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Foreign reports

Psychiatry in Hungary: past, present and future*

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Hungary was a neglected part of the Austrian–Hungarian Empire. The first mental hospital was established there as late as 1850 and only a few were subsequently opened. At the beginning of 1883, the independent mental hospitals gave way to the establishment of psychiatric wards in general hospitals. Freud and the theories of psychoanalysis caused a stir in psychiatry in the first years of the 20th century. Budapest was the second city in which the Psychoanalytic Society was established and many of the participants rose to world fame, including Sándor Ferenczi (today seen as a seminal leader in the early development of active psychoanalysis), Franz Alexander, Sándor Rado, Géza Roheim, Melanie Klein and Michael Bálint. This school never gained official prestige, mainly because of its leftist and Jewish orientation.

Biological psychiatry and neurology also have a great tradition in Hungary. Kálmán Pándy and László von Meduna (later the founder of the American Association for Biological Psychiatry) were Hungarian and worked in Budapest. Kálmán Pándy established the rapid method to show the presence of CSF albumin (Pándy reaction) in 1910 and during the 1930s László von Meduna's trials with camphor and cardiazol shock presented new opportunities for active medical treatment for psychotic patients.

During the hard-line communist period the situation became even worse, as psychiatry was considered an idealistic science which would completely disappear "with the arrival of beautiful Socialism". As a consequence of this attitude, no efforts were made to increase the number of psychiatric beds or to renovate the psychiatric buildings damaged in World War II. The 7,916 psychiatric beds of 1941 dwindled to 5,000 after the war and rose to only 6,354 by 1955. The development of out-patient services were not

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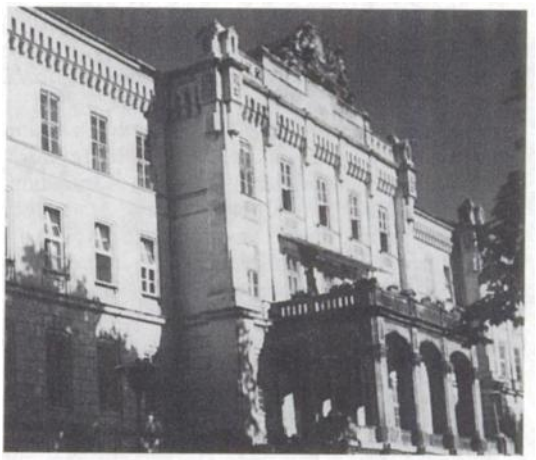

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TABLE I
Psychiatric beds in Hungary

Year	*Population*	*Total Beds*	*Psychiatric beds*	*Percentage of total beds*
1910	7,615,000	17,400	4,600	27%
1930	8,688,000	34,800	7,000	20%
1947	9,000,000	38,000	5,000	14%
1969	10,284,000	82,389	8,400	10%
1985	10,640,000	102,352	13,043	13%
1990	10,568,000	101,954	13,064	13%

TABLE II
Changes in the usage of psychiatric units

Year	*Number of beds*	*Number of discharges*	*Average stay days*	*Occupancy of beds %*
1969	8,400	35,751	79.7	102.3
1984	12,145	92,472	44.7	94.2
1990	13,064	98,157	40.7	86.2

approved either. The psychotherapy centres set up after the liberation from the Nazis were closed one after the other.

The regime started to soften in the mid-1960s when changes in psychiatry were also taking place. *The Directive on the Development of Mental Health*, a set of guidelines published in 1969, presented a plan for extensive development in the area of mental health. We can report some of the data concerning this process. In 1969 the number of psychiatric beds for a population of 10,000 was very low; moreover there were counties which had no psychiatric beds at all. The plan proposed a considerable increase in this number, up to 20 beds for a population of 10,000 which currently appears to be unnecessary. For the time being, in our view, the optimum number would be 15.

Developments were carried out partly by establishing new units and partly through reorganisation of tuberculosis wards. The whole policy of in-patient departments had changed (Table II).

The programme indicated at least one psychiatrist per 40,000 population in extramural care (15 medical hours/day/100,000 population). The initial period of extension was quite successful as the number of psychiatric agencies from 1969 to 1985 increased from 50 to 113 and that of medical hours from 3.65 to 9.84 hours per day for a population of 100,000. In Hungary, with a population of 10,000,000, there are a mere 800 psychiatrists. It is essential that the number of psychiatrists and general practitioners qualified in psychiatry is increased.

Until 1980 psychiatrists and neurologists were united in a single professional association (Association of Hungarian Neurologists and Psychiatrists). In 1980 the Hungarian Psychiatric Association was established involving great progress in theory, practice and professional organisation. The growing significance of Hungarian psychiatry is reflected in the fact that the founding president of the Hungarian Psychiatric Association, Pál Juhász, was elected on to the Executive Committee of the World Psychiatric Association in 1983, and one of the authors of this paper, János Füredi, (President of the Hungarian Psychiatric Association) is at present a member of the same body as Secretary of Editorial Policy.

From the beginning of 1980, adjusting to international standards, DSM-III became popular in Hungary and recently the Hungarian translation of DSM-III-R was introduced with the permission of the American Psychiatric Association, carrying important research and educational implications.

Due to the peculiar features of Hungarian communism the best international psychiatric journals like *Archives of General Psychiatry, American Journal of Psychiatry, British Journal of Psychiatry, Psychological Medicine*, and *Journal of Affective Disorders*, were available in Hungarian libraries. In the last 15 years at least a dozen Hungarian psychiatrists published in these journals regularly.

In recent years – even during the last socialist government – no ideological obstacles existed but new difficulties, that is financial ones, appeared. Less money remains for health and education and with the arrival of unemployment the first people to lose their jobs were the mentally ill.

Despite these difficulties the prospects for Hungarian psychiatry are encouraging. The old guard is slowly giving way to a much better educated generation, many of whom trained in the West. As no ideological factors play a role only scientific evidence influences the orientation of young doctors. In the framework of the Hungarian Psychiatric Association there is recognition that we cannot wait until the 'Godfather State' helps us to reach world standards but we have to work on them ourselves. A good example is the new residential training programme which we agreed to start and which was created without government support.

It is promising that in the national budget a considerable sum was earmarked for new projects in primary prevention. Very recently, in spite of the general financial difficulties, the monetary contribution to national scientific research has tripled.

In recent years there has also been an expansion in contacts with the professional associations of other countries. Within this framework the study tour of the 40-head delegation of the Royal College of

Psychiatrists in May and June 1989 was a landmark. The programme featured scientific sessions with British and Hungarian presenters and the delegation visited several psychiatric institutions in the capital as well as the psychiatric clinics of the Medical Universities in the cities of Szeged and Pécs. At the invitation of the Royal College a 23-head delegation of the Hungarian Psychiatric Association returned the visit in October 1991 (London and Sheffield) when the Hungarian psychiatrists participated as presenters and visitors at the autumn meeting of the College in London.

As a consequence of favourable political changes, leading Western drug factories and companies have opened offices in Hungary in the last two years, so currently all the newer antidepressants, anxiolytics and neuroleptic products are available in Hungary. The manufacturers also provide considerable assistance in the post-graduate training of psychiatrists and, recognising the fundamental role of GPs in the diagnosis and treatment of mental diseases, in the psychiatric training of general practitioners.

In recent years there has been a significant change in the system awarding scientific research grants. Formerly grants were awarded to specific persons while now, in accordance with international practice, decisions are based on such indices as a list of publications, impact factors and number of citations.

One of the most important tasks of Hungarian psychiatry is to reduce the extremely high rate of death by suicide which unfortunately makes the country a leader internationally. In the last couple of years important investigations were carried out in Hungary on the interrelation of depression and suicide. Research in Sweden also indicates that suicidal mortality can be decreased considerably with early diagnosis and modern, efficient treatment of depression.

A number of foundations and other organisations have now been established, like the Foundation for Prevention of Depression and Suicide, the Psychoeducational Foundation and the Hungarian College of Neuropsychopharmacology, with the dual purpose of providing up-to-date and efficient training to professionals and informing the population on the nature and treatment of common psychiatric diseases. Unlike in the past, in the last one and a half years several radio and TV broadcasts and newspaper articles have dealt with depression, panic and obsessive-compulsive disorder, with contributions from leading Hungarian professionals.

In spite of recent favourable trends, at present the prestige of psychiatry and psychology is quite low in the medical hierarchy. But with well planned promotions, we hope to get our right place in both the medical and social community.

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Training, manpower and employment in Australia

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Previous articles have dealt with aspects of training (Harrison, 1989) and service delivery (Andrews, 1991) in Australia. There has been no description of overall training, manpower or employment across Australia. In addition there have been important recent changes in registration and postgraduate training.

Medical services and manpower

Australia's geography and political structures have had profound effects on the organisation of medical services. Most of the interior of the country is arid or semi-arid; consequently the 16 million inhabitants are clustered along the south eastern seaboard. In spite of the impression given by films such as 'Crocodile Dundee' and the 'Man from Snowy River', Australia is one of the most urbanised countries on earth with 95% of the population located in the five state capitals.

Australia still suffers from a shortage of psychiatrists. This shortage is exacerbated by maldistribution of the available manpower. The majority of psychiatrists are located in the cities where most of the population lives, and the opportunities for private practice the greatest. This leaves large areas