

From the Editor

We are pleased to present the first issue of *Psychiatria Polska* in 2026, in which – as indicated by the cover headlines: **pharmacotherapy, psychotic disorders, and case reports** – three perspectives on everyday practice converge: therapeutic decisions, diagnostic ‘gray’ areas, and attention to clinical detail. The table of contents clearly illustrates the degree to which contemporary psychiatry today requires simultaneous consideration of efficacy, safety, and context (social, developmental, somatic). We begin with an issue close to many clinicians: what happens when the first choice in depression fails? The article by Adam Wichniak et al. on the use of vortioxetine following SSRI/SNRI therapy failure organizes the data and proposes a practical way of thinking about treatment transitions, when routine comes most easily but patience is hardest to find – on both sides of the therapeutic relationship. It is worth noting that the ‘second-line’ problem is no longer marginal but is becoming an everyday occurrence, as is also clearly evident in discussions published in the journal in recent years [1]. In the same spirit – that of moving away from the ‘one size fits all’ paradigm – we read a text on the challenges of contemporary pharmacotherapy for depression in children and adolescents and the role of personalized therapy. This is a particularly challenging issue: on the one hand, the growing need and pressure for rapid help, and on the other – the limitations of evidence, safety issues, and ethical dilemmas. In recent years, *Psychiatria Polska* has strongly emphasized the need to standardize practices in developmental psychiatry – as exemplified by the recommendations regarding the management of bipolar disorders in children and adolescents, which provide clinicians not only with knowledge but also with a framework for safe decision-making [2–4]. In the area of psychosis and schizophrenia, this issue sends an important message: pharmacotherapy is constantly evolving. The article on the combination of xanomeline and trospium as an innovative strategy in the treatment of schizophrenia fits into the broader search for mechanisms that go beyond traditional dopaminergic approaches. At the same time, we would like to remind you that the ‘new’ approach does not mean we should stop thinking about the ‘old’, namely somatic safety and comorbidity – and this perspective is further structured by the recent recommendations from expert groups regarding the use of antipsychotics in patients with somatic illnesses [5, 6]. It is also worth bearing in mind that, alongside pharmacotherapy, digital and technology-assisted interventions are playing an increasingly prominent role: studies on mindfulness training in virtual reality in patients with psychosis show that ‘modernity’ may also mean new formats of psychological work, and not only new molecules [7]. In this issue, two case studies remind us that psychiatry, despite algorithms and scales, still begins with careful observation. The unusual symptom of craniopharyngioma in the form of religious singing, and the question of whether *hikikomori* might be a specific presentation of psychotic decompensation in individuals with autism spectrum disorder, encourage caution in ‘closing’ diagnoses. Case studies teach us humility regarding the boundaries between neurology, psychiatry, and developmental psychology, as well as regarding the cultural forms of expression of suffering. A significant segment concerns the psychological costs borne by those who help.

The article on the psychometric properties of the Secondary Traumatic Stress Inventory addresses a real need: a reliable tool for assessing the burden of indirect trauma exposure in professionals. This aspect has been prominent in recent issues of the journal – both in research on the mechanisms of secondary traumatic stress and in analyses of mediating factors such as cognitive processing of trauma [8]. This context also encompasses work on the relationship between insomnia, stress, and burnout in health care workers. There is no need to argue that the well-being of health care personnel is a prerequisite for quality care – in Poland, this is further overshadowed by increasing aggression and violence in the workplace, which are becoming a risk factor for chronic stress and burnout [9]. And where stress particularly concerns responsible clinical decisions, it is also worth citing the latest studies demonstrating how profoundly psychiatrists are affected by a patient’s suicide – not only emotionally, but also professionally [10]. The review section of this issue covers internet-based cognitive-behavioral therapy for OCD. In recent years, *Psychiatria Polska* has devoted considerable attention to evidence-based psychotherapies in clinically challenging areas (e.g., PTSD) – which demonstrates that the question is no longer “does psychotherapy work?” but “how to implement, measure, and share it?” also in new formats [11]. The same applies to issues at the intersection of psychiatry, somatic medicine, and health behaviors: for example, in works on addiction interventions, where insomnia and stress can be a component of withdrawal and a real obstacle to treatment [12]. The article on the mediating functions of resource distribution in the relationship between hopelessness and self-harm in problematic substance users is also noteworthy. This issue is particularly timely, as in recent years we have been increasingly focusing on self-harm, suicide, and their links to substance use – from reviews of potential pharmacological strategies for NSSI (non-suicidal self-injury) to work on suicide risk assessment tools [13]. It is worth noting that this issue also applies to adolescent populations: research indicates the co-occurrence of depressive disorders and problematic substance use patterns in adolescents in residential care, making the issue of resources (both individual and community-based) even more clinically ‘relevant’ [14]. The issue concludes with a very interesting and clinically important paper on the effectiveness of treating negative symptoms of schizophrenia in a day hospital setting.

This year also brings changes to the functioning of our journal. We will gradually implement article publication fees, which will ensure the stability of the publishing process and the continued development of *Psychiatria Polska*. At the same time, due to the occasional ambiguity regarding the inclusion of online-first publications in authors’ scientific achievements by some institutions, we will, with the introduction of a fee for all works (excluding the Guidelines and announcements of the Polish Psychiatric Association), move away from ahead-of-print publication, returning to a model whereby articles are published exclusively as part of complete issues of the journal, which are published only on the website. We hope that these changes will allow us to maintain the high professional and editorial standards that have been a hallmark of our journal for years. We hope that this issue will be both a practical tool and an invitation to reflection: on treatment, on the limits of diagnosis, and on the costs of providing care. We wish you a fruitful read.

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