

**URGENT EXTRAORDINARY REPORT OF MENTAL HEALTH INTEREST FORUM  
–HUNGARIAN NATIONAL FOCAL POINT–  
TO MENTAL HEALTH EUROPE  
Budapest, 6 June 2013**

In 5 June 2013 PÉF took part in the workshop organized in the framework of the Norwegian Fund period 2009–2014 for Programs of Social Welfare Initiatives, the workshop's title was Developments of Mental Health. The aim of the workshop was to provide insights into the developmental lines of Social Welfare Initiatives, to make possible the mutual change of professional experiences as well as searching for project partnerships from the donor country. A roundtable was also organized for a discussion concerning the establishment of a „high security psychiatric ward” which is only some (5-10 persons from the 700) psychiatrists' „wishful thinking” was also organized. As our volunteer member will take part in the general assembly of Mental Health Europe to be held tomorrow as well as in the training of 8 June we have the opportunity to communicate our standpoint and qualms immediately.

**1) The establishment of a High Security Psychiatric Ward**

The roundtable discussion was introduced by Professor István Bitter who also outlined the idea of this psychiatric ward.

Clients from Budapest and its surroundings will be the inmates of this establishment. One unit would house 15 beds in three security grades – that means 3x15 beds altogether. Four such unit would care for the whole country (that is their opinion without any evidence or study). The first unit is planned for Budapest.

János Vizi MD, JD discussed the inadequate legal background, e.g. volunteer clients cannot be put to closed wards. Vizi is of course in error: the Health Care Act (which dates back to 1997 and is absolutely antiquated) unequivocally regulate that a volunteer client can undergo forced treatment referring to emergency and/or endangering state.

According to Professor Peter Sillen (Israel) the planned unit „doesn't resemble any existing model”. Dangerous (!) patients will be put there not for 2-3 weeks but 4-8 years at least.

As PÉF hasn't received a thorough documentation of the plan only some general considerations can be formulated. Since we were informed about this awful project we always implored for detailed plans. Prof. Bitter made clear in his answer that there were no detailed plans so far...But this is not true: if such plans did not exist the Norwegian Fund would not have initiated talks on the project, and earlier one of the main planner of this project admitted in the media that there is an exact plan.

The standpoint of PÉF is as follows:

- Assuring up to date health care in the psychiatric ward. Medical treatment should dominate against incarceration, or detention.

- To prevent abuses the assurance of continuous, efficient, real and actual (without any time limit) civil control (involving professionals commissioned by civil organizations /such as PÉF/) in the psychiatric ward. Two classic examples of such anti human abuses in a psychiatric ward are common knowledge: „One Flew Over the Cuckoo’s Nest” and „Terminator 2”. Both demonstrate how things will happen (and it use to be) in such a ward by completely excluding the independent professionals (and the „reform professionals”), publicity, the media and society in general.
- Assurance of contacts for the client for the sake of rehabilitation.
- The establishment of a follow-up rehabilitation institutional network. Involvement of welfare (social) side (after all what we are talking about, if not the psycho-social problem?) into medical treatment and rehabilitation. 4-8 years makes an enormous period and it can be extended to even 10-15 years or lifelong without adequate rehabilitation.

According to MD. János Hamula, Chief Medical of Forensic Observing and Treatment Institute (IMEI) delinquents who were in a non compos mentis state during perpetration (crime) will be treated in IMEI after the verdict of the court. The clients we are discussing now do not belong to this category; they are simply „dangerous patients” a category that has never been defined exactly.

- We explained the continuous process of de-institutionalization (a process in which mass institution will be replaced by small scale domiciles, in which PÉF is a continuous partner from it’s beginning), according to CRPD. The establishment of such closed and very dangerous institution just now directly contradicts the principles formulated by UNO treaties???

Attila Németh MD psychiatrist discussed the inadequate funding of the planned ward.

In his concluding remarks Prof. Bitter emphasized that nothing had been decided so far (which is possibly a lie) and talks were going on.

- The standpoint of PÉF after this round-table is clear: the new institution has no legal foundation whatsoever; it is highly stigmatizing especially in a country where the majority of the population detests or is hostile towards mental health patients out of ignorance and – partly owing to the scandalous approach of some representatives of the media – is afraid of them. Anyone getting to such an institution can be excluded from society for a lifetime. The recent impotence of the Hungarian psychiatric profession can be detected in the background: to solve a problem by this means that it cannot or doesn’t want to solve otherwise. So-called „dangerous patients” (as more people talked about there) can be dealt with by other means: there are adequate techniques, closure is not a real solution. And last but not least: what are the criteria of the „dangerousness” of a patient?
- Previously PÉF suggested the establishment of one security ward in each county hospital with not more than 10 beds and adequately trained personnel. We agreed long ago with IMEI on the necessity of an adequate number of professionals with forensic training and experience; they are ready to rely on PÉF in the training process. The psychiatric profession, however, which is essentially and interest group of 4-5 persons is completely antagonistic in this issue. The establishment of such an institution is unacceptable both from human rights and advocacy aspects.

## 2) OPAI

We have to note, that OPAI (National Institute of Psychiatry and Addictology) long demanded by the profession was inaugurated this week; PÉF has always opposed (also in a lot of written notices and discussions) this institution for it is absolutely not needed. We also proposed instead the establishment of a national research center for professional, methodological, educative, quality assurance, statistical, scientific, etc. issues, that can be supported by PÉF but without beds, because some of the beds in an otherwise non-existent bed shortage will not solve nothing (instead of the closed /not without adequate reason/ falanster-like and technically antiquated „Lipót”). Contrary to all these attempts the psychiatric profession succeeded in establishing a new, stigmatizing institution, to the opening ceremony the patients’ organizations have not been even invited.

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