

# Protecting People's Rights under BC's *Mental Health Act*: Legal Form Requirements for Involuntary Admissions

## Site Applicability

All VCH and PHC sites identified as [Designated Facilities](#) under the *Mental Health Act*.

## Practice Level

| Profession                         | Basic Competency  | Advanced Competency   |
|------------------------------------|---|---|
| RN, RPN                            | <ul style="list-style-type: none"> <li>Knowledge that completed Forms 4.1, 5, 13, 15, 16 are required for involuntary admission under the <i>Mental Health Act</i></li> <li>Knowledge that completed Form 4.2 is required for extension of involuntary admission beyond 48 hours</li> </ul> | <p>With additional required education (see below)*</p> <ul style="list-style-type: none"> <li>Completion of Part B of Form 5</li> <li>Completion of Forms 13, 15, 16</li> </ul>   |
| Social Work (SW)                   | <ul style="list-style-type: none"> <li>Knowledge that completed Forms 4.1, 5, 13, 15, 16 are required for involuntary admission under the <i>Mental Health Act</i></li> <li>Knowledge that completed Form 4.2 is required for extension of involuntary admission beyond 48 hours</li> </ul> | <p>With additional required education (see below)*</p> <ul style="list-style-type: none"> <li>Completion of Forms 13, 15, 16</li> </ul>   |
| LPNs working in MHSU settings only |   | <p>With additional education in MHSU:</p> <ul style="list-style-type: none"> <li>Knowledge that completed Forms 4.1, 5, 13, 15, 16 are required for involuntary admission under the <i>Mental Health Act</i></li> <li>Knowledge that completed Form 4.2 is required for extension of involuntary admission beyond 48 hours</li> </ul> |

**\*Required Education:**

*All Clinicians* regularly and actively involved in the admission and treatment of patients under the MH Act, including completion of MH Act Forms, require completion of provincially approved LearningHub Course: [BC Mental Health Act – Education for Nurses, Allied Health & Medical Staff](#), and familiarity with the [Guide to the Mental Health Act \(2006\)](#) and the [Standards for Operators and Directors of Designated Mental Health Facilities \(2019\)](#).

**Requirements**

The following five forms are legally mandatory for all patients involuntarily admitted under the Mental Health (MH) Act, who are aged 16 years and older, and must be used in compliance with British Columbia's [Mental Health Act](#) and [Provincial Standards for Operators and Directors of Designated Mental Health Facilities](#) in a way that is culturally safe and appropriate, gender-affirming, trauma-informed, recovery and harm reduction-oriented, and person-centered.

1. [Form 4.1: First Medical Certificate \(Involuntary Admission\)](#)  
Physician or Nurse Practitioner responsibility - Form 4.2 is required to detain a patient beyond 48 hours
2. [Form 5: Consent for Treatment \(Involuntary Admission\)](#)  
Physician & [Director/Delegate](#) responsibility
3. [Form 13: Notification to Involuntary Patient of Rights Under the Mental Health Act](#)  
Director/Delegate responsibility
4. [Form 15: Nomination of a Near Relative](#)  
Director/Delegate responsibility
5. [Form 16: Notification to Near Relative \(Admission of Involuntary Patient or Patient Under 16\)](#)  
Director/Delegate responsibility

**Need to Know**

- British Columbia's (BC) [Mental Health Act](#) is legislation that authorizes treatment for people experiencing significant mental health issues or crises in order to protect people and the public. The MH Act provides authority, criteria, and procedures for involuntary admission and psychiatric treatment. **Failure to complete the required forms may result in patient harm, including legal and reputational risk towards clinicians and the organization.**
- Under the MH Act patients can be involuntarily admitted and detained in Designated Facilities. A Designated Facility refers to designated inpatient "provincial mental health facilities", "psychiatric units" and "observation units" that have been approved by the Ministry of Health to provide involuntary psychiatric treatment. See [Appendix A](#) for a list of all VCH/PHC Designated Facilities.
- For a person to be involuntarily admitted under the MH Act they must meet **all** of the criteria – per Form 4.1: First Medical Certificate (Involuntary Admission). See [Form 4.1 section](#) below.

- **Involuntary admission under the MH Act** occurs when a Form 4.1 is fully completed (Section 1 and Section 2) for a person in a Designated Facility. **Involuntary admission** may also occur when Section 1 of Form 4.1 is completed in the community, and when the person enters a Designated Facility *and* a Director/Delegate completes Section 2 of Form 4.1. **Involuntary admission** under the MH Act should not be conflated with a person being admitted to a service from the Emergency Department.
- The legal requirements included in the MH Act are intended to safeguard people's rights, including access to an appropriate support system (nomination and notification of [near relative](#)) and due process (application to the review panel, requesting a second medical opinion, to contact a lawyer, etc.).
- Completion of Form 4.1 and Form 5 prior to providing involuntary psychiatric treatment is legally required and is the expected practice for **non-emergency** situations. In situations where **immediate** psychiatric treatment is required to stabilize a patient in order to protect the health and safety of the patient or others around them, treating and stabilizing the patient can be prioritized over completing the forms. The forms should be completed on a priority basis as soon as possible thereafter, and a chart note explaining any delay in completing the forms is highly recommended.
- Forms 13, 15 and 16 must be completed **as soon as possible upon admission under the MH Act and no later than 24 hours following involuntary admission.**

## Procedure

### Steps

See [Appendix B](#) for Overview.

**Upon completion of Section 1 of Form 4.1 by a physician or nurse practitioner, verify required forms are present and completed:**

1. The nurse will notify the physician (or nurse practitioner if related to the completion of the Form 4.1) if any of the below are missing from the patient's chart or electronic medical record (CST Cerner):
  - **Section 1 of Form 4.1: First Medical Certificate (Involuntary Admission)** has been completed by a physician or nurse practitioner and includes the reason(s) for the patient's need for involuntary admission.
  - **Form 4.2: Second Medical Certificate (Involuntary Admission)** is completed to **continue involuntary psychiatric admission beyond 48 hours** and must include how the patient continues to meet all four involuntary admission criteria. The Form 4.2 must be completed by a different physician (e.g. a physician who has not completed the Form 4.1).
    - [Form 4.1 and Form 4.2 must be completed electronically for CST Cerner sites.](#)
  - **An order is required to involuntarily admit the patient and must be present in the patient's chart:**

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- For CST Cerner sites: [ADULT/PED MHA Form 4.1 Certification Orders](#) (Module or PowerPlan).
- For paper based sites: Written order, including on the Mental Health Act: Involuntary Admission (Certification) Pre-Printed Order (PPO).
- **A Form 5: Consent for Treatment** must be completed **immediately** upon admission under the MH Act and **prior** to any involuntary psychiatric treatment being provided – this includes observation, detention, medication, seclusion or restraint. In situations where **immediate** psychiatric treatment is required to stabilize a patient in order to protect the health and safety of the patient or others around them, treating and stabilizing the patient can be prioritized over completing the forms. The forms should be completed on a priority basis as soon as possible thereafter, and a chart note explaining any delay in completing the forms is highly recommended.
  - [Form 5's must be completed electronically for CST Cerner sites.](#)
- 2. The nurse will ensure that **Forms 13, 15, and 16** are completed **as soon as possible upon involuntary admission under the MH Act, and no later than 24 hours following the involuntary admission**, including notification of the appropriate clinician to facilitate completion of these forms.

**Note:** All MH Act Forms must include the Director/Delegate's **full first and last name** – with the exception of the Form 13 and Form 16, which require at minimum a first name and last initial, including employee ID number. *If there are any concerns related to release of information, privacy or risk surrounding this practice, please speak to your supervisor or manager who can consult with the appropriate parties to support.*

## Completion of Form 4.1 & Form 4.2: First and Second Medical Certificate

Form 4.1 is required to provide legal authority for an involuntary admission for a 48-hour period. A Form 4.1 is completed by a physician or nurse practitioner who examines a person and finds that the person meets all involuntary admission criteria of the MH Act. The criteria are as follows, the person:

1. Suffers from a mental disorder that seriously impairs their ability to react appropriately to their environment or to associate with others;
2. Requires psychiatric treatment in or through a designated facility;
3. Requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration *or* for the person's own protection or the protection of others; *and*
4. Cannot suitably be admitted as a voluntary patient (due to refusing to accept or being incapable of accepting voluntary treatment).

Section 1 of Form 4.1 must be completed immediately upon the person being deemed in need of involuntary psychiatric admission. If completed in the community, Form 4.1 must be completed within **14 days prior** to the assessment date noted on the Form 4.1 or it is considered invalid. If the Form 4.1 from community is invalid and the person continues to meet the criteria for involuntary admission, a

new Form 4.1 must be prepared in the Designated Facility. Note: Involuntary admission under the MH Act cannot occur at Non-Designated Facilities or in the community; only certification via completion of Form 4.1 – First Medical Certificate, Section 1 by a physician or nurse practitioner is to be completed.

Once Section 1 of Form 4.1 is complete, it provides authority for anyone, including ambulance personnel, police or if the physician or nurse practitioner believes it is safe, relatives or others (e.g. clinicians if approved by your site's leadership) to take the person to a Designated Facility. The person may be admitted for up to 48 hours upon Section 2 of Form 4.1 being completed by the Director or Delegate in a Designated Facility.

The Form 4.2 must be completed within 48 hours following the time of involuntary admission. If the Form 4.2 is not complete, the patient is considered discharged from involuntary admission under the MH Act and must be treated on a voluntary basis if they are consenting to ongoing treatment.

Completion of Form 4.1 and Form 5 prior to providing involuntary psychiatric treatment is legally required and is the expected practice for **non-emergency** situations. However, in situations where **immediate** psychiatric treatment is required to stabilize a patient in order to protect the health and safety of the patient or others around them, treating and stabilizing the patient can be prioritized over completing the forms. The forms should be completed on a priority basis as soon as possible thereafter, and a chart note explaining any delay in completing the forms is highly recommended.

#### **Director Delegate Role for Form 4.1 & Form 4.2**

- The intention of the Director/Delegate role is to confirm the completeness of the forms.
- Completeness entails ensuring all fields are completed and all involuntary admission criteria are adequately commented on by the certifying physician or nurse practitioner (e.g. the information provided pertains to the specific criteria being commented on).
- Completeness also entails ensuring that the reasons for involuntary admissions are related to the psychiatric condition, and not a medical diagnosis or primary substance use issue.
- The Director/Delegate is not determining whether the person meets the involuntary admission criteria; this remains the responsibility of the certifying physician or nurse practitioner.
- Confirming completeness reduces errors and ensures that health care clinicians are meeting legal obligations under the MH Act.
- If the form is not fully completed, the Director/Delegate must request the physician or nurse practitioner to include further information as appropriate.
- Once the form is confirmed to be fully completed, the Director/Delegate signs Section 2 of the Form 4.1 and/or Section 2 – Part A of Form 4.2.
- Legally, involuntary psychiatric admission **cannot** begin until the Form 4.1 is fully complete and signed by the Director/Delegate.

## Completion of Form 5: Consent for Treatment

The Form 5 provides an overview of the involuntary psychiatric treatment plan. A Form 5 must be completed **immediately** upon the patient's involuntary admission under the MH Act and **prior** to any involuntary psychiatric treatment taking place. In circumstances where immediate psychiatric treatment is required to stabilize a patient in order to protect the health and safety of the patient or others around them, treating and stabilizing the patient can be prioritized over completing the forms. The forms should be completed on a priority basis as soon as possible thereafter, and a chart note explaining any delay in completing the forms is highly recommended. A Form 5 *only permits involuntary psychiatric treatment* as described on the Form 5. While investigations necessary to rule out a medical cause for psychiatric symptoms are permitted on a Form 5, Form 5 does not authorize other health care treatments (e.g. wound care, treatment of infection, etc.) which must be provided in accordance to the [Health Care \[Consent\] and Care Facility \[Admission\] Act](#).

Once the Form 5 has been completed by the treating physician, the treating physician **must directly communicate with** the Director/Delegate to ensure full completion of the form.

**There are two options on the Form 5:**

### **Form 5 – Section A (Patient Consent):**

- Where the patient is evaluated by the physician to be mentally capable of consenting to treatment and the patient signs the consent form, treatment may begin after the form is signed by a witness and physician under Section A. A witness may be any hospital staff or a patient's family member (or trusted person).

### **Form 5 – Section B (Physician and Director/Delegate - Deemed Consent):**

- Where a patient is capable but declines to sign the form, or where the patient is incapable, the form is given to the Director/Delegate. Director/Delegates have powers under sections 8 and 31 of the Act to sign the form. For further details pertaining to signing Form 5, please refer to information provided below.
- Note: The Director/Delegate completing Part B of the Form 5 **must be someone other than the treating physician** (who has signed the bottom of the Form 5).

**Important:** See [Appendix C](#) for Clinician groups authorized to act as the Director's Delegate in completing Forms 4.1, 4.2 and Part B of Form 5.

### **Director/Delegate Role for Form 5**

- The intention of the Director/Delegate role on the Form 5 is to ensure the form is adequately completed and to confirm that, to the best of your knowledge *without having to review the patient chart*:
  - All psychiatric treatment that is being provided is described on the Form 5 (including, for example, detention, observation, medications listed by class or indication, restraint or seclusion);
  - The information is patient specific and meaningful;
  - The text is in plain language and written legibly; *and*

- The Form 5 only describes treatment that is psychiatric in nature, all other treatment is outside of scope.
- The Director/Delegate is not challenging or providing a medical opinion on the recommended treatment, nor are they making a clinical decision to approve the treatment prescribed by the physician. The Director/Delegate is *not* consenting to the treatment on behalf of the patient.
- The Director/Delegate must not sign the form unless the above criteria are met.
- If the form is not fully completed, the Director/Delegate must request the physician to include further information as appropriate.
- Legally, involuntary psychiatric treatment **cannot** begin until the Form 5 is fully complete and signed by the Director/Delegate - if Section A is not completed by the patient.

A **new Form 5** is required if there is a **significant change in treatment** (such as a change in class of medication, the initiation of ECT or Clozapine, the requirement for seclusion/restraints), or change in diagnosis that requires a different treatment plan.

## Completion of Forms 13 (Rights Notification), 15 and 16 (Nomination and Notification to Near Relative)

**Staff responsible for completion of Form 13, 15, 16:**

- Nurses and social workers who have completed the [BC Mental Health Act – Education for Nurses, Allied Health & Medical Staff](#) LearningHub Course can complete Forms 13, 15, and 16.
- Some areas have identified specific clinicians to facilitate the completion of Forms 13, 15 and 16 as soon as possible upon admission under the MH Act, and no later than 24 hours following involuntary admission. These clinicians should be notified as soon as possible of patients who are requiring completion of Forms 13, 15, and 16.

**Important: See [Appendix D](#) for Primary and Secondary Clinician group responsible for completing Forms 13, 15 and 16 at your site.**

## Form 13: Notification to Involuntary Patients of Rights

By law, all patients involuntarily admitted under the MH Act must be notified of their rights as soon as possible upon admission under the MH Act, and no later than 24 hours following their involuntary admission. Patients must have access to a copy of the completed Form 13 (signed and dated by the Director/Delegate), as well as a written list of their rights visible on the unit. Notifying patients of their rights helps to ensure patients can access appropriate resources, safeguards their rights, and ensures the MH Act is being used appropriately.

**To complete Form 13:**

- If you are at a CST Cerner site, access the MH Act Admissions Chart Pack in FormFast which will pre-populate the patient and facility name on Form 13. Print off the Form 13.
- If you are at a paper-based site, [print Form 13 from the Ministry of Health website](#).

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- Enter the patient and facility name and complete facility address (including the postal code).
- Explain the purpose of the form to the patient (i.e. that you are informing the patient of their rights under the MH Act) and read the bold content on the Form 13 to the patient.
- Provide necessary assistance to help patients understand their rights:
  - If English is the patient's second language contact [PHSA Spoken Language Interpreting Services](#).
  - If the patient is deaf or hard of hearing, contact the [Deaf, Hard of Hearing and Deaf-Blind Well-Being Program](#) for an American Sign Language interpreter.
- Encourage the patient to ask questions.
- Request the patient to sign the form; however, the patient is not obligated to sign.
- Record the name of the person who read the rights to the patient on the form.
- Provide the patient with a copy of the completed form (signed and dated by the Director/Delegate).
- Provide the patient with a copy of [Your Rights under BC's Mental Health Act](#) pamphlet.
- Place the signed form in the patient's chart (affix a patient label to the upper right hand corner of the form).
- **Note:** Only patients can sign Form 13 (relatives or others cannot sign on the patient's behalf).

**If patient is not capable of understanding their rights:**

- The goal is to always ensure patients have been informed of their rights. Efforts should be ongoing to ensure patients understand their rights.
- Document on the Form 13 why the patient was not capable of comprehending their rights (name, date, signature, reason) then place in the chart.
- Re-assess and document assessment on Form 13 every 12 hours for change in capability to comprehend rights, up to 72 hours.
- Once patient regains capability, re-attempt rights advice via new form.
- After 72 hours, if there is no expectation that patient will regain capability, document your assessment and pause attempts at form completion. Re-attempt rights advice as soon as patient regains capability.
- Ensure the patient receives a copy of the completed Form 13 (signed and dated by the Director/Delegate) and a [Your Rights under BC's Mental Health Act](#) pamphlet.

**If the patient demonstrates they understood the rights information but declines to sign:**

- After attempting to have the form signed by the patient, further attempts are not required.
- Document on the form a clear reason why the patient did not sign, and place in the chart.
- Ensure the patient receives a completed copy of the Form 13 (signed and dated by the Director/Delegate) and a [Your Rights under BC's Mental Health Act](#) pamphlet even if they decline to sign the form.

**A new Form 13 and Rights Notification is required when:**

- If a patient changes status from voluntary to involuntary.
- Upon transfer from one Designated Facility to another Designated Facility.



- Each time a new [Form 6: Medical Report on Examination of Involuntary Patient \(Renewal Certificate\)](#) is completed.
- Any time the patient or family has questions, or any time the care team feels it is necessary to provide this information to ensure the patient has been advised and understands their rights.

## Form 15: Nomination of Near Relative

The MH Act requires that a near relative of patients who are involuntarily admitted be notified of the patient's hospitalization. Form 15 allows the patient to nominate the near relative (or trusted person) they want notified of their involuntary admission. Form 15 must be completed as soon as possible upon admission under the MH Act, and no later than 24 hours following hospitalization. The goal of Form 15 is to ensure patients have access to a support system to support continuity of care.

### To complete Form 15:

- If you are at a CST Cerner site, access the MH Act Admissions Chart Pack in FormFast, which will pre-populate the patient and facility name on Form 15. Print off the Form 15.
- If you are at a paper-based site, [print Form 15 from Ministry of Health website](#).
- Ensure all fields are completed.
- Assist the patient in completing the form, including selection of a near relative (or trusted person) who will be notified of their involuntary admission.
- If the patient is appointed to the BC Public Guardian and Trustee or a private committee under the [Patients Property Act](#), ensure that they are identified as the nominated near relative (see Form 16 below).
- Director/Delegate signs the form under the 'For Office Use Only' section in the staff signature field.
- Place the Director/Delegate-signed and completed Form 15 in the chart.
- A patient may change their nominated near relative at any time. A new Form 15 must be completed for each updated nomination.

### If the patient is unable or declines to complete Form 15:

- Under the *For Office Use Only* section, mark field stating the patient has no known relative or declines to complete the form. Sign the form.
- Efforts that have been made, without avail, to identify family/near relative shall be recorded in the patient's chart.
- **Legally, a near relative must still be nominated and notified even if the patient declines. See Form 16 steps below.**

## Form 16: Notification to Near Relative

Form 16 notifies the nominated near relative of the patient's involuntary admission and provides information to the near relative regarding the patient's rights under the MH Act. Form 16 works hand in hand with Form 15 to help ensure patients have access to a support network.

**If not hand delivered, Form 16 must be completed and sent via Canada Post Registered Mail to the nominated near relative immediately upon completion of Form 15.** Sending the Form 16 is not a violation of privacy legislation and is required under the MH Act.

**To complete Form 16:**

- Use the information from Form 15 to complete Form 16.
- If you are on a CST Cerner site, access the MH Act Admissions Chart Pack in FormFast, which will pre-populate the patient and facility name on Form 16. Print off the Form 16.
- If you are at a paper-based site, print off [Form 16 from the Ministry of Health website](#).
- Ensure all fields are completed, including facility name and address.
- Hand deliver Form 16 to the identified near relative (or trusted person) if present.
- If not practical to hand deliver the Form 16 to the near relative (or trusted person), ensure that the Form 16 is delivered to the near relative by [Registered Mail using Canada Post](#), which includes confirmation of delivery.
- Place a copy of the completed Form 16 in the patient's chart, then document how the Form 16 was provided to the near relative (i.e. hand delivered or sent via registered mail).
- If the Form 16 is sent via registered mail and no confirmation of receipt is received **within seven days**, make a notation in the patient's chart, and request the patient to nominate another near relative by completing a second Form 15.
- Mailing of the Form 16 may be completed by administrative staff including unit clerks.

**If near relative is chosen by the Director/Delegate (e.g. patient declines to nominate a near relative):**

- Legally, a near relative must still be nominated and notified even if the patient declines.
- While it is important to consult and listen to the patient's wishes to the extent that is possible and reasonable to do so, **the Director/Delegate has the authority to identify and send Form 16s to additional individuals if identified to be in the best interests of the patient** and their continuity of care.
- Confer with the physician and care team regarding who should be notified of the patient's involuntarily admission.
- If no person can be identified as a near relative or trusted person to be notified of the patient's involuntarily admission, the BC Public Guardian and Trustee should be notified as a last resort.
- If the BC Public Guardian and Trustee will be notified, enter this as the name of the nominated near relative and enter the address and phone number as:

700-808 West Hastings Street  
Vancouver, BC V6C 3L3  
604-660-4444

## Related Documents

- [BC Mental Health Act](#)
- [BC Mental Health Act Standards](#)
- [Guide to the Mental Health Act](#)
- [Regional VCH/PHC Authorization to Sign/Act as Director for Mental Health Act Forms](#)
- [Mental Health Act Form Quick Guides \(Forms 4.1, 4.2, 5, 13, 15 & 16\)](#)
- *Mental Health Act Involuntary Admission (Certification) Pre-Printed Orders (PPO):*
  - [Richmond](#)
  - [gathet](#)
- [Your Rights Under BC's Mental Health Act Pamphlet](#)

## Related Policies

### VCH

- [Indigenous Cultural Safety Policy](#)
- [Cultural Competency and Responsiveness](#)
- [Family Involvement with Mental Health and Addiction Services policy](#)
- [Definition of Recall from Extended Leave under the Mental Health Act](#)
- [Privacy and Confidentiality](#)

### PHC

- [Indigenous Cultural Safety Policy](#)
- [Absconding Protocol](#)
- [Information Privacy and Confidentiality Policy](#)

## Guidelines/Forms

- [Trauma Informed Practice Guideline](#)
- [Link to BC Mental Health Act Forms](#)

## References

British Columbia Ministry of Health. (2005). *Guide to the Mental Health Act 2005 Edition*. Retrieved from <https://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf>

British Columbia Ministry of Health. (2019). *Standards for Operators and Directors of Designated Mental Health Facilities*. Retrieved from <https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/mental-health-standards.pdf>

*Mental Health Act*, RSBC 1996, c. 288. Retrieved from [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00\\_96288\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/00_96288_01)

## Definitions

### Designated Facility

Means a Provincial mental health facility, psychiatric unit or observation unit; refers to specific hospitals or other facilities where a person may be admitted under authority of the MH Act.

### **Director/Delegate**

Means a person appointed under the regulations to be in charge of a designated facility and includes a person authorized by a Director to exercise a power or carry out a duty conferred or imposed on the Director under the MH Act or the [Patients Property Act](#).

### **Involuntary Admission**

When a patient is admitted under the MH Act to a designated facility, has met the criteria for involuntary admission including:

1. Suffer from a mental disorder that seriously impairs their ability to react appropriately to their environment or to associate with others;
2. Requires psychiatric treatment in or through a designated facility;
3. Requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's own protection or the protection of others; and
4. Cannot suitably be admitted as a voluntary patient (due to refusing to accept or being incapable of accepting voluntary treatment; and can be prevented from leaving the designated facility against their will.

### **Near Relative**

Means a grandparent, parent, child, spouse, sibling, half sibling, friend, caregiver or companion designated by a patient and includes the legal guardian of a minor and a representative under an agreement made under the *Representation Agreement Act* and a committee having custody of the person of a patient under the *Patients Property Act*.

## Appendices

[Appendix A: VCH/PHC Designated Facilities and Approved Abbreviations](#)

[Appendix B: \*Mental Health Act\* Form Completion Workflow for Involuntary Admissions to Designated Facilities in VCH and PHC](#)

[Appendix C: Clinician Groups Authorized for Acting as Director's Delegate in Completing Section 2 of Form 4.1, Section 2 - Part A of Form 4.2, and Part B of Form 5](#)

[Appendix D: Primary and Secondary Clinician Groups Responsible for Completion for Mental Health Act Forms 13, 15 and 16 per Area](#)

## Appendix A: VCH/PHC Designated Facilities and Approved Abbreviations

|   | Vancouver Coastal Health & Providence Health Care  |
|---|--|
| <b>Facilities designated as Provincial Mental Health Facilities under Section 3(1) Tertiary</b> | <ol style="list-style-type: none"> <li>1. The Alder Unit, Vancouver</li> <li>2. Parkview, Vancouver</li> <li>3. Sumac Place, Gibsons</li> <li>4. Willow Pavilion, Vancouver</li> </ol>   |
| <b>Hospitals designated as Psychiatric Units under Section 3(2)</b>                             | <ol style="list-style-type: none"> <li>1. Vancouver General (<b>VGH</b>), Vancouver</li> <li>2. GF Strong Centre, Vancouver</li> <li>3. Lions Gate (<b>LGH</b>), North Vancouver</li> <li>4. Mount Saint Joseph (<b>MSJ</b>), Vancouver</li> <li>5. Sechelt/shishalh (<b>SC</b>), Sechelt</li> <li>6. St Paul's (<b>SPH</b>), Vancouver</li> <li>7. Richmond (<b>RH</b>), Richmond</li> <li>8. UBC Health Sciences Centre (<b>UBCH</b>), Vancouver</li> <li>9. qathet General Hospital (<b>qGH</b>), Powell River</li> </ol> |

## Appendix B: *Mental Health Act* Form Completion Workflow for Involuntary Admissions to Designated Facilities in VCH and PHC

### MH Act Form Completion Workflow For Involuntary Admissions to Designated Facilities in VCH and PHC

Patient Certified  
and Hospitalized



**FORM 4.1**  
**FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)**

Must include how the patient meets the following criteria:

1. Suffers from a mental disorder that seriously impairs their ability to react appropriately to their environment or to associate with others;
2. Requires psychiatric treatment in or through a designated facility;
3. Requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's own protection or the protection of others; *and*
4. Cannot suitably be admitted as a voluntary patient (due to refusing to accept or being incapable of accepting voluntary treatment).

Physician(s) Completes  
(or Nurse Practitioner  
for Form 4.1)



Form 4.1

Completed immediately upon patient being deemed in need of involuntary psychiatric admission and meeting all four criteria (may be completed in community). Director/Delegate reviews and co-signs form at Designated Facility. Involuntary admission is not initiated until Form 4.1 is fully complete.



Form 5

**Director/Delegate** completes part B of Form 5 must be someone other than treating physician who completed the Form 5.



Form 4.2  
if applicable

Fully completed Form 4.2 is required to detain a patient beyond 48 hours. Completed by different physician than Form 4.1. Director/Delegate to review and co-sign form.



Order for  
Involuntary  
Admission



Nurse Verifies

Form 4.1, Form 5, Form 4.2 (if required), and Order (e.g. MHA Form 4.1 or 4.2 Module in CST Cerner) for Involuntary admission is present.

If missing, nurse  
notifies physician



Nurse Ensures  
Completion\* of



As soon as possible,  
Within 24 Hours of  
Involuntary Admission



Form 13



Form 15



Form 16

Can be completed by:

- Social Worker
- Nurse including PCC/Charge Nurse

\*A patient's condition or capacity may not allow completion of form(s) within 24 hours; however the **first documented attempt (or assessment) must occur as soon as possible and within 24 hours.**



Unit Clerk,  
Administrative  
Staff, Social Worker  
or Nurse Sends



Form 16

Via Canada Post Registered Mail  
or given directly by hand

**Appendix C: Clinician Groups Authorized for Acting as Director's Delegate in Completing Section 2 of Form 4.1, Section 2 - Part A of Form 4.2, and Part B of Form 5**

VCH/PHC have identified a broad range of options so that units have flexibility to enable successful completion of *Mental Health Act* forms. If you have questions or inquiries about the most suitable staff to act as Delegate in your unit, area, or program, please reach out to your operational leaders. Unit or department leadership should identify specified roles to prevent confusion/role diffusion.

**The following roles may sign Section 2 of Form 4.1, Section 2 - Part A of Form 4.2, and Part B of Form 5:**

- Fully Licensed Physician
- Nurse Practitioner
- Specialized Psychiatric Nurse Clinician
- Unit Nurse in Charge
- Head Nurse
- Clinical Nurse Educator (CNE) / Clinical Resource Nurse (CRN)
- Care Management Leader (CML) / Clinical Nurse Leader (CNL)
- Clinical Site Coordinator (CSC)
- Patient Care Manager (PCM) / Patient Services Manager (PSM) / Patient Care Coordinator (PCC)



# Appendix D: Primary and Secondary Clinician Groups Responsible for Completion for *Mental Health Act* Forms 13, 15 and 16 per Area

| Designated Facility | Areas                    | Primarily Responsible Clinician for facilitating completion of <b>Forms 13, 15, 16</b> as soon as possible and no later than 24 hours after admission under the MH Act | Alternate Clinician if Primary Clinician Unable to facilitate completion of <b>Forms 13, 15, 16</b> as soon as possible and no later than 24 hours after admission under the MH Act |
|---------------------|--------------------------|--|---|
| Vancouver Acute     | Emergency Department     | Social Work  | Psychiatric Triage Nurse  |
|                     | MHSU Units               | RN/RPN   | Social Work   |
|                     | Acute Med/Surgical Units | Social Work  | PCC/Charge Nurse<br>UBCH Only – Hosp. Supervisor  |
| St. Paul's          | Emergency Department     | Social Work<br>RN/RPN*   | Psychiatric Assessment Nurse  |
|                     | MHSU Units               | RN/RPN   | Social Work   |
|                     | Acute Med/Surgical Units | Social Work  | CNL/Charge Nurse  |
| Richmond            | Emergency Department     | Psychiatric Nurse Clinician*   | Social Work   |
|                     | MHSU Units               | RN/RPN   | Social Work   |
|                     | Acute Med/Surgical Units | Social Work  | PCC/Charge Nurse  |
| Mount Saint Joseph  | Emergency Department     | Social Work<br>RN/RPN**  | RN  |
|                     | MHSU Units               | RN/RPN   | Social Work   |
|                     | Acute Med/Surgical Units | Social Work  | CNL/Charge Nurse  |

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TABLE CONTINUED

| Designated Facility | Areas                    | Primarily Responsible Clinician for facilitating completion of <b>Forms 13, 15, 16</b> as soon as possible and no later than 24 hours after admission under the MH Act | Alternate Clinician if Primary Clinician Unable to facilitate completion of <b>Forms 13, 15, 16</b> as soon as possible and no later than 24 hours after admission under the MH Act |
|---------------------|--------------------------|--|---|
| <b>GF Strong</b>    | Acute Rehab Units        | Social Work  | PCC/Charge Nurse  |
| <b>Lion's Gate</b>  | Emergency Department     | Psychiatric Emergency Nurse  | Social Work   |
|                     | MHSU Units               | RN/RPN   | Social Work   |
|                     | Acute Med/Surgical Units | Social Work  | PCC/Charge Nurse  |
| <b>qathet</b>       | Emergency Department     | Mental Health Emergency Services Nurse   | Social Work   |
|                     | MHSU Units               | RN/RPN   | Social Work/<br>Clinical Coordinator  |
|                     | Acute Med/Surgical Units | Social Work  | Charge Nurse/PCC  |
| <b>Sechelt</b>      | Emergency Department     | Mental Health Emergency Services Nurse   | RN/PCC  |
|                     | MHSU Units               | RN/RPN   | Social Work/<br>Clinical Coordinator  |
|                     | Acute Med/Surgical Units | Social Work  | RN/PCC  |

\* PNC is only primarily responsible for patients that have been referred to psychiatry.

\*\* RPNs/RNs are responsible for completion of the Form 13 in **PHC Emergency Departments**. If the RPN/RN is unable to complete the Form 13, Social Work will follow up with the patient and ensure completion.

|   |  |
|---|--|
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| <b>Approved By:</b><br><i>(committee or position)</i> | VCH/PHC<br><b>Regional and Targeted Endorsement:</b> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Chief Medical Information Officer VCH/PHC and Regional Emergency Department Head VCH/PHC, Emergency</li> <li>• Executive Director, Community Strategic Initiatives, Long Term Care, Assisted Living and Supported Housing, Administration</li> <li>• Regional Director, MHSU and Operational Director, Tertiary MHSU, Mental Health &amp; Substance Use</li> <li>• Director, Risk Management, Vancouver Community</li> <li>• Senior Legal Counsel, Legal Counsel</li> <li>• Mental Health &amp; Substance Use Services - Administration</li> <li>• HAMAC Chair / Executive Director NPs/ Nurse Practitioner, Physician Relations &amp; Compensation</li> <li>• Nurse Practitioner Director, Associate Head NP Department, Professional Practice</li> <li>• Practice Consultant, Professional Practice</li> <li>• Prof Prac Dir, Nrsg - VA</li> <li>• Prof Prac Dir, Nrsg &amp; AlldHlth, Office of the CNO</li> <li>• Director Professional Practice Nursing and Allied Health, Professional Practice Leaders</li> <li>• Professional Practice Executive Director Allied Health, Professional Practice</li> <li>• Director, Professional Practice for Nursing &amp; Allied Health, Professional Practice</li> <li>• Interim Professional Practice Director Nursing &amp; Allied Health Long-Term Care &amp; Assisted Living, Residential Practice</li> <li>• Interim VP Medicine, VCH, Emergency</li> </ul> |



|                                     |   |
|-------------------------------------|---|
| <b>Owners:</b><br><i>(optional)</i> | VCH/PHC   |
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