## Form approved by the Ministry of Social Affairs and Health

## **DECISION ON ORDERING TO TREATMENT**

## Form M3 Please fill in using the language of the form

1. Personal data of	Surname	Personal identity code	
the person examined	Given names		
2.	Referral for observation, date	Name of the physician who issued t	the observation referral
Date of examination	Observation statement, date	Name of physician who issued the o	observation statement
3. Decision	<ul> <li>☐ The person examined is ordered under section 8 and</li> <li>☐ section 11 (ordering to treatment)</li> <li>☐ section 12 (continuation of treatment)</li> <li>☐ section 13 (ordering to treatment of a person who has been admitted to the hospital out of their own will)</li> <li>☐ section 17 (continuation of treatment of a forensic psychiatric patient)</li> <li>of the Mental Health Act to involuntary psychiatric hospital treatment.</li> <li>Duration of involuntary treatment</li> </ul>		
Involuntary treatment must be discontinued immediately once the conditions for to involuntary treatment are no longer met. During the treatment, the person who treatment must be provided with an opportunity to receive an assessment of the continuation of treatment. When the conditions for ordering to involuntary treatment treatment, the person ordered to treatment can be detained for treatment on the basis of			has been ordered to he conditions for the it are met during the
	☐ for a maximum of three months (ordering to treatment, sections 11 and 13)		
	☐ for a maximum of six months (continuation of treatment, sections 12 and 17)		
	☐ The conditions laid down in section 8 of the Men of the person examined are not met.	tal Health Act for involuntary psychia	atric hospital treatment
4. Grounds	The decision on ordering to treatment is based on the observation referral, observation statement and patient record. The decision on continuation of treatment is based on the observation statement and patient record, and it must take account of assessments by physicians independent of the hospital, if available.		and patient record,
	The conditions laid down in section 8 of the Mental I	Health Act are met, because the pers	son examined is
	psychotic and in need of treatment because     of their psychotic disorder so that (section 8(1))	under 18 years of age and du disorder in need of treatment	
	if not treated, that would considerably worsen their	psychotic disorder (section 8(1) only)	disorder (section 8(2) only)
	severely endanger their severely endanger others'	health	] safety
		☐ health	safety
	and other mental health services	are inapplicable (section 8(1)	
		are inadequate (section 8(1) of	only)

More detailed grounds (describe how each factor that must be assessed pursuant to section 8 of the Mental Health Act manifests itself in the case of the person examined):
Psychotic disorder (section 8(1)) or a serious mental disorder of a person under 18 years of age (section 8(2))
No. 16 and a state of
Need for treatment
Reasons for why other mental health services are inapplicable (section 8(1) and (2)) or inadequate (section 8(1))

5.	In case of continuation of involuntary treatment (sections 12(1), 17 and 22(1) of the Mental Health Act)		
Assessment by a physician independent of the hospital	Assessment by a physician independent of the hospital responsible for the treatment, arranged by the hospital		
·	Reasons for why the decision is different from the assessment of the physician independent of the hospital		
	Accessment made by a physician chasen by the exemines		
	Assessment made by a physician chosen by the examinee  The decision on ordering to treatment differs from the assessment made by the physician chosen by the person examined (sections 12 a(3) and 12 c(2) of the Mental Health Act)		
	Reasons for why the decision is different from the assessment made by the physician chosen by the person examined		
6. Date and signature	The decision is made by the chief physician in charge of psychiatric care or, if they are disqualified or prevented, by another physician appointed to the task, primarily with a specialisation in psychiatry. Furthermore, the decision-making physician must be employed in the public service with the state, a municipality or a joint municipal authority.		
	Physician's signature		
	Hospital, date  Clarification of signature, title, position, and identification code		
7.	If needed, further information on the decision is provided by:		
Provider of further information	Name and contact information		
ormation			

8.	This decision is served on the following persons (section 8 of the Mental Health Decree):		ecree):			
Notification of decision	Name	Date	Signature of the person served with the decision or the method of notification. (If the decision is served in some other way than in person, the method of notification is recorded instead of signature.)	Name and signature of the person who served the decision		
	Person examined (when aged 12 or over)		The method of notification:			
			With my signature I confirm that I have today been served with this decision:			
	Public guardian/ other legal representative, who?		The method of notification:			
			With my signature I confirm that I have today been served with this decision:			
	The following only appli	The following only applies to persons under 18 years of age				
	Parents		The method of notification:			
			With my signature I confirm that I have today been served with this decision:			
			The method of notification:			
			With my signature I confirm that I have today been served with this decision:			
	Persons who have custody of the child		The method of notification:			
			With my signature I confirm that I have today been served with this decision:			
			The method of notification:			
			With my signature I confirm that I have today been served with this decision:			

	Person in whose care and upbringing the minor has been immediately before they were ordered to treatment	The method of notification:  With my signature I confirm that I have today been served with this decision:		
		The method of notification:		
		The medica of notification.		
		With my signature I confirm that I have today been served with this decision:		
	☐ Decision was served on the date i	mentioned above but the person examined r	efused to sign the notification.	
	Witnessed by:			
	Signature and clarification of signature	Signature and clarification	n of signature	
9. Appeal	☐ Notification of non-appealability			
Арреш	A decision according to which the conditions for involuntary psychiatric hospital treatment referred to in section 8 of the Mental Health Act are not met, may not be appealed (section 24(1) of the Mental Health Act).			
	☐ Appeal instructions			
	An appeal against a decision that concerns ordering a person to treatment or continuing the person's treatment involuntarily, can be lodged with the following appellate authorities:			
	☐ Administrative Court of Helsinki			
	<ul> <li>□ Administrative Court of Hämeenlinna</li> <li>□ Administrative Court of Eastern Finland</li> <li>□ Administrative Court of Northern Finland</li> </ul>			
	☐ Administrative Court of Turku			
	☐ Administrative Court of Vaas	a		
	☐ Administrative Court of Åland			
	Postal address and electronic contact	information of the appellate authority (telefa	ax and e-mail address)	

## **Appeal instructions**

This decision may be appealed by lodging a written appeal with the above-mentioned Administrative Court. The appeal period is fourteen (14) days of receiving notice of the decision, excluding the day on which the notice is received. The date on which the notice is received is indicated in the certificate of service or the acknowledgement of receipt. If the decision has been served by sending a letter without an acknowledgement of receipt, the addressee is deemed to have received notification in seven (7) days from the sending of the letter, unless proved otherwise. However, an authority is deemed to have received notice of a decision on the date of arrival of the letter. In case of substitute service, the decision is considered to have been served, unless proved otherwise, on the third (3) day from the day indicated in the certificate of service or the acknowledgement of receipt.

The right of a public guardian, a custodian, or other legal representative to be heard on behalf of a person without legal capacity is governed by the Administrative Judicial Procedure Act (586/1996). A decision concerning a minor examined can be appealed against by the minor themselves, if they are at least 12 years of age, by the minor's parents, by persons who have custody of the minor, and by a person who has been in charge of the care and upbringing of the minor immediately prior to the order to treatment.

The appeal must contain the following information: the decision the appeal concerns, in which respects the decision is being appealed against, the changes that are requested to be made, and the grounds for the requested changes.

The appeal must state the appellant's name and municipality of residence. If the appellant's right to be heard is exercised by their legal representative or attorney, or if the appeal has been drawn up by some other person, the appeal must also state that person's name and municipality of residence. In addition, the appeal must state the postal address and telephone number where notices relating to the matter can be forwarded to the appellant.

The appellant, their legal representative, or their attorney must sign the appeal. The attorney must produce a power of attorney, as set forth in section 21 of the Administrative Judicial Procedure Act. A document which has been sent to an authority in electronic format need not be signed with a signature if the document contains the sender information and there is no reason to doubt the authenticity or integrity of the document. If a document which has been delivered to an authority in electronic format contains a statement about the attorney's power, the attorney need not provide a power of attorney. However, the authority may order that a power of attorney must be provided if the authority has reasons to suspect the attorney's powers or the scope of the powers. The following must be attached to the appeal: 1) the original or a copy of this decision, 2) a certificate of the date of service of the decision unless it can be seen from this decision, or some other proof of the date when the appeal period started to run; and 3) the documents on which the appellant relies in support of their demand, unless these have already been delivered to theauthority.

The appeal documents must be delivered to the appellate authority at the latest on the last day of the appeal period, within the office hours of the government agency. If the last day of the appeal period falls on a Saturday, Sunday, a public holiday, the Independence Day, the First of May, the Christmas Eve or the Midsummer Eve, the appeal may be delivered to the appellate authority on the first weekday following that day. The appeal documents can be sent by mail, telefax, e-mail or through a courier, at the sender's own risk. The appeal documents which are sent by mail, telefax or e-mail must be sent in good time so that they arrive before the end of the appeal period. An appeal which has been sent by telefax or by e-mail must be available to the Administrative Court in the Court's reception device or IT system, before the end of the appeal period so that it is possible to technically process the document.

Within the appeal period, an appeal that has been addressed to the Administrative Court can also be given to the hospital and the chief physician responsible for psychiatric treatment or another person who has been assigned with this task at the hospital. The chief physician must send the appeal to the Administrative Court together with their own statement and the documents on which the decision subject to appeal is based on.

At the hospital, the appeal can be forwarded to:

10. Reception of appeal	Recipient of the appeal, name and position or job title		
	Date and time when the appeal was lodged:		
	A certificate of the reception of the appeal must be given, and the name of the person who submitted the appeal and the date of reception of the appeal must be recorded in the appeal. The chief physician must send the appeal, thethe decision subject to appeal is based on, as well as their own statement concerning the appeal to the appellate authority without delay.		
11.	☐ a) The decision on ordering to treatment is not submitted to another authority		
Submission	□ b) The decision on ordering to treatment/to continue treatment is submitted to another authority		
	Administrative Court to which the decision is submitted		
	Administrative Court of Helsinki		
	Administrative Court of Hämeenlinna		
	☐ Administrative Court of Eastern Finland		
	Administrative Court of Northern Finland		
	Administrative Court of Turku		
	☐ Administrative Court of Vaasa		
	☐ Administrative Court of Åland		
	Submission of the decision is based on the Mental Health Act		
	section 11(3) (ordering a minor to treatment)		
	section 12(1) (continuation of treatment)		
	☐ section 13(3) (ordering to treatment of a minor who has been taken into treatment out of their own will)		
	☐ section 17 (continuation of treatment of a forensic psychiatric patient)		
	c) The decision to discontinue treatment of a forensic psychiatric patient is submitted to the National Institute for Health and Welfare for approval (sections 17 and 22(1) of the Mental Health Act).		
12. Enforcement of	The decision to order a patient to involuntary treatment or to continue such treatment is enforced immediately irrespective of whether the decision has been submitted to another authority for approval or whether an appeal has been lodged.		
decision	When the decision has been submitted to another authority or an appeal has been lodged against it, the submission authority or the appellate authority may prohibit the enforcement of the decision or order its suspension.		
13.	This section is not filled in if the need for involuntary treatment ends with the patient's discharge from the hospital.		
End of validity	The patient's need for involuntary treatment has ended. The patient remains in hospital treatment out of their		
of the decision	own will.  Physician's signature		
	Hospital, date Clarification of signature, title, position and identification code		
	I have received notice of the above-mentioned information		
	Place, date Signature and clarification of signature of the person concerned		