



BC Mental Health Act Quick Guide

FORM 4.1

Initiate Involuntary Admission (48 hours)



Valid 48 hours from time of involuntary admission to the Designated Facility.



Do not use for medical/surgical (non-psychiatric) treatment. Use the *Health Care (Consent) and Care Facility (Admission) Act*.

1. Complete Section 1

Physician or Nurse Practitioner

- For non-designated areas or facilities (e.g. community), Form 4.1 provides legal authority to detain, apprehend, or transport a person to Designated Facility.
- A physician or nurse practitioner can complete Section 1 up to 14 days after examining a person. The person would have to be **admitted to a Designated Facility within 14 days** from the date of examination.
- The **four admission criteria** must be fully documented with person-specific rationale. Once the person arrives at the Designated Facility, Form 4.1 must be **co-signed by a Director/Delegate to initiate involuntary admission**.
- Admission criteria must be **reviewed regularly** to ensure the person still meets the criteria.
- The reasons for the certification and involuntary admission **must be clearly communicated to the person**.
- Ensure the care team is **notified of the person's certification**.

Section 1 is completed by a **physician or nurse practitioner** who is fully licensed to practice in BC. **Cannot be a resident physician.**

The physician or NP must have examined the patient.

For CST Cerner Designated Facilities: Complete Form 4.1 electronically in "PDF Forms" page, then enter the MHA Form 4.1 Module (PowerPlan) to set a form expiry alert and notify nurses/social workers.



2. Director/Delegate Co-signature - Section 2

Director/Delegate

- At the Designated Facility, the Director/Delegate **must review the justification for involuntary admission** in Section 1.
- Once the Director/Delegate confirms Section 1 is completed with a justification, they **co-sign Section 2**.
- A fully completed Form 4.1 initiates the involuntary admission in a Designated Facility for up to 48 hours.
- Co-signature is required to initiate involuntary admission** and must be completed as soon as possible.

Physician, Nurse Practitioner, Specialized Psychiatric Nurse Clinician, or Nurse Leader (please see [Decision Support Tool](#) on SHOP for more info).

Cannot be completed by the same physician or nurse practitioner who completed Section 1.



Learn More

- [Decision Support Tool – Involuntary Admissions under MH Act \(from SHOP\)](#)
- [MH Act Authorization Matrix](#)
- [BC MH Act LearningHub Course](#)
- [Provincial Standards for Operators and Directors of Designated Facilities](#)
- [Guide to the MH Act](#)



At the Designated Facility:

Form 5 (Consent for Treatment) must be completed prior to any involuntary treatment. Form 4.1 initiates involuntary admission, and Form 5 authorizes psychiatric treatment.

Forms 13 (Rights), 15 & 16 (Nomination of and Notification to Near Relative) must also be completed as soon as possible, and within 24 hours of involuntary admission.



EXAMPLE FOR LEARNING PURPOSES ONLY

FORM 4.1 FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)

[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288]

HLTH 3504.1 2022/12/02

Ensure legible handwriting. Use electronic Form 4.1 at CST Cerner sites.



SECTION 1 - All fields required to be completed.

Form fields for Section 1: Name of Person Examined (Adam Brown Carter), Personal Health Number (9876543210), Examination Site (Vancouver General Hospital), Designated Facility (checked), Examination Date (05/02/2023).

I have examined the person named above on the date noted above. I have determined that the person meets the requirements for involuntary admission under the Mental Health Act of British Columbia and I have set out the reasons for my determination below.

1. I have formed the opinion that the person has a disorder of the mind that requires treatment and seriously impairs the person's ability to react appropriately to their environment or associate with others. Adam suffers from psychosis, presenting with paranoia, hallucinations, and persecutory delusions.

State diagnosis or general syndrome plus symptoms/behaviours. E.g. psychosis, bipolar disorder, etc.

2. I have formed the opinion that the person requires treatment in or through a designated facility. Adam requires involuntary hospitalization, assessment, and treatment to stabilize condition and reduce paranoia, hallucinations, persecutory delusions, and related unsafe behaviours.

State why the person requires admission. E.g. frequent observation, psychiatric treatment/assessment; acute stabilization; diagnostic clarification. Symptoms must be amenable to psychiatric treatment and severe enough to seriously impair the person's functioning.

3. I have formed the opinion that the person requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or for the protection of others. Their decline in community and behaviours related to persecutory delusions (e.g. barricading self, extreme isolation) demonstrates hospitalization is required to protect themselves and others and to prevent further deterioration.

State why the person is at risk of deterioration or why they are at risk to themselves or others. E.g. unsuccessful outpatient management, not taking medications, suicidal.

4. I have formed the opinion that the person cannot suitably be admitted as a voluntary patient. Adam does not demonstrate insight about their illness; they are responding frequently to persecutory delusions and auditory hallucinations and are not suitable to be admitted as voluntary.

State why the person is not appropriate for voluntary admission. This might include not capable of consent, person refused voluntary admission, impulsive, or lacks insight.

Signed below by: Dr. Trevor Smith, Physician. Includes fields for Name, Signature, Date Signed (05/02/2023), Time Signed (24HR HH:MM 2115), Phone Number (604-875-4111), and College ID Number (12345).

Yes No This person was brought to me by a police officer or constable under section 28 of the Act.

SECTION 2 - To be completed in a designated facility by someone other than the examining professional who completed Section 1

Note: In the case of a certificate relating to a person detained in a correctional centre or youth custody centre, Section 2 does not require completion.

I, the Mental Health Act Director or delegate, confirm that I have reviewed Section 1 of this form, and that it sets out the information required by section 22(3) of the Mental Health Act to involuntarily admit the person who was examined to the designated facility named below.

Form fields for Section 2: Name of MHA Director (Sam Chan, Psych Nurse Clinician), Signature of MHA Director (Sam Chan, RN), Involuntary Admission Date (05/02/2023), Name of Designated Facility (Vancouver General Hospital), Time Signed (24HR HH:MM 2120).

Note: When a Form 4.1 (First Medical Certificate) is completed outside of a designated facility, it is valid for up to 14 days from the date of medical assessment and authorizes apprehension, detention and transportation to a designated facility. Involuntary admission begins when the Mental Health Act (MHA) Director or delegate of a designated facility completes Section 2 of Form 4A and lasts up to 48 hours.

The physician/nurse practitioner must speak with the patient and the care team to inform them of the certification/involuntary status.

