



Infrastructure, Policies and Practices in Child and Adolescents' Mental Health

CAMHEE PROJECT –

COUNTRY PROFILES QUESTIONNAIRE¹

1. BACKGROUND INFORMATION

1.1 Details of Project Co-ordinator (person with overall responsibility for co-ordinating the completion of the Country Profile)

Name	Maria Kopp MD, PhD		
Country	Hungary		
Area of work	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Other _____		
Profession	Behavioural sciences, health promotion		
Please specify if your work entails the following (please tick all that apply)	<input type="checkbox"/> Mental health care	<input checked="" type="checkbox"/> <u>Mental disorders prevention</u> 	<input checked="" type="checkbox"/> <u>Mental health promotion</u> 
Position and Title	Project coordinator		
Organisation	Semmelweis University, Institute of Behavioural Sciences		
Contact Address	Budapest 1096, Nagyvarad ter 4.		
Phone	+36-1-210-2953		
Fax	+36-1-210-2955		
E-mail	kopmar@net.sote.hu		

1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): 08.12.2007 – 13.02.2009

1.3 Will this questionnaire describe the situation at the national or a regional level?

- National – Go to 1.4
 Regional only – If regional only, please specify which region or regions are covered?

.....

¹ This questionnaire is based and adapted mainly from Imhpa + HP-source questionnaire for Prevention and Promotion in Mental Health and the Mental and Neurological Health Policy and Services Development Country Profiles Questionnaire

1.4 Details of members involved in the working group.

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession/ Area of work	Position/ Title	Organisation	Contact Address
Zsófia Németh	Govt.	Health promotion	coordinator	National Institute for Health Development	H-1096 budapest, nagyvárad t 2. nemeth.zsofia@oefi.antsz.hu
Dr. Bea Pászthy PhD	Academic	Child and adolescent psychiatry	Head of dept	Semmelweis University, 1st Dept Pediatrics	H-1083 Budapest, Bókay u 53 paszthy@gyer1.sote.hu
Dr. Ferenc Túry MD, PhD	Academic	Eating disorders specialist psychiatrist	Director	Semmelweis University, Inst of Behavioural Sciences	H-1089 Budapest, Nagyvárad t 4 tury@t-online.hu
Dr. Ágnes Vetró MD, PhD	Academic	Child psychiatrist	Head of dept	Szeged University, Child Psychiatry dept	vetro@pedia.szote.u-szeged.hu
Dr. Júlia Gádoros MD, PhD	NGO	Child psychiatrist	Head of dept	Vadaskert Foundation for Mental Health of children	H-1021 Budapest, Hűvösvölgyi u 116 gadoros@vadasnet.hu
Bettina Piko MD, PhD	Academic	Health promotion	researcher	Szeged University, Inst of Behavioural Sciences	Szeged pikobettina@yahoo.com
Csilla Raduch	Academic	organisation	Scientific secretary	Semmelweis University, Inst of Behavioural Sciences	H-1089 Budapest, Nagyvárad t 4 radcsi@net.sote.hu

2. POLITICS, POLICIES AND PRIORITIES

This covers public policy and judicial enactments, which may impact on children's and adolescents' mental health (CAMH) in either a positive or negative way, including general public health measures, taxation, general legislation, equity and human rights. Please indicate the presence or absence of each policy and the year it was made.

- 2.1 Have **national (or regional) level**², governmental policy documents for children and adolescents' mental health been published (available in paper or electronic format) in any of the following areas?

Please tick if any policies available, even if not all in a category are available, and give specifications of each policy as a separate document reference.

Please specify if all or some of these are at regional level rather than national level:

2.1.1. GENERAL POLICIES related to CAMH

National	Regional	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(i) Poverty and social exclusion National Program to Combat Child Poverty: http://www.gyerekesely.hu/component/option,com_contact/catid,5/Itemid,5/
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(ii) Social welfare (e.g. benefits and payments for disabled) "Sure Start"/"Biztos kezdet" Program for children in social discrimination: http://www.szmm.gov.hu/main.php?folderID=1&articleID=5900&ctag=articlelist&iid=1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(iii) Child protection "Children, Our Common Treasure" Program:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(iv) Education and school programmes (e.g., school age, availability) 1134 Budapest, Tüzér utca 33-35. www.biztoskezdet.hu
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(v) Day care legislation/policy for pre-school children 1134 Budapest, Tüzér utca 33-35. www.biztoskezdet.hu
<input type="checkbox"/>	<input checked="" type="checkbox"/>	(vi) Family friendly workplace policies http://www.ogyei.hu/szuloihivatas.htm
<input type="checkbox"/>	<input checked="" type="checkbox"/>	(vii) Adoption, fostering policies http://www.ogyei.hu/szuloihivatas.htm
<input type="checkbox"/>	<input type="checkbox"/>	(viii) Divorce and custody policies – <i>There is no such program available</i>
<input type="checkbox"/>	<input type="checkbox"/>	(viii) Industrialisation policies (e.g. building & expansion causing displacement) – <i>There is no such program available</i>
<input type="checkbox"/>	<input type="checkbox"/>	(ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) – <i>There is no such program available</i>
<input type="checkbox"/>	<input type="checkbox"/>	(x) Housing (e.g. state provided housing for certain groups, etc.) – <i>There is no such program available</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(xi) Anti discrimination (e.g., race, gender, disability, etc.) 1134 Budapest, Tüzér utca 33-35. www.biztoskezdet.hu
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(xii) Other that apply directly or indirectly to CAMH National Program to combat child poverty: http://www.gyerekesely.hu/component/option,com_contact/catid,5/Itemid,5/

² If you are answering the questionnaire for a region rather than at the national level, please indicate for which region on p.1 of the questionnaire

2.1.2. SPECIFIC POLICIES and LARGE-SCALE PROGRAMMES for CAMH

Please tick as appropriate to indicate the scale of the policies/programmes and whether the action has gone beyond the stage of approval to be allocated a budget and implemented.

National	Regional	Budgeted + Implemented	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(i) Programmes for infants and toddlers http://www.biztoskezdet.hu/dokumentumok.php?level1=47
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Parenting support provision – <i>There is no such program available</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.) http://www.fppti.hu/szakteruletek/gyermekvedelem/gyvedframeset4.html Mental health strategy: http://www.oefi.hu/modszertan10.pdf
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(iv) To prevent depression and anxiety “Risk factors in childhood onset depression” research design, implementation, proceeding: history of 13 years: Experience in grant preparation, writing, organization in relation to an American NIMH Grant
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation “Risk factors in childhood onset depression” research design, implementation, proceeding: history of 13 years: Experience in grant preparation, writing, organization in relation to an American NIMH Grant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents [Document Reference] – <i>There is no such program available</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents [Document Reference] – <i>There is no such program available</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(viii) To prevent criminal detention [Document Reference] – <i>There is no such program available</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ix) To reduce stigma and discrimination (racism, bullying, homophobia) [Document Reference] – <i>There is no such program available</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(x) To prevent disorders in children associated with parental mental health problems [Document Reference] – <i>There is no such program available</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(xi) To prevent disorders in children associated with parental alcohol and drug problems

National Drug Coordination (responsible for the coordination of national drug prevention)
<http://www.szmm.gov.hu/main.php?folderID=16338>

National Strategy combating drug use (Parliament Decree, 2000)

<http://www.drogfokuszpont.hu/?lang=2&pid=161>

National crime prevention (Parliament Decree, 2003)

<http://www.bunmegelozes.hu/index.html?pid=446>

Drug policy by the Ministry of Education and Culture

<http://www.okm.gov.hu/main.php?folderID=1719&articleID=1007&ctag=articlelist&iid=1>

2.2. Please summarise the key points of the most important mental health policies for the improvement of mental health of children and adolescents and when they were enacted (put into action). Describe briefly how implementation has proceeded, and any problems/obstacles that have emerged in the course of implementation

In Hungary no strategy is available that addresses mental health promotion of children and adolescents. At strategy level the above listed documents focus on child health, child poverty or on

NB - Words and phrases marked like like this appear in the glossary

children in deprived situation but not specifically on mental health. Moreover, after some hopeful initiatives of the government and fruitful discussions of experts, finally no governmental strategy on mental health promotion has been adopted for the general adult population. However, it has to be noted that a national institute for child health is in place being in charge of drafting and implementing programmes to improve children's health. A National Mental Health policy proposal was elaborated by expert groups (LEGOP "National Programme for Mental Health" but it hasn't been discussed and accepted by politician. The only accepted national programme is the programme against child poverty: NATIONAL PROGRAMME TO COMBAT CHILD POVERTY (Basic document of the National Strategy 2007-2032 "Making Things Better for our Children", adopted by the Parliament on 31 May 2008). Due to shortage of funds the national health program entitled "Children, Our Common Treasure" (Ministry of Health) is practically at a standstill.

Most important mental health policies etc	When enacted (put into action)	Key points of implementation process and obstacles to implementation.
NATIONAL PROGRAMME TO COMBAT CHILD POVERTY (Basic document of the the National Strategy 2007-2032 "Making Things Better for our Children", adopted by the Parliament on 31 May 2008)		Fight against child poverty No real implementation of the project because of financial difficulties


2.3. Have non-governmental (private enterprise, research institute, NGO, etc) policy documents on child and adolescents' mental health been published?

- Yes – if yes, please specify below: (a)
- No – Go to 2.4
- Don't Know/Unsure – Go to 2.4

(a) Please provide the origin, content area and **[Document Reference]** for of the policy document.

	Non-governmental bodies	Content area of policy document	Document reference
(i)			
(ii)			
(iii)			
(iv)			

2.4. Is there an ombudsman  for children's rights in your country/region?

- Yes – Please give details as an [Organisational Reference(s)]
- No – please state here which department/body is responsible for children's rights, if any
_____ 

3. MONITORING, SURVEILLANCE AND EVALUATION

This section covers the *monitoring* and assessment of trends in children's and adolescents' mental health (CAMH) – both positive and negative – and the evaluation of policies and action aimed at improving or maintaining CAMH.

3.1 Is there information on the prevalence of mental disorders among children and young people (e.g. MH disorder prevalence rates) in young country?

- Yes – go to part (a)
- No – go to section 3.3

(a) Is the information available at a nation or regional level?

- National – go to part (b)
- Regional (specify) _____ - go to part (b)

(b) What are the sources of data of prevalence rates of childhood mental disorders? (Please tick all that apply)

- National surveys carried out for the National office of statistics or National Statistical Institutes (NSIs)
- Administrative data (GP records, Hospital records, registries)

3.2 Using what you regard as the best source of data, please give prevalence rates for the following child/adolescent mental disorders:

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u>	NC				
3.2.2 Depression (moderate to severe diagnosis)	11,5% 34,4% of a sample (n= 392)	14-20 7-14	Two-week period 7 years	CDI (Child Depression Inventory) DESCA interview	2008 spring 2000-2007
3.2.3 Bipolar disorder (Manic-depressive)	NC				
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)	NC				
3.2.5 <u>Learning disorders</u>	NC				
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)	NC				

3.2.7	Eating disorders	2%	10-18	lifetime	International questionnaires	2008
3.2.8	Autism and pervasive developmental disorders	NC				
3.2.9	Schizophrenia	NC				
3.2.10	Self-mutilation or self harm			National _Statistical Office	Medical records	2007
3.2.11	Childhood/Adolescent suicide attempt	1,5%	11-20	Month	Szeged Youth Study	2000
3.2.12	Childhood/Adolescent Suicide	16.6/100.000	15-24	National statistical Office		2007
3.2.13	Other common disorder in your country (please specify):					

3.3 Please give the percentage of the following child population (if available).

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K

Vulnerable child populations	% of child population (or not available code)	Age-range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Description of the data given (e.g. region/ city data applies to, qualitative explanatory information, Year, accurate reflection? etc.)
3.3.1 Children living in poverty	10 %	0-16	lifetime	Sociological questionnaires	
3.3.2 Homeless children	NC				
3.3.3 Early school leavers ☹ (Please specify age range)	NC				
3.3.4 Children experiencing bullying	5,6% sexually, 30,2% physically abused	11-20	Lifetime	Szeged Youth Study	2000
3.3.5 Youth unemployment	NC				
3.3.6 Children in care (living in any residential places other than families)					
3.3.7 Asylum seeker children	NC				
3.3.8 Traveller children ☹	NC				
3.3.9 Juvenile offenders (cautioned or					

prosecuted)					
3.3.10 Children abandoned due to parental migration for employment	NC				
3.3.11 Other Vulnerable populations: _____ _____					

3.4 Is there information on national or regional child and adolescents' positive mental health (e.g. children's wellbeing, self-esteem, quality of life, resilience, etc) collected through monitoring and/or surveillance activities (tick one)?

Yes – please provide [Document Reference] for the most recent report
 Bettina F Piko, Kevin M. Fitzpatrick: Socioeconomic Status, Psychosocial Health and Health Behaviours among Hungarian Adolescents. *European Journal of Public Health*, Vol. 17, No. 4, 353-360, 2006.

Bettina F. Piko, Alexander T Vazsonyi: Leisure activities and problem behaviours among Hungarian youth. *Journal of Adolescence* 27 (2004) 717-730.

No – Please use coding for not available as above (NC, N/Acc etc): _____ - Go to 3.6

3.5 Using what you regard as the best source of data, please give prevalence rates for the following aspects monitored for positive CAMH:

Positive child and adolescent mental health	Prevalence (%) to 1 decimal place or N/A (not available)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.5.1 Wellbeing/self-esteem (please specify) Rosenberg's self-esteem scale _____	Self esteem Score: 0-10 Mean: 4,3 S.D. = 1,2	11-20	Lifetime	Szeged Youth Study	2000
3.5.2 Quality of Life _____ _____	N/A				
3.5.3 Resilience _____ _____	N/A				
3.5.4 Other (please specify) _____ _____	N/A				

3.6 Are policies for children and adolescents evaluated and reported in the following areas (tick all that apply)? There are no policies in these fields

- (i) Mental health service and care policies **[Document Reference]**
- (ii) Mental health promotion policies (evaluation and/or reporting) **[Document Reference]**
- (iii) Mental disorder prevention (evaluation and/or reporting) **[Document Reference]**
- None of the above

Where applicable comment on evaluation and/or reporting process, methods, variables, etc using the table below.

Policy	Evaluation methodology	Reporting process including Document Reference
(i) Mental health service and care policies		
(ii) Mental health promotion policies (evaluation and/or reporting)		
(iii) Mental disorder prevention (evaluation and/or reporting)		

4. IMPLEMENTATION

This covers initiatives and capacity for public health action aimed at improving, maintaining or promoting CAMH. Providers of services and programmes should be included in this section. Please indicate the availability of services and programmes as the percentage of the relevant child population with access to the specified action (whether it is universal, targeted or indicated).

- 4.1. Please provide names and **[Organisational Reference(s)]** for the principal bodies (main providers) that are involved in implementing programmes and other action (such as helpline initiatives, services and legislation affecting MH) for children and adolescents:

4.1.1. Mental health care and services:

National Institute for Child Health

Family counselling centres at district or city level

Vadaskert Foundation, which operates an outpatient department and a hospital

4.1.2. Mental health promotion and mental disorder prevention: _____

- 4.2 How available are services for child and adolescents' mental health care and treatment? (Please underline the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). If you do not know the approximate availability, please write D/K in the quantification column.

Where service availability varies in different parts of your country, please try to take the country or region as a whole. The term "appointment" also includes telephone consultations.

Services	Not available ↓				Widely available ↓	Quant. or D/K ↓
4.2.1 Child Psychiatric appointments available(NA)_____	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.2.2 Psychologist appointments	0%	1-25%	<u>26-50%</u>	51-75%	76-100%	D/K
4.2.3 Social service appointments for children (e.g. child protection)	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.2.4 Family therapy/counselling appointments	0%	1-25%	<u>26-50%</u>	51-75%	76-100%	D/K
4.2.5 Infant-specific services (e.g. early intervention services)	0%	1-25%	<u>26-50%</u>	51-75%	76-100%	D/K
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	1-25%	<u>26-50%</u>	51-75%	76-100%	D/K

4.2.7	Group therapy	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.2.8	School counselling	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.9	Pharmacological treatment	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.10	Psychosocial rehabilitation centres for adolescents	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.2.11	in-patient beds on general psychiatric ward	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
4.2.12	in-patient beds on child psychiatric ward	0%	1-25%	<u>26-50%</u>	51-75%	76-100%	138
Other (please specify):							
4.2.13	_____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.14	_____	0%	1-25%	26-50%	51-75%	76-100%	_____

4.3. How available are programmes for child and adolescents' mental health promotion and mental disorder prevention? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Programmes	Not available ↓				Widely available ↓	Quant. or D/K ↓	
4.3.1	Home-based for infants	0%	1-25%	26-50%	51-75%	76-100%	D/K
Midwife visits family regularly after birth							
4.3.2	Home-based for children	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.3	Parenting programmes (general population)	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
4.3.4	Parenting programmes (specified at risk population)	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
4.3.5	School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	51-75%	76-100%	D/K
It is officially part of the school counselling							
4.3.6	School targeted preventive programmes (e.g. anti-bullying)	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
4.3.7	Drug and alcohol abuse prevention	0%	1-25%	26-50%	51-75%	76-100%	D/K
In every school there is a drug coordinator							
4.3.8	Promotion/prevention at hospital/clinic	0%	1-25%	26-50%	51-75%	76-100%	D/K
Semmelweis University, Child Psychiatry; Vadaskert Child Psychiatry Foundation							
4.3.9	In Churches, clubs, recreation centres	0%	1-25%	26-50%	51-75%	76-100%	D/K
Key programme? http://www.kek-vonal.hu/ KIGYE							
4.3.10	Promotion/prevention via Internet	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
Key programme?							
4.3.11	Protective services	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
Key programme? http://www.kek-vonal.hu/ KIGYE							
4.3.12	Custodial settings (detention centres)	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K

Key programme?						
4.3.13 Community settings	0%	1-25%	26-50%	51-75%	76-100%	D/K
4.3.14 telephone counselling	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K

Blue Point youth hot line /Kék Pont Ifjúsági segélyvonal

Other (please specify):

4.3.15 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.16 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

- 4.4. In addition, are there specific subgroups of children and adolescents that have access to specially designated mental health services or promotion/preventive action, tailored to the subgroup's unique needs?³

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Subgroups	<u>Specially designed services</u>					Quant. or D/K ↓
	Not available ↓				Widely available ↓	
4.4.1 Minority groups Key programme?	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.4.2 Migrant populations The NGO called Cordelia	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.4.3 Orphans	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.4.4 Children living in poverty	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.4.5 Runaways/homeless The television programme "Csellengők" is active in raising awareness about it	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
4.4.6 Refugees/disaster-affected populations The NGO called Cordelia	0%	1-25%	<u>26-50%</u>	51-75%	76-100%	D/K
4.4.7 "Seriously emotionally disturbed"	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
4.4.8 Victims of bullying	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
4.4.9 Early school leavers	<u>0%</u>	1-25%	26-50%	51-75%	76-100%	D/K
4.4.10 Unemployed youth	0%	<u>1-25%</u>	26-50%	51-75%	76-100%	D/K
Other (Please specify):						
4.4.11 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.12 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

³ Question adapted from WHO MH Atlas on children and adolescents (2005)

5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

This section covers country or regional initiatives to develop the knowledge base and disseminate knowledge in the area of children's and adolescents' mental health.

Please indicate and give details in an accompanying reference sheet for key research and dissemination activities and the organisations which carry this out.

5.1 Provide **[Document or Organisational Reference(s)]** of up to 3 key research projects being conducted in your country into: there are no national programmes in these fields

5.1.1 Child and adolescent psychiatric disorders

- (i) Csorba J., Ficsor B., Horváth Á., Nagy E., Bóna A., Sörfőző Zs., Steiner P., Harkány É., Babrik Zs. (2008). Epidemiological investigation of psychiatric diseases of Trans-Danubian adolescent outpatients. *Mentálhygiéné és Pszichoszomatika* IX.1.35-60. (in Hungarian)
- (ii) Vetró Ágnes, Baji Ildikó, Benák István, Besnyő Márta, Csorba János, Daróczy Gabriella, Dombovári Edit, Kiss Enikő, Gádoros Júlia, Kaczvinszky Emília, Kapornai Krisztina, Mayer László, Rimay Tímea, Skultéty Dóra, Szabó Krisztina, Tamás Zsuzsanna, Székely Judit, Kovács Mária: "Risk factors in childhood onset depression" research design, implementation, proceeding: history of 13 years: Experience in grant preparation, writing, organization in relation to an American NIMH Grant, 2007
- (iii) Túry Ferenc, Túry Krisztina, Murányi István: A táplálkozási magatartás és egyes zavarai középiskolás diákok között. In: *Kelet-magyarországi középiskolások egészségmagatartása* (szerk: Murányi István), pp 131-141, Kossuth Egyetemi Kiadó, Debrecen, 2008.

Bea Pászthy, Peter Švec, Ferenc Túry, László Kovács, Barna Vásárhelyi, Tivadar Tulassay, & András Treszl: Impact of anorexia nervosa on activation characteristics of lymphocytes, *Neuroendocrinology Letters* Volume 28 No. 4, 2007.

Pászthy B., Major M., Mazzag J., Túry F.: A család szerepe a gyermekkori elhízás kialakulásában és kezelésében. *Háziorvos Továbbképző Szemle* 12:292-296, 2007.

5.1.2 Care related issues

- (i) _____
- (ii) _____
- (iii) _____

5.1.3 Prevention of mental disorders

- (i) National Program to Combat Child Poverty
- (ii) _____
- (iii) _____

5.1.4 Promotion of mental health

- (i) _____
- (ii) _____
- (iii) _____

5.2 What are the principal bodies involved in information dissemination to keep health care professionals informed about children's and adolescents':

5.2.1 Mental health care and services provision? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

National Institute for Child Health

Ministry of Social Affairs and Ministry of Health

Local governments

5.2.2 Mental health promotion and mental disorder prevention? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

National Institute for Child Health

Ministry of Social Affairs and Ministry of Health

Local governments

6. YOUTH INVOLVEMENT

Here, we are interested in how children and adolescents are included in the process of policy decision-making and programme planning and implementation, which aims to affect their mental health and well being. This includes means by which children are consulted, through surveys or focus groups for opinion and information as well as their involvement as active agents in programme implementation (e.g. in peer-led initiatives).

6.1 Are children and adolescents involved in:

6.1.1 Implementing national, regional and municipal programmes in the field of CAMH and related fields?

Yes – provide **[Document Reference]** and briefly describe

No

6.1.2 Programme design and implementation of mental health promotion and/or mental disorder prevention programmes?

Yes – provide **[Document Reference]** and briefly describe

No

6.1.3 Decision-making processes?

Yes – provide **[Document Reference]** and briefly describe

No

6.1.4 Development of CAMH policies?

Yes – provide **[Document Reference]** and briefly describe

No

6.2 In your opinion, what could be done in your country to increase participation of children and adolescents in the development of action for mental health?

More political willingness, more visibility and higher awareness about the deficits.

7. HUMAN AND FINANCIAL RESOURCES

This section asks about professional resources and financial resources, looking at the provision mechanisms, distribution and availability as well as the quality of human resources (specialisation and training) in the field of CAMH in your country.

Professional Workforce

7.1 Is higher education specifically in children and adolescents' mental health promotion and/or mental disorder prevention available from at least one institution of higher education (tick one)?

- Yes – provide **[Organisational Reference(s)]** for each institution
- (i) Semmelweis University, Institute of Behavioural sciences,
 - (ii) Szeged university, Institute of Behavioural sciences
 - (iii) ELTE University Faculty of Psychology, Faculty of Pedagogy,
 - (iv) Pecs University Faculty of Psychology,
 - (v) Szeged University Faculty of Psychology
 - (vi) Vadaskert Foundation

No

7.2 Is training in CAMH issues included in the curricula of relevant higher education qualifications?

Yes – if yes, please fill in table (a)

No – go to 7.3

(a) Please specify what training in children and adolescents' mental health issues forms a part of the higher education national curriculum (as a specific course or part of a general course) of different relevant professionals and the number of credits/hours this entails

	Undergraduate	CAMH-specific course?	Post graduate/ Master level	CAMH-specific course?	Num credits	Num hours
Medical doctors (basic undergraduate training)	yes	<input checked="" type="checkbox"/>	yes	<input checked="" type="checkbox"/>		30
Primary care doctors/GPs	yes	<input type="checkbox"/>	no	<input type="checkbox"/>		20
Paediatricians	Yes	<input checked="" type="checkbox"/>	yes	<input checked="" type="checkbox"/>		20
Public health professionals	no	<input type="checkbox"/>	no	<input type="checkbox"/>		
Primary care nurses		<input type="checkbox"/>		<input type="checkbox"/>		
Psychiatric nurses		<input type="checkbox"/>		<input type="checkbox"/>		
Psychologists	Yes	<input type="checkbox"/>		<input type="checkbox"/>		20
General psychiatrists		<input type="checkbox"/>		<input type="checkbox"/>		
Staff of juvenile detention centres		<input type="checkbox"/>		<input type="checkbox"/>		
Teachers	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>		60
Social workers	yes	<input type="checkbox"/>		<input type="checkbox"/>		
Other relevant professional (please specify)		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		

- 7.3 Do medical professions specialised exclusively in CAMH exist in your country?
 Yes – go to part (a)
 No – go to 7.4
- (a) Please give the number of practitioners registered and the number of these in private practice:
 7.3.1 Number of child or adolescent psychologists? __D/K__ in private practice? __D/K__.
 7.3.2 Number of child or adolescent psychiatrists? __90__ in private practice? __20__.

Funding

- 7.4 In the past 5 years, how has resource allocation to child and adolescents' mental health in general changed? (Please tick)
 Large increase in resources
 Small increase in resources
 No or little change in resources
 Small decrease in resources
 Large decrease in resources
- 7.5 In the past 5 years, how has resource allocation to specific areas of child and adolescents' mental health changed?

After that the National Institute of Mental Health was closed in 2008 practically there is no real financial and organisational background of mental health in Hungary.

Please refer to real (proportional) change in resources, not to change due to economic growth, inflation or currency change. (For example, because of a general increase in a country's economic growth, resources may appear to increase, while their proportional allocation does not increase – do not record this as an increase).

- 7.5.1 Evidence-based and community-oriented / family-focused services (please tick):
 Large increase in resources
 Small increase in resources
 No or little change in resources
 Small decrease in resources
 Large decrease in resources
- 7.5.2 Evidence-based MH promotion activities (please tick):
 Large increase in resources
 Small increase in resources
 No or little change in resources
 Small decrease in resources
 Large decrease in resources yes
- 7.5.3 Treatment and care in residential institutions (please tick):
 Large increase in resources
 Small increase in resources
 No or little change in resources
 Small decrease in resources
 Large decrease in resources yes

7.6 Are funds dedicated to children and adolescents' mental health clearly identifiable in the most recent national budget? (please tick)

- Yes – If yes, please specify the amount _____€ - then give details in part (a)
- No – go to 7.7
- Don't know

(a) How are the clearly identifiable funds distributed across CAMH services?

- Distributed for specific areas – please provide the amounts, if available:

Area	amount
Mental health care	€
Mental health promotion	€
Mental disorder prevention	€
Other (specify)	€

- Distributed for relevant activities (e.g., parent training programmes, school suicide and violence prevention, screening and early detection, drug and alcohol abuse prevention, etc.) – please provide the amounts, if available:

Activity (please specify)	amount
(i)	€
(ii)	€
(iii)	€
(iv)	€

7.7 Are funds used for CAMH **not** clearly identified but rather mixed in with other funds in the most recent national budget?

- Yes – If yes, please identify the areas which hold funds used for CAMH (e.g. mental health budget, education budget allowance, housing etc.) and where available, indicate the proportions _____
- No – go to question 7.8 No
- Don't know

7.8 Are funds dedicated to children and adolescents' mental health clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, associations, etc)? (Please tick)

- Yes
- No – go to Section 8
- Don't know

7.9 Which are main donors of funds to NGOs (state budget, regional/municipal budgets, international organisations/foundations, private for-profit sector, etc)?

8. PERSONAL EVALUATION OF THE STATE OF THE FIELD

Here we would like to hear your opinion of the state of the field of CAMH in your country. Please try to reach a level of agreement in your coalition group. If this is not possible, please indicate with the phrase: "difference of opinions".

Recent advances

8.1 What have been the key recent advances in your country related to children and adolescents' mental health care? Please list up to 5 and include their dates:

There were no advances, only restrictions in the past year

Key recent advances in CAMH care	Date	Additional comments
1.		
2.		
3.		
4.		
5.		

8.2 What have been the key recent advances in your country related to children and adolescents' mental health promotion or mental disorder prevention? Please list up to 5 and include their dates:

Key recent advances in CAMH promotion/prevention	Date	Additional comments
1. Launch of the New Hungary development programme financed by the EU Structural Funds that includes a programme element (Sure start) tackling children's welfare and health.	2008	
2. National Program to Combat Child Poverty www.gyerekszegenyseg.hu	2008	
3.		
4.		
5.		

Tackling inequalities

8.3 In your view, is the data routinely being collected on CAMH issues in your country the right data?

Yes – Please provide an example of appropriate data collection:

No

8.4 In your view, is the data routinely being collected on CAMH issues in your country used in an effective way?

Yes – Please provide an example of appropriate data use:

No

8.5 In your view, which are the most important sectors for the promotion of children and adolescents' mental health in your country?

Socioeconomic inequalities among children and adolescents
High rates of anxiety and depression in the low socioeconomic strata

8.6 Are there any examples of successes in intersectoral work? (E.g. involvement of social welfare, the school systems, media, employment sector)?

No – go to 8.2.5

Yes – Please give descriptions of successes:

8.7 Are there examples in your country of barriers or obstacles in working across sectors for children and adolescents?


No – go to 8.2.6

Yes – Please give:

Example of a barrier to intersectoral work in your country:

The importance of these questions are not in the political agenda

Suggestion of how these barriers might be overcome: _____

8.8 Is there a clear understanding of the wider determinants  for children and adolescents' mental health among:

(a) Policymakers?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

No – Please give an example of a main obstacle and suggest how it might be overcome _____ incompetent politicians _____

(b) Professionals?:

Yes – please suggest at least 1 example of a factor which have contributed to this:
The initiator of the programme against child poverty had a thorough understanding of wider determinants of children's welfare and health, and involved experts from different disciplines who worked in children's welfare and health. When the programme was launched, it covered a wide range of intervention fields thanks to the stressed intersectorality of the programme

No – Please give an example of a main obstacle and suggest how it might be overcome _____

(c) The general public?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

No – Please give an example of a main obstacle and suggest how it might be overcome _____

8.3 Further development

8.3.1 In your view what have been/are the most important barriers or issues that impede action on children and adolescents' mental health care in your country? Please list up to 5:

Most important barriers to action in CAMH care	Date	Additional comments
i. Lacking funding, capacities and political willingness		
ii.		
iii.		
iv.		
v.		

8.3.2 In your view what are the most important barriers or issues that impede action on children and adolescents' mental health promotion or mental disorder prevention in your country? Please list up to 5:

Most important barriers to action in CA MHP and MDP	Date	Additional comments
i. Lacking funding, capacities and political willingness		
ii.		
iii.		
iv.		
v.		

8.3.3 What support would be needed in your country to increase action to improve child/adolescent mental health services?

New approaches in training, more awareness, funding.

8.3.4 What support would be needed in your country to increase action to improve child/adolescent mental health promotion and prevention of mental health problems/disorders?

Health policy decisions, financial support, data collection

9. Any further comments on CAMH infrastructures, policies and practice in your country not addressed in this form:

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE