

## Mental Health Briefing Sheets

### Facts and Activities in Member States

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#### HUNGARY

##### Situation on Mental Health

**Suicide:** Hungary has one of the highest levels of suicide in EU27, being 3000 suicides in 2000 (29.5 per 100,000). Suicides have decreased over the period of 5 years, but were still high in 2005 (23.2 per 100,000).

**Mental Disorders/depression:** The prevalence of mental disorders and substance use disorders are on the rise. About 300,000 – 400,000 people suffer from depression, but only 40,000 have a medical diagnosis.

**Older People's Mental Health:** According to the Hungarian Central Statistical Agency, the incidence of psychogeriatric disorders among Hungarian man and women over 60 years is 132/1000 and 144/1000.

**Children's Mental Health:** Regarding bullying (13 year olds), 22% of girls and 36% of boys reported bullying others and 27% of girls and 24% of boys were bullied at least once in the previous couple of months (HBSC statistics).

##### Policy context

The mental health policy that was devised in 2001, for a ten year period is disqualified and an effective substitute policy has not been formed. A comprehensive national public health programme was adopted in Hungary at the end of 2002. Within the framework of preventing avoidable mortality, morbidity and disability, the "*National Public Health Programme*" addresses also the prevention of mental disorders. Tackling the questions of alcohol and drug prevention is also included in the programme.

Strengthening the mental health of children and adolescents is one of most important priorities of the "*National Children Health Programme*". The Healthy Society Complex Programme (HSCP) and National Development Plan II (2007-2013) were launched recently. The "*National Programme of Mental Health*" is in the process of being finalised and in the future it can serve as the basis for the professional development in the field of mental health in Hungary.

## Examples of activities on priority areas:

### **Prevention of suicide and depression**

In suicide mortality Hungary is in the second place in the EU following Lithuania, with the suicide mortality rate over the EU average. In regard of suicide mortality in the last decade definite improvement was experienced in Hungary as far as the absolute numbers are concerned. In 1983 the Hungarian suicide mortality (HSM) was still 45.3 per 100,000 persons, and from this it continuously decreased to 23.2 in 2005<sup>2</sup>. Although this rate is still much higher than the EU average, during the period between 2000-2005 the decrease is the second biggest, after Denmark, not only in Europe but all over the world.

"A Suicide Prevention Program in a Region with a Very High Suicide Rate" aimed to determine the effectiveness of a depression-management educational programme for general practitioners (GPs), measuring annual suicide rates and antidepressant prescription use. The annual suicide rate in the intervention region decreased as compared to the 5 years pre-intervention (from 59.7 in 100,000 to 49.9 in 100,000).

"Can better recognition and treatment of depression reduce suicide rates?" concludes that depression is the major cause of suicide; it is under-diagnosed and under-treated<sup>3</sup>.

A report "Psychiatric characteristics of 100 non-violent suicide attempters in Hungary" revealed that between 54-69% of suicide attempters are females; the frequency of repeated attempters is between 57 and 62%; around 90% of recent suicide attempters have at least one current major mental disorder, most frequently mood disorders (56-77%), and as co-morbid conditions substance-related disorders (26-65%), and anxiety disorders (18-37%); and that there is a high degree of psychiatric comorbidity among suicide attempters: 57-82% of them have two or more current Axis I psychiatric disorder<sup>4</sup>.

### **Mental health in youth and education**

The Better Health for Women health promotion programme, initiated 1998, aimed to increase awareness of women's physical and mental health, focusing particularly on the health of young women between ages of 15-24 years. The results showed that depressive symptomatology was highly prevalent among young Hungarian women.

### **Mental health at the workplace**

A study on mental health at the workplace performed by national occupational psychologists (Gordio group) revealed the existence of stress, depression, reduced self-esteem, self-blame, difficulties in sleeping and problems of digestive and muscular systems.

## **Mental Health in older People and Combating stigma and social exclusion**

Are partially covered by general health programs but there are not specific activities focused in these particular directions.

<sup>1</sup> Sources of information for the production of this briefing sheet:

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Version revised and updated by Member State

Mental Health in Youth and Education. Consensus paper prepared by Jané-Llopis & Braddick (2008).

Mental Health and the Workplace. Consensus paper prepared by McDaid (2008)

Mental Health in Older People. Consensus paper prepared by Jané-Llopis & Gabilondo (2008)

Prevention of Depression and Suicide. Consensus paper prepared by Wahlbeck & Mäkinen (2008)

Contributions from Member States - 2008, available at: <http://www.ec-mental-health-process.net/>

EMIP Consortium (2006). Country reports: Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU member states and applicant countries (EMIP)

McCollam et al., (2008). Mental Health in the EU - Key facts, figures and activities. A background paper.

Jané-Llopis & Anderson (Eds) (2006). "Mental health promotion and mental disorder prevention across European Member States: a collection of country stories" (2nd edition), Luxembourg: European Communities

<sup>2</sup> Health For All Database, WHO 2007. Version from January; <http://www.euro.who.int/hfadb>

<sup>3</sup> Szántó K, Kalmar S, Hendin H, Rihmer Z, Mann JJ.: A suicide prevention program in a region with a very high suicide rate. Archives General Psychiatry, 2007; 64: 914-920.

<sup>4</sup> Rihmer A et al.: International Journal of Psychiatry in Clinical Practice, 2006 10(1) 69-72