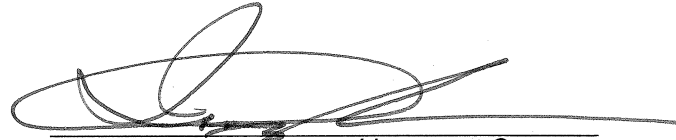


ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. **204**, Approved and Ordered **MAR 17 2005**



Lieutenant Governor

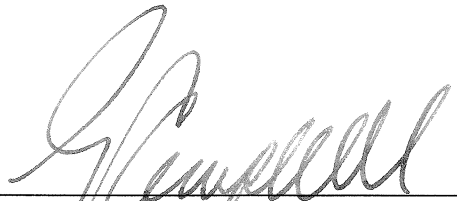
Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that, effective April 4, 2005,

- (a) sections 115, 116, the part of section 117 that enacts sections 24.1 and 24.2 of the *Mental Health Act*, and sections 118 and 119 of the *Administrative Tribunals Act*, S.B.C. 2004, c. 45, are brought into force,
- (b) section 20 of the *Attorney General Statutes Amendment Act, 2004*, S.B.C. 2004, c. 57, is brought into force, and
- (c) the *Mental Health Regulation*, B.C. Reg. 233/99, is amended as set out in the attached Schedule.



P. Gerry Kent
Attorney General and Minister
Responsible for Treaty Negotiations



Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section: *Administrative Tribunals Act*, S.B.C. 2004, c. 45, s. 191; *Mental Health Act*, R.S.B.C. 1996, c. 288, ss. 9 & 43;

Other (specify): *Attorney General Statutes Amendment Act*, S.B.C. 2004, c. 57, s. 21; OIC 869/99

SCHEDULE

1 The Mental Health Regulation, B.C. Reg. 233/99, is amended

- (a) in section 1 by repealing the definitions of “community health services society”, “health authority” and “review panel office” and substituting the following:***

“health authority” means

- (a) a board designated under the *Health Authorities Act*,
- (b) a board of a hospital as defined by section 1 of the *Hospital Act*, or
- (c) any other governing body of a designated facility;

“review panel office” means the office having the following address:

Dogwood Building, Holly Drive
2601 Lougheed Highway
Coquitlam, BC V3C 4J2
Phone: (604) 524-7219 or 524-7220
Fax: (604) 524-7216 .

- (b) section 6 (8) to (21) is repealed,***
- (c) Forms 7, 13 and 14 are repealed and the attached Forms 7, 13 and 14 are substituted,***
- (d) Form 15 is amended by striking out “Public Trustee.” and substituting “Public Guardian and Trustee.”,***
- (e) Form 16 is amended in section 5 by striking out “habeas corpus application to the court.” and substituting “an application (in the nature of habeas corpus) to the court under the Judicial Review Procedure Act.”,***
- (f) Form 16 is amended by deleting the address of the review panel office at the end of the form and substituting the following:***

Dogwood Building, Holly Drive
2601 Lougheed Highway
Coquitlam, BC V3C 4J2
Phone: (604) 524-7219 or 524-7220
Fax: (604) 524-7216 .

- (g) Form 18 is amended by deleting the address of the review panel office at the end of the form and substituting the following:***

Dogwood Building, Holly Drive
2601 Lougheed Highway
Coquitlam, BC V3C 4J2
Phone: (604) 524-7219 or 524-7220
Fax: (604) 524-7216 .

FORM 13
MENTAL HEALTH ACT
[Section 34, R.S.B.C. 1996, c. 288]

**NOTIFICATION TO INVOLUNTARY PATIENT
OF RIGHTS UNDER THE *MENTAL HEALTH ACT***

(The information in **bold** type must be read to the patient.)

I am here to tell you about your legal rights under the *Mental Health Act* as an involuntary patient. I will read you a summary of these rights. You may ask me questions at any time. I will give you a copy of this form, which contains more information for you to read.

You have the right:

- 1. to know the name and location of this facility. It is (name) at (location).**
- 2. to know the reason why you are here. You have been admitted under the *Mental Health Act*, against your wishes, because a medical doctor is of the opinion that you meet the conditions required by the *Mental Health Act* for involuntary admission. (see *Reasons for Involuntary Admission*)**
- 3. to contact a lawyer. (see *Contacting a Lawyer*)**
- 4. to be examined regularly by a medical doctor to see if you still need to be an involuntary patient. (see *Renewal Certificates*)**
- 5. to apply to the Review Panel for a hearing to decide if you should be discharged. (see *Review Panel*)**
- 6. to apply to the court to ask a judge if your medical certificates are in order. A lawyer is normally required. (see *Judicial Review (Habeas Corpus)*)**
- 7. to appeal to the court your medical doctor's decision to keep you in the facility. A lawyer is normally required. (see *Appeal to Court*)**
- 8. to request a second medical opinion on the appropriateness of your medical treatment. (see *Second Medical Opinion*)**

Name of patient

.....
patient's signature

.....
date signed (dd / mm / yyyy)

Name of person who provided Information
(Give the patient a blank copy and file the named copy in the chart)

MORE INFORMATION

REASONS FOR INVOLUNTARY ADMISSION. A medical doctor signed a medical certificate for your involuntary admission because the doctor is of the opinion that

- (a) you are a person with a mental disorder that seriously impairs your ability to react appropriately to your environment or associate with other people,
- (b) you require psychiatric treatment in or through a designated facility,
- (c) you should be in a designated facility to prevent your substantial mental or physical deterioration or to protect yourself or other people, and
- (d) you cannot be suitably admitted as a voluntary patient.

The reasons why the medical doctor thinks you should be here are written on the medical certificate. You may have a copy of the medical certificate unless the hospital believes that this information will cause serious harm to you or cause harm to others.

As an involuntary patient, you do not have a choice about staying here. The staff may give you medication or other treatment for your mental disorder even if you do not want to take it.

CONTACTING A LAWYER. You may contact any lawyer or advocate you choose at any time.

RENEWAL CERTIFICATES. If a second medical certificate is completed within 48 hours of your admission, you may be required to stay in hospital for up to one month depending on your response to treatment. Before the end of the month a medical doctor must examine you and your involuntary certificate may be renewed, if necessary, for up to another month. After this, the certificates must be renewed at the end of three months and then every six months. *Every time a new certificate is filled out, you have the right to ask for a hearing by a review panel.*

REVIEW PANEL. You or someone on your behalf may apply to the review panel by filling in a Form 7, Application for Review Panel Hearing. This form is available in the nursing unit. The review panel must decide within 14 days to continue your hospitalization or discharge you. There is no cost. Information about how a review panel works can be provided by your nurse or you can contact the Mental Health Law Program directly at (604) 525-2615 or toll free 1-888-525-2615.

JUDICIAL REVIEW (HABEAS CORPUS) You may ask the court to look at the documents used in your involuntary admission to see whether you should be kept in this facility. You will need a lawyer to assist you and there may be a cost.

APPEAL TO THE COURT You may ask the Supreme Court of British Columbia to decide whether you must continue to be an involuntary patient. You will need a lawyer to assist you and there may be a cost.

SECOND MEDICAL OPINION At any time after the second medical certificate is completed, you, or a person on your behalf, may request a second opinion about the appropriateness of your medical treatment. The second opinion is NOT about whether you should continue to be an involuntary patient. You may ask to be seen by a medical doctor of your choice or ask the director to pick a medical doctor. There may be a cost to you depending on the distance the doctor has to travel. *When the director receives the second opinion, the director does not have to change the treatment; it is only an opinion.*

FORM 14
MENTAL HEALTH ACT
[Section 34.1, R.S.B.C. 1996, c. 288]

**NOTIFICATION TO PATIENT UNDER AGE 16,
ADMITTED BY PARENT OR GUARDIAN,
OF RIGHTS UNDER THE *MENTAL HEALTH ACT***

(The information in **bold** type must be read to the patient.)

You have been admitted to this facility at the request of your parent or guardian and I am here to tell you about your legal rights under the *Mental Health Act*. I will read you a summary of these rights. You may ask me questions at any time. I will give you a copy of this form, which contains more information for you to read.

You have the right:

- 1. to know the name and location of this facility. It is**
..... (name) at (location).
- 2. to know the reason why you are here. The facility has admitted you because your parent or guardian requested your admission, a medical doctor examined you and his/her opinion was that you have a mental disorder that requires treatment. (see *Reasons for Admission*)**
- 3. to contact a lawyer. (see *Contacting a Lawyer*)**
- 4. to be examined regularly by a medical doctor to determine if you still need to be a patient in this facility. (see *Renewal Certificates*)**
- 5. to apply to the review panel for a hearing to decide if you should be discharged. (see *Review Panel*)**
- 6. to apply to the court to ask a judge if your medical certificates are in order. A lawyer is normally required. (see *Judicial Review (Habeas Corpus)*)**
- 7. to appeal to the court your medical doctor's decision to keep you in the facility. A lawyer is normally required. (see *Appeal to Court*)**

Name of patient

.....
patient's signature

.....
date signed (dd / mm / yyyy)

Name of person who provided Information

(Give the patient a blank copy and file the named copy in the chart)

MORE INFORMATION

REASONS FOR ADMISSION. You were admitted at the request of your parent or guardian and a medical doctor who examined you is of the opinion that

- (a) you are a person with a mental disorder that seriously impairs your ability to react appropriately to your environment or associate with other people; and
- (b) you require psychiatric treatment in a designated facility.

You do not have a choice about staying here. The staff may give you medication or other treatment, to which your parent or guardian has consented, for your mental disorder even if you do not want to take it.

You may talk to your medical doctor or a nurse about these things if you wish.

CONTACTING A LAWYER. You may contact any lawyer or advocate you choose at any time.

RENEWAL CERTIFICATES. Within one month of your admission, you must be examined by a medical doctor for the purpose of determining whether you should be discharged.

If the medical doctor is of the opinion that you should not be discharged, you have the right to

- a second examination within one month after the first month is ended,
- a third examination within three months of the second examination, and after that
- an examination within each six-month period after the third examination.

REVIEW PANEL. If you ask to be discharged, but the parent or guardian who requested your admission does not support your request, you have the right to request a hearing by a review panel to determine whether you should be discharged.

You or someone on your behalf may apply to the review panel, by filling in a Form 7, Application for Review Panel Hearing. This form is available in the nursing unit. The review panel must decide within 14 days to continue your hospitalization or discharge you. There is no cost. Information about how a review panel works can be provided by your nurse or you can contact the Mental Health Law Program directly at (604) 525-2615 or toll free 1-888-525-2615.

JUDICIAL REVIEW (HABEAS CORPUS) You may ask the court to look at the documents used in your admission to determine whether you should be kept in this facility. You will need a lawyer to assist you and there may be a cost.

APPEAL TO THE COURT You may ask the Supreme Court of British Columbia to decide whether you must continue to be a patient. You will need a lawyer to assist you and there may be a cost.