

### **Independent Commentary on the Article and the Conditions**

After the article reached me through e-mail I forwarded it to people on my mailing list and the reaction from the United States from Cindy and Ginter, who were touched and suggested translation into English to “send it to the world”, I realized how we from Serbia, professionals or not, became desensitized and oblivious to the bad things and conditions that lasted for years even decades and are indolent to them.

Otherwise, I am by profession a psychiatrist and psychotherapist, but I don't think I alone can change things such as the ones described in the interview which are sadly true.

Nor do I think that we need a revolution because they usually end badly.

However, I think that everybody can contribute a little and that co-operation with the health system in Serbia (which is notoriously in bad condition) is needed. Some things are bad indeed, below an acceptable minimum because of the shortage of staff and money, but others are not.

I understand the health professionals that work under impossible conditions and are mostly burnt out (I have not been in Padinska Skela, but have seen Laza, Kovin, Sombor...) and know the buildings are old everywhere and there is no other place to go for patients in acute phase of their disease when agitated and a treath to themselves and others; I understand that there are no pajamas, clothing, medicines, detergents, the rooms are with multiple beds, that the patient have too little content, that there is a shortage of staff, particularly staff with additional and specific training and not overloaded with paperwork.

This doesn't apply to a few hospitals, mainly in the big cities, but they don't accept patients in dire shape. If the ones responsible are “called to task” they will naturally defend themselves and it will produce an opposite effect such as the patients and their association will fair even worse because they dared to criticize health workers, the system and the state.

As a psychiatrist who sometimes worked on the psychiatric ward, in a out-patient psychiatric facility, for the government fund for retirement and disability insurance for citizens of Serbia- also in the Center for Mental Health in Doboje, Republika Srpska, Bosnia and Herzegovina (institutions like that actually exist there, but are under constant pressure to reduce expenses and to close for example protected housing for mentally ill) I can concur sadly with everything in the interview as well as the accurate description in the article on the reform of psychiatry in Serbia.

And I agree that the day hospitals in Serbia as Dragan in the interview states are the “high points” of this sordid saga.

Also, I understand that the health care in Serbia is in a precarious condition for a variety of reasons, but it should not be an excuse for this kind of treatment nor for many other things that are happening in the health care. We as a society in whole and individuals in particular are “self-absorbed” such as we take care of our big problems, objectively difficult problems and our survival and succumb to “learned helplessness” e.g. I can see the problem, it is immense and I can’t do anything about it so I don’t.

Therefore, it is important that there are associations that fight for the change of many things because the government and the society as I can see will deal only with things it has to.

It is incumbent upon all of us to frame the problem so that the state and society are forced to deal with it.

For the start we ought to endorse to as many people as possible particularly health workers who work on this subject as well as to relevant institutions within and outside Serbia the conditions and the urgent need for change.

Naturally, as Dragan said it himself, there are always People, physicians and other health workers that perform their duties with utmost professionalism, by world standards, conscientiously, with dedication, humanely but this is apparently not sufficient to solve the problem because individual effects are local and systemic solutions are needed.

Although more and more emphasis is placed on individual responsibility, research in social psychology has long ago shown that depending on how the system is structured individuals that position themselves on sound grounds in spite of a faulty system will always be in the minority (I mean the well-known experiments of Milgram, Asch and Zimbardo).

Therefore, I think we need a way to cooperate, propose and look for systematic solutions.

I also think that when at last, we openly and officially state what the situation really is, that there is a problem and big at that, and that the psychiatric patients are humans that are sometimes treated in inhumane conditions for various reasons – among which the lack of resources and ignorant fear are foremost and because of which patients could get worse not better- can we start solving the problem.

For example, I think that about this problem need to be notified the psychiatric associations around the world, humanitarian societies, the World Health Organization, targeted committees of the European Union which we desire to join and all relevant organizations and individuals. In addition, one must emphasize the need for help in organizing, infrastructure, education, hygiene, clothing, medications, systemic changes in magnitude and organization in health care

of the individuals with mental disorders, de-stigmatization, introduction of people with mental disturbances into the community and society etc.

I think we have to identify people to whom we can forward this personally and not only through official e-mails of organizations to lessen the chance of ending in the waste basket.

Please forward this article to as many e-mail addresses as you can, particularly people you personally know and help to change the conditions.

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Translation to English by Ginter Sotrel M.D. and Cindy Sotrel R.N.

Facebook access to "Dusa" (Soul), Society for users of psychiatric services:

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