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Mental Health Act

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Amended by the following acts

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30.05.2001	RT I 2001, 53, 309	01.01.2002
05.06.2002	RT I 2002, 53, 336	01.07.2002
12.06.2002	RT I 2002, 56, 350	01.09.2002
19.06.2002	RT I 2002, 61, 375	01.08.2002
19.06.2002	RT I 2002, 62, 377	01.10.2002
19.06.2002	RT I 2002, 64, 392	29.07.2002
13.04.2005	RT I 2005, 24, 180	20.05.2005
15.06.2005	RT I 2005, 39, 308	01.01.2006
26.01.2006	RT I 2006, 7, 42	04.02.2006
20.12.2007	RT I 2008, 3, 22	01.09.2008
10.12.2008	RT I 2008, 59, 330	01.01.2009
30.09.2009	RT I 2009, 49, 331	01.01.2010
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27.01.2011	RT I, 23.02.2011, 1	01.09.2011
15.02.2012	RT I, 07.03.2012, 1	01.09.2012
30.05.2012	RT I, 15.06.2012, 2	01.06.2013

Chapter 1 GENERAL PROVISIONS

§ 1. Scope of application of Act

(1) The Mental Health Act regulates the procedure and conditions for provision of psychiatric care and the relationships with health care institutions which arise from the provision of psychiatric care, provides the duties of the state and local governments in the organisation of psychiatric care, and provides the rights of persons in receiving psychiatric care.

(2) The Administrative Procedure Act applies to administrative proceedings prescribed in this Act, unless provided otherwise in this Act.

(3) Psychiatric care is provided based on the principle of legality and humanity and by observing human and civil rights.
[RT I 2005, 39, 308 - entry into force 01.01.2006]

§ 2. Definitions

In this Act, the following definitions are used:

1) "mental disorder" means a mental state or behavioural disorder according to the current international classification of mental and behavioural disorders;

- 2) “psychiatric care” means diagnosis of mental disorders, treatment and rehabilitation of persons with mental disorders and anything done for the prevention of mental disorders;
- 3) “treatment setting” means activities related to assessment, diagnosis, treatment and rehabilitation of persons which includes relationships between patients and doctors and other persons, health care institutions and the health insurance fund involved in the treatment;
- 4) “rehabilitation of a person with a mental disorder” means anything done for restoring the social coping skills of a person with a mental disorder;
- 5) “informed consent” means consent given where the person is capable of understanding the meaning of consent and the consequences of granting or refusing consent.

§ 3. Voluntary nature of psychiatric care

(1) Psychiatric care is provided on a voluntary basis, that is, at the request or with the informed consent of a person.

(2) Psychiatric care is provided to a person with restricted active legal capacity with the consent of his or her legal representative and on the basis of the person’s will insofar as the person is able to express his or her respective will. A legal representative cannot express his or her will for the provision of psychiatric care instead of the principal.

[RT I 2008, 59, 330 - entry into force 01.01.2009]

(3) The treatment of a person with a mental disorder without his or her informed consent is permitted only in the cases provided for in §§ 11 and 17 of this Act. The same applies to the provision of psychiatric care to a person with restricted active legal capacity and his or her treatment if the person is unable to express his or her will or if the guardian does not consent to the care or treatment.

[RT I 2008, 59, 330 - entry into force 01.01.2009]

§ 4. Rights of person while receiving psychiatric care

While receiving psychiatric care, a person has the right to:

- 1) receive treatment and nursing on equal grounds with other patients;
- 2) receive information on his or her mental disorder, methods of treatment and diagnosis being used, and review his or her medical file, except if this may be harmful to his or her mental health or the safety of others. The decision to disclose information or grant the right to examine the medical file is made by the attending physician of the patient and the attending physician shall make a corresponding entry in the medical file of the person;
- 3) refuse or discontinue psychiatric assessment or treatment, except in the cases provided for in §§ 11 and 17 of this Act;
- 4) compensation for damage in the case of damage caused by errors in treatment or nursing.

[RT I 2002, 64, 392 - entry into force 29.07.2002]

§ 5. Diagnosis of mental disorders and treatment of persons with mental disorders

(1) Physicians are independent in the diagnosis of mental disorders and provision of psychiatric care, and are guided by medical science, the medical code of ethics, laws and other legislation.

(2) Information concerning psychiatric treatment and diagnosis is confidential information and disclosure thereof outside the treatment setting is permitted only with the written consent of the person or his or her legal representative, or at the request, pursuant to law, of an investigative body, the police, the prosecutor’s office, probation supervision department or the courts, for submission to Drug Treatment Database created on the basis of the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof and at the request of the Health Board and Estonian Health Insurance Fund for the performance of functions assigned thereto by law. Disclosure of information is permitted to the rural municipality or city government of the location of the person and to the persons close to him or her in the extent necessary for the persons to submit their opinion or consent in the proceedings for placement of the person in a closed institution.

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

(2¹) The provisions of subsection (2) shall not restrict the disclosure of personal data to the Health Information System and the receipt of personal data from the Health Information System according to the Health Care Services Organisation Act.

[RT I 2008, 3, 22 - entry into force 01.09.2008]

(3) The attending physician of a person with a mental disorder is not required to make any statements to any person regarding confidential information of which the physician becomes aware in the course of his or her duties.

Chapter 2

ORGANISATION OF PSYCHIATRIC CARE

§ 6. General principles of organisation of psychiatric care

(1) Psychiatric care provides persons with mental disorders with treatment which is continuous and in accordance with the standards established by the Minister of Social Affairs.

(2) Psychiatric care is provided by health care institutions, physicians and other specialists with appropriate activity licences.

(3) [Repealed - RT I 2002, 64, 392 – entered into force 29.07.2002]

(4) Specialised psychiatric care is organised at the local government and state levels.

(5) If possible, the removal of persons from familiar surroundings is avoided in the provision of psychiatric care.

(6) A person is placed in in-patient psychiatric treatment if out-patient care is not sufficiently effective due to the state of health of the person or if the person becomes dangerous to himself or herself or others due to a mental disorder.

(7) The Ministry of Social Affairs shall organise activities for the prevention of mental disorders.
[RT I 2002, 64, 392 - entry into force 29.07.2002]

§ 7.–§ 8.[Repealed - RT I 2002, 64, 392 – entered into force 29.07.2002]

§ 9. Inclusion of psychiatric care in social welfare

Rural municipality or city governments shall ensure that social services are accessible for persons with mental disorders in accordance with the Social Welfare Act.
[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

Chapter 2¹ RESTRICTIONS ON RIGHTS OF PERSONS UNDER IN-PATIENT PSYCHIATRIC TREATMENT

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

§ 9¹. Prohibited substances and objects in in-patient psychiatric treatment

(1) A person under in-patient psychiatric treatment is prohibited to possess the following substances or objects:
1) alcoholic beverages for the purposes of the Alcohol Act;
2) narcotic and psychotropic substances for the purposes of the Act on Narcotic and Psychotropic Substances and Precursors thereof which are not medicinal products for the purposes of the Medicinal Products Act;
3) weapons for the purposes of the Weapons Act;
4) explosives, pyrotechnic substances and pyrotechnic articles for the purposes of the Explosive Substances Act.

(2) A health care provider may prohibit a person under in-patient psychiatric treatment to possess substances or objects which due to his or her state of health pose a risk to his or her life or health or to the life or health of others or considerably endanger the inviolability of private life of persons under treatment.

(3) The substances or objects specified in subsection (2) are above all:
1) medicinal products for the purposes of the Medicinal Products Act;
2) blade devices;
3) substances containing alcohol.

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

§ 9². Examination of personal belongings, confiscation, retention, return, delivery and destruction of prohibited substances and objects

(1) In case a health care provider has reasoned doubt that a person under treatment possesses or a postal or other consignment addressed to the person contains substances or objects specified in subsections 9¹(1) or (2) of this

Act, the health care provider is entitled to examine the objects in the possession of the person. Upon discovery of a prohibited substance or object, the health care provider shall confiscate it from the possession of the person or inform the police. The health care provider shall inform the police of the substances and objects specified in clauses 9¹(1) 2)–4) of this Act.

(2) Upon examination of the objects in the possession of a person and confiscation of prohibited substances and objects, the health care provider shall refrain from infringement of confidentiality of messages addressed to the person.

(3) If a substance or object specified in subsection 9¹(1) or (2) of this Act puts the person who possesses the object or other persons in direct danger, the health care provider shall apply measures in order to decrease or eliminate the direct danger.

(4) The objects in the possession of a person shall be examined and prohibited substances and objects shall be confiscated from his or her possession in the presence of the person if his or her state of health allows it. At least two persons shall accompany the confiscation of a substance or object from a person, one of whom shall be a health care professional and the other a police officer or a person employed by the health care professional.

(5) The health care provider shall retain the substance or object not delivered to the police and confiscated from the possession of a person, deliver it to the legal representative of the person, except to the rural municipality or city government, or destroy the substance or object.

(6) The health care provider shall retain the object confiscated from a person until the reasons of confiscation have ceased to exist. If the reasons have ceased to exist, the confiscated substance or object shall be immediately returned to the person.

(7) If it is not possible for the health care provider to retain the confiscated object or substance and the person has a contractual or legal representative, the health care provider shall deliver the confiscated object or substance to the person's representative, except to the rural municipality or city government.

(8) The health care provider may destroy substances and objects confiscated from a person which are spoilt or have exceeded their storage time.

(9) If someone wishes to deliver an object or substance to a person under treatment, the health care provider shall check before the delivery if the right of possession of an object or substance delivered to a person under treatment has been restricted under this Act. Upon discovery of a prohibited object or substance, the health care provider shall be entitled to prohibit the delivery of the object or substance to the person under treatment.

(10) The health care provider shall record the examination of objects in the possession of a person, confiscation, return, delivery to the police or destruction of prohibited objects in the person's medical history. Upon confiscation of a substance or object specified in subsection 9¹(2) of this Act, the health care provider shall also record the reason of confiscation of a substance or object in the person's medical history.

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

Chapter 3

EMERGENCY PSYCHIATRIC CARE

§ 10. General principles of provision of emergency psychiatric care

(1) All persons in the territory of Estonia are provided with emergency psychiatric care.

(2) Persons with mental disorders receive emergency psychiatric care on a voluntary basis, except in the cases provided for in subsection 11 (1) of this Act.

(3) Emergency psychiatric care is provided in the case of mental disorders where failure to provide care endangers the life of the person.

(4) Emergency psychiatric care is provided according to the state of health of a person through emergency medical aid, out-patient care or in-patient care.

§ 11. Involuntary emergency psychiatric care

(1) A person is admitted to the psychiatric department of a hospital for emergency psychiatric care without the consent of the person or his or her legal representative, or the treatment of a person is continued regardless of his or her wishes (hereinafter involuntary psychiatric treatment) only if all of the following circumstances exist:

1) the person has a severe mental disorder which restricts his or her ability to understand or control his or her behaviour;

2) without in-patient treatment, the person endangers the life, health or safety of himself or herself or others due to a mental disorder;

3) other psychiatric care is not sufficient.

(2) Involuntary psychiatric treatment shall be applied only on the basis of a court ruling. Involuntary psychiatric treatment may also be applied without a court ruling if it is inevitable for the protection of the person or the public and if a court ruling cannot be received as quickly as necessary.

(3) A decision to apply involuntary treatment without the court's permission shall be made by a psychiatrist of the psychiatric department of a hospital upon the arrival of a person in the psychiatric department or if after carrying out a medical examination of a person who is under treatment in the hospital on a voluntary basis the need to admit the person for involuntary treatment becomes evident. Such decisions shall be documented pursuant to the procedure established by the Minister of Social Affairs. The date of documenting a decision is deemed to be the commencement of involuntary in-patient treatment except in the case specified in subsection (4¹) of this section.

[RT I, 23.02.2011, 1 - entry into force 01.09.2011]

(4) On the basis of the decision specified in subsection (3) of this section, involuntary treatment may be applied within forty-eight hours after the commencement of involuntary in-patient treatment.

(4¹) If the decision specified in subsection (3) of this section has been made with regard to a person assigned to out-patient coercive treatment and the coercive treatment of the person is continued as in-patient coercive treatment according to the provisions of subsection 402¹(4) of the Code of Criminal Procedure, the date of documenting the decision is deemed to be the commencement of continuing in-patient coercive treatment.

[RT I, 23.02.2011, 1 - entry into force 01.09.2011]

(5) In order to apply involuntary treatment with regard to a person placed in a social welfare institution on the basis of the Social Welfare Act, the decision to apply involuntary treatment specified in subsection (3) of this section for up to forty-eight hours after the commencement of involuntary in-patient treatment shall be made by a psychiatrist of the psychiatric department of a hospital upon the arrival of a person in the psychiatric department immediately after carrying out a medical examination of the person. The decision shall be documented pursuant to the procedure established in the legislation under subsection (3) of this section.

(6) Persons who are in treatment in the circumstances provided for in subsections (2)-(5) of this section shall not discontinue assessment or treatment or leave the psychiatric department of the hospital.

(7) In case of involuntary treatment, the least restrictive methods shall be applied ensuring the safety of the person brought in for treatment and the safety of others. The medical staff shall respect the patient's rights and legal interests.

[RT I 2005, 39, 308 - entry into force 01.01.2006]

§ 12. Procedure for hospitalization of persons in need of involuntary emergency psychiatric care

(1) If there is reason to believe that the circumstances provided for in subsection 11 (1) of this Act exist, a person is taken to the psychiatric department of a hospital by emergency medical staff, police, a person close to him or her, or another person if it is inevitable for the protection of the person or the public and a court ruling cannot be received as quickly as necessary.

(2) If there is reason to believe that the circumstances provided for in subsection 11 (1) of this Act exist, the police shall assist, on the basis of a written request of a physician, the health care provider in detaining, carrying out medical examinations on and transferring a person to the psychiatric department of a hospital.

(3) [Repealed - RT I 2006, 7, 42 – entered into force 04.02.2006]

(4) A physician shall immediately inform a person of the decision specified in subsections 11 (3) and (5) of this Act and inform a person close to him or her, or his or her legal representative within twelve hours of documenting the decision.

(5) Upon placing a person in involuntary treatment without a court ruling, a person close to or a legal representative of the person or a physician or lawyer of their choice or another representative have the right to meet with the person placed in involuntary treatment. The duration of such meeting shall be decided by the attending physician based on the state of health of the person placed in treatment.

[RT I 2005, 39, 308 - entry into force 01.01.2006]

§ 13. Review of involuntary treatment

(1) An application for the implementation of preliminary legal protection for involuntary treatment and for placing a person in the psychiatric department of a hospital as well as an application for extending the term of preliminary legal protection shall be filed by the rural municipality or city government of the person's residence, the person's guardian or the chief doctor of a hospital to the court of the site of a hospital. In case of absence of the chief doctor, the application shall be filed by the doctor on call of the hospital.

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

(1¹) The application of involuntary treatment on a person for a term longer than the implementation of preliminary legal protection, the extension and termination thereof shall be decided by the court pursuant to the procedure prescribed for the proceedings of placing a person in a closed institution on the basis of an application filed by the rural municipality or city government of the residence of the person or the person's guardian, unless specified otherwise in this Act.

[RT I 2008, 59, 330 - entry into force 01.01.2009]

(1²) Upon the receipt of an application specified in subsection (1) of this section, the court shall promptly examine from the medical institution providing psychiatric coercive treatment whether the person has been assigned to out-patient coercive treatment.

[RT I, 23.02.2011, 1 - entry into force 01.09.2011]

(2) Involuntary treatment of a person in the psychiatric department of a hospital may continue for more than forty-eight hours only with the authorisation of a court.

[RT I 2006, 7, 42 - entry into force 04.02.2006]

(3) The chief doctor of a hospital shall ensure that a psychiatrist other than the one having made the decision specified in subsection 11 (3) or (5) of this Act carry out a medical examination of a person admitted for involuntary treatment within twenty-four hours after commencement of in-patient treatment.

(4) In order to apply the involuntary treatment specified in subsection (1¹) of this section and to place a person in the psychiatric department of a hospital, the chief doctor of a hospital shall submit an application to the rural municipality or city government for turning to court, if necessary. In case of absence of the chief doctor, the application shall be submitted by the doctor on call of the hospital. An opinion of the psychiatrist specified in subsection (3) of this section concerning the placing of a person in the psychiatric department of a hospital for involuntary treatment and justification of the treatment shall be annexed to the application.

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

(5) In order to extend or discontinue the involuntary treatment specified in subsection (1¹) of this section, the rural municipality or city government shall file an application to the court which shall include an opinion of the psychiatrist specified in subsection (3) of this section concerning whether the extension or discontinuation of involuntary treatment is justified. The court may also extend the involuntary treatment based on an application of the guardian of a person. The court may also discontinue the involuntary treatment based on an application of the person or his or her guardian or on its own initiative.

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

(6) If a person needs to be transported from a hospital for hearing to a court on the basis of a court ruling, it shall be done by the police, if necessary.

(7) The court having made the ruling shall notify the police thereof, who shall immediately take measures, if necessary, for protection of property of the person under involuntary treatment.

(8) Persons in involuntary treatment shall not be subjected to clinical trials, testing of new medicinal products or treatment methods.

(9) The Health Board shall exercise supervision over involuntary treatment.

[RT I 2009, 49, 331 - entry into force 01.01.2010]

§ 14. Use of means of restraint

(1) Means of restraint are used with regard to persons with mental disorders by the health care provider in the circumstances provided for in subsection 11 (1) of this Act if due to mental disorder of a person there is an immediate danger of bodily harm to themselves or violence toward other persons and other measures for elimination of danger, including a conversation, persuasion and verbal calming have been insufficient.

(2) The following measures may be used for restraint:

- 1) physical restraint – retention of a person by means of physical strength with the aim of restricting the person's motion and extent of movements;
- 2) restraint by means of medicinal products – administration of medicinal products to a person against his or her will with the aim of easing the symptoms of anxiety;
- 3) mechanical restraint – use of mechanical means, including restraining straps with the aim of restricting the person's motion and extent of movements. Mechanical restraint may be used in an observation room. During mechanical restraint it must be ensured that the person being restrained is out of the range of vision of other patients;
- 4) placement in an isolation room – placement of a person in an isolation room with the aim of restricting his or her motion and interaction.

(3) Means of restraint are used only on the basis of decisions of physicians. In inevitable cases, the commencement of physical or mechanical restraint or placement in an isolation room may be decided by a nurse

by promptly notifying a doctor of the use of means of restraint, who shall then decide on the need to continue the use of means of restraint. Before the use of means of restraint, the doctor shall assess the condition of a person immediately and in person and shall make a decision on the necessity to use the means of restraint and the applied measure of restraint.

(4) The measure of restraint applied to a person shall be proportional to the immediate danger having occurred and infringe the person's rights and liberties the least. The use of means of restraint shall be discontinued immediately after the danger ceases to exist.

(5) The health care professional shall explain the grounds for the use of means of restraint to a person and the specific activities upon the use of means of restraint.

(6) The treatment of a person shall not be interrupted at the time of use of means of restraint.
[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

§ 14¹. Observation of use of means of restraint

(1) A person towards whom a means of restraint has been used shall be under the supervision of a health care professional. Upon the use of mechanical restraint, a person shall be under constant supervision of a health care professional.

(2) A doctor shall examine the condition of a person towards whom a means of restraint has been applied and assess the necessity to apply the means of restraint according to the person's condition until the discontinuation of use of the means of restraint. The need to continue the use of means of restraint shall be noted by the doctor in the person's medical history.

(3) The observation frequency regarding the use of means of restraint shall be established by a regulation of the Minister of Social Affairs.
[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

§ 14². Maintaining records on use of means of restraint

(1) A health care provider shall maintain records on the use of means of restraint in the person's medical history and also in a place and manner enabling a quick and general overview of the means of restraint used by the health care provider.

(2) A person shall be entitled to make notes on his or her behalf concerning the use of means of restraint with regard to him or her. A person's written notes concerning the use of means of restraint shall be added to the medical history. A person shall be entitled to receive an extract from the data entered in medical history concerning the use of means of restraint pursuant to the procedure specified in clause 4 2) of this Act.
[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

§ 14³. Conversation following use of means of restraint

(1) After discontinuation of the use of means of restraint with regard to a person, the doctor shall hold a conversation with the person upon the first opportunity with the aim of preventing the use of means of restraint in the future and informing the person of his or her rights in connection with the use of means of restraint.

(2) The conditions and procedure for holding a conversation following the use of means of restraint and giving explanations to a person concerning the use of means of restraint shall be established by a regulation of the Minister of Social Affairs.
[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

§ 14⁴. Notification of use of means of restraint

(1) A health care provider shall notify the Health Board, no later than within the working day after discontinuation of the use of means of restraint, of each event in case of which the duration of the means of restraint is longer than twenty-four hours.

(2) The procedure for notifying the Health Board of the use of means of restraint as well as the list of information to be submitted shall be established by a regulation of the Minister of Social Affairs.
[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

Chapter 4

PSYCHIATRIC EXAMINATIONS AND PSYCHIATRIC COERCIVE TREATMENT

[RT I, 23.02.2011, 1 - entry into force 01.09.2011]

§ 15. Forensic psychiatric examination

(1) [Repealed - RT I 2002, 64, 392 – entered into force 29.07.2002]

(2) With the authorisation of a judge or pursuant to a court ruling, a suspect, an accused person or an accused person under trial who is at large may be placed in the psychiatric department of a hospital in order that a forensic psychiatric examination may be carried out. The official requesting such examination shall inform the legal representative or person close to the person that the person has been placed in the psychiatric department of a hospital within twenty-four hours after receipt of the authorisation of the judge.

[RT I 2005, 39, 308 - entry into force 01.01.2006]

(3) [Repealed - RT I 2002, 64, 392 – entered into force 29.07.2002]

(4) [Repealed - RT I 2002, 64, 392 – entered into force 29.07.2002]

§ 16. Psychiatric examination to determine fitness to serve in the Defence Forces

[Repealed - RT I 2002, 64, 392 – entered into force 29.07.2002]

§ 17. Use of psychiatric coercive treatment and supervision

(1) The objective of psychiatric coercive treatment is the treatment of mental disorders, decreasing the risk resulting from mental disorders and restoring the person's coping skills for independent coping in the society.

(2) Requirements for the provider of psychiatric coercive treatment, requirements for psychiatric treatment and the organisation of work of a health care provider upon the use of psychiatric coercive treatment ordered by court on the basis of § 86 (1) of the Penal Code shall be established by the Minister of Social Affairs.

(3) Out-patient psychiatric coercive treatment may be used with regard to a person on his or her written consent. The consent shall specify the obligations of the person under treatment which he or she shall comply with in order to achieve the objectives of the treatment, and the consequences of failure to comply therewith. The list of information required in the consent for out-patient psychiatric coercive treatment shall be established by a regulation of the Minister of Social Affairs.

(4) A person with regard to whom out-patient psychiatric coercive treatment is used shall be notified if he or she should pose a danger to himself or herself or the society or if his or her subjection to in-patient treatment is necessary for achieving the objectives of treatment, out-patient coercive treatment shall be replaced with in-patient coercive treatment.

(5) Supervision over the provision of psychiatric coercive treatment shall be exercised by the Health Board.
[RT I, 23.02.2011, 1 - entry into force 01.09.2011]

Chapter 5 FINANCING

§ 18. Financing of psychiatric care

Psychiatric care is financed pursuant to the procedure established in the Health Care Services Organisation Act, the Health Insurance Act, the Social Welfare Act and this Act.

[RT I 2002, 62, 377 - entry into force 01.10.2002]

§ 19. Psychiatric care, treatment and expert examinations financed from state budget

The expenses of the provision of emergency psychiatric care to persons who are not covered by health insurance, of care for and rehabilitation of persons who are declared disabled due to a mental disorder, expenses relating to carrying out forensic psychiatric examinations, to psychiatric examinations to determine fitness to serve in the Defence Forces, to psychiatric coercive treatment, complex treatment of sexual offenders and addiction treatment of nine months and psychiatric treatment of persons committed to a psychiatric hospital by the courts shall be covered from the state budget.

[RT I, 15.06.2012, 2 - entry into force 01.06.2013]

Chapter 5¹

STATE SUPERVISION

[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

§ 19¹. State supervision over compliance with Mental Health Act

Supervision over provision of psychiatric care under this Act shall be exercised by the Health Board on the grounds and pursuant to the procedure provided for in Chapter 6 of the Health Care Services Organisation Act.
[RT I, 07.03.2012, 1 - entry into force 01.09.2012]

Chapter 6 AMENDMENTS TO OTHER LEGISLATION AND IMPLEMENTATION OF ACT

§ 20.–§ 22.[Omitted from this text.]