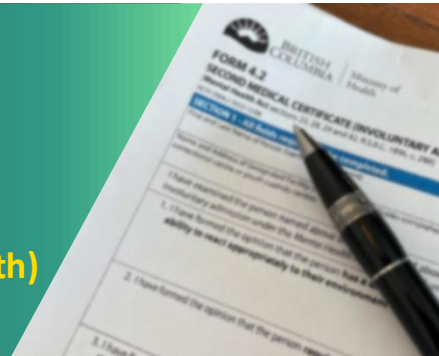




BC Mental Health Act Quick Guide

FORM 4.2

Extend Involuntary Admission (1 month)



Valid 1 month less a day from date of involuntary admission to 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

- If a person continues to meet all four involuntary admission criteria and requires an **extension** of their involuntary admission beyond 48 hours, a physician in a Designated Facility can complete a Form 4.2.
- The reasons for the certification and involuntary admission **must be clearly communicated to the person**.
- Admission criteria must be **reviewed regularly** to ensure the person continues to meet the criteria.
- Form 4.2 is valid for **1 month less a day** (e.g. if a Form 4.1 was completed in community January 2, but the person was admitted two days later, January 4 is the **date of involuntary admission**. A Form 4.2 completed on January 4 will expire on February 3).
- Form 4.2 must be **co-signed by a Director/Delegate to extend the ongoing involuntary admission**.



Physician only

Section 1 is completed by a **physician** who is fully licensed to practice in BC.

Cannot be:

- The physician who completed Form 4.1
- A nurse practitioner
- A resident physician

The physician must have examined the patient.

For CST Cerner Designated Facilities:

Complete Form 4.2 electronically in "PDF Forms" page, then enter the **MHA Form 4.2 Module (PowerPlan)** to set a form expiry alert and notify nurses/social workers.

2. Director/Delegate Co-Signature – Section 2

- 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 4.2 extends the involuntary admission from 48 hours up to **1 month less a day**.
- **Co-signature is required to extend involuntary admission** and must be completed as soon as possible.

Director/Delegate

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 Learning Hub 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. Forms 4.1/4.2 initiate 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 4.2 SECOND MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)

[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288] HLTH 3504.2 2022/12/06

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), Name and Address of Designated Facility (Vancouver General Hospital), Examination Date (06/02/2023).

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 is experiencing psychosis and presenting with persecutory delusions, paranoia, and auditory hallucinations. Brought to hospital by VPD after they set a fire in their apartment and barricaded the doors due to fears of being watched by spies.

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 acute stabilization involving assessment, treatment, medications, and care in a safer hospital environment to prevent further deterioration of severe psychosis and impairments in ability to react appropriately.

State why the person requires admission. E.g. frequent observation; psychiatric treatment/assessment; acute stabilization; diagnostic clarification.

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.

Deterioration in the community and history of neglect, isolation, and behaviours related to their condition demonstrates the need for hospitalization to protect themselves and others.

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.

As evidenced by attempts to leave hospital and ongoing responding to delusions and hallucinations, the person lacks insight into their condition and declines to be treated as voluntary.

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

Physician signature section: Dr. Michelle Lee, Signature of Physician (handwritten), Date Signed (06/02/2023), Time Signed (0930).

SECTION 2: PART A - For completion on admissions other than under section 29(5)

I, the Mental Health Act Director or delegate of the designated facility named above, 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 continue involuntary admission under the Mental Health Act.

Signature section: Name of MHA Director (Sarah Baker), Signature of MHA Director (handwritten), Date Signed (06/02/2023), Time Signed (0935).

SECTION 2: PART B - For completion on admissions under section 29(5)

I, the Mental Health Act Director or delegate of the designated facility named below, confirm that I have received and reviewed a completed Form 4.1, or Form 4, and this Form 4.2, and I admit the person who was examined to the designated facility named below.

Form fields for Section 2: Part B: Name of MHA Director, Name of Designated Facility, Date Signed, Time Signed.

Section 2: Part B only completed at Forensic Facilities

Note: Extension of involuntary admission beyond one month requires an additional medical assessment and completion. Attempts to help the patient understand their rights must be performed at each renewal of the patient's involuntary admission.

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

