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RAZVOJ PROSTORNIH MODELA FORENZIČKIH PSIHIJATRIJSKIH USTANOVA

DOKTORSKA DISERTACIJA [SAŽETAK]

EVOLUTION OF SPATIAL BUILDING TYPES FOR FORENSIC PSYCHIATRY

DOCTORAL DISSERTATION [SUMMARY]

Forensic psychiatry is a branch of psychiatry dealing with legal issues related to mental disorders and methods of treating people with such disorders. It is a boundary area between psychiatry and law and it was not until 20th century that it develops as a special discipline, although theoretical beginnings were already recorded in ancient Greece and Rome. To date, psychiatry has changed considerably, both in understanding the etiology of mental disorders and in the relation of the society to mentally disturbed persons and in the treatment methods of those persons. The development of (fragmented) psychiatric legislation has a centuries-old tradition, but complete, special laws on mental health in most modern states have only been made in the last three or four decades. The most significant changes have occurred in the domain of human rights.

The spatial and architectural context of psychiatry and mental illness is often linked to the technological and scientific achievements of medicine and the legislative framework. Built-up areas are an important formative factor in changing the way of care for the mentally ill. The first institutions of stationary care (hospitals) have existed since the beginnings of Christian civilization, but it was not until the 17th century that we can speak about the systematic treatment of the mentally ill, when they, as a socially disadvantaged group, are placed by force in large hospitals built on the outskirts of towns. The way in which asylums – shelters were created for the mentally ill was the same way that prisons for criminals were built. In the 18th century mentally ill offenders are often placed with "ordinary" mental patients in asylums or work colonies. It was at that time that mental illness begins to be treated as a disease that is being diagnosed and potentially treated.

Special buildings that systematically treat mental patients are only established in the 19th century and are developed and typologically diversified in the 20th century. In the 19th century architectural forms of buildings that follow the concepts of medical treatments ("Moral Treatments", "Kirkbird's Linear Plan" etc.) and new medical approaches to treatment of patients are associated with the thesis about the impact of built and natural envi-

ronment, buildings and outdoor space on patient status.

The expansion of psychiatric hospitals across Europe in the 19th century has enabled some hospitals through their organization to provide a separate accommodation where "specialized treatment of mentally ill and disturbed offenders" could be implemented, but it was only in the mid 20th century that systematic separation of forensic patients departments from the psychiatric institutions begins. The consequence of separating such departments within psychiatric hospitals, the emergence of specialization of the service for "mentally ill and disturbed offenders" and the implementation of significant reforms in the civil penal system is the formation of modern forensic psychiatry and the construction of new forms of forensic psychiatry hospitals. The definition, treatment and accommodation of forensic psychiatric patients differ from country to country due to different legislations.

Over the past decades, global processes have been established to regulate and improve the rights of persons with mental disorders. As a consequence, there is a process of deinstitutionalization, the reduction of psychiatric beds, the shortening of hospitalization, the change of the criteria for forced accommodation and treatment, as well as the improvement of the quality and diversity of outpatient psychiatric treatments. Naturally, forensic psychiatry has an ambivalent position: the individual needs and basic human rights of, forensic patients on one side and achieving a high level of societal security on the other.

The process of implementation of contemporary spatial models of forensic psychiatry has several aspects: the specific nature of the context, new forensic patients' therapy, new forms of outpatient care for forensic psychiatric patients and new techniques for the safety of patients and the environment.

In the central part of the work, the program and project parameters for the planning and construction of forensic psychiatric facilities have been synthesized, based on a comparative analysis of the legislative frameworks, organizational forms and constructed examples.

[Translated by author; proof-read by BOŽICA PAVLINEK, prof.]

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Znanstveno područje: Tehničke znanosti
Znanstveno polje: Arhitektura i urbanizam

Podatci o disertaciji: 231 stranica, 5 priloga,
158 slika, 13 tablica i grafikona, 445 bilješki,
131 literaturna referenca, 8 internetskih izvora

PROCEDURALNI PODATCI:

Prijava teme: rujan 2014.

Povjerenstvo za ocjenu teme i prijedlog mentora:

– imenovano: 64. sjednica Vijeća DS, 17.9.2014.

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Prihvat teme i imenovanje mentora:

486. sjednica FV, 14.10.2014.

Odluka Senata: 7. sjednica, 17.2.2015.

Izvjescje mentora: 525. sjednica FV, 24.4.2018.

Povjerenstvo za ocjenu disertacije

– imenovano: 525. sjednica FV, 24.4.2018.

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Povjerenstvo za obranu disertacije

– imenovano: 527. sjednica FV, 19.6.2018.

u istom sastavu kao i Povjerenstvo za ocjenu

Obrana: 9.7.2018.

Promocija: –

■ Sredinom 20. stoljeća uspjesi liječenja novim lijekovima i terapijama potaknuli su pojavu novih oblika bolničke i vanbolničke psihijatrijske skrbi. Suvremeni prostorni modeli forenzičkih ustanova inicirani su i provedbom reforme pravnog sustava koja se temelji na destigmatizaciji pacijenta, te na višestrukoj medicinskoj i sudskoj provjeri procedura. Proces implementacije tih modela ima tri aspekta: nove terapije i novi vanbolnički oblici skrbi za forenzičke psihijatrijske pacijente te nove tehnike ostvarivanja sigurnosti pacijenata i okoline.