

**MIHF View on the Psycho-Social State of Hungary
as mirrored by some flagrant complaints and events.
The most important deficiencies of the system and
the actual situation**



BRUSSELS, May 2011

1. A war of attrition and „war psychiatry” is going on in Hungary. No funds and no time for patients. Although the benevolence of the majority of psychiatrists (of course only those who remained in the country in spite of bad conditions and degrading salaries) cannot be doubted, the profession as a whole is controlled by a group of established dinos whose priority is to maintain an intimate relationship with the drug industry subordinating everything and everybody to this relationship. Reform psychiatry is a cuss-word for them; they completely omit the harmonizing of interests with the users or if it seems to be a must talks are only formal. Allocating all the high positions (as holding CEO for example) among themselves they look down to the world from the height of their thrones and do not take many hundred thousand users’ real demands into consideration.
2. Both psychiatric and psycho-social rehabilitation are non-existent in Hungary. Apart from some poorly paid professionals rehabilitation as such does not exist. The aforementioned professional elite has no intention to change this state of affairs; moreover they try to revive the closed phalanster -National Psychiatric and Neurological Institution- in a new form. A new sort of forensic psychiatry will also be worked out the standards of which are unclear so far and kept in deep secret; no consultation has been organized with competent forensic psychiatrists. Hungarian psychiatry is disinterested in the scandalous abuses in psychiatric care homes. Although the regulation ordering the creation and maintenance of day care institutions was set almost 20 years ago it is widely disregarded without any legal consequences.
3. While MHIF has a regular monitoring and complaint-adjusting routine some unusually blatant cases are worth mentioning:
 - a) Kiskunhalas: unacceptable multiple abuses with patients, sexual harassment and serious injuries;
 - b) Bóly: death owing to groundless and incompetent trussing up.
 - c) Székesfehérvár: the chief medical officer of Fejér County refuses any cooperation with MHIF -which is flagrant even in Hungary-, while serious abuses are reported from his ward. These were also investigated by the ombudsman of human rights; we felt the necessity to support these circumstances by photographs as well*.
 - d) Bázarekettye: the director of the social care home for psychiatric patients (which is located some hundred kilometres far from Budapest) made his apartment in the capital renewed by a patient.
 - e) Budapest: a real thriller: with the cooperation of his wife and the hospital-professionals an American citizen was pulled in into a psychiatric ward, where he, although mentally healthy underwent a coerced treatment, was put into a closed section and force-fed with anti-psychotic drugs. Two outstanding figures of Hungarian reform psychiatry were needed to liberate him from custody.
 - f) Budapest, May 2011: death of an autistic patient, abuse is not excluded. The cause of his death remained unclear although the body was investigated by 5 medicals and several institutions.
4. The most efficient community psychiatry methods are hardly available; the only result so far is that the phrase „community psychiatry” became more or less accepted.
5. Our suggestions for the reformation of forensic psychiatry and the future of Hungarian Psychiatry made in collaboration with acknowledged forensic professionals were blocked by the director (psychiatrist by profession) of an organization, National Center for Psychiatry that is practically non-existent; he became also -in an undemocratical way- the president of the new professional body.

*The short description of the flagrant case seen also in DVD is as follows: the 76 years old patient suffering from middle range demency and Parkinson disease was pinned with his arms to his sides in the hospital of the city of Székesfehérvár after a change in medication; unprofessional anchorage is actually a hog-tie: the patient spends several hours a day tied to a chair in the following manner: a blanket was put through his neck pressing his head to his belly and tied to the chair. He is unable to lift his head that harms his otherwise bad circulation in the brain, his neck and backbone include a 90 degree angle. His condition keeps deteriorating, blots and swellings can be seen in his face and hand, no autonomous movements or signs of intelligent communication.

We enumerate the most urgent tasks of Hungarian psychiatry as follows:

- a) National extension and operability of psychiatric and psycho-social rehabilitation.
- b) Modernization of forensic system.
- c) Direct and immediate involvement of our League into all talks concerning the users, both in professional and in state levels.
- d) Deposition of all severely unprofessional and unethical persons from the system.
- e) A dialogue among representatives of psychiatry, social work, disable care, religion and psychology.
- f) Immediate rejection and modification of 23. § of the actual constitutional modification for this excludes persons who are under psychiatric treatment and mentally disabled (or retarded) from the inalienable rights of free voting and electing.
- g) Urgent application of the Disabled Convention of the UNO to the condition of psychiatric patients; elaborating the necessary standards and modification of the Hungarian equal chances law.
- h) Securing the continuous funding of outpatient psychiatric care (this system was saved from collapsing by the signature campaign of MHIF).
- i) Extension and application of recovery-based methods of community psychiatry.
- j) Immediate and radical reform of the Hungarian methods of legal (judge) control („bírói szemle” which is obligatory when forced treatment is in progress).
- k) Involving the best European practices into everyday work.
- l) Quality control of services involving users and applying WHO Service Responsiveness Scale.
- m) Realistic mapping u pof needs.
- n) Creating a best European practices network including both the profession and the users.

Appendix: DVD which is free for use of MHE and the participants of the Conference, but not for any other public use.

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