

No. 1116/1990

Mental Health Act

Issued in Helsinki on 14 December 1990

Chapter 1

General provisions

Section 1

Mental health work

(1) Mental health work means the promotion of the mental well-being, ability to cope and personal growth of the individual, and the prevention, curing and alleviation of mental illness and other mental disorders.

(2) Mental health work includes the social and health care services (mental health services) provided for persons suffering from a medically diagnosed mental illness or other mental disorder.

(3) Mental health work also involves improving the living conditions of the population in order to help to prevent mental disorders, promote mental health work and support the organization of mental health services.

Section 2 (1066/2009)

Direction and supervision

(1) Unless otherwise provided by law, the general planning, direction and supervision of mental health work is the responsibility of the Ministry of Social Affairs and Health.

(2) Within its area of operation, the planning, direction and supervision of mental health work is the responsibility of the Regional State Administrative Agency. The Agency shall, in particular, supervise the use of the limitations on the right of self-determination referred to in Chapter 4 a of this Act.

(3) The National Supervisory Authority for Welfare and Health under the Ministry of Social Affairs and Health guides the operations of the Regional State Administrative Agencies in order to harmonise their operational principles, procedures and decision practices in the guidance and supervision of the mental health work. The National Supervisory Authority also guides and supervises the mental health work in particular when it is question of:

- 1) matters that are important as a matter of principle or far-reaching;
- 2) matters that concern the area of operation of several Regional State Administrative Agencies or the whole of the country;
- 3) matters that are related to a supervision matter handled by the National Supervisory Authority for Welfare and Health concerning a health care professional; and

4) matters that the Regional State Administrative Agency is disqualified to handle.

(4) Provisions on the precise division of duties between the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies in the guidance and supervision can be laid down by Government Decree, as necessary.

(5) The expert agency for mental health work is the National Institute for Health and Welfare.

Section 3

Organization of mental health services

(1) Municipalities shall organize the mental health services referred to in this Act in their particular areas as part of public health work as provided in the Health Care Act (1326/2010), and as part of social welfare as provided in the Social Welfare Act (710/1982). (1338/2010)

(2) Joint municipal boards for hospital districts referred to in the Specialized Medical Care Act (1062/1989) shall organize mental health services regarded as specialized medical care in their particular areas as provided by the Health Care Act and by this Act. (1338/2010)

(3) The Act on Planning and Government Grants for Social Welfare and Health Care (733/1992) and the Act on Central Government Transfers to Local Government for Basic Public Services (1704/2009) shall apply to activities carried on by municipalities by virtue of this Act, unless otherwise provided by law. (1720/2009)

Section 4

Principles of mental health services

(1) Municipalities or joint municipal boards shall ensure that the content and extent of the mental health services organized correspond to the needs of the municipality or the area of the joint municipal board concerned. (1066/2009)

(2) Mental health services must be organized primarily on an out-patient basis and in a way that supports the patients' own initiative in seeking treatment and their independent coping.

(3) Provision of mental health services requires an effective system for supervision of the work.

Section 5 (1066/2009)

Coordination of mental health services

(1) Joint municipal boards for hospital districts and the health centres operating in the districts shall cooperate with the municipal social welfare department and those joint municipal boards which provide special services to ensure that the mental health services organized by them form a functional entity.

(2) In addition to adequate treatment and services, a person suffering from a mental illness or some other mental disorder must be provided with rehabilitative or service housing appropriate to the necessary medical or social rehabilitation as separately provided by statute. Such housing shall be organized in cooperation with the social welfare department of the municipality in question.

Section 6

Treatment given in state mental hospitals

(1) Mental examinations referred to in section 15 are conducted in state mental hospitals. On the recommendation of a hospital in a hospital district, persons who are mentally ill or suffering from other mental disorders and whose treatment is particularly dangerous or difficult can be admitted to a state mental hospital.

(2) On the recommendation of a hospital in a hospital district, persons other than the mentally ill or persons suffering from other mental disorders referred to in subsection 1 may also be treated in a state mental hospital if it is not appropriate to treat them in a hospital within the hospital district from the point of view of the organization of the treatment.

(3) Decisions on admitting a person accused of a crime or a person whose sentence has been waived because of his or her mental condition to a state mental hospital are made by the National Institute for Health and Welfare as provided in section 17. In other cases decisions on admitting a patient to a state mental hospital, discontinuing the treatment and discharging the patient are made by the chief physician of the state mental hospital.
(1066/2009)

Section 7

Reference provisions

(1) Provisions relating to state mental hospitals are included in the Act on State Mental Hospitals (1292/1987).

(2) The provisions of this Act shall be applied to the extent appropriate to the treatment provided in state mental hospitals, prison mental hospitals and the psychiatric wards of other institutions for prisoners.

(3) The provisions of this Act shall be applied to private mental health services, in addition to those included in the Act on Private Health Care Services (152/1990).

Chapter 2

Involuntary treatment

Section 8

Conditions for ordering treatment

(1) A person can be ordered to treatment in a psychiatric hospital against his or her will only:

- (1) if the person is diagnosed as mentally ill;
- (2) if the person needs treatment for a mental illness which, if not treated, would become considerably worse or severely endanger the person's health or safety or the health or safety of others; and
- (3) if all other mental health services are inapplicable or inadequate.

(2) A minor can also be ordered to treatment in a psychiatric hospital against his or her will if the minor needs treatment for a serious mental disorder which, if not treated, would become considerably worse or severely endanger the minor's health or safety or the health or safety of others, and if all other mental health services are inapplicable. (954/1992)

(3) The treatment of a minor treated by virtue of subsections 1 and 2 shall be arranged in a unit which has the facilities required for the treatment. A minor shall be treated separately from adults unless it is considered that it is in the interests of the minor to act otherwise. (954/1992)

Section 9

Admission for observation

(1) To determine whether or not the conditions for ordering a person to treatment against his or her will are met, the person concerned may be admitted to hospital for observation.

(2) Before a patient can be sent to hospital for observation, a physician must examine the patient and, if the physician considers treatment necessary, draw up a written statement (referral for observation). The referral for observation must contain a well-founded opinion on whether or not the conditions for ordering the patient to treatment are likely to be met.

(3) The patient can be sent to hospital for observation on the basis of a referral for observation based on an examination undertaken no more than three days earlier, if the conditions for ordering the patient to treatment are likely to be met.

Section 10

Observation

(1) The physician in charge of the observation shall produce a written statement on observation concerning the patient no later than four days after the admission of the patient. If the physician in charge of the observation is disqualified or prevented, the statement shall be given by another physician at the same hospital. The statement on observation shall include a well-founded opinion on whether or not the conditions for ordering the patient to treatment against his or her will are met.

(2) If it appears during the observation period that the conditions for ordering the patient to treatment are not met, the observation shall be discontinued immediately and the patient shall be discharged if he or she so wishes.

Section 11

Hearing the patient and ordering treatment

(1) The opinion of a patient who is under observation shall be found out before the patient is ordered to treatment. The parents and providers of a minor and persons who have been in charge of the care and upbringing of the minor immediately before his or her admission for observation shall be given an opportunity to be heard either orally or in writing as far as possible.

(2) The decision on ordering a person under observation to treatment against his or her will is made by the chief physician in charge of psychiatric care or, if that physician is disqualified or prevented, by another physician appointed to the task, preferably one specializing in psychiatry. The decision shall be made in writing, it shall be based on the referral for observation, the statement on observation and the case history, and it shall be presented no later than four days after the day of the patient's admission for observation. The decision must state, with reasons, whether or not the conditions for ordering the patient to treatment against his or her will are met. The patient shall be informed of the decision without delay.

(3) If the patient ordered to treatment is a minor, the decision must be immediately submitted for the approval of an Administrative Court. (1066/2009)

Section 12 (1066/2009)

Continuation of treatment

(1) A person ordered to treatment on the basis of a decision based on section 11 may be detained for treatment against his or her will for a maximum of three months. If it seems probable before the end of this period that treatment will have to be extended beyond this date, but the patient does not agree with this, a new statement on observation must be produced indicating whether or not the conditions for ordering the patient to treatment against his or her will are still met. A decision on whether treatment should be continued or discontinued must be made in writing by the physician referred to in section 11 before the treatment has continued for three months. A decision to continue treatment must be made known to the patient without delay and submitted immediately for the approval of an Administrative Court.

(2) On the basis of a decision to continue treatment the patient may be detained for treatment against his or her will for a maximum of six months. At the end of this time, conditions for ordering the patient to treatment against his or her will shall be assessed anew as provided in sections 9 and 10.

Section 13

Ordering to treatment of patients admitted of their own free will

(1) If a patient who has been admitted to a hospital of his or her own free will wants to leave the hospital and the physician responsible for making the decision on the discontinuation of the treatment considers that the conditions for ordering the patient to treatment against the patient's will are met, the patient can be taken to observation.

(2) The decision to order the patient to treatment against his or her will shall be made by the physician referred to in section 11 on the basis of the statement on observation no later than four days after the patient has declared that he or she wishes to leave the hospital.

(3) If the person ordered to treatment is a minor, the decision must be immediately submitted for the approval of an Administrative Court. (1066/2009)

Section 14

Discontinuation of treatment and discharge

If it appears during the treatment of a person ordered to treatment against his or her will that the conditions for such treatment are no longer met, the treatment must be discontinued immediately and the patient must be discharged if he or she so wishes.

Chapter 3

Mental examination and involuntary treatment of a person accused of a crime

Section 15

Admission to hospital for mental examination

If the court orders a person accused of a crime to undergo a mental examination under section 45 of Chapter 17 of the Code of Judicial Procedure, the person accused of the crime may be admitted to a hospital for mental examination and detained there against his or her will notwithstanding Chapter 2 of this Act.

Section 16 (1066/2009)

Mental examination

(1) After ordering a person who is accused of a crime to undergo a mental examination, the court must forward the documents to the National Institute for Health and Welfare without delay. The National Institute shall decide where the mental examination will be carried out and, if it is to be carried out outside hospital, by whom.

(2) The mental examination shall be completed and a statement on the mental condition of the person accused of a crime shall be submitted to the National Institute for Health and Welfare not later than two months after the start of the mental examination. If there are reasonable grounds for so doing, the National Institute may extend the period of examination by a maximum of two months.

(3) Having received the said statement, the National Institute for Health and Welfare shall issue its own statement concerning the mental condition of the person accused of a crime to the court.

Section 17 (1066/2009)

Involuntary treatment after mental examination

(1) If the conditions for ordering a person accused of a crime to treatment against his or her will are met on completion of the mental examination, the National Institute for Health and Welfare shall order the person to treatment against the person's will.

(2) The person ordered to treatment may be detained for treatment against his or her will on the basis of the decision of the National Institute for Health and Welfare for six months

at most. Before the end of this period a statement on observation of the patient shall be produced indicating whether or not the conditions for referring the person for treatment against his or her will are still met. A decision on whether treatment should be continued or discontinued shall be made in writing by the physician referred to in section 11 before the treatment has continued for six months. A decision to continue the treatment shall be made known to the patient without delay and be immediately submitted for approval of an Administrative Court, and the Administrative Court shall assess whether the conditions for ordering treatment against the patient's will still exist. Also a decision to discontinue the treatment shall be made known to the patient without delay and be immediately submitted for approval of the National Institute for Health and Welfare. The National Institute shall either confirm the decision to discontinue the treatment or, if the conditions for treatment against the patient's will still exist, order the patient to treatment.

(3) On the basis of the decision to continue treatment the patient may be detained for treatment against his or her will for a maximum of six months. If it seems probable at the end of this period that continuing the treatment is still necessary, measures in accordance with subsection 2 shall be taken.

(4) If it appears during the treatment of a person ordered to treatment that the conditions for ordering the patient to treatment against his or her will do not exist, measures in accordance with subsection 2 shall be taken.

Section 17 a (383/1997)

Psychiatric hospital treatment at the specialized level

(1) The National Institute for Health and Welfare shall decide on initiating the involuntary treatment of a person accused of a crime at a hospital which has the facilities and special expertise required for the treatment of the patient. (1066/2009)

(2) When the patient's need for treatment changes the physician referred to in section 11 shall immediately take measures to transfer the patient to such a hospital as the patient's treatment requires.

(3) The need for treatment at a state mental hospital shall, however, be assessed in six months from the beginning of the treatment in collaboration with the hospital district in whose area the patient's home municipality is located.

Section 18 (1066/2009)

Discharge from hospital after mental examination

(1) If it is obvious on the basis of mental examination that the conditions for ordering a person accused of a crime to treatment against his or her will are not met, the person may be discharged from hospital if the person so wishes with the consent of the National Institute for Health and Welfare, even before the National Institute has given its statement.

(2) If the National Institute for Health and Welfare in the statement referred to in subsection 3 of section 16 states that the conditions for ordering a person accused of a crime to treatment against his or her will are not met, the person must be discharged without delay if he or she so wishes.

Section 18 a (1066/2009)**Discharge from hospital under the supervision of a care unit of the hospital district**

A person referred to in subsections 2 and 3 of section 17 that has been ordered to treatment can be released from the hospital, prior to the final discharge, on the conditions determined by the National Institute for Health and Welfare based on the assessment of the person's health state or pharmacotherapy or other health care, for a maximum of six months at a time. During this time the person is under the supervision of a psychiatric unit of the hospital district. The hospital district shall determine the psychiatric unit responsible for the supervision.

Section 19 (1066/2009)**Special care of a mentally handicapped person accused of a crime**

(1) If the National Institute for Health and Welfare finds, in a case referred to in subsection 2 of section 18, that the conditions for giving special care against the person's will laid down in subsection 1 of section 32 of the Act on Special Care for the Mentally Handicapped (519/1977) are met, the National Institute decides on special care given against the person's will. In such a case, the decision of the National Institute corresponds to the decision of the directors of special care referred to in subsection 3 of section 33 of the Act on Special Care for the Mentally Handicapped. However, the decision shall not be submitted for the approval of an Administrative Court.

(2) If, after considering a proposal of the directors of special care, the National Institute for Health and Welfare considers that the conditions for giving special care against the person's will provided in subsection 1 of section 32 of the Act on Special Care for the Mentally Handicapped are no longer met, special care must be discontinued immediately and the patient discharged from the unit providing special care if the patient so wishes.

Section 20**Duty to report**

If a person referred to in section 17 or section 18 who will be discharged from a hospital or a person referred to in section 19 who will be discharged from a unit providing special care for the mentally handicapped has been arrested or is serving a prison sentence, the time of the discharge must be reported in advance to the institution where the person will be returned for custody or to serve a prison sentence.

Chapter 4***Involuntary treatment of a person whose sentence has been waived*****Section 21 (1066/2009) Assessing the need for psychiatric hospital treatment of a person whose sentence has been waived**

(1) If the court decides to waive the sentence of a person accused of a crime because of the person's mental condition, the court can refer the matter concerning the person's need for psychiatric hospital treatment to the National Institute for Health and Welfare. At the

same time the court can order the person to be detained in prison until the National Institute has given its decision.

(2) The National Institute for Health and Welfare can order a person whose sentence has been waived to be examined in a hospital for a maximum of 30 days if this is necessary for assessing the person's need for psychiatric hospital treatment.

Section 22 (1066/2009)

Involuntary treatment of a person whose sentence has been waived

(1) If the National Institute for Health and Welfare finds that the conditions exist for ordering to involuntary treatment a person whose sentence has been waived because of the person's mental condition, the National Institute must order the person to treatment against the person's will. The determination of the hospital where the treatment shall be initiated, detention for treatment and continuation of treatment are subject to the provisions of sections 17 and 17 a.

(2) If the National Institute for Health and Welfare finds that there do not exist conditions for ordering to involuntary treatment a person whose sentence has been waived because of the person's mental condition, the person must, if he or she so wishes, immediately be discharged from the hospital or the person's detention in prison must be immediately terminated.

(3) If the National Institute for Health and Welfare finds in a case referred to in subsection 2 that the conditions referred to in the Act on Special Care for the Mentally Handicapped exist for special care against the person's will, the National Institute will decide on the involuntary special care as laid down in section 19.

Chapter 4 a (1423/2001)

Limitations on patients' fundamental rights during involuntary treatment and examination

Section 22 a (1423/2001)

Definition of a patient and general conditions for limiting fundamental rights

(1) In this Chapter 'patient' refers to a person admitted for observation or ordered to examination or treatment as laid down in Chapters 2 to 4.

(2) A patient's right of self-determination and other fundamental rights may be limited in virtue of the provisions of this Chapter only to the extent necessary for the treatment of the illness or for the person's safety or the safety of others or for safeguarding some other interest laid down in this Chapter. The measures shall be undertaken as safely as possible and with respect for the patient's dignity. When choosing and determining the extent of a limitation on the right of self-determination special attention shall be paid to the criteria for the patient's hospitalisation.

(3) The right of self-determination and other fundamental rights of a person ordered for examination under the provisions of Chapters 3 and 4 may be limited under the conditions

laid down in this Chapter, although the person would not have been taken for observation or ordered to treatment. The treatment referred to in sections 22 b and 22 c may, however, be given to the patient against his or her will only if it is necessary to avert a danger to the person's life or health.

Section 22 b (1423/2001)

Treatment of mental illness

(1) A patient must be cared for, as far as possible, in mutual understanding with the patient. A care plan must be drawn up in the context of giving treatment.

(2) In treating a patient's mental illness only such medically acceptable methods of examination and treatment may be used the failure to use of which would seriously jeopardise the health and safety of the patient or others. Psychosurgical or other treatments that seriously of irreversibly affect the patient's integrity may only be given with the written consent of an adult patient, unless it is question of a measure that is necessary to avert a danger to the patient's life.

(3) The physician attending to the patient decides on the treatments and examinations that are given regardless of the patient's will. The attending physician also decides on holding or tying down the patient and on comparable measures for the period of a treatment or on other short-time limitation measures that are necessary to give treatment.

Section 22 c (1423/2001)

Treatment of physical illness

(1) The patient is entitled to treatment for physical illness as laid down in section 3 of the Act on the Status and Rights of Patients (785/1992). An illness must be treated in mutual understanding with the patient as laid down in sections 6 to 9 of the said Act.

(2) If a patient that is not able to decide on his or her care objects to treatment for physical illness, treatment may only be given if it is necessary to avert a danger to the patient's life or health. The physician attending to the patient decides on the treatment, and the same physician may also decide on other short-time limitation measures that are necessary to give treatment.

(3) The treatment referred to in subsection 2 above may also be provided in a health care unit other than that providing psychiatric treatment. In that case the physician in charge of the care of the patient in that unit is responsible for the short-time limitation measures that are necessary to give treatment. The physician must co-operate with the physician attending to the patient in the unit providing psychiatric treatment.

Section 22 d (1423/2001)

Limitation of the freedom of movement

(1) A patient may be prohibited to leave the premises of the hospital or the premises of a certain care unit. If the patient leaves the hospital without permission or fails to return to the hospital after having got permission, the patient can be fetched back to the hospital.

(2) In order to prevent a patient from leaving the hospital or to move a patient, the care staff of the care unit may use such coercive means as can be considered justifiable. The physician attending to the patient in the care unit decides on limiting the patient's freedom of movement.

(3) When assessing the justification of coercive means account must be taken of the reasons for the patient's hospitalisation, the danger to the safety of the patient or others as a result of the patient's exit, the available resources and other circumstances influencing the overall assessment of the situation.

(4) Provisions on excessive use of coercive measures are laid down in Chapter 4, section 6 (3) and section 7 of the Penal Code (39/1889). (523/2003).

Section 22 e (1423/2001)

Special limitations

(1) A patient may be isolated from other patients against his or her will if:

- 1) the patient would, on account of his or her behaviour or threats, probably harm him/herself or others;
- 2) the patient by his or her behaviour seriously hampers the treatment of other patients or seriously jeopardises his or her own safety or would probably cause significant damage to property, or
- 3) it is necessary to isolate the patient for other, especially weighty therapeutic reasons.

(2) The isolated patient must be given suitable clothes.

(3) In situations referred to in subsection 1 a staff member may use such coercive means for holding the patient as are necessary to isolate the patient. The matter must be immediately communicated to the physician attending to the patient.

(4) A patient may be held forcibly even in situations other than those referred to in paragraphs 1 and 2 of subsection 1, if it is necessary for therapeutic reasons.

(5) In situations referred to in paragraph 1 of subsection 1 the patient may also be tied down by belts or comparable if the other measures are not sufficient.

(6) The attending physician decides on isolating and tying down a patient on the basis of the examination of the patient the physician has performed. In urgent cases a staff member may on a temporary basis isolate or tie down a patient, after which the matter must be immediately communicated to the physician.

Section 22 f (1423/2001)

Duration of special limitations and supervision of their enforcement

(1) The forcible holding, isolating and tying down a patient has to be terminated once it is not necessary any more. The attending physician must assess the state of the isolated or tied down patient as often as necessary in view of the patient's state of health and decide on continuation or termination of the measure.

(2) When a patient has been ordered to be isolated or tied down, a nurse that is in charge of the care of the patient must be appointed at the same time. The nurse shall see to it that the patient receives adequate treatment and care during the measure as well as has an opportunity to discuss with the care staff. The state of a tied down patient or a minor patient must be monitored continuously so that the care personnel is always in eye or ear contact with the patient.

(3) Isolation of a patient that has continued for more than twelve hours and tying down that has continued for more than eight hours must be notified immediately to the patient's representative or legal representative.

(4) The Regional State Administrative Agency must be given at two weeks' intervals a notification of the isolation or tying down of patients. The notification must contain the patient's identification data, information about the measures and reasons for them as well as the name of the physician that has ordered the measure. The Agency shall destroy the patient identification data in two years from their receipt. (1066/2009)

Section 22 g (1423/2001)

Taking possession of personal property

(1) If a patient is in possession of intoxicants or accessories suitable in particular for the use of drugs, or substances or objects that constitute a risk to the health or safety of the patient or others, they can be seized by the unit. If the patient, owing to his or her state of health, probably would destroy his or her money or other means of payment, they can be taken possession of by the unit. Substances and objects that seriously hamper the care and constitute a serious risk to public order in the unit can likewise be seized. After termination of treatment the personal property that has been taken possession of must be returned to the patient unless otherwise provided concerning returning or destroying of personal possessions in some other law.

(2) A staff member may take the substances and objects referred to in subsection 1 into the possession of the unit. The matter shall be immediately communicated to the chief physician or other physician in charge, who must decide whether to return the property to the patient before termination of treatment. It must be recorded in patient documents what personal property has been taken possession of and why.

Section 22 h (1423/2001)

Checking a patient's possessions and consignments to the patient

(1) If there are reasonable grounds to suspect that a patient is in possession of substances or objects referred to in section 22 g, the premises in the patient's use or his or her personal property can be checked.

(2) If there are reasonable grounds to suspect that a letter or other consignment addressed to the patient contains substances or objects referred to in section 22 g, the content of the consignment may be checked without reading the letter or other confidential message.

(3) The physician attending to the patient decides on checking as referred to in subsections 1 and 2. The personal property of the patient shall be checked in the presence of two staff

members, unless there are special grounds for doing otherwise. The checking of a letter or other message to the patient must be carried out, as far as possible, in the presence of the patient.

Section 22 i (1423/2001)

Frisk and bodily search

(1) If there are reasonable grounds to suspect that a patient has in his or her clothes or otherwise with him or her substances or objects referred to in section 22 g, it is allowed to frisk the patient in order to find out the matter. If there are reasonable grounds to suspect that the patient is under the influence of an intoxicating substance or that the patient has it or substances or objects referred to in section 22 g in his or her body, it is allowed to conduct a bodily search of the patient, including inspection of the body, breath alcohol test and a specimen of blood, urine or saliva. The giving of the specimen may not cause unnecessary inconvenience to the patient.

(2) The decision on conducting a frisk or bodily search is made by the physician in charge of the treatment of the patient, and it must be conducted in the presence of two staff members that are health care professionals referred to in the Health Care Professionals Act (559/1994). A bodily search may only be performed by a health care professional. An examination requiring medical expertise may only be performed by a physician. The frisks and comparable must be recorded in the patient documents.

Section 22 j (1423/2001)

Limitation of contacts

(1) Patients are entitled to be in contact with persons outside the hospital by using a telephone, by sending and receiving letters or other confidential messages and other consignments, and by receiving guests.

(2) A patient's contacts with persons outside the hospital may be limited if they seriously hamper the treatment, rehabilitation or safety of the patient or if the limitation is necessary to protect the privacy of some other person.

(3) For reasons referred to in subsection 2 a letter or other comparable message sent by or addressed to a patient may be read and withheld. Equipment in possession of the patient may be seized by the unit for the period of limitation or its use may be restricted. The withheld letters shall be kept separate from patient documents so that they can be read only by those taking part in making the decision on withholding.

(4) The correspondence or other contacts between a patient and authorities supervising the activities of the hospital, judicial authorities and international bodies monitoring the implementation of human rights may not be limited. Neither may contacts of a patient with his or her legal adviser or the patient ombudsman of the hospital be limited.

(5) The chief physician in charge of the psychiatric treatment at the hospital or comparable physician shall make a written decision on limitation of the contacts referred to in subsection 2. The patient must be reserved an opportunity to be heard before making a decision in the matter. Other persons concerned that the hospital has

knowledge of must also be reserved an opportunity to be heard, as far as possible. The reason for the limitation, the persons whom the limitation is aimed at, what kind of contacts the limitation applies to and to which extent it is enforced must be mentioned in the decision. The decision on limitation of contacts must be made for a fixed period of time, and it may be in force for a maximum of 30 days at a time.

Section 22 k (1423/2001)

Instructions concerning the enforcement of limitations and a list of limitations

(1) The hospital unit providing psychiatric treatment shall have detailed written instructions for the enforcement of limitations on the right of self-determination of patients.

(2) For the purpose of ensuring the monitoring and supervision of the use of limitations referred to in this Chapter the care unit shall keep a separate list of the limitations. The patient's identification data, data concerning the limitation and the names of the physician that has ordered the limitation and of the persons that have implemented the limitation must be recorded on the list. The data shall be deleted from the list in two years from recording them.

(3) Further provisions on the content of the list referred to in subsection 2 are laid down by Decree of the Ministry of Social Affairs and Health. Provisions on the notes to be made in patient documents are laid down in the Act on the Status and Rights of Patients.

Chapter 4 b (419/2009)

International enforcement of medical sanctions

Section 22 l (419/2009)

In addition to what is provided in the Act on International Cooperation in the Enforcement of Certain Penal Sanctions (21/1987) the provisions of this Chapter shall apply to international enforcement of treatment in a psychiatric hospital against the person's will ordered to a person whose sentence has been waived (*medical sanction*).

Section 22 m (1066/2009)

The National Institute for Health and Welfare shall at the request of the Ministry of Justice issue a statement on whether it is justified to transfer a medical sanction imposed in a foreign state for enforcement to Finland with a view to achieving the purpose of the treatment. The statement must also specify how the treatment would be organized in Finland.

Section 22 n (1066/2009)

(1) If it has been decided to enforce in Finland a medical sanction imposed in a foreign state, the National Institute for Health and Welfare shall place the person on whom the medical sanction has been imposed in the state mental hospital mentioned in the statement referred to in section 22 m.

(2) The decision on placement may not be appealed.

Section 22 o (1066/2009)

On the basis of a medical sanction imposed in a foreign state a patient may be detained for treatment against his or her will in Finland for a maximum of six months. Before this period of time comes to an end the National Institute for Health and Welfare shall assess if the conditions for ordering the person to treatment against his or her will exist under Finnish law. The assessment must be initiated as soon as possible after the person on whom the medical sanction has been imposed has been transferred to Finland. The provisions of Chapter 4 of this Act on assessment of the need for treatment and treatment against the person's will in regard to a person whose sentence has been waived shall apply to the procedure, as appropriate.

Section 22 p (1066/2009)

(1) If a person on whom a medical sanction has been imposed in Finland is a foreign national or has his or her place of residence in a foreign state, the National Institute for Health and Welfare shall in cooperation with the Ministry of Justice investigate if it is possible on the basis of an agreement between Finland and the foreign state to transfer the medical sanction for enforcement to that foreign state.

(2) If it is possible to transfer the enforcement, the National Institute for Health and Welfare shall without delay inform the health care unit in charge of the treatment of the person on whom the medical sanction has been imposed thereof and submit the decision on ordering to treatment or on continued treatment for the approval of the Administrative Court of Helsinki.

(3) The provisions of subsection 2 of section 17 on considering a matter regarding continued treatment shall apply to the procedure at the Administrative Court of Helsinki. The Administrative Court of Helsinki shall append to its decision an account of the legally valid judgment given by the court that decided on the criminal case.

Section 22 q (419/2009)

(1) The health care unit in charge of the treatment of the person on whom a medical sanction has been imposed shall inform the person what transferring the medical sanction for enforcement to a foreign state involves and inquire if the person consents to a transfer.

(2) The consent to transfer of enforcement can be given to the chief physician of the health care unit that is in charge of the treatment of the person on whom the medical sanction has been imposed. When giving the consent the assistant assigned for the person and the trustee of the person, if appointed, must be present. The civil servant receiving the consent shall ensure that the person on whom the medical sanction has been imposed understands the content of the consent.

(3) Minutes shall be taken of the proceeding where the consent is given. The minutes shall be forwarded to the National Institute for Health and Welfare and the Ministry of Justice. (1066/2009)

Section 22 r (1066/2009)

(1) If the National Institute for Health and Welfare considers that it is justified to entrust the enforcement of the medical sanction to a foreign state with a view to achieving the purpose of the treatment, it shall present to the Ministry of Justice a proposal for transferring the enforcement of the medical sanction to that foreign state.

(2) A report that the person on which the medical sanction has been imposed is a foreign national or that the person has his or her place of residence in a foreign state, as well as a copy of the decision confirmed by the Administrative Court of Helsinki in virtue of subsection 2 of section 22 p shall be submitted to the Ministry of Justice.

Section 22 s (419/2009)

In the context of the international enforcement of medical sanctions the Ministry of Justice is in charge of communicating with the competent authorities of the foreign state. The communication can also take place via diplomatic channels, if necessary.

Section 22 t (419/2009)

(1) The responsibility for covering the costs of international enforcement of medical sanctions between Finland and a foreign state is determined as agreed between Finland and the foreign state concerned.

(2) If the state of enforcement is responsible for covering the costs and the medical sanction has been transferred for enforcement to Finland, the costs caused by the enforcement of the medical sanction are paid out of state funds until the conditions for ordering to treatment against the person's will have been assessed in accordance with section 22 o. The costs incurred thereafter are paid in the same way as the costs of a person ordered to treatment in Finland. In case the person ordered to treatment has no municipality of residence in Finland referred to in the Municipality of Residence Act (201/1994), once the assessment of the conditions for ordering to treatment in accordance with section 22 o of this Act has been completed, the state is responsible for covering the costs until the person will have a municipality of residence in Finland. The municipality of residence shall cover the costs thereafter.

Chapter 5

Miscellaneous provisions

Section 23

Disqualification (1363/2003)

Disqualification of the physician making the referral for observation, the physician giving the statement on observation and the physician making the decision on ordering the

patient to treatment is subject to the provisions in sections 27 – 30 of the Administrative Procedure Act (434/2003). The statement on observation must not be given by the same physician who has given the referral for observation. The decision on ordering the patient to treatment must not be made by the same physician who has given the referral for observation or the statement on observation.

Section 24

Appeals

(1) An appeal may be lodged with the Administrative Court against the decision of a hospital physician to order a person to treatment or to continue treatment against the person's will, or to take possession of a patient's personal property or to limit a patient's contacts in virtue of section 22 j (2). The appeal must be lodged within 14 days of the notification of the decision. Otherwise all appeals are subject to the provisions of the Administrative Judicial Procedure Act (586/1996). In appeal matters information of a patient's state of health may only be given with the patient's consent or in cases referred to in section 9 of the Act on the Status and Rights of Patients. The decisions of the Administrative Court that concern taking possession of a patient's personal property may not be appealed. (723/2005)

(2) Appeals against a decision of the National Institute for Health and Welfare to order a person to treatment or continue treatment against the person's will or to order a person to hospital examination in a case referred to in section 21, and against a decision concerning special care given against a person's will, can be lodged as provided in the Administrative Judicial Procedure Act. (1066/2009)

(3) Appeal against a decision referred to in subsections 1 and 2, addressed to the appellate authority, can also be given to the chief physician in charge of psychiatric treatment in the hospital or to another person appointed for this purpose within the appeal period. A certificate of the reception of the petition of appeal shall be given and the name of the appellant and the date of reception of the appeal shall be written on the petition. The chief physician shall send the petition of appeal, the documents relating to the decision subject to appeal and his or her statement concerning the appeal to the appellate authority without delay. (723/2005)

(4) Appeal against a decision to order a minor to treatment or to continue treatment under subsections 1-3 may be lodged by a minor who has reached the age of 12 years him/herself, the minor's parents and guardians and a person who was in charge of the care and upbringing of the minor immediately before the minor was ordered to treatment. Appeal against a decision to limit the contacts of a minor referred to in subsection 1 may be lodged by a minor who has reached the age of 12 years him/herself, as well as by the minor's guardian, representative or legal representative or by another interested party whose contacts with the child have been limited by the decision. (1423/2001)

Section 25

Enforcement and interruption of enforcement

(1) A decision to order a patient to treatment against his or her will or to continue such treatment, or to take possession of personal property or to limit contacts shall be enforced

immediately irrespective of whether the decision has been submitted to another authority for confirmation or an appeal has been lodged or not. (1423/2001)

(2) After a decision has been submitted to another authority or an appeal lodged against it, the submission or appellate authority may forbid the enforcement of the decision or order it to be interrupted.

Section 26 **Urgency of the proceedings**

Submission and appeal relating to treatment given against the patient's will, and matters relating to mental examination must be dealt with urgently.

Section 27 (268/2002) **Assistance in an Administrative Court and the Supreme Administrative Court for a person ordered to treatment**

(1) The Administrative Court or the Supreme Administrative Court can appoint a legal counsel to a person who has been ordered to treatment against his or her will if the person asks for it or the court otherwise considers it necessary.

(2) Provisions concerning legal assistance in matters considered in an Administrative Court and the Supreme Administrative Court are laid down in the Legal Aid Act (257/2002).

(3) If the Administrative Court or the Supreme Administrative Court appoints a legal counsel although the person ordered to treatment has not stated that he or she wants one, the appointment of a counsel, to the extent appropriate, and the fees and reimbursements to be paid to the counsel are subject to the provisions of the Legal Aid Act irrespective of whether or not the person ordered to treatment has been or will be granted legal aid referred to in the Legal Aid Act.

Section 28 was repealed by Act 1423/2001.

Section 29 **Obligation of health centre physicians to take action**

If there is reason to suspect that the conditions for ordering a person who is living or staying in the area covered by a particular health centre to treatment against the person's will are met, the chief health centre physician or a physician appointed by him or her must issue a referral for observation as necessary and ensure that the person is taken to hospital.

Section 30 **Obligation of the police to take action**

If the police encounter a person who probably could be ordered to treatment against his or her will or are informed about such a person, they must report this to a health centre. In very urgent cases the police are obliged to take the person to a health centre at once to be examined.

Section 31
Executive assistance provided by the police

(1) If a health centre physician or hospital district physician considers that the transportation to a health centre, hospital or other medical care unit of a person referred to in section 8 necessitates the escort of another person in addition to a health care professional because of the violent nature of the person to be transported or for some other similar reason, the police are obliged to provide assistance.

(2) If a person who has been admitted for observation or ordered to treatment leaves the hospital without permission, the police are obliged to provide executive assistance to return the person to the hospital.

(3) If a person who is to be admitted to a hospital for mental examination does not appear on the appointed day, the police are obliged to provide executive assistance to take the person to the hospital.

Section 32 (1066/2009)
Conduct of mental examinations

(1) Municipal hospitals or medical care units shall conduct mental examinations primarily for persons who have their place of residence referred to in the Municipality of Residence Act (201/1994) in the municipality maintaining the hospital, and for Finnish citizens staying in the municipality in question who do not have their place of residence under the Municipality of Residence Act in Finland.

(2) The expenses of mental examinations are paid by the state.

Section 33 (1066/2009)
Journey to the place of residence after mental examination

(1) If a person who has been admitted to a hospital for mental examination and who is neither held in prison nor serving a prison sentence is discharged in a case referred to in section 18, the hospital is obliged to organize or pay the person's journey to the place of residence referred to in the Municipality of Residence Act if the person so wishes.

(2) What is provided in subsection 1 shall be applied to units providing special care in a case referred to in section 19.

Section 33 a (1257/2005)
Inspection of operations and facilities

(1) The National Supervisory Authority for Welfare and Health and the relevant Regional State Administrative Agency may inspect the operations of the municipality or joint municipal board referred to in this Act as well as the units and facilities used for organising the operations when there is reasonable cause for carrying out such an inspection. Furthermore, the National Supervisory Authority may for justified reasons

order the Regional State Administrative Agency to carry out the inspection. The inspection may be carried out without prior notice. (1066/2009)

(2) The inspector must be given access to all the facilities of the establishment. Notwithstanding confidentiality provisions all the documents requested by the inspector as are necessary for the carrying out of the inspection must be presented to the inspector. Furthermore, the inspector shall be given, notwithstanding confidentiality provisions, free copies of the documents requested by him or her that are necessary for the inspection. The inspector has also a right to take photographs during the inspection. The inspector may be assisted in the inspection by experts, as needed.

(3) As necessary, the police shall give the National Supervisory Authority for Welfare and Health and the Regional State Administrative Agencies executive assistance in carrying out an inspection. (1066/2009)

(4) Minutes have to be taken of all the inspections.

(5) Provisions on issues that have to be taken into account in particular in an inspection and on the detailed content of an inspection procedure as well as on the minutes to be kept of the inspection and how long they have to be retained may be issued by Government Decree, as necessary.

Section 33 b (1066/2009)

Remedying defects

(1) If defects endangering patient safety or other drawbacks are observed in the organisation or provision of mental health work or if an operation is otherwise contrary to this Act, the National Supervisory Authority for Welfare and Health or the relevant Regional State Administrative Agency can issue an order to remedy the defects or to eliminate the drawbacks. When issuing the order they shall determine the period of time within which the necessary measures must be undertaken. If patient safety so requires, the operation can be ordered to be sustained immediately or the use of the unit, a part thereof or a device can be forbidden immediately.

(2) The National Supervisory Authority for Welfare and Health or the Regional State Administrative Agency may oblige a municipality, a joint municipal board or a state mental hospital to comply with the order referred to in subsection 1 with the threat that the operation will be suspended or the use of a unit, a part thereof or a device will be forbidden.

(3) The decision of the National Supervisory Authority for Welfare and Health or the Regional State Administrative Agency to sustain an operation or to forbid the use of a unit, a part thereof or a device shall be complied with notwithstanding appeal unless the appellate authority otherwise orders.

(4) The provisions of this section do not apply to the operations referred to in the Medicines Act (395/1987); the supervision under that act is the responsibility of the Finnish Medicines Agency. If the National Supervisory Authority for Welfare and Health or the Regional State Administrative Agency have in the course of their

supervision observed defects or other drawbacks regarding pharmaceutical services, those must be reported to the Finnish Medicines Agency.

Section 33 c (1066/2009)

Admonition and drawing of attention

(1) If it is detected in the context of the guidance and supervision concerning public health work that a municipality or a joint municipal board has in organising or providing services in accordance with this Act acted erroneously or failed to fulfil its obligations, the National Supervisory Authority for Welfare and Health or the relevant Regional State Administrative Agency can issue the municipality, the joint municipal board or the state mental hospital or the civil servant responsible for the erroneous action an admonition in order to prevent that such action is repeated in the future.

(2) If the matter does not give cause to an admonition or other measures, the National Supervisory Authority for Welfare and Health or the Regional State Administrative Agency can draw the attention of the supervised party to appropriate arranging of the operations and observing good administrative praxis.

(3) The admonition issued or the drawing of attention by the National Supervisory Authority for Welfare and Health or the Regional State Administrative Agency referred to in this section may not be appealed.

Section 33 d (1257/2005)

Investigation of complaints

The supervisory authority referred to in section 2 does not consider a complaint related to mental health work that concerns a matter that took place more than five years ago, unless there are particular grounds for considering the complaint.

Section 34 (1221/2000)

Further provisions

(1) Further provisions on the detailed content and organisation of mental health work and on the enforcement of this Act can be issued by Government Decree. Provisions to promote a more equitable access to mental health services and on the maximum times within which people must get access to examinations and care in respect of services provided under this Act can also be laid down by Government Decree.

(2) Further provisions concerning the provision of treatment against a person's will and the procedure referred to in Chapter 4 b can be issued by Decree of the Ministry of Social Affairs and Health. The forms to be used for the statements, decisions and notifications referred to in this Act are confirmed by Decree of the Ministry of Social Affairs and Health. (419/2009)

Section 35

Entry into force

(1) This Act enters into force on 1 January 1991.

(2) This Act repeals the Mental Illness Act of 2 May 1952 (187/1952), as amended.

(3) The provisions of this Act shall be applied to the continuation and discontinuation of treatment of a person who has been ordered to treatment against his or her will before the entry into force of the Act. When this Act comes into force the treatment of such persons must be discontinued unless the conditions for ordering them to treatment provided in section 8 are met. Otherwise the decision to continue or discontinue treatment shall be made within the time prescribed in subsection 1 of section 12 or subsection 2 of section 17. If a person who has been ordered to treatment under section 17 of the Mental Illness Act has been undergoing treatment against his or her will for over three months when this Act comes into force, and no decision to continue treatment has been made before the Act comes into force, a decision to either continue or discontinue treatment must be made immediately after the Act has come into force.

(4) Measures necessary for the enforcement of this Act may be undertaken before the Act enters into force.

Entry into force of Amended Acts

1720/2009:

This Act enters into force on 1 January 2010.

1338/2010:

(1) This Act enters into force on 1 May 2011.

(2) Measures necessary for the enforcement of this Act may be undertaken before the Act enters into force.