



## EPA GAINING EXPERIENCE PROGRAMME REPORT

On the observership at the University Psychiatric Hospital Vrapče, Zagreb, Croatia

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Participating in the EPA Gaining Experience Programme was one of the most inspiring professional opportunities I've had as a young psychiatrist. Spending two weeks at the Vrapče Psychiatric Hospital in Zagreb allowed me to immerse myself in another country's mental healthcare system, observe clinical and therapeutic diversity, and engage in meaningful exchange with Croatian colleagues.

The observership fully met — and even exceeded — my expectations. I anticipated seeing a slightly different model of psychiatry, and that's exactly what made it so enriching. From the first day, I felt curious, motivated, and even a bit like a first-year resident again — eager to understand how things are organized, how teams collaborate, how therapy is structured. Despite my clinical and teaching experience, it was refreshing to step into a new system with “beginner's eyes.” Even basics like department layouts or therapeutic routines gave new insights when viewed from another perspective.

I felt truly welcomed throughout my stay. Everyone I met was kind, generous with their time, and open to answering questions or sharing daily routines. This warm atmosphere helped me quickly feel like part of the team.

My first week was in the Diagnostic & Intensive Care Department — a unit I'm still telling my colleagues about back in Poland and Ukraine. It functions as a kind of psychiatric triage where acute, diagnostically unclear, and complex cases are admitted, including personality disorders, psychoses, and “difficult-to-label” syndromes. What impressed me most was the combination of structure and flexibility: interdisciplinary meetings, use of standardized clinical scales, and diagnostic teamwork between psychiatrists, psychologists, and nurses. This kind of unit doesn't really exist in our region, making it a unique and eye-opening experience.

One of the most meaningful parts was the chance to interact with a wide range of patients — neurotic, psychotic, addicted, with complex personality structures. Many spoke English well, and by the end of the week, I even understood some Croatian — perhaps thanks to our shared Slavic roots!

The second week I joined the Affective Disorders Department, where I observed innovative treatment strategies for depression and anxiety, including surface and deep TMS, light therapy, and VR sessions. Their gamified protocols for emotional regulation were especially



inspiring. I even returned home with ideas for using VR to reduce cravings in our addiction patients — and we are already working on it.

At the Addiction Department, I observed a very structured model across three levels: detox, male, and female wards. Treatment focused on sedation (e.g., high-dose benzodiazepines), with rare use of restraints. Longer inpatient stays (2–3 months) were followed by referrals to therapeutic communities or alcoholics' clubs — peer-led groups deeply rooted in local support, without direct medical supervision. It challenged my views on short-term addiction care and inspired more human-centred ideas.

One highlight was a spontaneous scientific connection with the head of the affective unit: we both focus our PhDs on psychoimmunology. He shared resources with me, and I invited him to join the EPA Consultation-Liaison and Psychosomatic Section — which he kindly accepted. We even discussed co-authoring a future publication, a great example of how EPA GEP fosters meaningful collaboration.

From day one, the atmosphere at Vrapče made an impression: the grand Austro-Hungarian-style building, the café run by patients, the sense of psychiatry as a living, human space — it felt like a scene from a movie. My supervisor, Dr. Nikola Žaja, was not only incredibly helpful but also an old acquaintance from EPA Summer School 2017. I also reconnected with Sara Medved, an alumna of EPA Leadership Academy 2025. These familiar faces added to the joy and sense of community.

I had the opportunity to engage with many staff members — psychiatrists, nurses, psychologists — and gave two presentations back home about Croatian psychiatry and the GEP. I'm confident that my hospital is now ready to host future observers.

There were no problems — only questions, inspiration, and a renewed sense of European psychiatric unity. Psychiatry may differ from country to country, but the core values — care, connection, curiosity — remain the same.