

Mental health and social care services in Hungary (1990-2006)

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Geography



Source: European Commission 2007

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Demography

- Shrinking and aging population
- 1990: 10.4 million population (5 million men, 5.4 million women)
- 2006: 10.1 million population (4.8 million men, 5.3 million women)
- World Bank predicts 8% less population but an additional 40% of people aged 65 and over by 2025
- Current working age group (15-64 years): 6.6 million



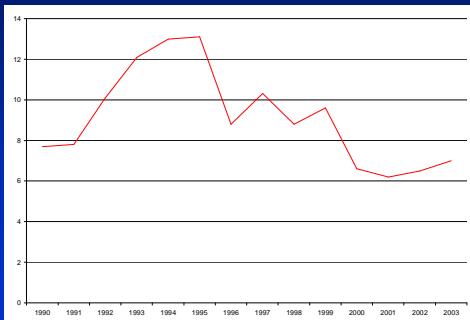
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Morbidity and mortality due to mental and behavioural disorders in Hungary

- Both life expectancy and healthy life expectancy are well below the EU averages
- MBD are between the 3rd to 6th leading causes of morbidity depending on age and gender
- MBD morbidity worse than EU average for:
 - Male depression
 - Alcohol abuse
 - Bipolar disease
- Suicide rate twice of the EU average



Deaths due to mental and behavioural disorders per 100,000 population (standardised rates) in Hungary



Source: OECD Health Data 2007



Health policy context

- Incomplete economic transition (former Eastern bloc)
- Rapidly changing political environment -> organisational reforms; unsecured public sector employment; no continuum of responsibilities, programmes/reforms or data collection
 - 1990-1998: Ministry of Welfare / Ministry of Employment and Labour
 - 1998-2002: Ministry of Health / Ministry of Social and Family Affairs / Ministry of Employment and Labour
 - 2002-2004: Ministry of Health, Social and Family Affairs / Ministry of Employment and Labour
 - 2004-2006: Ministry of Health / Ministry of Youth, Family, Social Affairs and Equal Opportunities / Ministry of Labour
 - 2006-: Ministry of Health / Ministry of Social Affairs and Labour
- Extensive lobbying
- No national/regional mental health policy



Spectrum of services and balance of care

- All types of services available except crisis intervention
- Until recently focus has been mainly on inpatient facilities and drug therapies
- Number of psychiatric beds: stable in specialist hospitals, decreasing in general hospitals
- Few community-based facilities exist:
 - mainly civil organisations with focus on social care (inadequate capacity)
 - mostly in Budapest (geographical imbalance)
- No increase in long-term care facilities



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Financing of mental care

- Health care financing: predominantly social insurance based (12% from general taxation, 25% from private sources, *European Observatory*)
- Universal and almost comprehensive coverage by social insurance -> currently very limited role for voluntary health insurance
- Provider payments: primary care – weighted capitation, outpatient care – ‘German score’ system (~fee-for-service), acute inpatient care – DRGs, chronic care – fee per day
- Mental health patients’ co-payments are greatly subsidised
- No pre-defined or ring-fenced mental health budget
- 7.2% of the overall outpatient, inpatient and drug budget spent on MBD in 2006 (*NHIF*)
- Most social care services are financed jointly by the Ministry of Social Affairs and local governments with additional funding from grants/charities



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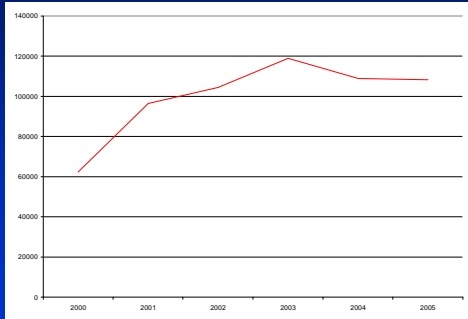
Promotion of good mental health and prevention of mental health problems

- Virtually non-existing
- Some individual initiatives (e.g. National Rail Services’s initiative for train drivers)
- No ongoing or planned evaluative activities
- No explicit strategy for mental health promotion in the Ministry of Health’s new health promotion action plan (2007-2015), however indirect effects may occur



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Lost productivity: Number of people with MBD receiving sickness benefits per year



Source: National Health Insurance Fund 2006



Changes in sickness benefit claims

- 54% (n=34,007) increase between 2000 and 2001
- Three diagnostic categories are responsible for 69% of the additional claims:
 - Depression (24%)
 - Anxiety (26%)
 - Other neurotic disorders (19%)
- Potential explanations: increased incidence?, increased recognition, changes in employees' behaviour, administrative changes



Lost productivity: Disability pensions and benefits

Year	Diagnoses	Applications	All applications		Disability pensions			Disability benefits	
			N	%	N	%	Rehabilitatable	N	%
2004	All	Total	199801	100%	125454	100%	51%	2807	100%
		New	102131	51%	39191	31%	50%	1388	49%
	MBD	Total	38741	19%	24019	19%	58%	36	1%
		New	19115	10%	6304	5%	59%	14	0%
2005	All	Total	199042	100%	127709	100%	50%	2714	100%
		New	95511	48%	36930	29%	49%	1147	42%
	MBD	Total	39934	20%	25434	20%	57%	31	1%
		New	18148	9%	5910	5%	58%	12	0%
2006	All	Total	183473	100%	120238	100%	47%	2469	100%
		New	86892	47%	34319	29%	46%	1165	47%
	MBD	Total	35946	20%	23290	19%	55%	39	2%
		New	16252	9%	5394	4%	56%	11	0%

MBD: mental and behavioural disorders
Source: Országos Egészségbiztosítási Intézet 2007



Latest developments

- From 2008, compulsory provision of day activity centres and community care facilities for towns with >10,000 inhabitants
- Developing support from health care professionals to shift the balance of care (intersectorial conference series on community psychiatry)
- New National Mental Health Programme (A Lelki Egészség Országos Programja)
- Hungarian National Development Plan II (2007-2013)
- Ongoing revision of the sickness and disability benefit systems
- National methodological guideline on economic evaluation
- Planned overarching health care reform (decentralisation)
 - uncertain impact on mental health care provision
 - threatens the future of any central data collection



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Concluding remarks

- Poor mental health has deep historical and economic roots
- There are overarching problems of the health and social care systems not specific to mental health, i.e. rapid political changes; inefficient allocation of limited resources; lack of substantial, well-planned reforms
- Mental health is further affected by the lack of intersectorial collaboration and central policy
- Stigmatisation needs to be resolved
- Identified challenges in improving mental health care are similar to those of many of the 'new' EU member states
- Context rather different from 'Western countries' -> cost-effectiveness results may not be generalisable



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