


# Mental Health Act (MHA)

## Form 4.1/4.2

### Workflow/Education Session



Patient label area (optional)

**FORM 4.1**  
**FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)**  
Mental Health Act sections 22, 26, 29 and 42, R.S.B.C. 1996, c. 286;  
MHA 1996, c. 286

**SECTION 1 - All fields required to be completed**  
(Print and last name of person examined please print)

Name and Address of Examination Site	Personal Health Number (if available)	Examination Date (DD/MM/YYYY)
	<input type="checkbox"/> Designated Facility <input type="checkbox"/> Other Site	

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**. The reasons for my opinion are as follows:

2. I have formed the opinion that the person **requires treatment in or through a designated facility**. The reasons for my opinion are as follows:

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**. The reasons that I have formed this opinion are as follows:

4. I have formed the opinion that the person **cannot suitably be admitted as a voluntary patient**. The reasons that I have formed this opinion are as follows:

**Signed below by:**  Check if summary continued on back of this page  Return one signed copy of this form

First and Last Name of Examining Physician (please print)	Signature of Physician	Date Signed (DD/MM/YYYY)
Phone Number	College ID Number	Time Signed 2400 191000

**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(2) of the Mental Health Act to continue involuntary admission under the Mental Health Act.

Name of MHA Director of Designated Facility or Delegate (please print)	Signature of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed 2400 191000

**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 4.2, and this Form 4.2, and admit the person who was examined to the designated facility named below.

Name of MHA Director of Designated Facility or Delegate (please print)	Signature of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed 2400 191000

Note: Extension of involuntary admission beyond one month requires an additional medical assessment and completion of a Renewal Certificate Form 6 before the one month lapses. Attempts to help the patient understand their rights must be performed at each renewal of their involuntary admission, and documented on the Form 19.



## Outline – Form 4.1/4.2

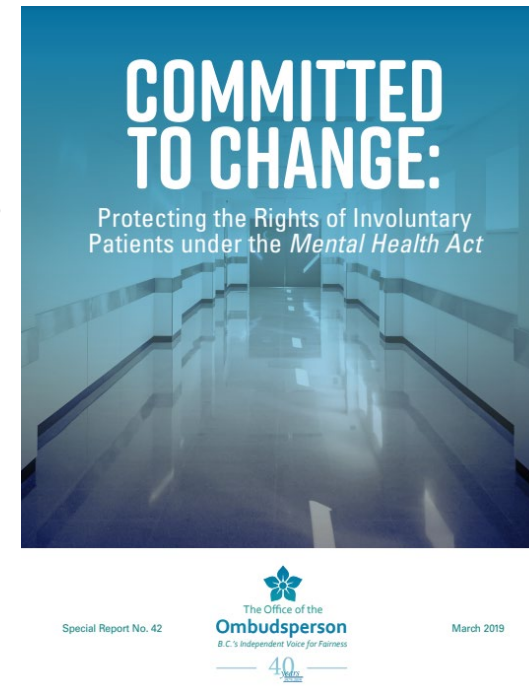
1. Why are these changes happening?
2. What remains the same for Form 4.1?
3. What changes are there in Form 4.1?
4. What are the differences between Form 4.1 and 4.2?
5. What is the timeline?
  - Relevant Education, Resources and Support
6. Questions

## Form 4.1/4.2: Where are these changes coming from?

- Office of the Ombudsperson Report (March 2019)
  - Found that a number of directors had admitted people involuntarily without adequate information and reasons
  - Recommendations:
    - Setting 100 percent compliance targets with the involuntary admissions procedure
    - Training staff and physicians regarding the necessity of form completion
    - Developing and codifying standards for compliance with the Mental Health Act
    - Increasing oversight and accountability including regular audits


### Form 4.1/4.2 Design

- Ministry of Health approved of the redesign of the new MHA Forms in February 2023.



# Form 4 vs. Form 4.1: What remains the same?

- Form 4.1 is the First Medical Certificate for an Involuntary Admission
- The four criteria required for an involuntary admission under the Mental Health Act Section 22(3)
- Examination (Section 1) is valid up to 14 days before the date of admission to the designated facility
- Completed Form 4.1 is valid for up to 48 hours
  - **Change: The Form 4.1 is only valid when there are signatures in both Section 1 and Section 2.**
  - The 48 hours starts when Section 2 is completed.



Patient label area (optional)

**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 2022/12/06

**SECTION 1 - All fields required to be completed.**

First and Last Name of Person Examined (please print)		Personal Health Number (if available)	
Name and Address of Examination Site		<input type="radio"/> Designated Facility <input type="radio"/> Other Site	Examination Date (DD/MM/YYYY)

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.

- 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.** The reasons for my opinion are as follows:
- I have formed the opinion that the person **requires treatment in or through a designated facility.** The reasons that I have formed this opinion are as follows:
- 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.** The reasons that I have formed this opinion are as follows:
- I have formed the opinion that the **person cannot suitably be admitted as a voluntary patient.** The reasons that I have formed this opinion are as follows:

**Signed below by:**  Check if primary caregiver or other caregiver  Patient was given a copy of this form

<b>Examining Professional</b> <input type="radio"/> Physician <input type="radio"/> Nurse Practitioner	Name of Examining Physician or Nurse Practitioner (please print)	<b>Signature of Physician or Nurse Practitioner</b>	Date Signed (DD/MM/YYYY)
	Phone Number	College ID Number	Time Signed :HR :MM

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.

Name of MHA Director of Designated Facility or Delegate (please print)	<b>Signature of Mental Health Act Director or Delegate of Designated Facility</b>	Involuntary Admission Date & Time Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed :HR :MM

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 4.1 and lasts up to 48 hours. A Form 4.2 must be completed during this time to extend involuntary admission for up to one month. If a Form 4.2 is not completed within that time, a new Form 4.1 is required to restart involuntary admission. Form 5 must be completed to initiate involuntary treatment. Immediately upon involuntary admission, attempts must be made to help the person understand their rights under the MHA by completing Form 13.

## Form 4.1: What changes are happening?

1. Patient PHN
2. Designated Site or Other
3. Specific Sections for Criteria
4. Nurse Practitioners can also complete Form 4.1
5. Identification with College ID Number
6. Time Signed
7. Section 2 for the MHA Director/Director's Delegate



Patient label area (optional)

**FORM 4.1**  
**FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)**  
[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 268]  
HETH 3304.1 2022/12/06

**SECTION 1 - All fields required to be completed.**

First and Last Name of Person Examined (please print) Personal Health Number (if available)

Name and Address of Examination Site 
 Designated Facility  
 Other Site
  Examination Date (DD/MM/YYYY)

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.** The reasons for my opinion are as follows:

2. I have formed the opinion that the person **requires treatment in or through a designated facility.** The reasons that I have formed this opinion are as follows:

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.** The reasons that I have formed this opinion are as follows:

4. I have formed the opinion that the **person cannot suitably be admitted as a voluntary patient.** The reasons that I have formed this opinion are as follows:

Check if summary continued on back of this page     Patient was given a copy of this form

**Signed below by:**

<input type="radio"/> Physician	Name of Examining Physician or Nurse Practitioner (please print)	Signature of Physician or Nurse Practitioner	Date Signed (DD/MM/YYYY)
<input type="radio"/> Nurse Practitioner	College ID Number	Time Signed 24HR HH:MM	

Yes    No   This person was brought to me by a police officer or constable under section 24 or 26 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.

Name of MHA Director of Designated Facility or Delegate (please print)	Signature of Mental Health Act Director or Delegate of Designated Facility	Involuntary Admission Date (Date & Time Signed) Date Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed 24HR HH:MM

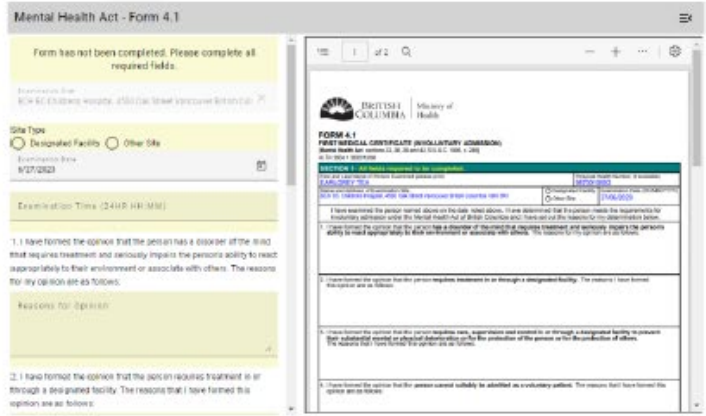
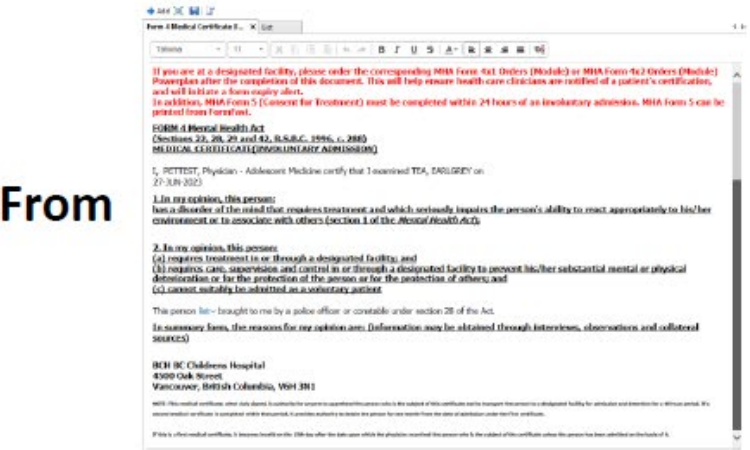
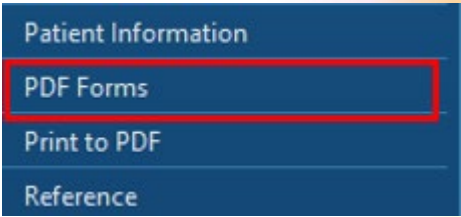
Note: When a Form 4.1 (First Medical Certificate) is completed outside of a designated facility, it is valid for up to 14 days from the date of medical detention and transportation to a designated facility. Involuntary admission begins when the Mental Health Act (MHA) Director or delegate completes Form 4.1 and lasts up to 48 hours. A Form 4.2 must be completed during this time to extend involuntary admission for up to one month. If a Form 4.1 is required to restart involuntary admission, Form 5 must be completed to initiate involuntary treatment. Immediately upon involuntary admission, the person must understand their rights under the MHA by completing Form 13.



Form 4.1  
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# Form 4.1: Changes (continued)

## Where will forms be completed?



- Previously done on Dynamic Documentation Templates, Form 4.1/4.2 will be completed in Cerner on a new PDF forms format
- CST Cerner Help has a full page on the online workflow

## Section 2: Director/Director's Delegate

### What does it mean when you sign?

- All fields in Section 1 have been completed
- **“Sets out the information”**
  - Director or Director's delegate is reviewing the **recorded information** in Form 4.1 Section 1, not judging the quality of a clinical evaluation.
  - The Director or Director's Delegate confirms if the examining professional has provided sufficient statements that address the four criteria under the MHA Section 22 (3) for involuntary admission.

<b>SECTION 2 - To be completed in a designated facility by someone other than the examining professional who completed Section 1</b>		
<b>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.</b>		
<b>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.</b>		<b>Involuntary Admission Date</b> (Date & Time Signed)
Name of MHA Director of Designated Facility or Delegate (please print)	<b>Signature</b> of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
<b>Name of Designated Facility</b>		Time Signed 24HR HH:MM

## Section 2: Director/Director's Delegate Resources



### MENTAL HEALTH ACT: INVOLUNTARY ADMISSIONS: C&W DELEGATION MATRIX

DOCUMENT TYPE: REFERENCE TOOL

Authority of Each Delegate:	DIRECTOR (ie. PIC)	CMO	Executive Director, Program Director, Program Manager	Attending Physician	NP	Nursing Leaders and Specially Trained Nursing Staff
Admitting authority under the MHA (Form 4.1, 4.2)	✓			✓	✓ (4.1 only)	
Reviewing Authority under the MHA (Form 4.1 and 4.2, Section 2)_	✓	✓	✓	✓		✓

Policies/Algorithm in process of being approved

#### Form 4.1 Checklist: First Medical Certificate (Involuntary Admission)

Instructions: This is an **OPTIONAL** form for BC Mental Health Act (MHA) directors and delegates. To help appraise the legal and quality criteria when asked to authorize involuntary admission and treatment. Follow the checklist when reviewing MHA Forms and place this form in the patient chart.

##### Section 1. All fields required to be completed

<input type="checkbox"/>	Examination Site Address	
<input type="checkbox"/>	Site Type	
<input type="checkbox"/>	Examination Date is within past 14 days with date and time fully complete	
<input type="checkbox"/>	Form completed by fully licensed physician or nurse practitioner	Not a resident
<input type="checkbox"/>	Patient's full legal first and last name in space provided	
<input type="checkbox"/>	Physicians signature, name, college ID and phone number fully complete	

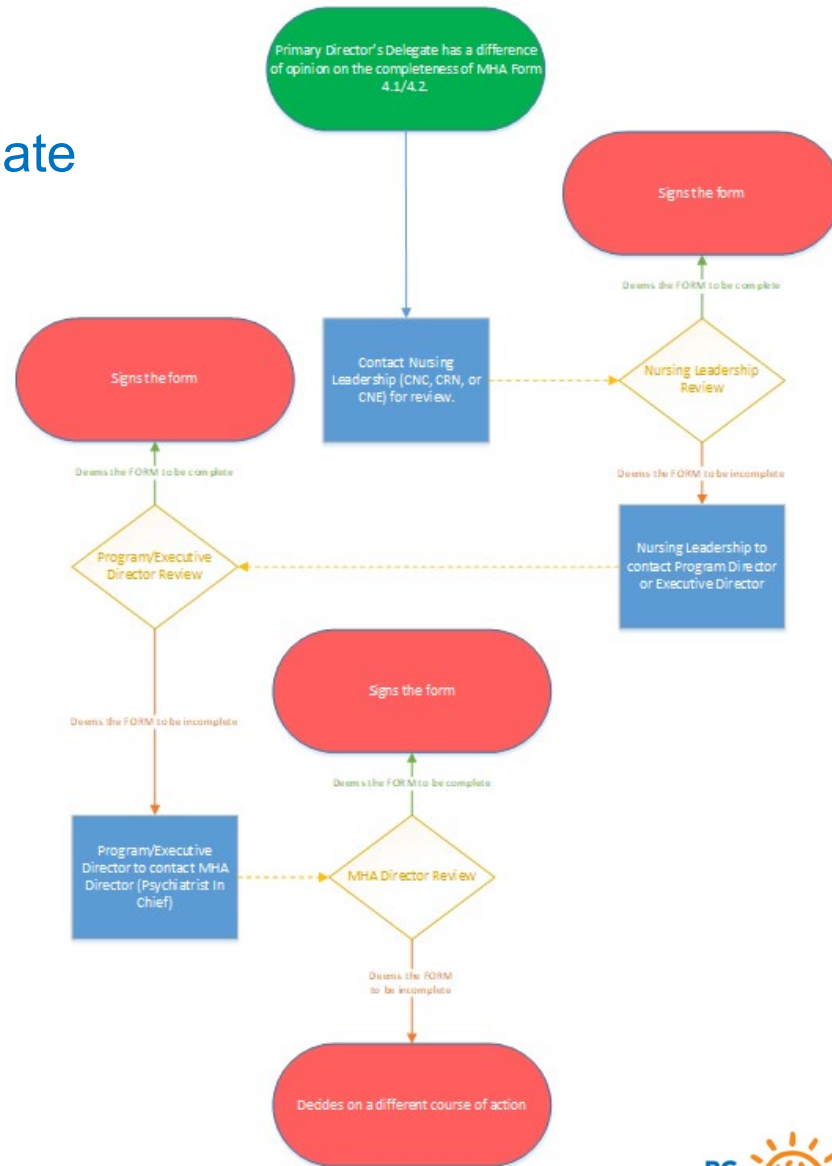
##### Mental Health Act Section 22(3) Criteria – Involuntary Admission

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Reasons for opinion that the person has a mental illness and/or condition</li> <li>Reasons for opinion that the mental illness is seriously impairing the person's ability to react appropriately with the environment or associate with others.</li> </ul>	<p>What is the current psychiatric diagnosis/condition? (Not abbreviated)</p> <p>What are the current symptoms or behaviours?</p> <ul style="list-style-type: none"> <li>Mental illness symptoms must be severe enough to impair the person's functioning</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Reasons for opinion that the person requires treatment in or through a designated facility</li> </ul>	<p>What is the impact of symptoms or behaviours?</p> <ul style="list-style-type: none"> <li>Making connection between current symptoms and behaviors and the person's ability to function</li> </ul> <p>What are the reasons for treatment specifically in a designated facility? Examples:</p> <ul style="list-style-type: none"> <li>Needs frequent monitoring</li> <li>Needs diagnostic clarification</li> <li>Needs acute stabilization</li> <li>To prevent harm to self/others or prevent physical or mental deterioration</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Reasons for opinion that the person requires care, supervision, and control in or through a designated facility to prevent the substantial mental or physical deterioration or for the protection of the person or for the protection of others.</li> </ul>	<p>What is the nature and description of the risk involved if they are not admitted to the designated facility?</p> <ul style="list-style-type: none"> <li>This includes risks and harms that are related to the social, family, vocational, or financial life of the patient as well as physical conditions.</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Reasons for opinion that person cannot be suitably be admitted as a voluntary patient</li> </ul>	<p>Ex.</p> <ul style="list-style-type: none"> <li>Not willing or able to seek help or treatment.</li> <li>Unable to manage their lives safely.</li> <li>There is a concern about risks to the patient or others if the person leaves the hospital without permission.</li> </ul>




## Section 2: Director/Director's Delegate Escalation Algorithm

- As a Director's Delegate, if you deem the Form 4.1 or 4.2 Section 1 as incomplete you would be notifying the Examining Professional that the Form is to be amended before you will sign Section 2.
- If there is a difference in opinion between the Director's Delegate and the Examining Professional on the completeness of the Form 4.1 or 4.2: you can use the *Escalation Algorithm*.



# What is the Form 4.2?

- Form 4.2 is the Second Medical Certificate for an Involuntary Admission
  - Replacing the second “Form 4”
- Form 4.2 extends the involuntary for one month after the date of involuntary admission.
- Examining professional is a physician, other than the one who completed Form 4.1
  - Cannot be a nurse practitioner, or resident



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Patient label area (optional)

**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 35042 2022/12/06

**SECTION 1 - All fields required to be completed.**

<small>First and Last Name of Person Examined (please print)</small>	<small>Personal Health Number (if available)</small>
<small>Name and Address of Designated Facility (in the case of certificates completed under section 29, name and address of correctional centre or youth custody centre)</small>	<small>Examination Date (DD/MM/YYYY)</small>

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.

- 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.** The reasons for my opinion are as follows:
- I have formed the opinion that the person **requires treatment in or through a designated facility.** The reasons for my opinion are as follows:
- 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.** The reasons that I have formed this opinion are as follows:
- I have formed the opinion that the **person cannot suitably be admitted as a voluntary patient.** The reasons that I have formed this opinion are as follows:

**Signed below by:**  Check if summary continued on back of this page  Patient was given a copy of this form

<small>First and Last Name of Examining Physician (please print)</small>	<small>Signature of Physician</small>	<small>Date Signed (DD/MM/YYYY)</small>
<small>Phone Number</small>	<small>College ID Number</small>	<small>Time Signed 24HR HH:MM</small>

**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*.

<small>Name of MHA Director of Designated Facility or Delegate (please print)</small>	<small>Signature of Mental Health Act Director or Delegate of Designated Facility</small>	<small>Date Signed (DD/MM/YYYY)</small>
<small>Name of Designated Facility</small>		<small>Time Signed 24HR HH:MM</small>

**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.

<small>Name of MHA Director of Designated Facility or Delegate (please print)</small>	<small>Signature of Mental Health Act Director or Delegate of Designated Facility</small>	<small>Date Signed (DD/MM/YYYY)</small>
<small>Name of Designated Facility</small>		<small>Time Signed 24HR HH:MM</small>

Note: Extension of involuntary admission beyond one month requires an additional medical assessment and completion of a Renewal Certificate (Form 6) before the one month lapses. Attempts to help the patient understand their rights must be performed at each renewal of the patient's involuntary admission, and documented on the Form 13.

# What is the Form 4.2? (continued)

- Same four criteria required for an involuntary admission under the Mental Health Act Section 22(3)
- Section 2 Part A needs to be filled out by the Director or Director's Delegate to review the Form
  - (Part B is for forensic sites)
- Access remains the same as Form 4.1 via CERNER through PDF Forms



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Patient label area (optional)

**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 3304.2 2022/12/06

**SECTION 1 - All fields required to be completed.**

First and Last Name of Person Examined (please print)	Personal Health Number (if available)
Name and Address of Designated Facility (in the case of certificates completed under section 29, name and address of correctional centre or youth custody centre)	Examination Date (DD/MM/YYYY)

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.

- 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.** The reasons for my opinion are as follows:
- I have formed the opinion that the person **requires treatment in or through a designated facility.** The reasons for my opinion are as follows:
- 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.** The reasons that I have formed this opinion are as follows:
- I have formed the opinion that the person **cannot suitably be admitted as a voluntary patient.** The reasons that I have formed this opinion are as follows:

**Signed below by:**  Check if summary continued on back of this page  Patient was given a copy of this form

First and Last Name of Examining Physician (please print)	Signature of Physician	Date Signed (DD/MM/YYYY)
Phone Number	College ID Number	Time Signed 24HR HH:MM

**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.

Name of MHA Director of Designated Facility or Delegate (please print)	Signature of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed 24HR HH:MM

**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.

Name of MHA Director of Designated Facility or Delegate (please print)	Signature of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
Name of Designated Facility		Time Signed 24HR HH:MM

Note: Extension of involuntary admission beyond one month requires an additional medical assessment and completion of a Renewal Certificate (Form 6) before the one month lapses. Attempts to help the patient understand their rights must be performed at each renewal of the patient's involuntary admission, and documented on the Form 13.

# Education/Resources

- The Cerner go-live for Form 4.1 and 4.2 is scheduled for **September 20**

## Education:

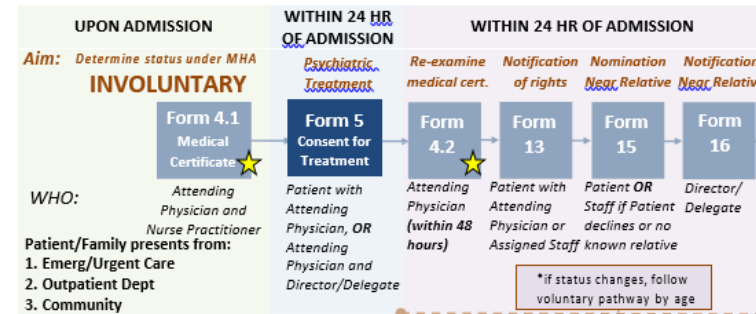
- Videos
  - CERNER Workflow Video
  - [BCCH MHA Form 4.1/4.2 Section 1 Criteria Presentation](#) (22 minute video)
- LearningHub Mini Module
  - To cover Form 4.1/4.2 information specifically

## Policies (Drafts - to be approved and updated on SHOP):

- Work Standards for 4.1/4.2
- Delegation Matrix
- Director's Delegate Escalation Algorithm
- MHA Pathway

## Resources:

- Quick Reference Sheets (FAQ)
- Director/Director's Delegate Checklists
- [CST Cerner Help - Form 4.1/4.2](#)



## Support

- **AJ Ang (Clinical Nurse Educator – Mental Health Act)**
  - [Anthony.ang@cw.bc.ca](mailto:Anthony.ang@cw.bc.ca)
- **Matt Simon (Manager, Quality, Safety, and Accreditation)**
  - [Matthew.simon@cw.bc.ca](mailto:Matthew.simon@cw.bc.ca)
- **Betty Lau (Informatics Specialist – Mental Health)**
  - [Betty.lau@cw.bc.ca](mailto:Betty.lau@cw.bc.ca)