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Sovata, Romania
24-26 October 2025

BOOK OF ABSTRACTS

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MANAGEMENT OF THE PSYCHOTIC PATIENT OUTSIDE THE PSYCHIATRY OFFICE

Mihai Alexandru Kovacs

Tulghes Psychiatric Hospital

Introduction: In medical practice, the effective management of adult psychotic patients requires a systematic evaluation, as well as an individualized approach that differs from other pathologies. This paper aims to provide an overview of the necessary steps for conducting an accurate, concrete, and prompt evaluation, with emphasis on medical history, psychiatric examination, and relevant investigations (toxicology tests, imaging studies). Strategies for communicating with psychotic patients (encouraging a warm and calm dialogue) will also be illustrated, alongside the importance of involving members of the patient's social support network.

Conclusions: The paper highlights the importance of both a structured approach and multidisciplinary collaboration in the early and effective diagnosis of psychotic patients. Such an approach contributes to optimal case management and, consequently, to improving the quality of life of both the individual and the community to which they belong.

Keywords: psychosis, evaluation, multidisciplinary approach

NEUROCOGNITIVE INTERVENTION AND NEUROPLASTICITY: THE EFFECTIVENESS OF THE FEUERSTEIN METHOD IN THE PROCESS OF CHANGE

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Introduction: This lecture offers an innovative perspective on cognitive development in adults, presenting the effectiveness of the Feuerstein method in enhancing neuroplasticity and supporting executive functions—both in the context of optimizing cognitive performance in healthy adults and in cognitive rehabilitation for conditions such as neurocognitive disorders (including dementias), major depressive episodes, schizophrenia, or post-stroke sequelae.

The Feuerstein method proposes an intervention focused on the development of executive functions, the core of any adult decision-making and self-regulatory process. It is applied through structured sessions (individual or group), using specific cognitive mediation tools that aim not only to activate isolated processes but also to reorganize the way adults learn, process, and apply information. By deliberately engaging mechanisms of planning, anticipating consequences, self-monitoring, and flexible thinking, the program enables the restructuring of how a person approaches everyday life challenges, regardless of their medical or educational history.

In parallel, structural thinking is stimulated—the ability to analyze information beyond surface details, to construct logical relationships, hierarchies, causal connections, and coherent mental models. These processes support not only adaptation to new or difficult contexts but also the maintenance of identity coherence and an autonomous, reflective, and adaptive cognitive style.

Conclusions: Thus, the intervention aims not only to restore functions lost in cognitive pathologies but also to optimize cognitive potential in healthy adults, promoting long-term, sustained optimal functioning.

Keywords: cognitive development, executive functions, feuerstein method

FROM INSTITUTION TO COMMUNITY: PREVENTION STRATEGIES IN MENTAL HEALTH IN ROMANIA

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Introduction: Historically, the mental health system in Romania has been characterized by an institutionalized approach, primarily focused on inpatient care, heavily reliant on treatments and isolation of individuals with psychiatric disorders. In recent decades, international trends and social pressures have driven a shift toward community-based models, promoting prevention, inclusion, and recovery. This transition is essential for aligning with European standards regarding human rights and quality of life.

Methods: This paper uses a documentary analysis of public policies, national strategies, and recent studies on mental health in Romania. Prevention models at the primary, secondary, and tertiary levels are examined, with emphasis on community interventions, mental health education, support services, and social reintegration. Relevant local and international initiatives, as well as systemic barriers affecting the implementation of these strategies, are also analyzed.

Results: The study highlights major challenges: underfunding of community services, lack of specialized personnel, stigmatization, and institutional fragmentation. However, emerging opportunities are identified, including increasing public interest in mental health, deinstitutionalization policies with the creation of integrated medical-social assistance centers, multisectoral partnerships, and digital initiatives.

The examined prevention strategies demonstrate the ability to reduce the impact of mental disorders on individuals and society, while also contributing to the improvement of quality of life for affected persons.

Conclusions: The transition from institution to community in mental health requires an integrated approach based on prevention, intersectoral collaboration, and respect for the rights of individuals with psychiatric disorders. Developing a network of accessible, efficient, and sustainable community services, supported by coherent public policies and continuous professional training, is essential. This paper proposes a conceptual and practical framework for reforming mental health in Romania, emphasizing dignity, active engagement, and recovery.

Keywords: mental health, community-based care, prevention strategies

ANALYSIS OF PSYCHOLOGICAL INTERVENTIONS FOR PARENTS OF CHILDREN WITH ASD: IMPLICATIONS FOR MULTIDISCIPLINARY PREVENTION

Teodora Liana Popescu

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Introduction: Parents of children with autism spectrum disorders (ASD) are at significantly increased risk of developing psychiatric conditions such as depression, anxiety, and parental burnout, due to chronic stress associated with caregiving, adaptation challenges, and the impact of the child's symptoms on family dynamics.

Aim: This paper analyzes recent international data regarding the effectiveness of psychological interventions for parents and caregivers of children diagnosed with ASD, focusing on their applicability in Romania. Evidence on the impact of cognitive-behavioral therapy (CBT), mindfulness interventions, acceptance and commitment therapy (ACT), and psychoeducational support programs on reducing parental stress, anxiety, depression, and somatic symptoms is synthesized.

Results: The literature highlights a high prevalence of psychopathology among parents of children with ASD: depressive disorders, anxiety disorders, post-traumatic stress disorder, and parental burnout. Child symptomatology (communication and social interaction deficits, restrictive and repetitive behaviors) often correlates with comorbidities, particularly gastrointestinal disorders, which further contribute to maladaptive behaviors, parental stress, and the risk of psychiatric disorders in parents. In Romania, emerging national data suggest similar patterns, exacerbated by limited and unequal access to specialized psychological interventions, the absence of integrated national protocols, insufficiently developed multidisciplinary collaboration, and difficulties incorporating medical aspects (including gastrointestinal comorbidities) into psychological interventions.

In **conclusion**, this paper emphasizes the need to adapt multidisciplinary intervention models to the specifics of the Romanian system, proposing directions for developing integrated protocols that include both parental mental health and management of the child's somatic comorbidities, capable of addressing the complex needs of families affected by ASD.

Keywords: autism spectrum disorders, psychological interventions, parental stress, mental health, multidisciplinary prevention

THE ROLE OF THE PRIEST IN THE MULTIDISCIPLINARY CARE TEAM FOR PATIENTS WITH PSYCHIATRIC DISORDERS

Marius Fărcaș

Charitable Parish "St. Nicholas the Hierarch", Mureș County Clinical Hospital

Introduction: A holistic approach to mental health involves the integration of the spiritual dimension alongside the medical, psychological, and social components. In the case of individuals with psychiatric disorders, spiritual concerns can positively influence the course of illness by providing meaning, hope, and motivation for recovery. Practices such as prayer, spiritual counseling, and participation in religious life can improve the patient's emotional well-being and enhance adherence to treatment. There is a growing need to better harness the therapeutic potential of such spiritual practices.

The priest—either as part of the medical care team or in a parish setting—can play an active role in both prevention and recovery support, contributing to the patient's psychological stability. Collaboration between priest, psychiatrist, and psychotherapist becomes essential for an integrated approach, in which each specialist contributes according to their area of expertise.

In Romania, a pilot project called Hristocentric aims to build a bridge between mental health professionals and clergy. This initiative highlights the psychotherapists' need to collaborate with priests who are able to provide appropriate spiritual guidance to patients. Thus, the parish priest proves to be an important partner in offering continued support to individuals with mental suffering, even beyond the period of hospitalization.

Conclusions: This presentation proposes a bioethical and practical reflection on the spiritual contribution to mental health, within a multidisciplinary care team.

Keywords: mental health, spirituality, multidisciplinary care

MENTAL HEALTH LITERACY AS A PILLAR OF YOUTH RESILIENCE AND PSYCHIATRIC PREVENTION

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Introduction: Mental health literacy (MHL) refers to the knowledge and beliefs about mental disorders which aid their recognition, management, or prevention. MHL encompasses the ability to identify specific mental health conditions, understanding risk factors and causes, knowing how to seek information, and attitudes that promote recognition and appropriate help-seeking. Its relevance has grown as global mental health challenges rise, particularly among youth. Adolescents and young adults often face the onset of psychiatric disorders, yet stigma, misinformation, and limited access to accurate knowledge hinder early identification and intervention. Inadequate MHL is associated with delayed treatment, poorer prognosis, and increased psychological distress. Moreover, low MHL can reinforce harmful stereotypes and reduce resilience—defined as the capacity to adapt in the face of adversity.

Conclusions: Enhancing MHL supports earlier access to care, reduces stigma, and fosters individual and community-level resilience. Importantly, it empowers youth not only to seek help but also to support peers, making it a public mental health priority. In the absence of MHL, there is a heightened risk of untreated mental disorders, social isolation, and long-term functional impairment. Promoting MHL is thus a foundational component of preventive psychiatry and mental health promotion.

Keywords: mental health literacy, stigma, prevention

SOCIAL FACTORS INVOLVED IN YOUTH MENTAL HEALTH

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Introduction: Childhood and adolescence are pivotal stages in individual development, particularly in relation to mental health. During these formative years, social determinants play a critical role in both the emergence and progression of psychological disorders. While biological and biochemical influences are important, contextual factors such as family dynamics, peer interactions, socioeconomic status, and exposure to adverse experiences are equally significant. A lack of parental support, experiences of bullying, social isolation, and economic hardship are strongly associated with an increased risk of developing mental health conditions, including anxiety, depression, conduct disorders, and psychosis. Conversely, supportive relationships, positive role models, and community engagement function as protective factors that promote resilience and psychological well-being. In the context of the digital age, social media adds complexity to adolescent mental health. Although it facilitates social connection, it can also contribute to psychological distress through mechanisms such as cyberbullying and social comparison. The interaction between individual vulnerabilities and environmental stressors underscores the necessity for early, comprehensive intervention strategies.

Conclusions: Collaborative efforts among families, schools, communities, and policymakers are essential in creating environments that support mental health and reduce risk. Understanding and addressing the social determinants of mental health is therefore vital for the development of effective preventive and therapeutic interventions targeting youth populations.

Keywords: social determinants, adolescent mental health, prevention

BALINT GROUP DEMONSTRATION

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Introduction: Balint groups originated in the 1950s, were developed for general practitioners to explore the importance of doctor-patient relationships. The method was popularised worldwide and extended to several professional groups. Since 1993 the Romanian Balint Association promotes the method to healthcare professionals, trains group leaders and encourages the implementation of local groups all over the country.

These groups aim is to create a confidential environment among peers, to explore the possible interpersonal dynamics. The discussed cases are the ones leading to professional dissatisfaction of the presenter and hence are negatively impacting the patient's quality of life. The structure and guidance given by group leaders are meant to maintain focus on the human aspects and to encourage skill development in person-centred care, while keeping technical and diagnostic elements in the background.

The research regarding the Balint method's outcomes suggests benefits in the personal and professional development in different phases of medical education. As a result several residency training programs worldwide prescribe Balint work for different specialties, beside psychiatry and family medicine.

Conclusions: The Balint Group Demonstration at the Symposium provides a framework for experiential learning and an opportunity to familiarise with the Balint Method directly through the active participation. Such groups are usually organized monthly, in-person on the local level (eg. Bucharest, Constanta), as well as online at national level, addressed to the multidisciplinary medical community, and a new group dedicated to trainees and young doctors of all specialties, to meet the need for support and burn-out prevention in a safe environment.

Keywords: Balint group, psychiatry training, medical education, professional development, person-centred care

PATIENT BURNOUT IN THE ABSTINENCE PHASE

Eliza Sirbu

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Introduction: The phenomenon of burnout has been described as the global impairment of an individual's psyche subjected to prolonged stress. Burnout, understood as the exhaustion of inner resources, often manifests through poor emotional state, cognitive decline, and personality changes, including cynicism and depersonalization, accompanied by altered interpersonal relationships and decreased quality of personal and professional life. ICD-11 classifies burnout as an occupational phenomenon; most studies focus on professionals in addiction medicine, rather than patients experiencing prolonged stress associated with maintaining abstinence in addiction.

This paper addresses burnout from the perspective of supporting these patients, aiming to highlight management particularities and provide practical guidance. During early recovery and abstinence phases, burnout is often masked by chronic fatigue, frequently attributed to nutritional deficiencies, especially in substance-addicted patients. Even after withdrawal symptoms subside, sleep disturbances, irritability, personality changes, and low frustration tolerance can conceal or compound burnout induced by the struggle to maintain abstinence and repeated failed attempts. Chronic stress, manifested by waking up already fatigued, irritability, and poor concentration, leads to "brain fog," reduced self-confidence, and decreased sense of personal value.

Long-term addictive behaviors, especially substance use disorders, engage the cortico-hypothalamo-pituitary system, affecting neurophysiological adaptation mechanisms and immune status. Psychological vulnerability results in secondary psychopathology and personality impairments, making individuals more sensitive to challenges and recovery. Self-perceived and externally induced guilt and shame contribute to social isolation. Maladaptive coping mechanisms, adopted through imitation or adaptation to stress, play a major role in relapse. Addiction management routines, with scheduled visits, fixed steps, and impersonal targets, also add pressure to vulnerable patients. This paper highlights support strategies within the patient-support system combo (medical, non-medical, social, and family), presenting four case reports: alcohol, opioids, gambling, and tobacco/e-cigarette users (including vaping). Personal and medical particularities include immune status, treatment response, and socio-professional implications in burnout onset and maintenance. Social support networks, systemic therapy, CBT behavioral directives, motivational interviewing, psychodynamic techniques, mindfulness, and nutrition management have proven useful in maintaining recovery focus.

In **conclusion**, patient burnout during abstinence is understudied, often masked by other psychopathologies, requiring further research on large samples. From a patient perspective, abstinence mobilizes all resources, necessitating clinician adjustments to improve quality of life during ongoing recovery.

Keywords: burnout, addiction recovery, support strategies

TDCS IN THE PREVENTION OF COGNITIVE DISORDERS: FROM RESEARCH TO CLINICAL APPLICABILITY

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Introduction: Transcranial direct current stimulation (tDCS) is a non-invasive neuromodulation technology with promising potential for supporting cognitive functions affected by various neuropsychiatric pathologies. By influencing neuronal excitability and facilitating synaptic plasticity, tDCS can help improve deficits in memory, attention, and executive functions, particularly in early stages of cognitive decline. Increasing evidence suggests tDCS can be useful in cognitive treatments, with growing interest in its application not only in research but also in routine clinical practice. At the Scientific Research Group in Neurosciences, part of the "Dr. Gheorghe Preda" Clinical Psychiatry Hospital in Sibiu, a study is currently underway to examine the impact of tDCS on cognitive functioning in individuals diagnosed with early-stage Alzheimer's disease and mild cognitive impairment (MCI). The objective is to observe to what extent this intervention can support cognitive performance.

Conclusions: This research reflects growing concern for integrating scientific findings into interventions that can be used in clinical practice. Emphasis is placed on bridging the gap between research and clinical care, ensuring innovations address patients' and healthcare profes-

sionals' real needs. By rigorously connecting science and practice, tDCS becomes not only a subject of study but also a concrete intervention with potential to meet patients' real-world needs.

Keywords: tDCS, cognitive enhancement, neuropsychiatric disorders

DEVELOPING AND IMPLEMENTING A PROGRAM TO STIMULATE COGNITIVE RESERVE AND IMPROVE GLOBAL FUNCTIONING

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Introduction: A comprehensive program dedicated to stimulating cognitive reserve and improving the global functioning of individuals with mild cognitive impairment or at risk of cognitive decline relies on a multidimensional approach integrating cognitive exercises, physical activities, stress management techniques, and social support.

Stimulating cognitive reserve involves activities that develop and maintain neuronal plasticity, thereby enhancing the brain's capacity to compensate for age-related or neurodegenerative impairments. The proposed program includes targeted training in memory, attention, executive functions, and language, combined with moderate physical exercise and relaxation techniques to support both mental and physical health.

Conclusions: A well-structured program combining cognitive stimulation with holistic interventions can be an effective tool in preventing cognitive decline and improving global functioning in vulnerable populations.

Keywords: cognitive reserve, multidimensional intervention, cognitive stimulation

PSYCHO-EMOTIONAL ASSESSMENT OF PARENTS OF CHILDREN WITH AUTISM

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Introduction: It is well known that parents of children with autism face a difficult task, as they must care for them throughout their lives, with only a few children being relatively independent in adulthood. The psycho-emotional impact of this condition on parents is significant.

Method: A number of 42 parents were examined using the Caregiver Burden Inventory (Novak and Guest, 1989) to assess overload, and the Strategic Approach to Coping Scale (SACHS) to evaluate the relationship between the stress caused by the child's condition and the ways in which coping mechanisms influence family resilience.

Results: In our study, most parents had children diagnosed within the last 5 years (60%, N=24) and were 100% aware of their children's diagnosis. As coping mechanisms, they used instinctive action in 95% of cases, followed by avoidance (90%), cautious action (93%), while more adaptive coping mechanisms such as assertive action were used by 74%, and social relating by 85%. Regarding the maladaptive mechanism of aggressive action, 64.3% of parents reported a medium tendency to use it, while 19% reported a high tendency.

Conclusions: This study highlights the impact that overload, depression, and anxiety have on the family of a child with autism. It evaluates the coping mechanisms used by parents of children with autism in order to identify key points for early intervention (individual, family, or group) and social support, which can help parents support their children more adequately, with a lower emotional cost.

Keywords: autism, stress, resilience

CLINICAL APPROACH TO TREATMENT-RESISTANT DEPRESSION

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Introduction: Treatment-resistant depression is a severe psychiatric disorder, defined by the lack of adequate response to at least two different antidepressant treatments administered at correct doses and durations. It affects a significant proportion of patients with major depressive disorder, representing a major challenge in clinical practice due to its chronic course, impact on functional roles, and increased suicide risk.

Objectives: This presentation aims to analyze current clinical management strategies for treatment-resistant depression, with a focus on effective pharmacological and non-pharmacological options, as well as the importance of multidimensional patient assessment.

Methods: The presentation consists of a comprehensive and detailed review of the scientific literature published over the last two decades, with an emphasis on international guidelines and relevant clinical studies that have evaluated the efficacy of various therapeutic strategies in treatment-resistant depression.

Results: Studies have highlighted the efficacy of several therapeutic approaches, such as optimizing antidepressant treatment, augmentation with atypical antipsychotics or mood stabilizers, switching to another pharmacological class, as well as non-pharmacological (TMS, ECT) and psychotherapeutic interventions. The use of innovative pharmacological agents, such as intranasal esketamine, offers new perspectives for severe cases. The importance of a personalized and multidisciplinary approach is supported by the majority of the sources analyzed.

Conclusions: The management of treatment-resistant depression requires a complex, individualized approach that integrates pharmacological, non-pharmacological, and psychotherapeutic interventions. Early identification of treatment resistance and timely adaptation of therapeutic strategies can significantly improve patient prognosis. A multidisciplinary approach is essential for effective treatment and favorable long-term outcomes.

Keywords: pharmacological, psychotherapeutic, multidisciplinary

IS THERE A SUICIDE-FOCUSED DELUSIONAL DISORDER? (CASE SERIES)

Simona Trifu

"Prof. Dr. Al. Obregia" Psychiatric Hospital

Introduction: Although the DSM-5 does not describe Suicide-centered Delusional Disorder as a diagnostic entity per se, in psychiatric practice I have encountered several cases in which the main delusional thread is invested "counter-narcissistically" in the impenetrable desire for death, or, as some patients express it, the wish "to be dead."

Objective: To follow, over the long term, several psychiatric cases within this spectrum in order to observe their evolution with or without medication. Hypothesis: From a psychoanalytic perspective, the "fixation" of the libido in the death drive reflects an illusory desire for omnipotence and the inability to overcome the schizoparanoid position.

Results: From the five cases analyzed over approximately 12–14 years, we identified that, regardless of the medication used and of the slowly favorable evolution (control of delusional ideation, absence of acting out, long-term remission, though without regaining the previous level of functioning), several common features emerged: a depressive connotation; an experience conveyed more as an explicit assertion rather than through empathy; lived experiences belonging to a particular register of repulsion and the wish to keep them at a distance through a "short-circuiting of a meaningful act"; a need for control and omnipotence; a kind of cold pseudolucidity; and aggression reflected in the narcissistic mirror that shatters the image of the Ego into fragments. These cases are typical of a disturbance of the self-preservation instinct and represent the killing of the transgenerational evil that the subject believes they carry, along with the killing of the Self. From a psychodynamic perspective, this manifests as a malignant, anticipatory evil expressed through psychotic thinking.

Conclusions: The suicidal drive may appear greater than in cases of defenestration, but its intensity is lower when compared with methods such as stabbing the neck. Such patients have faced long periods before constructing defenses, which involve psychotic confusion and a sense of perplexity. The experience conveyed to the listener is one of cumulative bizarreness, in which the patients seem caught in a paradox where the understanding of the drive is short-circuited and accompanied by splitting.

Keywords: suicide, delusions, psychodynamics

MANAGEMENT OF PERSONALITY DISORDERS IN THE MENTAL HEALTH SYSTEM: THE NEED FOR AN INTEGRATED APPROACH

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Introduction: Personality disorders are characterized by dysfunctional patterns of thinking, behavior and relationships, which is why the individual may not function properly in life roles. They are of major interest in current practice given the high prevalence, clinical complexity and negative impact they can have on the patient's quality of life.

Aim: The aim of the presentation is to highlight the importance of integrated approach in the treatment of personality disorders which combine rigorous clinical assessment with psychotherapeutic interventions adapted to the patient and his pathology.

Material and Method: This presentation is based on a review of current literature regarding the treatment of personality disorders. Research studies were analyzed to identify key elements of integrated treatment approaches, focused on the role of multidisciplinary teams, early diagnosis, personalized interventions, and the management of comorbidities and continuity of care.

Results: In order to have an appropriate approach, it is necessary for the diagnosis to be made early, the treatment to be personalized through the approach of a multidisciplinary team that includes psychiatrists, psychologists, social workers, psychotherapists and counselors to collaborate for patient-centered intervention.

Conclusions: The integrated approach not only improves clinical outcomes but also significantly contributes to reducing costs related to repeated hospitalizations through a patient-oriented intervention focused on recovery and proper functioning in life roles.

Keywords: personality disorders; integrated approach; multidisciplinary team; personalized therapy; recovery.

THE ROLE OF THE LIAISON PSYCHIATRIST IN THE MULTIDISCIPLINARY BEDSIDE CONSULTATION TEAM

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Introduction: Liaison psychiatry is an essential component of integrated care, facilitating the identification and management of psychiatric comorbidities in patients hospitalized for somatic conditions. In the context of multidisciplinary bedside consultations, the liaison psychiatrist plays a key role in assessing mental status, optimizing the therapeutic plan, and supporting communication between specialties.

Aim: Highlight the liaison psychiatrist's contribution to the multidisciplinary team, focusing on benefits for medical prognosis and patient quality of life.

Materials and Methods: After reviewing the literature, we present data from our clinical activity illustrating the liaison psychiatrist's role in various medical contexts. The proposed reflection concerns how this collaboration influences therapeutic decisions and clinical outcomes at the bedside.

Results: Integration of the psychiatrist in the multidisciplinary consultation team contributes to: Early detection of affective, cognitive, or behavioral disorders; Adjustment of medication to avoid adverse drug interactions; Improved treatment adherence; Reduced hospitalization length through integrated comorbidity management.

Conclusions: The presence of a liaison psychiatrist in bedside multidisciplinary consultations is strategically valuable for patient-centered modern care. Interdisciplinary collaboration enhances medical efficiency, reduces complication risks, and optimizes functional and psychosocial recovery.

Keywords: liaison psychiatry, multidisciplinary team, bedside consultation, psychiatric comorbidities, integrative care

COURAGE, FAMILY, LOYALTY: THE SOPRANOS AS A CASE STUDY OF ANTISOCIALITY

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Introduction: In the typical conception of a Romanian psychiatrist, especially a hospital psychiatrist, a person with antisocial traits is stereotypically depicted: usually male, likely marginalized socioeconomically, economically disadvantaged, highly addicted, and often violently impulsive, almost animalistic.

However, reality contradicts this somewhat reductionist perspective; the persistence and prosperity maintained by many individuals with antisocial traits, across a wide range of occupations and socio-economic contexts, suggest that these individuals' lives are far more nuanced, cerebral, and human.

The author uses the fictional character Tony Soprano and his surrounding criminals as an example. While the series portrays characters in a stereotypical antisocial position (career criminals), the six seasons develop central characters sufficiently nuanced and human to serve as a case study with rich educational material.

Conclusions: Throughout the series, an intelligent criminal emerges, morally perverted yet maintaining certain traditional priorities, such as family and loyalty, transformed into tools for advancing often malicious personal interests. This paper aims to summarize key manifestations of antisocial personality as portrayed in the series, demonstrating its validity as an authentic representation of this personality type.

Keywords: antisocial personality, stereotypes, media representation

THE PSYCHOSIS OF PERFECTION

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Introduction: The film *Black Swan* provides a complex cinematic depiction of psychological fragility under the pressure of artistic perfection. The protagonist, Nina, a ballerina with premorbid obsessive-compulsive and dependent traits, faces extreme stress from her lead role in *Swan Lake*, where she must embody both the innocent White Swan and the pathological Black Swan.

During her preparation for the role, we witness acute psychotic decompensation manifested through visual, tactile, and auditory hallucinations, delusional ideas of persecution and duplication, and severe disturbances in self-identity perception. Major vulnerability factors include her symbiotic and controlling relationship with her mother, the perfectionist pressure imposed by the artistic environment, and the internal conflict between her infantilized and repressed personality components.

Gradually, the complete disappearance of boundaries between reality and her artistic role becomes evident, against the backdrop of psychotic decompensation triggered by extreme stress.

Conclusion: The film raises essential questions about the cost of perfection, the fragility of identity, and the connection between psychopathology and artistic creation.

Keywords: psychological fragility, psychotic decompensation, artistic perfection

NEUROBIOLOGICAL BASES OF THE BRAIN–HEART AXIS, PSYCHOLOGICAL PARTICULARITIES IN PATIENTS WITH CORONARY HEART DISEASE

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Introduction: The comorbidity between psychiatric disorders and acute and chronic ischemic coronary heart disease has been studied for a long time by multidisciplinary research teams. Unequivocally, in addition to the increase in morbidity and mortality figures, the implications related to the cumulative global costs of the two conditions must also be considered, coronary heart disease being, at least in part, psychosomatic in nature. Progress made in the field of immunology, neurobiology of psychiatric disorders and, including biological markers, increasingly necessary for optimizing the validity of psychiatric diagnosis, have highlighted subtle mechanisms underlying the psyche - brain - immunity - heart connection.

Aim: In the present paper, the authors will both synthesize the current literature regarding the latest research that had as its objective the topic addressed in the title, but will also present the preliminary results of an original research, conducted at the Institute of Cardiovascular Diseases in Timișoara, regarding the role of personological, psychological and socio-demographic factors in predicting the survival rate of coronary patients, who required either an interventional cardiology procedure or a coronary bypass surgery.

Conclusion: These mechanisms explain how the process of coronary atheromatosis can be accelerated by psychological distress, mediated by systemic inflammatory mechanisms favored by chronic hypercortisolemia, in turn a mark of chronic distress associated with modified, structural or evolutionary psychological markers.

Keywords: neurobiological bases, coronary heart disease, type D personality

PSYCHOPATHOLOGICAL IMPLICATIONS OF PSORIASIS: THE NEED FOR A MULTIDISCIPLINARY APPROACH

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Introduction: Psoriasis is a chronic immune-mediated condition with visible cutaneous manifestations that often lead to psychological distress. Stigmatization, social exclusion, and poor coping mechanisms can significantly impair mental health and quality of life. In this context, a multidisciplinary approach becomes essential for addressing both physical symptoms and psychological suffering.

Materials and Methods: A multicentric cross-sectional study was conducted in three Romanian outpatient clinics. A total of 218 patients with psoriasis and 374 individuals without psoriasis completed standardized and unstandardized questionnaires assessing coping strategies, quality of life, stigma, and misinformation. Data were analyzed using descriptive and inferential statistics (Chi-square, ANOVA, Spearman's correlation).

Results: Patients with psoriasis reported more depressive symptoms than individuals without psoriasis (19.3% vs. 13.7%, $p = 0.044$), along with higher perceived stigma (37.2%, $p = 0.012$). Younger patients predominantly used emotion-focused coping, while older adults tended to use problem-focused strategies. Quality of life scores were lowest in patients over 50. Misconceptions about contagion and hygiene persisted in the general population and correlated with negative emotional outcomes.

Discussion: Young adults with psoriasis appear most affected by stigma-related psychological distress, with higher vulnerability to depression. Misinformation, particularly among rural and male respondents, contributes to discrimination and emotional suffering. Stigmatization was strongly associated with low quality of life and maladaptive coping. Social media plays a dual role—amplifying myths but also offering opportunities for education. These findings support the need for integrated dermatological and psychiatric care.

Conclusions: Stigma and misinformation continue to affect the psychological well-being of patients with psoriasis. Addressing these factors through psychoeducation and integrated psychiatric-dermatologic collaboration is crucial to improve patient outcomes and prevent depression.

Keywords: psoriasis, stigma, depression, psychoeducation, interdisciplinary care

RELATIONAL RESILIENCE IN ONCOLOGY: THE ROLE OF SOCIAL SUPPORT AGAINST DEPRESSION, ANXIETY, AND STRESS

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Introduction: Breast cancer affects not only the body but also the emotional balance of patients. In this context, social support—both familial and friendly—can represent a psychological protective factor. This paper aims to explore the relationship between psychological distress and perceived social support among women diagnosed with breast cancer.

Objectives: Identify correlations between social support and emotional distress.

Materials and Methods: The study included 152 women diagnosed with breast cancer. Sociodemographic data (age, environment, educational level, professional and family status), the DASS-21 scale for evaluating symptoms of depression, anxiety, and stress, and a scale for perceived familial and social support were applied. Statistical analysis included Pearson correlations.

Results: Average psychological distress scores were moderate. Support from friends was, on average, higher than familial support. Weak positive correlations were observed between stress and perceived support ($r = 0.29$ – 0.30), suggesting an increase in support during vulnerable periods. No significant relationships were found between age or social status and DASS scores.

Conclusions: Perceived social support, particularly from friends, positively correlates with stress levels, indicating a possible reactive effect in which support is sought during emotional distress. These results highlight the need for psycho-oncological interventions that include patients' relational networks to support resilience in the face of illness.

Keywords: breast cancer, psychological distress, social support

POSTVENTION – A PECULIAR METHOD OF PREVENTING SUICIDE

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Introduction: According to the World Health Organization, suicide was responsible for about 1% of all deaths worldwide in 2019. It represents the main cause of death related to mental disorders, and exposure to suicide is itself a risk factor, a phenomenon called suicide contagion.

Initially, it was estimated that a suicide significantly affects around six people, called suicide survivors, but recent studies suggest that over 100 individuals are affected to some degree by the loss of a person who died by suicide. The grieving process related to suicide differs significantly from typical grief. Suicide survivors may be psychologically traumatized and shocked by the loss. Often, they seek meaning or reasons for the death and may blame themselves, the deceased, or others. Society may react similarly, and survivors may become socially isolated due to stigma or self-stigmatization, or people may avoid them due to discomfort in interacting with someone who lost a person to suicide.

Conclusions: Survivors may also feel abandoned by the deceased or experience a mix of anger, pity, or fear of losing someone else in the same manner. The therapist's aim is to help suicide loss survivors navigate the complex grieving process, referred to as postvention.

Keywords: postvention, suicide prevention, suicide loss survivors

THE IMPORTANCE OF EARLY IDENTIFICATION AND INTERVENTION IN BURNOUT AMONG MENTAL HEALTH PROFESSIONALS

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Introduction: Professional burnout is an increasingly recognized public health issue, particularly affecting professionals in mental health. The World Health Organization has included burnout in the International Classification of Diseases (ICD-11) as a syndrome resulting from chronic occupational stress that has not been successfully managed. For mental health specialists—psychologists, psychiatrists, psychotherapists, counselors, social workers—the risks are heightened due to continuous exposure to trauma, pressure to provide solutions, time constraints, and limited resources or organizational support. Early identification of burnout symptoms is essential to prevent negative effects on specialists' mental health, the quality of therapeutic work, and the patient relationship. Early warning signs include persistent exhaustion, decreased empathy, irritability, reduced professional satisfaction, and deterioration of interpersonal relationships. Without timely intervention, these symptoms can lead to mental disorders (depression, anxiety), somatization, decreased professional performance, and even career abandonment. Early detection allows intervention before the syndrome worsens or negatively impacts the therapeutic relationship. Observing behavioral changes—such as irritability, cynicism, difficulty concentrating, or reduced empathy—can indicate the onset of burnout.

Conclusions: Burnout in mental health is a real but often overlooked issue. Early recognition and rapid intervention can prevent long-term consequences for professionals, patients, and organizations. Promoting an organizational culture supporting mental health and fostering emotional hygiene are essential for a sustainable care system.

Keywords: professional burnout, mental health specialists, early identification

FAMILY, COUPLE, AND CHILD PSYCHOTHERAPY IN THE CONTEXT OF ANXIETY DISORDERS: CASE STUDIES

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Introduction: Anxiety disorders are among the most common psychiatric conditions, significantly impacting patients' quality of life, their families, and overall functioning. Within the family system, one member's anxiety can affect the entire system, generating circular consequences among other members. Systemic family psychotherapy views family dynamics as relevant factors in maintaining or improving anxiety symptoms. Systemic interventions aim to identify and restructure dysfunctional communication patterns, rigid family roles, and relational dynamics perpetuating anxiety, while promoting effective communication and adaptive coping strategies within the family.

Conclusions: Through three case studies, this paper demonstrates the role of family psychotherapy in restoring relational balance and describes specific techniques for integrating these methods into clinical psychiatric practice. Systemic psychotherapy thus proves its value within the multidisciplinary approach to anxiety disorders, improving family relationships and supporting the mental health of all family members.

Keywords: anxiety disorders, family therapy, coping, cognitive restructuring

THE EFFECTIVENESS OF FAMILY-INVOLVED THERAPEUTIC APPROACHES IN THE TREATMENT OF ADOLESCENTS WITH EATING DISORDERS

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Introduction: Eating disorders (ED) present a growing challenge among adolescents and preadolescents, with negative consequences on physical and psychological health. Family atmosphere, communication patterns, parental attitudes, family beliefs, eating habits, and coping strategies define the family's ability to organize and function effectively. Stress, anxiety, and mistrust can trigger maladaptive responses and emotional regulation difficulties, often manifesting as eating disorders. The importance of family-related factors highlights the need for interventions targeting the entire family system. Systemic family psychotherapy was applied in 35 families with adolescents diagnosed with ED over six months. **Conclusions:** Quantitative and qualitative results demonstrated the effectiveness of this intervention by reducing symptomatology and relapse rates.

Keywords: eating disorders, stress, anxiety, conflicts, systemic family therapy

BURNOUT – A REAL PROBLEM, YET TOO LITTLE ADDRESSED SERIOUSLY

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Introduction: Burnout is an important issue for organizational psychologists, managers, doctors, psychiatrists, and other specialists in human resources and health. It is present in all occupations. People experiencing burnout are tired, overworked, and physically and mentally exhausted, with weakened health and impaired work capacity.

This paper presents and analyzes burnout, emphasizing the importance of diagnosis and intervention. The Maslach Burnout Inventory is the most important tool for investigating burnout.

Conclusions: Early recognition and intervention are essential to prevent negative consequences on work performance and overall well-being.

Keywords: burnout, diagnosis, intervention, Maslach Burnout Inventory

BEYOND LABELS RECOGNIZING AND REDUCING STIGMA IN MENTAL HEALTHCARE

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Introduction: Stigma associated with mental disorders is a major determinant of reduced access to services, poor treatment adherence, and limited quality of the therapeutic relationship. It manifests at interpersonal, institutional, and societal levels and is frequently internalized as self-stigma. Within psychiatric practice, stigma exerts direct consequences on clinical care, shaping both professional attitudes and patients' experiences. This workshop is designed to equip psychiatrists with a comprehensive understanding of the key dimensions of stigma—anticipated and experienced discrimination, self-stigma, and its manifestations in clinical settings. Using an interactive format that combines short lectures, role-play exercises, group discussions, and case studies, participants will examine the psychosocial mechanisms underlying stigma, critically reflect on their own clinical practice, and practice evidence-based strategies for communication and intervention aimed at reducing its impact. The primary objective is to strengthen both conceptual knowledge and practical competencies that foster a therapeutic environment grounded in respect, empathy, and inclusion.

Conclusions: In this way, psychiatrists can contribute not only to reducing the individual burden of mental disorders but also to addressing systemic barriers that perpetuate inequalities in mental health care.

Keywords: stigma, self-stigma, mental health

SCREENING FOR DEPRESSION IN THE FAMILY PHYSICIAN'S OFFICE

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Introduction: Depression is one of the most common psychiatric disorders worldwide, affecting approximately 5% of the population. The family physician's office is the place where patients first come into contact with the healthcare system, and implementing a screening program in this setting may represent an opportunity for the early diagnosis of depression.

Objective: To evaluate the effectiveness and feasibility of implementing a depression screening program in the family physician's office. Methods and materials: A cross-sectional observational study was conducted on a sample of 120 patients. The sample consisted of 68% women and 32% men, distributed by age groups as follows: 18% aged 18–39 years, 33% aged 40–59 years, 49% aged 60–79 years, and 13% aged 80–100 years. The PHQ-9 questionnaire was used as the screening tool. The average completion time was 3–5 minutes.

Results: A PHQ-9 score ≥ 10 , indicative of moderate to severe depression, was observed in 38.8% of participants (95% CI: 30.1–47.5%). The mean PHQ-9 score was higher in women (9.14 ± 4.14) compared to men (8.6 ± 5.02), and patients aged ≥ 60 years had higher scores (9.42 ± 5.12) compared to younger groups. Out of 145 eligible patients, 120 agreed to participate in the screening, corresponding to an acceptance rate of 82.8% (95% CI: 76.6–88.9%).

Conclusions: Depression screening in the family physician's office using the PHQ-9 questionnaire is effective, as it identified a significant number of patients at risk of depression; at the same time, it is feasible due to the high acceptance rate and the short completion time.

Keywords: depression screening, family physician, PHQ-9 questionnaire

BREAKING THE STIGMA THROUGH FICTION: ÎN DERIVĂ AND THE ACCESSIBILITY OF PSYCHOTHERAPY

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Introduction: Psychotherapy has been portrayed in the media in many forms, which played an important role in shaping public perceptions of mental health. The Romanian television series *În derivă* constitutes a dramatized, yet realistic depiction of the therapeutic process, making it a valuable tool for both education and prevention in mental health, accessible to the general public.

Aim: This paper aims to analyse the psychotherapeutic techniques as shown in *În derivă* and to identify potential errors, limitations and inadequacies, with the purpose of assessing the series' relevance for mental health literacy and prevention.

Material and Methods: A qualitative analysis was conducted on selected episodes of *În derivă*. Systematic viewing was used to identify psychotherapeutic interventions (e.g., active listening, interpretation, exploration of transference) as well as errors of technique (e.g., boundary issues, misinterpretation of patient cues). The results were compared against theoretical principles of psychotherapy.

Results: *În derivă* managed to present Psychotherapy and the therapeutic process in an accessible and relatable way, highlighting effective therapeutic techniques while also illustrating certain deviations from professional standards. This draws the attention on the importance of verified information that reaches the general public while also highlighting the benefit of fiction in breaking the stigma of the mental health burden.

Conclusion: *În derivă* demonstrates significant value as a tool for raising mental health awareness and promoting Psychotherapy. Moreover, it reduces stigma towards mental health issues and promotes seeking help.

Keywords: psychotherapy, mental health literacy, media representation

SUICIDE PREVENTION

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Introduction: Suicide is death caused by an intentional act of a person, with the purpose of ending their own life. Or: Suicide is the act by which a person intentionally takes their own life. Indicators that may signal suicidal intent include: verbal signs: "There's no point anymore," "I want to die.", emotional signs: sadness, anxiety, guilt, sudden mood swings, behavioral signs: self-harm, increased use of drugs or alcohol, withdrawal from activities, past-related signs: previous suicide attempts, family history of suicide, physical, emotional, or sexual abuse, family problems, issues in romantic relationships, violent behavior, eating disorders, other signs: hopelessness about the future, decreased academic or professional performance, insomnia, intense emotional distress, symptoms of depression, panic attacks. Risk factors: schizophrenia, borderline personality disorder, bipolar disorder, post-traumatic stress disorder, incurable medical conditions, vulnerability caused by the COVID-19 pandemic.

Conclusions: Prevention of suicidal thoughts: sincere communication with friends, family members, or medical professionals; professional help: therapeutic interventions and, if necessary, medical treatment; reducing access to dangerous means: weapons, blades, sharp objects, medications; social support: support groups, religious communities, positive relationships with others; mental health education: in schools, workplaces, and communities; balanced lifestyle and self-care: adequate sleep, regular physical activity, healthy diet, relaxing hobbies such as music or gardening, and avoiding drugs and alcohol.

Keywords: suicide, suicidal intent, risk factors

MONITORING SEVERE MENTAL ILLNESSES IN THE CENTER FOR MENTAL HEALTH AND ADDICTION PREVENTION – A RELAPSE PREVENTION FACTOR

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Introduction: Throughout history, mental health care has shifted between biomedical and psychosocial approaches, with the latter offering a better perceived quality of life for both patients and their families. A retrospective study conducted at the Center for Mental Health and Addiction Prevention (CSMPA) compares hospitalization rates and treatment outcomes over a five-year period between individuals monitored in CSMPA and those treated in specialized outpatient clinics. The analysis focused on patients with psychotic, affective, and cognitive disorders. A key distinction between the two care models lies in CSMPA's comprehensive psychosocial rehabilitation services, which include home visits, psychoeducation, social inclusion activities, and therapeutic interventions such as music and occupational therapy. Findings reveal that the

relapse rate among CSMPA-monitored patients was significantly lower, and hospitalization rates were 2.5 times higher in the outpatient group. Furthermore, involuntary admissions were markedly reduced in the CSMPA cohort (26.75%) compared to the outpatient group (73.25%).

Conclusions: These results underscore the effectiveness of community-based mental health care in reducing hospitalizations and promoting long-term remission in individuals with severe mental health conditions.

Keywords: rehabilitation, hospitalization, inclusion

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