



Government of Romania
Ministry of Health

NORMS OF APPLICATION OF THE LAW OF MENTAL HEALTH AND PROTECTION OF THE PERSONS WITH MENTAL DISORDERS NO. 487 OF JULY, 11TH 2002

CHAPTER I

**PROMOTION AND DEFENCE OF MENTAL HEALTH AND
PREVENTION OF MENTAL ILLNESSES**

CHAPTER II

EVALUATION OF MENTAL HEALTH

CHAPTER III

MENTAL HEALTH SERVICES

CHAPTER IV

THE RIGHTS OF THE PERSONS WITH MENTAL DISORDERS

CHAPTER V

NON-VOLUNTARY HOSPITALIZATION

CHAPTER I

PROMOTION AND DEFENCE OF MENTAL
HEALTH AND PREVENTION OF MENTAL
ILLNESSES**Article 1.**

The public institutions authorized to take measures for promoting and defending mental health, for the prevention and treatment of mental disorders are the following:

- a. The Ministry of Health
- b. The Ministry of Education and Research
- c. The Ministry of Work, Social Solidarity and Family
- d. The Minister of Administration and Internal Affairs
- e. The Ministry of Justice
- f. The National Anti-Drug Agency
- g. The National Sports Agency
- h. The National Youth Agency
- i. The National Authority for Persons with Disabilities
- j. The National Authority for the Protection of Children's Rights

Article 2

(1) The Minister of Health, in collaboration with the public institutions stipulated in article 1 and with non-governmental organizations, elaborates Plans for measures for promoting mental health and for preventing mental disorders.

(2) The plan stipulated in paragraph (1) will be posted on the website of the Ministry of Health.

Article 3

Each of the institutions stipulated in article 1 draws up and posts on its own website an annual report regarding the activities performed for the promotion of mental health and for the prevention of mental illnesses. The annual report should also mention the budget allotted.

CHAPTER II

EVALUATION OF MENTAL HEALTH

Article 4

(1) The patients at the Neuro-mental Recovery and Rehabilitation Centers, which are coordinated by the National Authority for Persons with Disabilities, are evaluated from a psychiatric point of view at least twice a year, by the specialist psychiatrist, with the purpose of establishing the best choice for recovery.

(2) The psychiatric evaluation mentioned in paragraph (1) is made through medical and ambulatory services and it is performed, on the request of the General Department of Social Assistance and Child Protection, on the grounds of an agreed-upon chart, and it will be deducted from the Unique National Fund for Health Insurance.

(3) Other units than those stipulated in paragraph (1), which are within the structure of the County General Departments for Social Assistance and Child Protection and coordinated by the National Authority for Persons with Disabilities, will request the psychiatric evaluation for the persons with assisted mental disorders, in order to redistribute them in the units stipulated in paragraph (1).

(4) The medical services stipulated in paragraphs (2) and (3) are provided by the psychiatrists within medical units with or without legal personality, outside the working hours in the units where they are employed, and the expenses with transportation, accommodation and daily allowance will be paid by the applicant.

(5) The psychiatric evaluation is finalized, if necessary, with a plan for therapy which is to be transmitted to the applicant unit together with a medical letter addressed to the family doctor on whose list the person evaluated is registered.

Article 5

The categories of professions which need periodical evaluation of the state of mental health are approved by order of the Minister of Health, at the proposal of the units interested, also respecting the legal stipulations about the confidentiality and the rights of the person with mental disorders.

CHAPTER III**MENTAL HEALTH SERVICES****Article 6**

(1) In order to ensure the communitarian psychiatric assistance, to raise the level of accessibility and quality of the services performed, the territory of the country will be organized functionally, in geographical areas called psychiatric sectors.

(2) There will be separate psychiatric sectors for adults and psychiatric sectors for children and teenagers, as follows:

- a) a psychiatric sector for adults is a distinct territorial area of population, which covers 100 to 150,000 people.
- b) a psychiatric sector for children and teenagers is a distinct territorial area of population, which covers 200,000 to 400,000 people.

Article 7

(1) In order to organize and ensure the functioning of the psychiatric sectors stipulated in article 6, the Ministry of Health, through its departments of Public Health, will create county commissions within 15 days from the coming into effect of the present order.

(2) The county commission stipulated in paragraph (1) is formed of:

- a) a representative of the department of public health;
- b) a coordinator – psychiatrist, appointed by the department of public health;
- c) a representative of the local public administration;

(3) In order to develop and ensure the functioning of the psychiatric sectors, the Ministry of Health will monitor the use of human and financial resources by means of the National Institute for Research and Development in Health, within the national health programs.

(4) The commissions stipulated in paragraph (1) will establish, according to legal stipulations in effect, the maps for the psychiatric sectors, within 30 days after the evaluation of the human and material resources available and they propose measures to be taken in order to cover the needs for mental health care.

(5) The county departments for public health will elaborate, within 6 months from the date when the maps of the psychiatric sectors are established, specific plans for the progressive performing of the stipulations concerning the mental health services mentioned in the present order.

Article 8

(1) The basis of the health care system is represented by a functional unit which is created by the therapy team and the structures where it performs, working for a psychiatric sector.

(2) The team stipulated in paragraph (1) is made up of doctors who are specialists in psychiatry, psychologists, social psychiatric assistants and other categories of personnel, depending on the activities performed and on the specific activities for the sector. The therapy team is lead by a psychiatrist, primary doctor or a specialist doctor.

(3) The doctor who is the coordinator of the therapy team will adapt to the services performed within the sector, depending on the specificity of the psychiatric sector and the needs of the target population.

Article 9

(1) Depending on the local needs and particularities, the following structures will be organized within each sector:

- a. The mental health center, which organizes the mobile unit, the center for crisis intervention and the day-time stationary center, depending on the situation
- b. The day-time stationary unit;
- c. Psychiatric cabinets;
- d. Structures where there are bed, which may or may not have legal personality

(2) Trans-sector structures equipped with beds, with or without legal personalities, can be organized for rare pathologies, pathologies which are resistant to treatment or pathologies which cannot be solved at the level of sector, as well as for the patients which fall under the stipulations of article 114 of the Criminal Code.

(3) For long-term care for persons with severe and persistent mental health problems, in each sector there will be organized compartments of sections equipped with maximum 40 beds.

Article 10

Within the medical units equipped with beds, there will be organized connecting psychiatric departments for the psychiatric assistance of the hospitalized patients.

Article 11

The patients who, after the evaluation made by the therapy team, need long-term treatment will be distributed to the neuro-psychiatric recovery and rehabilitation centers or to the protected homes, depending on the situation.

Article 12

(1) Within each psychiatric sector the following types of services are granted:

- a) **psychiatric ambulatory services;**
- b) **mobile assistance services** for the patients who are need a difficult treatment or for those who refuse to visit the medical structures, but who accept therapy; these services can also be used in order to cover some varying psycho-social needs which require the moving of some of the members of the therapy team;
- c) **day-time psychiatric services:** occupational therapy, individual and group psychotherapy as well as specialized rehabilitation programs. These services are granted to the patients who are hospitalized in the day-time stationary unit for a period of maximum 2 months; after this period, the patients are sent to the rehabilitation centers or to primary assistance centers.
- d) **rehabilitation services** – depending on local possibilities, each mental health center offers specialized rehabilitation services: occupational therapy programs, vocational rehabilitation programs, programs for spending the spare time, psycho-education programs.
- e) **hospital services**
- f) **home care**

- (2) The guidance of the family doctors in the psychiatric sector in granting mental health care. The therapy team of the psychiatric sector establishes protocols for collaboration with the family doctors for ensuring continuity in health care.

Article 13

- (1) For each psychiatric sector there are a certain number of beds for the acute pathology, depending on the needs and particularities of the sector, either in a psychiatric hospital or in a psychiatric department within a general hospital;
- (2) The personnel in a sector hospital department is integral part of the sector therapy team.

Article 14

- (1) The therapy team in the adults' psychiatric sector includes:
 - (a) 8 full-time jobs for psychiatrists;
 - (b) 40 full-time jobs for psychiatry registered nurses;
 - (c) 4 full-time jobs for clinical psychologists;
 - (d) 5 full-time jobs for social assistants;
 - (e) other personnel members
- (2) The therapy team in the children and teenagers' psychiatric sector includes:
 - (a) 4 full-time jobs for psychiatrists;
 - (b) 20 full-time jobs for psychiatry registered nurses;
 - (c) 2 full-time jobs for clinical psychologists;
 - (d) 3 full-time jobs for psycho pedagogues;
 - (e) 3 social assistants;
 - (f) other personnel members

Article 15

For long-term care for persons with severe and persistent mental health problems, in each sector there will be organized units with maximum 40 beds.

Article 16

- (1) For the persons who do not have severe and persistent mental health problems and who need long-term treatment, the therapy team evaluates the needs and establishes, depending on the clinical condition of the patient, the type of protected home the person is to be distributed to.
- (2) The categories of medical services granted to the persons with mental disorders within the protected homes are elaborated by common order of the Ministry of Health and the National Unit for Health Insurance.

Article 17

The local public authorities collaborate with the Ministry of Health in order to ensure adequate locations for the mental health centers.

Article 18

The mental health centers and the day-time stationary units for children and teenagers must be placed within the community; they must have structures and arrangements specific for the prevention, precocious detection and complex therapy of the infantile and juvenile mental disorders and the mental disorders of the family.

CHAPTER IV

THE RIGHTS OF THE PERSONS WITH MENTAL DISORDERS

Article 19

- (1) On hospitalization in a care-taking unit, the patients must be immediately informed about the identity and professional status of the care-taking personnel who grants assistance and about the internal regulations they must obey throughout the period of hospitalization.
- (2) The psychiatrist must inform the patient about the alternatives for treatment and care, about the risks and adverse effects of the application of the individual therapy program.
- (3) The individual therapy program established by the therapy unit, with the patient's consent, must include:
 - The description of the nature of the specific problems and need of the patient;
 - The description of the least restrictive necessary conditions of treatment;

The description of the objectives of the treatment;

The specification of the responsibilities of the personnel.

- (4) The specialist psychiatrist is responsible for the monitoring of the implementation of the individual program for treatment.

Article 20

For applying the stipulations of article 26 of the law, if there is the need to limit the freedom of movement of the patient with the purpose of preventing any harms or damages to himself/herself or to another person, the following procedures must be respected:

- (a) The restriction of the patient;
 (b) The isolation of the patient.

Article 21

- (1) By restriction, in the sense of the present norms, we are to understand the restriction of the freedom of movement of a person by using adequate methods in order to prevent the free movement of an arm, both arms, a leg or both legs or to completely immobilize the patients, by specific protected methods, which do not harm the patient.
- (2) The restriction can be used only when it is necessary to defend the patient of his/her own actions that might harm him/her or the others. This method can be used only if the application of the most restrictive techniques was not adequate or if it was insufficient for preventing any harm from being done.
- (3) The restriction cannot be used as a punishment or as a means of compensating the shortage of personnel or of treatments.
- (4) In applying the measure of restriction of the patient's freedom of movement, all efforts must be made in order to avoid causing pain.
- (5) The legal or personal representative of the patient must be informed about the application of a measure of restriction of the patient's freedom of movement.
- (6) The restriction must be made only on the grounds of a written order from the doctor. The doctor's order must detail the factors that led to restriction and it must mention the nature of the restriction. The order must also mention the time when the measure of restriction was decided. Restriction cannot last more than 4 hours.
- (7) The measure of restriction will be mentioned in the patient's observation chart.
- (8) The restriction measures applied to patients, including all the written orders of the doctor, by means of which the measure was decided, are to be mentioned in the Register for Restriction and Isolation Applied to Patients.
- (9) The Register stipulated in paragraph (8) is confidential.
- (10) Throughout the period of restriction, the patient must be monitored in order to observe whether his/her physical, comfort and safety needs are fulfilled. An evaluation of the patient's condition must be

performed at least every 30 minutes or in even shorter periods of time, if the doctors requires it. The evaluation must be registered in the patient's observation chart.

Article 22

- (1) By isolation we are to understand the method of protecting the patients who represent a menace for themselves or for other persons. This measure must be applied with maximum precaution and only if any other method proved to be inefficient.
- (2) The measure of isolation can be applied only if the psychiatric institution has a room which is meant for and equipped especially to serve this purpose. The room must offer the possibility of the patient's continual observation, it must be lighted and aired adequately, it must have access to the toilet and lavatory, and it must be secured as to prevent the harming of the isolated person. One cannot isolate several persons at the same time and in the same room.
- (3) The measure of isolation must be applied for the shortest possible period of time. The measure must be periodically revised at an interval of at utmost 2 hours. The patient and/or his/her legal representative will be informed about the measure of isolation and about the procedure of periodical revision of the measure taken.
- (4) The patient will be monitored throughout the period of isolation according to a program established by the doctor who ordered the measure of isolation.
- (5) Throughout the period of isolation, the patient will keep his/her clothes and any personal items or religious items, except for the situation when keeping these items would endanger his/her safety.
- (6) The measure of isolation can only be ordered by the doctor in the same conditions as that of restriction.
- (7) The measure of isolation must be mentioned in the Register for Restriction and Isolation and it the patient's observation chart, with the fulfilling of the same conditions as in the situation of restriction.
- (8) The measure of isolation must not be used as punishment or as a form of threat.
- (9) The measure of isolation cannot be part of the treatment.

Article 23

For applying the stipulations of article 29 of the law, the form for obtaining the consent will be used. The form is presented in Annex 2.

Article 24

- (1) All the information concerning the health condition of the patient, his/her medical condition, the diagnosis, the prognosis and treatment, as well as other personal information is confidential, even after the death of the patient.
- (2) The confidential information can only be disclosed with the explicit consent of the patient or when there are precise judicial orders in this respect. The consent

is presumed when the disclosure is made to another member of the therapy team involved in the patient's treatment.

- (3) The patient's identification data must be protected.
- (4) The patients have the right to receive the written result of the diagnosis, treatment and care-taking when being released from a care-taking unit.
- (5) Any intervention in the patient's private life or family life is forbidden, except for the case when, besides the patient's consent, the intervention can be reckoned as necessary for the diagnosis, treatment of care-taking.
- (6) Medical interventions can only be made when there is the necessary respect for the person's privacy and only in the presence of the persons who need to be there for the intervention in question, unless the patient requests otherwise.

Article 25

- (1) All units which grant mental health care have the obligation to create a special register for the record of all the complaints from the patients or from the patients' representatives.
- (2) The management of the unit have the obligation to respond in written form to all the complaints regarding the violation of the patients' rights.
- (3) The way of solving the complaints must also be mentioned in the register stipulated in paragraph (1).

Article 26

The patients who are hospitalized without their consent cannot be the subjects of scientific research.

CHAPTER V

NON-VOLUNTARY HOSPITALIZATION

Article 27

Within 30 days from the coming into effect of the present order, the Minister of Health appoints by order, at the proposal of the public health departments and with the approval of the Special Commission for Psychiatry, the units authorized to perform non-voluntary hospitalizations.

Article 28

- (1) The psychiatrist who evaluates the case and who establishes if the patient is able to understand his/her state of illness, will explain in a simple language, a language which is comprehensible for the patient, the necessity for hospitalization in order to grant mental health care, under medical supervision.
- (2) If the patient refuses hospitalization and if the doctor considers that all requirements of the non-voluntary hospitalization are met, the doctor will inform the patient, his/her family and personal or legal

representative, depending on the situation, about the right to contest the measure of non-voluntary hospitalization, as well about the procedures which must be followed in order to contest it.

Article 29

- (1) The application for non-voluntary hospitalization is written and signed by one of the persons stipulated in article 47 of the law, the moment they come to the hospital.
- (2) If the applicant is illiterate, the application for non-voluntary hospitalization can be written by the team of doctors on duty, on the grounds of what the applicant says, and this will be mentioned, also mentioning the person who wrote the application and the identification data of this person.
- (3) The application stipulated in paragraph (1) must mention the behaviours that endanger the life, health, corporal integrity of the patient or of other people.

Article 30

- (1) The family doctor or the specialist psychiatrist who request the non-voluntary hospitalization cannot be involved in the process of making the decision of hospitalization or periodical revision of the non-voluntary hospitalization.
- (2) The persons who request the non-voluntary hospitalization of a person cannot be members of the revision commission created for the person in question.

Article 31

- (1) The transportation of the person to the hospital, without his/her consent, can be made only if the person refuses the non-voluntary hospitalization and if there is an imminent danger of harming himself/herself or the people around.
- (2) The personnel of the services that provide transportation for the person to the psychiatric hospital must mention the lack of consent of the person they transport in a report presented to the psychiatric doctor the moment the person is brought to hospital for hospitalization.
- (3) The report stipulated in paragraph (2) must mention if the person in question fought against the measure taken, what were the measures taken and what medication was given.
- (4) The transportation of the person to the hospital is made in the least restrictive conditions possible, ensuring the physical and mental integrity, as well as the person's dignity.

Article 32

- (1) When the patient, the personal or legal representatives requests the releasing from hospital, but when the conditions justifying the continuation of the non-voluntary hospitalization are met, the psychiatrist in charge with the patient in question will start the

procedure for non-voluntary hospitalization.

(2) For the situation stipulated in paragraph (1), if there is no other psychiatrist to decide the non-voluntary hospitalization, the general practitioner can make the decision to perform the non-voluntary hospitalization, as an urgency measure; the confirmation of this measure is to be made according to legal stipulations.

Article 33

(1) All the hospital units nominated by the Ministry of Health to perform non-voluntary hospitalizations must create a unique register for the centralized record of these cases and of the medical and juridical documentation which represents the legal grounds of the hospitalization.

(2) The non-voluntary hospitalization is recorded in the unique register for the centralized record of these cases stipulated in paragraph (1). Moreover, the register will also mention the decisions made by the revision commissions for these procedures.

(3) The Register stipulated in paragraph (1) includes the following information:

(a) the name, surname, profession, age and residence of the person hospitalized;

(b) the date of the hospitalization;

(c) the name, surname, profession, age and residence of the person who requested the hospitalization;

(d) If it is the case, the mention of the judicial decision (name, date, law court) of tutelage, guardianship or supervision;

(e) The notification of the doctor who made the non-voluntary hospitalization of the patient to the director of the unit, mentioning the name, surname and professional degree;

(f) The data of the examination by the revision commission, also nominating the members and mentioning the decision made;

(g) The date of cease of hospitalization and the health condition at release.

Article 34

The notification of the doctor who made the non-voluntary hospitalization of the patient to the director of the unit is made using the form stipulated in Annex 3.

The notification of the doctor who made the non-voluntary hospitalization of the patient to the public prosecutor's office from the authorized court of law is made using the form stipulated in Annex 4.

