

MENTAL HEALTH LAW

Aim

Article 1- The aim of this law is to;

1. Protect the mental health of individuals and to organize services geared towards the treatment and rehabilitation of mental illnesses.
2. To ensure the individual's right to a healthy life, the relevant measures to involuntary admittance of a patient in order to safeguard society from danger and the drafting of the necessary legal and institutional regulations.

Scope

Article 2- Under the coordination of the Ministry of Health, this law covers public and private health institutions, social security institutions, judicial authorities, security units, local authorities and broadcasting corporations.

Protective measures

Madde 3 - In order to overcome factors that damage personal mental health and to protect social and individual mental health, the Ministry of Health takes the following measures:

1. Prevention of physical ailments in parents that could lead to mental disorders in the following generation or prevention of child mental health hazards linked to the mother's health, such as in pregnancy before puberty.
2. Protection of children and youth from harmful substance abuse.
3. Mitigation and prevention of factors that give rise to mental trauma.
4. Setting standards for activities such as TV shows, computer games and Internet sites including violence that may affect particularly a child's mental health, determining their rules of viewing and enabling their monitoring.
5. Taking preventive measures to stop the marginalisation and branding of individuals with mental illnesses.

Mental Health Treatment Institutions

Article 4

1. Regional mental health hospitals are founded for on site treatment of patients with a mental illness; high security regional mental health hospitals are founded for patients that criminal courts have issued decisions regarding their protection and treatment. The target is to provide 1 mental health hospital bed for each 3000 people.

2. General hospitals linked to the Ministry of Health or universities and which provide inpatient services must reserve 5% of their total bed capacity to mental health and illnesses services. At least half of the beds reserved for mental health services in state or university hospitals must be made suitable for involuntary admittance patients.

3. Mental health services must be provided by a staff consisting of nurses, psychologists, social workers, under the leadership of a physician expert in mental health and illnesses; nurses working in the area of mental health must be mental health nurses or have to be trained in the said area through in-service training.

Community based mental health services

Article 5

1. The Ministry of Health takes measures that enable treatment of patients with a mental illness in society. It also enables patients that lack family support, are not in harmony

with the treatment and whose illnesses are acute, to benefit from community based mental health services.

2. The Ministry of Health founds daytime hospitals linked and annexed to each region's mental health hospital where social adaptation, skills development, treatment through occupation, art, sports or vocational courses are hosted along with treatment groups geared towards patients and their families.

3. A community mental health centre is founded in each province and necessary districts in order to enable the outpatient treatment and rehabilitation of patients with mental illnesses. The community mental health centre supervises and executes the treatment of individuals in the region of its jurisdiction. Patients who do not come to their appointments are invited to the centre or are visited at home. Patients who are deemed for inpatient care are consigned to hospitals. The upkeep of these centres is met by the ministry of health, municipalities and local authorities. The treatment plan and programme is organized by the expert in mental health and illnesses or an expert in child psychiatry when necessary. The expert on duty is employed full-time at the centre or is hired part-time from the nearest psychiatric clinic. The services at the centre are provided by a psychologist, a social services expert and a psychiatric nurse.

4. Residential buildings called halfway houses are designed as homes or dormitories for patients whose acute treatments have been completed yet have not been able to become fully functional in order to live by themselves. The founding and running of these houses are undertaken by the Ministry of Labour and Social Security. The treatment team consists of a mental health nurse employed full-time, a social worker and psychologist. Psychiatric services are managed by the mental health clinic that the halfway house is linked to.

5. Shelters are founded to enable the social integration and inclusion of patients who do not have anyone to care for them, who are self-sustaining under supervision and who are able to execute their treatment on their own. The founding and running of these houses are undertaken by the Ministry of Labour and Social Security. The management of the patients at the shelters is undertaken by the social worker linked to the mental health clinic. A committee formed at the related mental health clinic decides upon the selection of patients to admit to or discharge from the shelters.

Monitoring and supervision of mental health service institutions

Article 6

A "**Central Mental Health Committee**" formed by the Ministry of Health and a "**Mental Health Committee**" formed by every provincial or district health directorate oversee whether or not the mental health services provided by mental health institutions noted in this law comply to general standards of medicine and the necessities indicated by this law. The "**Central Mental Health Committee**" consists of the Mental Health Department Head and representatives from the Psychiatric Association of Turkey, Child & Youth Mental Health Association, Turkish Association of Psychologists, Association of Social Workers in Turkey and the Federation for Associations of Schizophrenia. The "Mental health Committee" in the provinces and districts consist of at least three members including the mental health department head and at least one patient and patient relative appointed by the NGOs mentioned above. Complaints and objections to decisions taken by the "District Mental Health Committee" are directed to the "Provincial Mental Health Committee" and complaints and objections concerning the said committee are taken to the "Central Mental Health Committee."

Regulations concerning the admittance to a hospital of a patient with mental illness:

Article 7

The inpatient treatment of a patient with a mental illness is to be implemented in the following manners:

1. Patients who have received a decree as indicated in Turkish Penal Code article 57 by a criminal court are placed under protection and treatment at a high security regional mental health hospital nearest to their or their families' domicile.

2. The individual seen fit to be admitted to the hospital by the mental health and illnesses expert on duty signs a written consent. As long as the patient does not pose any danger linked to the mental illness, the patient who has been admitted voluntarily reserves the right to be discharged from the hospital even if the treatment has not been completed. Even if they are admitted voluntarily to the hospital, if the patient shows signs of "danger linked to mental illness" they are not to be discharged on their own accord. In such cases, articles dealing with involuntary admittance are implemented.

3. Patients who fulfill the criteria for mandatory admittance as a consequence of clinical evaluation are to be admitted involuntarily. For this to take place, the patient must carry the risk of self-harm or causing harm to others or the risk of irretrievable mental or physical damage if they are not hospitalized.

The decision to involuntary admittance must be signed by two physicians, one being an expert in mental health and illnesses. Admittance is notified to the patient and the patient's closest relative or legal representative. In this sense, the patient, legal representative or close relative reserve the right to object to the Court of Peace on duty. All involuntary admittances are notified to the Court of Peace in the following working day at the latest. The power of decision of involuntary admittance rests with the Court of Peace in the region where the hospital is located. An independent expert in mental health and illnesses appointed by the court and who is not employed by the hospital in which the patient is admitted examines the patient the day after the admittance has taken place and sends his report to the court. The Court of Peace Magistrate examines the two reports and decides whether the mandatory admittance should cease or continue. The Magistrate may also request additional medical explanations or may appoint other experts in mental health and illnesses. Involuntary admittance can be no longer than three months, after which if required, the same permission process from the court must be repeated.

The patient is discharged from the hospital upon recovery.

4. The authority to object to the decision of the Court of Peace is the court of first instance of the same region.

5. The same rules apply to convicts or prisoners.

Treatments to be administered, right to choose or refuse

Article 8

No patient can be administered a treatment outside of those universally accepted and whose scientific effectiveness have been validated. The institution administering the treatment has to make the necessary technical and administrative regulations that any treatment entails. It is obligatory that information on the treatment administered be disclosed to the patient admitted voluntarily to inpatient or outpatient care and consent must be obtained. In cases of involuntary admittance, the patient is provided with the information on the treatment to be administered, however, no consent is necessary. In cases where Electro-convulsive therapy is required and the patient does not consent, consent must be sought from either the legal representative or a close relative. When these people cannot be reached and the patient is in

emergency condition, at least three experts in mental health and illnesses must provide written opinion that the treatment is required.

Right to privacy of the patient with a mental illness

Article 9

1. Any declaration to the public and to third parties concerning the mental illness or treatment of an individual, any publication of the patient's name, voice and image in print, oral and visual mass communication media or the Internet is a violation of the individual's personal rights. Those in opposition to this law are tried at court under article 134 of the Turkish Penal Code.

2. The right to privacy of the patient with a mental illness must be protected even after they are deceased.

3. Courts may ask the permission of the patient to obtain information and documents pertaining to the patient's previous history in psychiatric counselling and treatment. In cases of danger to society or other legal obligations, the permission from the patient is not required.

Execution

Article 10- This law is executed by the council of ministers.

Enforcement

Article 11- This law begins to be enforced on the date it is published.