



**Summary**  
**of the Audit on the Reorganisation of Psychiatric Health Care (1286)**

*There have been unfavourable changes in the conditions of psychiatric health care. After one year delay, resources spent on reorganising institutions taking over tasks from the former National Institute of Psychiatry and Neurology were spent appropriately but more cost-effective, higher-quality and more evenly accessible care failed to come into existence. Psychiatry's share of healthcare spending declined by 5% from HUF 92.5 billion to HUF 87.9 billion between 2006 and 2010, while social care expenditures rose by 32% from HUF 14.7 billion to HUF 19.4 billion.*

**Objectives and scope of the audit**

In accordance with its annual audit plan, the State Audit Office has finished auditing the reorganisation of psychiatric health care covering the period 1 January 2006 – 30 September 2011 with a special focus on the evaluation of cost-efficiency and effectiveness.

The purpose of SAO's first-time audit of psychiatric health care was to evaluate whether the resources being spent on reorganising psychiatric health care were appropriately utilised and whether reorganisation led to a more cost-effective, higher-quality and more evenly accessible service.

**Main findings**

Even though several government initiatives were announced for the reorganisation of health care in the period 2006-2011, they did not specifically determine the tasks and size of psychiatric care. Hospital restructuring in 2007 terminated in-patient psychiatric care in 11 hospitals, curbing the number of total active beds in psychiatry by 777 (from 3,881 to 3,104), or 20%, nationwide and led to the decision to close the National Institute of Psychiatry and Neurology considered to be the apex of the mental health profession. After one year delay due to an unrealistically short implementation deadline, resources spent on reorganising institutions taking over tasks from the National Institute of Psychiatry and Neurology were spent appropriately, in accordance with the call for proposals.

Goals set in the Public Health and Child Health Programmes were not achieved. The chances of achieving public health objectives are weakened by the fact that among special strategies also affecting psychiatry the narcotics strategy has been

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revised several times while the alcohol strategy has not yet been approved. The elaboration of the National Mental Health Programme lasted from 2005 to 2009 which was then discussed within the sector but the government has not made a decision to date.

Between 2006 and 2010, the health insurance fund reduced healthcare spending on psychiatric care by 5%, from HUF 92.5 billion to HUF 87.9 billion (total expenditure on curative/preventive care and pharmaceuticals). Social care expenditures rose by 32% from HUF 14.7 billion to HUF 19.4 billion (total expenditure on residential, day and community care).

From the analysis of public health and financial indicators as well as changes in their trends, we concluded in the audit that the cost-efficiency and effectiveness of spending on psychiatric health care deteriorated in comparison to 2006.

Healthcare and social care capacity in psychiatry is unevenly distributed and, in absence of disease registers, is not based on morbidity data. During the audited period, no decision was taken as to whether mental health patients should be treated predominantly in the system of institutional care or in the system of regional community services. There is no organised care regulating services for patients, while access to regional services is uneven. Bed cuts in in-patient psychiatric health care as part of hospital restructuring did not address earlier capacity imbalances and nor were there legal provisions on adjusting capacities in specialist out-patient care. In absence of accurate disease registers, no country-wide, regional information is available on the actual prevalence of psychiatric disorders – that is, information which is not based on performance according to financing interests. Reorganisation has failed to lead to a more even distribution of hospital capacities or create a more sustainable care system better geared to treatment needs. There is no sufficient capacity available in high-security forensic, infectious disease psychiatric, and child and youth psychiatric wards. Neither can 2.5-5.8-fold capacity disparities between counties be justified and controlled without the knowledge of capacity requirements adjusted to measured and verified treatment needs in light of the structure of the different forms of care.

Physician and health professional staffing levels in in-patient and out-patient psychiatric health care deteriorated.

The audit of pilot programmes implemented in the field of mental health maintenance has confirmed that the use of grant funds with minimum co-funding, close cooperation with patients, patient monitoring, better coordination among different health care components, and organised services can improve the effectiveness of psychiatric care. The pilots were implemented under EU research

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programmes aimed in part at preventing depression and suicide and in part at reducing the number of readmissions within 30 days.

**Our recommendations to the Minister of Human Resources**

We recommend the Minister of Human Resources to take measures to attain mental health-related objectives defined in the Public Health and Child Health Programmes and to analyse and measure the achievement of the desired results.

It was also recommended that in the light of regional treatment needs identified based on the measurement of morbidity data, the Minister should review health and social care capacity and its distribution. We recommended the Minister to decide on the development of an institution-based psychiatric health care system and regional and community-based services for mental health patients against efficiency and effectiveness criteria. In adjusting care capacity, the Minister was recommended to ensure more even regional access to services.

It was also recommended that the Minister should take measures to disseminate good practices emerging from successful pilot projects.