psychological attributes, measured with SDQ and school specific variables, in primary school children.



**MULTICULTURAL EXPERIENCE IN ONLINE SYSTEM THERAPY**

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Fundamental Concepts of Systemic Family Therapy in Psychotherapy Online:

- a) General theory of systems. Structure and mechanism of the individual and family as systems.
- b) Constructivism. Reality is being built here and now in conversation. Making a new reality of the client to the problem.
- c) Circular causation as the basis of dialogue and communication in establishing the therapeutical framework.
- d) Genogram - a new anamnestic perspective and instrument in psychotherapy
- e) Traits of the client's culture and genre

I will use practical examples to detail the above concepts and share from my experience of multicultural systemic therapist.



**THE ROLE OF THE SOCIAL WORKER IN THE ROMANIAN PSYCHIATRIC HOSPITALS**

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**Introduction:** The care of psychiatric patients is a multidisciplinary work, which involve and a social worker. The social work is a complex and modern profession, with many faces and continue defining. As a new profession not only in the Romanian hospitals, but also in the social services, after its elimination in the communist period, the social worker is regulated by law, but its duties, tasks and responsibilities in different setting are not yet clearly delimited.

**Methods:** The research method was the content analysis, having as research objectives to elaborate an inventory of the assignments of the social workers from the mental health services.

**Results and discussion:** We have requested the job descriptions of the social workers from all psychiatric hospitals in Romania. From the received job descriptions we identified the assignments of the social assistants, we highlighted the tasks that are repeated and the ones included less often. In the second stage we reported the inventory obtained on the professional skills of the social worker as defined in The National Register of Qualifications in Higher Education, then on the duties and responsibilities of the social worker in mental health services which we identified in the international specialized literature. The differences and similarities between the roles and responsibilities attributed to the social worker in the psychiatric hospitals in Romania and those encountered in the international literature was highlighted. We have also proposed a comprehensive list of the social worker's professional responsibilities in the psychiatric hospital.



**THE ROLE OF THE ORTHODOX PRIEST IN THE COMMUNITY NETWORK FOR  
THE SUPPORT OF THE PEOPLE WITH MENTAL HEALTH PROBLEMS**

G Sorescu

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**Introduction:** The priest is an important social actor with multiple roles in the life of the community, including that to offer spiritual and emotional support to the parishioners in different moments of the life, especially in difficulties.

**Methods:** As a research method we used the empirical observation.

**Results and discussion:** The priest have an important role in the identification of the people with mental health issues, but also in the informing them and their families about the health services which they can access, counselling and supporting them to accept the diagnosis, the medical treatment and how to live with this kind of health problems. Another role of the priests is to help to the social integration of the people with mental health problems in the community, and to educate the community in the sense of accepting, non-judging and non-discriminating the persons suffering of mental ill.





**PSYCHIATRIC TREATMENT ADHERENCE RELATED TO QUALITY OF LIFE**

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**Background:** Treatment adherence in psychiatric patients remains a great challenge for the patients, their families and psychiatrists. Factors and predictors of poor adherence and discontinuation of treatments are related to three major components interacting dynamically with each other. Patient, provider and health care system. Psychiatric patients have specific conditions for poor adherence. On the other hand, they may benefit a lot from medication to improve their quality of life.

**Objective:** Identifying factors of poor adherence to medication in the local context.

**Method:** 180 patients suffering from psychiatric disorders have been evaluated for their behavior with the treatment regimens within one-year period. There have been included patients that have started treatment for the first time and that require by themselves consulting after changes in the treatment regimens without physician recommendation. Discontinuation of treatment, changes in the treatment course and reasons associated with patient's own decision to change the regimens or discontinue medication have been evaluated. They have been questioned about their quality of life during the course of treatment.

**Results and discussion:** Of the 180 patients 38% of them dropped out of treatment and 26% changed their treatment regimens without physician recommendation. Stigma related issues and improvement of symptoms result as main reasons of discounting treatment to the first-time users of psychotropic medications respectively with 32% and 30% of the users. 18% discontinue because of adverse effects. 14% discontinue because of economic reasons. Improvement of symptoms with 37%, adverse effects 36% and stigma related issues 23% are the main reasons for changing the treatment regime without physician recommendation. Factors related with patient, provider and health care system were involved equally interacting with each other. About 69% of patients rate their quality of life during treatment period as better than the time of visit after changes in the treatment regime. Adherence to psychiatric medication is strongly related with patient, provider and health care system factors. Local context involves a significant degree of stigma related issues as factors to poor adherence. Quality of life was reported better during treatment period compared with the time of the visit after changes in the treatment.



**LONG ACTING ANTIPSYCHOTICS ECONOMIC POINT OF VIEW  
- ALBANIAN CONTEXT**

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**Introduction:** Antipsychotic medications are cornerstone treatment in psychiatry especially in patients suffering from schizophrenia and bipolar disorders. Also dealing with psychosis remains one of the greatest challenges of clinical work and public perception about mental health issues. Treatment dropout from antipsychotic remains high, and as result relapses, suffering, hospitalization, poor overall functioning results from treatment dropout. Long acting antipsychotics significantly reduce the dropout rate and consequently the relapse of symptoms and its broad affect in the life of the patient.

In Albania, Haloperidol Decanoate and Risperidone Long Acting Injection are commonly use as long-term antipsychotic treatment. Adverse effects reported are significantly higher with haloperidol formulation compared to risperidone formulation, while the price of risperidone is significantly higher. Adverse effects profile of haloperidol decanoate are an important factor for treatment dropout.

**Objective:** Comparing the direct costs and projecting the indirect costs and benefits of using novel long acting antipsychotic medication.

**Method:** 17 patients suffering from schizophrenia who have had more than 3 hospitalization during one year have been evaluated for 2 consecutive years. June 2016 – June 2018. Treatment costs and other treatment issues have been evaluated in and out of the hospital. Patients have had previous history of non-adherence with oral medication or high adverse effect profile while using haloperidol.

**Results and discussion:** Treatment with long acting risperidone has significantly decrease hospitalization frequency and days of stay in the hospital. Applying long acting risperidone total hospital days for these patients has reduced the hospitalization rate up to 81%. Average stay in the hospital during treatment with long acting risperidone has been reduced with 56%. Total cost of treatment (medication and hospitalization on two consecutive years) is reduced with 12.4%. Comparing on average for any patient that has more than 3 hospitalizations within one year using long acting risperidone is even economically beneficial for the health care system.

Days of lost work for the care giver because of the patient needs have been reduced from average 21/year to 9/year during long acting risperidone treatment.



**AMISULPRIDE IN PSYCHOSIS ASSOCIATED WITH VASCULAR DEMENTIA:  
A CASE REPORT**

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**Introduction:** Psychosis occurs in nearly 7% of vascular dementia patients on a long run (1). A few studies largely including Alzheimer disease patients have focused on the efficacy of amisulpride for psychotic symptoms in dementia (2) and only anecdotal reports exist for its use in vascular dementia (3).

**Methods:** We present a case-report of subject with poststroke dementia and predominantly psychotic symptoms which responded to amisulpride therapy.

**Results and Discussion:** A 65-year-old female with neuropsychiatric symptoms secondary to LMBA stroke presented for treatment in an outpatient setting. Her medical history consisted of sudden onset of motor aphasia and unsteady gait one year prior to our examination. Besides, she had suffered a subarachnoid hematoma in 2007 for which neurosurgical treatment was performed with no residual neurological or neuropsychological symptoms. CT and MRI showed multiple lacunar ischemic lesions in left hemisphere as well as a large low density post-ischemic area with right occipital localization implying a past RPBA stroke which had went undetected. Clinically, the patient presented with intense visual hallucinations consisting of human and animal figures perceived as a threat (she was afraid that she might get assaulted and killed). Prior to our initial contact, treatment with risperidone up to 4 mg for 4 weeks was prescribed without any effect. Patient scored 19 on MMSE suggesting moderate dementia with predominant deficits in short term and visual memory. Upon initial examination, treatment with quetiapine was started with dose gradually increased to 300 mg BID. As no effect was observed in 4 weeks of the 600 mg dose, it was gradually tapered off and amisulpride was introduced and slowly titrated to 200 mg BID. In a 12 weeks follow-up, full remission of visual hallucinations and corresponding paranoid delusions was achieved and no significant side effects were reported.

**Conclusion:** Amisulpride may be effective and well tolerated treatment for psychotic symptoms associated with vascular dementia.

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## PROSPECTIVE AND BEHAVIORAL INTERVENTIONS TECHNIQUES ON EATING AND SLEEPING DISTURBANCE OF ASD: TWO DIFFERENT CASE STUDY

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**Aims:** To assess and treat specific physiological difficulties related with the behavioral dysfunctions like eating and sleeping disturbances in children diagnosed with Autism Spectrum Disorder.

**Method:** The participants in the study are two case studies diagnosed with Autism Spectrum Disorder who carry two physiological difficulties, in one of the case studies the child has difficulty on eating and in the other case the child has difficulty on sleeping. In both case studies are used prospective exploratory case studies methods. In the behavioral assessment of the eating process is used direct observation and the fourteen-day collection of dietary data for variables as: taste, color, size, temperature, partition, grinding, masticating, chewing. In the sleeping process is used video record observation for variables as: positioning of the body, mobility, eye movement, stimulation from the outside environment. The materials used are observation checklist, direct observation notes, analysis of video materials, data collected and ABA treatment.

**Results and discussion:** The results have showed that in the behavioral treatment of eating difficulties, the case study expanded the range of new foods and with different consistency by increasing the time of mastication of the foods in the mouth. Meanwhile for the behavioral treatment of sleeping difficulties the case study revealed that in different phases of interventions showed a significant positive modification of the sleep process by reducing the falling asleep time independently, lowering the number of times it passed to the mother's bed, staying in his bed when there was no sleep and attempting to relocate himself to sleep again.

**Conclusion:** Important behavioral changes were noted but remain to be discussed if these behavioral changes can affect the physical ones and what is the connection between them, further studies will be able to do it.



**SEXUAL ABUSE IN CHILDHOOD AS A RISK FACTOR FOR  
ACTS OF SEXUAL VIOLENCE AS ADULTS**

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**Introduction:** Child sexual abuse is a universal problem with grave lifelong outcomes. By official statistical data from different worldwide studies to have been victims of physical and sexual violence during childhood predisposed to perpetrate similar behaviors as adult. The aim of our study is to examine the role of physical and sexual abuse during childhood as risk factors for committing acts of sexual violence once becoming adults.

**Methods:** This research uses sociological methods – interviews and questionnaire. None of the planned study procedures puts at risk the life and health for the people surveyed. The object of study are judicial psychological and psychiatric expertise from criminal authority cases of sexual crime convicts from the period between December 2010 and December 2017 in North Central region (NUTS-2) in Bulgaria.

The subjects of our study are 131 individuals, testified by expert witnesses and subsequently charged by law. We use Sexual Abuse Questionnaire as a brief screening device in the identification of a childhood sexual abuse history.

**Results and discussion:** A significantly higher percentage (71%) of rapists grew up in a family with two parents (n=93) (p<0.05). From all of sex offenders 59 % were abused in childhood (n=77), of them 73 % (n=56) are men who have physical and emotional abuse history and 27 % (n=21) have childhood sexual abuse history (p<0.05). Men who have been physical and emotional abuse in childhood have a significantly higher risk for acts of sexual violence as adult than those who have been sexual abuse in childhood. Data from our study show that males who have committed sexual crimes haven't been sexual abuse as children.





**IN AND OUT OF YOUR MIND**