SYSTEMIC INVESTIGATION UPDATE

# COMMITTED TO CHANGE:

## Protecting the rights of involuntary patients under the *Mental Health Act*

OMBUDSPERSON
BRITISH COLUMBIA

Special Report No.62
January 2026

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Our office is located on the traditional lands of the Lək̓ʷəŋən (Lekwungen) People and ancestors and our work extends across the homelands of the First Nations Peoples within what we now call British Columbia. We honour the many territorial keepers of the lands and waters where we work.

OMBUDSPERSON
BRITISH COLUMBIA

January 2026

The Honourable Raj Chouhan
Speaker of the Legislative Assembly
Parliament Buildings
Victoria, BC  V8V 1X4

Dear Mr. Speaker,

It is my pleasure to present the Ombudsperson's Special Report No. 62 *Systemic investigation update: Committed to Change: Protecting the rights of involuntary patients under the* Mental Health Act.

The report is presented pursuant to section 31(3) of the *Ombudsperson Act*.

Yours sincerely,

Jay Chalke
Ombudsperson
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# INTRODUCTION

When our investigations highlight a problem in the fair administration of public services, we make recommendations that aim to fix that problem. Our recommendations may involve individual remedies or systemic change and encourage accountability by containing timelines for implementation.

This report assesses the implementation of recommendations made in our 2019 report, *Committed to Change: Protecting the rights of involuntary patients under the* Mental Health Act.

## How we assess implementation

Once we release a report, we begin monitoring the authority's implementation of accepted recommendations. We collect information about the steps the authority has taken to implement the recommendations. We expect the authority to provide us with specific, relevant, and verifiable information about its implementation steps; a general commitment to act is not sufficient. We then assess this information to determine whether, in our view, the recommendation is fully implemented. While some recommendations may be implemented quickly, others may be implemented over time. As part of this monitoring commitment, we publish periodic updates on specific reports and their recommendations.

In this monitoring report, we identify the stage of implementation for each recommendation as fully implemented, implemented by other means, partially implemented, implementation ongoing, and no progress, defined below.

| | |
|---|---|
| **Fully implemented →** | A public body has taken steps that implement all parts of the recommendation |
| **Implemented by other means →** | A public body has taken implementation steps different than those in the recommendation, but those steps are sufficient to meet the intent of the recommendation |
| **Partially implemented →** | A public body has implemented some parts of the recommendation, but other parts of the recommendation are not yet complete |
| **Implementation ongoing →** | A public body has work underway to implement the recommendation, but that work is not yet complete |
| **No progress →** | A public body has taken no measurable or meaningful steps to implement the recommendation |

# *COMMITTED TO CHANGE* 2019 REPORT

*Committed to Change* described our investigation into whether designated psychiatric facilities were completing mandatory forms for involuntary admissions under the *Mental Health Act*. The forms document a designated facility's compliance with procedural steps that are intended to protect the rights of a person who is being detained against their will.

**Table 1**. Mandatory forms under the *Mental Health Act*

| Name of form | Purpose of form |
|---|---|
| Form 4 (now Form 4.1 and 4.2) and Form 6 | Authorize and describe the reasons for initial and subsequent detention |
| Form 5 | Describe and authorize a proposed course of psychiatric treatment for a patient<br><br>Require a physician to assess the capacity of the patient to consent to that treatment |
| Form 13 (now Form 13 or Form 13.1) | Provide the patient with notice of and information about their rights under the *Mental Health Act* |
| Form 15 and 16 (now Form 16.1 and Form 16.2) | Provide patients an opportunity to designate a near relative and notify that relative of the admission and detention and the patient's rights |

Our investigation found that in June 2017, the mandatory forms were fully completed in only 28 per cent of involuntary patient admissions in all health authorities across the province. In many cases, legally required admission documents were missing, late or improperly completed, including forms outlining reasons for detention, consent and description of treatment, notification of a patient's rights, and notification to relatives. In some cases, facilities used standard rubber stamps to authorize treatment for individual patients instead of describing the specific treatment proposed for that patient. In other cases, physicians failed to explain why a person met the criteria for involuntary admission, yet the patient was admitted without their consent. Some forms lacked the necessary signatures or dates.

Based on these findings, we made 24 recommendations to the Ministry of Attorney General, Ministry of Health,[1] Public Guardian and Trustee, and all six health authorities[2] that focused on three key areas for improvement:

1. increasing oversight and accountability through regular compliance audits, setting compliance targets and increasing public reporting about involuntary admissions
2. training staff and physicians on the need to complete forms, and developing and codifying standards for compliance with the *Mental Health Act*
3. developing and implementing an independent rights advisor service to provide advice to involuntary patients in designated facilities throughout the province

Our 2019 recommendations are set out in Appendix B.

[1] We also made recommendations to the Ministry of Mental Health and Addictions. However, that ministry's responsibilities have now been transferred back to the Ministry of Health.

[2] Provincial Health Services Authority and the five regional health authorities: Fraser Health Authority, Island Health Authority, Interior Health Authority, Northern Health Authority and Vancouver Coastal Health Authority.

# WHAT WE FOUND IN THIS REPORT

In the seven years since *Committed to Change* was released, the provincial government and health authorities have fully implemented 12 of the 24 recommendations. Implementation work is ongoing on a further eight recommendations. No progress has been made on four recommendations.

## Auditing MHA forms: important procedural safeguards

Many of the recommendations we made in *Committed to Change* were directed at strengthening oversight of and accountability for compliance with the procedural safeguards in the *Mental Health Act* by ensuring that responsible staff appropriately completed the required forms.

> It is the position of the Province that compliance with the procedures delineated in the *Mental Health Act*, including timely and appropriate completion of all forms, is required. As the Ombudsperson's report states, the forms "are not just paperwork. They provide the legal authority for an involuntary admission and detention, and, when properly completed, provide evidence that facilities are safeguarding patients' constitutional rights in the admissions process." Furthermore, compliance with all statutory procedures, including completion of forms, promotes patient engagement and recovery by increasing patients' sense of being treated fairly, even when they are involuntarily admitted and if compelled to accept psychiatric treatment. In this respect, compliance with the procedures in the Act will also ensure that patients clearly understand their status under the Act and in particular the reasons for the decisions that have an impact on them.
>
> – Ministry of Health, Standards for Operators and Directors of Designated Mental Health Facilities[3]

Properly completing the required forms under the *Mental Health Act* was a primary focus of *Committed to Change* and many of our recommendations addressed this important issue. This included recommendations that the province and health authorities develop audit procedures and a regular system of auditing to review compliance with the involuntary admissions form completion process, including timeliness and content of the forms (**Recommendations 16 and 17**; discussed further below). This system is now largely in place across all six health authorities with support from the Ministry of Health. Quarterly

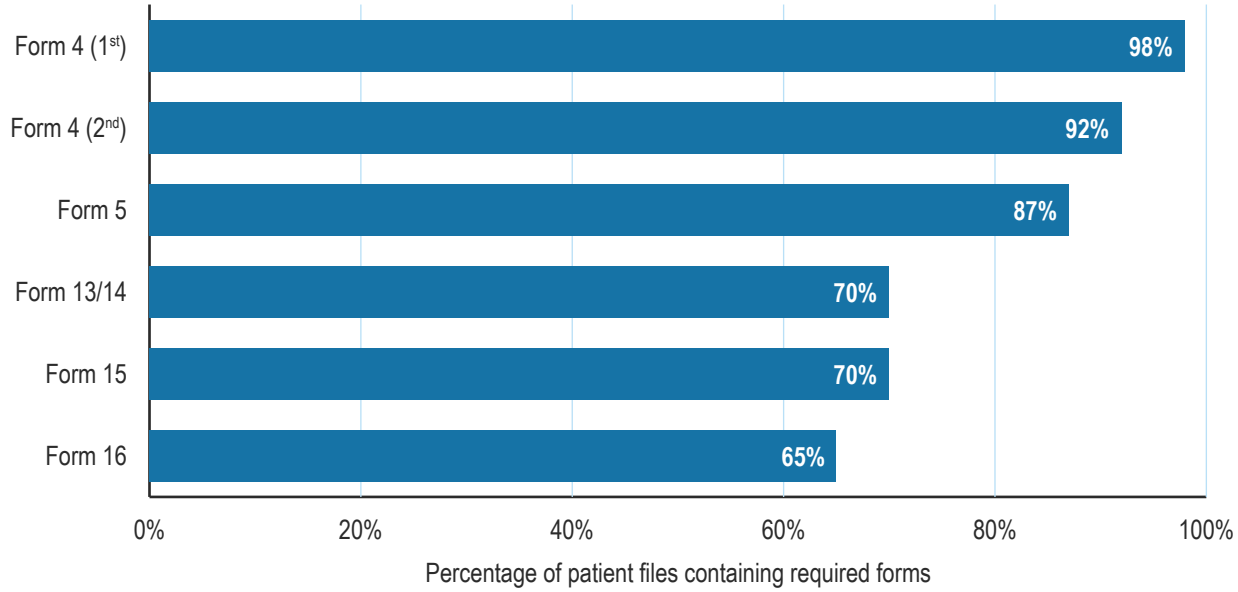
[3] Province of British Columbia, Ministry of Health, Standards for Operators and Directors of Designated Mental Health Facilities, December 9, 2020.

audits have been underway since July 2019. The provincial standards for audits established a target of 100 per cent compliance with requirements for form completion.[4]

The audits show consistent, sustained improvement in form compliance, but also identify ongoing inadequacies in form completion and quality. The Ministry of Health and the health authorities provided our office with data on form completion and quality from the most recent quarterly audit results available, from July to September 2024. This audit data reveals improvements in the number of forms present on patient files since our 2022 update report, but show that there continues to be a significant gap in the extent to which these forms are complete and meet the quality standards. At the same time, our office continues to receive complaints from individuals who have been involuntarily admitted that raise concerns about the timely and adequate completion of the required forms.

Figure 1, below, shows the percentage of patient files that contained all required forms for involuntary admission under the *Mental Health Act* for the most recent audit period available (July to September 2024), combining data from all health authorities (Fraser Health, Vancouver Coastal Health,[5] Interior Health, Vancouver Island Health, Northern Health and Provincial Health Services [PHSA]). While recent audit results indicate that a higher proportion of forms were completed in 2024 than in 2017 and 2020, this progress has been incremental and completion rates for some forms are still significantly below 100 per cent.

**Figure 1.** Percentage of patient files containing required forms, by form, all health authorities, July to September 2024




[4] Province of British Columbia, Ministry of Health, Standards for Operators and Directors of Designated Mental Health Facilities, December 9, 2020.

[5] In this report, all data for Vancouver Coastal Health includes facilities operated by Providence Health Care.

We are deeply concerned that health care staff are involuntarily admitting and treating a significant number of patients without completing the required forms. Properly completed forms have a critical role in protecting the constitutional rights of individual patients.[6] We are particularly concerned that the completion rate for Form 5 remains below 100 per cent because Form 5 documents the decision to provide psychiatric treatment without consent of the patient and requires a detailed treatment plan. Form 5 is even more important as evidence that involuntary treatment has been properly authorized, following the passing of Bill 32, *Mental Health Amendment Act* in December 2025 that repealed section 31(1), the deemed consent provision of the *Mental Health Act*.

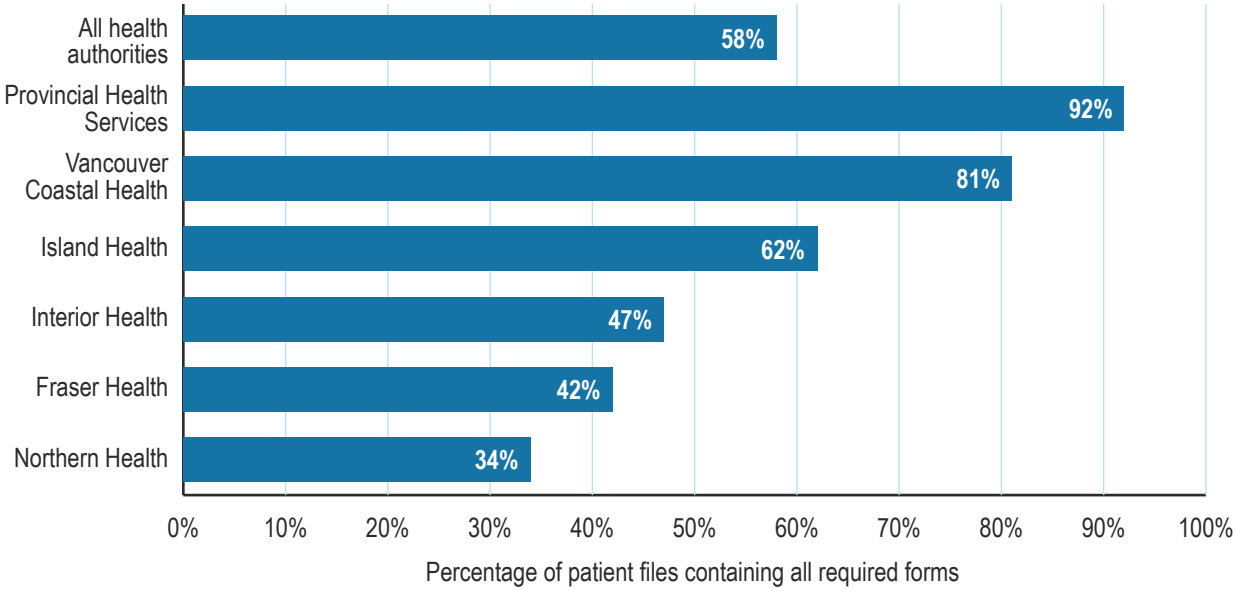
The audit results also indicate that gaps persist in completing Forms 13/14, Form 15 and Form 16. These forms set out the legal rights of patients under the *Mental Health Act* and are intended to document the steps that directors of designated facilities must take to inform patients and their near relatives about where they are admitted and the review processes that are available to them.[7]

Figure 2, below, shows the percentage of audited patient files that contained all required forms (Forms 4, 5, 13/14, 15 and 16) for involuntary admission by health authority for the same audit period and highlights significant variation in how health authorities are meeting this standard. The figure indicates that the forms were present in a patient's chart, but it does not indicate to what extent they were fully completed or the quality of that completion.

[6] See page 19-20 of *Committed to Change* (2019) for a discussion of Charter rights of patients who are involuntarily admitted under the *Mental Health Act*.

[7] Form 13 (Notification to Involuntary Patient of Rights under the *Mental Health Act*) and Form 14 (Notification of Patient under 16, Admitted by a Parent or Guardian, of Rights under the *Mental Health Act*) both include information about legal rights under the Act. Our investigation in *Committed to Change* focused on involuntary admissions and did not include an audit of Form 14, which is used in voluntary admissions of persons under 16 years of age. However, because the health authorities have included Form 14 in their audits, and the Ministry of Health provided that information, we included it in our 2022 update report, and we have included it here.

**Figure 2.** Percentage of patient files containing all required forms, by health authority, July to September 2024




While audit results indicate overall progress by the health authorities, it has been incremental and several health authorities are failing to include all required forms in over 50 per cent of their patients' files. See Appendix A for figures comparing the percentage of these forms that were assessed as fully completed as well as the quality of form completion. The figures in Appendix A reveal further gaps between form presence and form completion and quality.

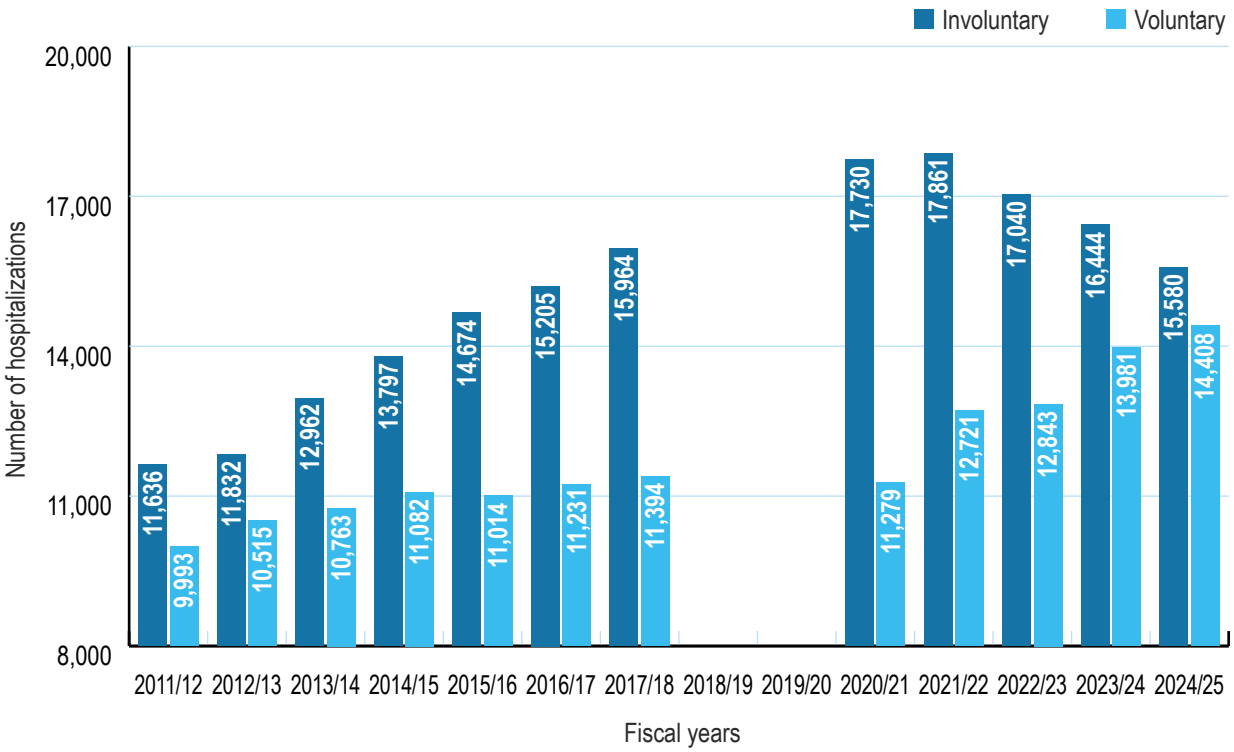
We underscore the fundamental importance of these forms, which provide evidence of legal authority for an involuntary admission under the *Mental Health Act*. We are pleased to hear about the commitment of Provincial Health Services, who told us that it "has set and strives to meet the 100% performance target of the MHA forms and recognizes the important of the provincial standards for compliance." We strongly encourage the other health authorities to make similar commitments and undertake the work, with support from the Ministry of Health, to ensure timely and appropriate completion of all required forms in every involuntary admission.

# PROVINCIAL DATA ON INVOLUNTARY ADMISSIONS IN BC

*Committed to Change* included several figures related to involuntary admission in the province, based on data from the Ministry of Health. In this report, we have updated the information provided in the original figures, based on the latest data provided by the ministry. However, the changes the government has made in data collection mean that previously reported data from the *Committed to Change* report (data from 2005/06 to 2016/17) cannot be directly compared with current data presented in the figures below. We include the 2020/21 through to 2024/25 data in the long-term data analysis because it adds to the picture of general trends in involuntary hospitalizations.

Figure 3, below, updates Figure 1 from the 2019 *Committed to Change* report and compares the number of unique voluntary and involuntary patients who were hospitalized in acute and rehabilitation facilities within a fiscal year. Reporting on unique patients means that even if a person was involuntarily or voluntarily admitted multiple times over a year, they are only "counted" in this figure once. We note that because of changes in reporting by the ministry for the 2018/19 and 2019/20 fiscal years, data that distinguishes between voluntary and involuntary admissions is not available for these two fiscal years. Accordingly, when we use a longitudinal figure, such as Figures 3 and 4, we have indicated this data gap with a blank space, and we have provided the total number of patients (voluntary and involuntary data is combined for these years) at the bottom of the figure.

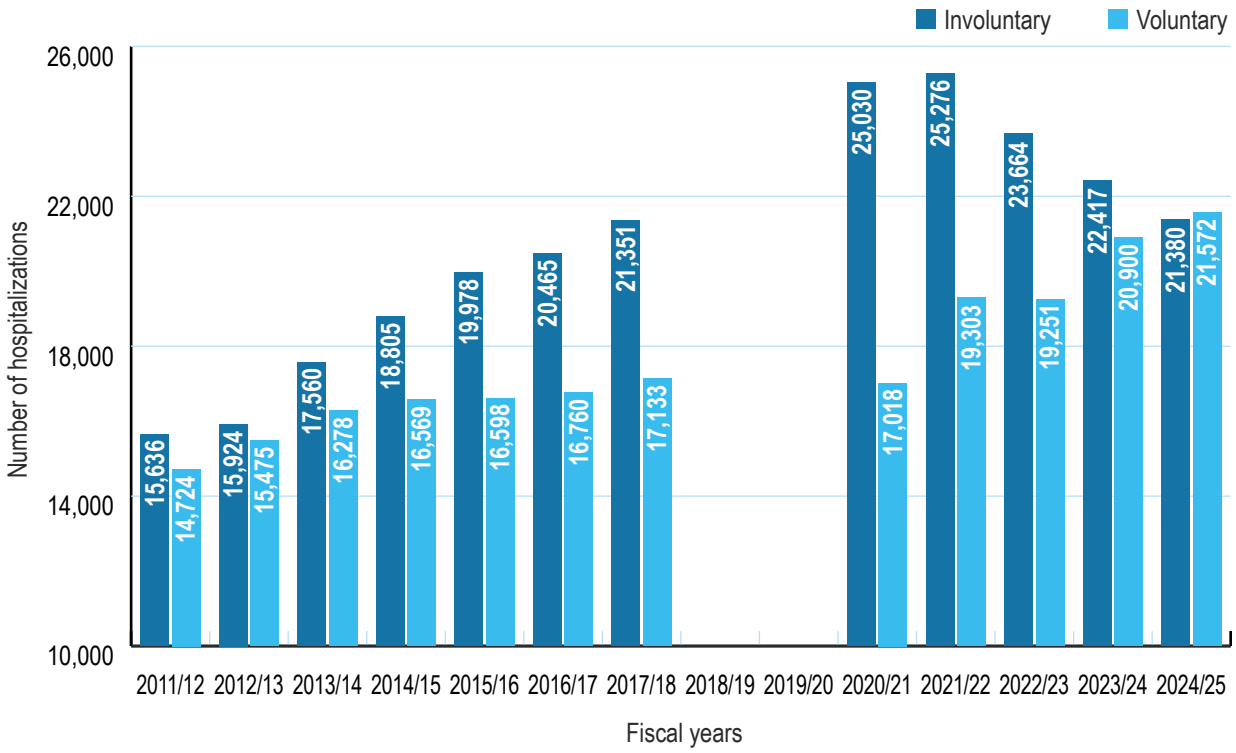
**Figure 3.** Unique patients for hospitalization under the MHA at acute care hospitals or rehab facilities by MHA legal status and fiscal year, MHA disorder as most responsible diagnosis, 2011/12 to 2024/25




**Note:** The total unique patient count for 2018/2019 is 27,890 (voluntary and involuntary patients combined) and for 2019/2020 is 28,799 (voluntary and involuntary patients combined) under Main Diagnosis category.

Figure 4 below updates Figure 2 from the 2019 *Committed to Change* report, which includes the most recent data received from the ministry. Figure 4 shows data from the most responsible diagnosis category only,[8] and it highlights some differences between counting "unique patients" and counting patients discharged multiple times within a fiscal year.

**Figure 4**. Hospitalizations under the *Mental Health Act* (MHA) at acute care hospitals or rehab facilities by MHA legal status and fiscal year, MHA disorder as most responsible diagnosis, 2011/12 to 2024/25




**Note:** The total hospitalization count for 2018/2019 is 39,674 (voluntary and involuntary patients combined) and for 2019/2020 is 40,782 (voluntary and involuntary patients combined) under Main Diagnosis category.

[8] At present, the ministry's reporting for involuntary admissions is divided into three categories of patients: *Mental Health Act* (MHA) Disorder as Main Diagnosis, MHA Disorder as Comorbidity, and Diagnosis not under the MHA. We note this latter category means the patient had an unspecified mental disorder diagnosis reported to the ministry; records containing codes for "self-harm," "poisoning" and/or "other symptoms/signs involving emotional state" and any/all of Forms 4, 6, 21 were completed for the patient. The ministry has indicated that the category "Main Diagnosis" means the largest proportion of a patient's treatment was for a diagnosis that fell under the *Mental Health Act*. Focusing on Main Diagnosis category data may exclude some involuntary patients under the other two categories, but it best answers the questions: for the patients whose main diagnosis led to them being admitted under the *Mental Health Act*, how many are voluntary, how many are involuntary and are there any changes in these numbers over time?

# ASSESSING IMPLEMENTATION OF RECOMMENDATIONS

In our 2022 update report, we concluded that eight of the 24 recommendations were fully implemented. This 2026 report focuses on the 16 recommendations that were still in progress as of the 2022 update.

## Oversight and accountability

### Notifying a near relative

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R6** | By January 1, 2020, the health authorities develop a process for implementation by the directors of designated facilities by February 1, 2020, to confirm receipt of each Notification to Near Relative (Form 16) by its addressee, and, if the form was not received, to issue a further Form 16 to another near relative of the patient. | **Fully implemented – Island Health, Northern Health, PHSA, Vancouver Coastal Health** |
| | | **Partially implemented – Fraser Health, Interior Health** |

#### Ombudsperson's reasons for assessment

When a person is involuntarily admitted, Form 16 (now Form 16.1) is intended to fulfill the critical function of advising someone who can support them.

Since our last update Form 16.1 and Form 16.2 now include a checkbox to confirm that a near relative received notice, along with a field to record the date and confirmation or tracking number. In addition, all health authorities have developed a process to confirm receipt of each Form 16.1 by the person the form is sent to. Vancouver Coastal Health, Island Health, Fraser Health and Provincial Health Services use registered mail to notify the nearest relative and confirm receipt. Northern Health delivers Form 16.1 either by hand or by mail and Interior Health has a system to electronically track whether the form was hand delivered, faxed, sent by registered mail or the contents of the form were communicated by phone.

In addition, Island Health, Northern Health and PHSA have developed systems to issue a Form 16.1 to another near relative in the event the initial form is not received by its addressee. Vancouver Coastal Health has further implemented secure electronic delivery of Form 16.1, and developed a standard operating procedure that sets out the process for

secure electronic transmission, verification, documentation of receipt and issuance of a new Form 16.1 to another near relative where the initial Form 16.1 was not received.

We are pleased to see that the health authorities have developed processes for confirming receipt of each Form 16.1 and we encourage Fraser Health and Interior Health to ensure that a Form 16.1 is issued to another near relative in the event the initial form was not received by its addressee.

## Notifying the Public Guardian and Trustee or private committee

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R7** | By January 1, 2020, the Ministry of Health and the health authorities develop and implement, in consultation with the Office of the Information and Privacy Commissioner and the Public Guardian and Trustee of British Columbia, an appropriate method for identifying, in a timely way, those involuntary patients who are clients of the Public Guardian and Trustee of British Columbia or who have private committees. | **No progress** |
| **R8** | By November 1, 2019, government introduce legislation for consideration by the legislative assembly to amend the *Mental Health Act* to:<br>a. repeal section 34.2(4), which provides that a director's duty to notify a patient's near relative is discharged if a notice is sent to the Public Guardian and Trustee of British Columbia (PGT)<br>b. require the directors of designated facilities to identify patients who are clients of the PGT or who have a private committee and notify the PGT upon those patients' admission, transfer or renewal of detention<br>c. require the directors of designated facilities to notify any known representative under a Representation Agreement or attorney under an Enduring Power of Attorney upon those patients' admission, transfer or renewal of detention, and<br>d. provide that where there is no known near relative, representative, attorney or committee, and the patient is not a client of the PGT, the notice be provided to the independent rights advice body in accordance with the process described under Recommendation 21. | **No progress** |

### Ombudsperson's reasons for assessment

The Public Guardian and Trustee (PGT) may be notified of the involuntary admission of its clients if the patient specifically requests notification, or if the patient does not nominate a near relative and the director is unable to identify any such relatives – in which case, the PGT is the default recipient of the Form 16.1. This results in the PGT receiving notifications for patients who are not its clients. Conversely, the PGT would not receive notice if a patient who is a PGT client nominated someone else on the Form 16.1.

Since our last update the Ministry of Health has advised that it is willing to engage in discussions with the PGT, the Office of the Information and Privacy Commissioner and other relevant partners to explore methods for notifying the PGT of involuntary patients who are clients of the PGT or who have private committees. We understand that the health authorities are awaiting direction and timelines from the ministry before proceeding with this work. We are encouraged by the ministry's willingness to engage in discussion but find that no meaningful progress has yet been made towards implementing Recommendations 7 and 8.

## Records management and auditing

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R14** | The health authorities establish a working group to address issues in relation to the storage, maintenance and tracking of *Mental Health Act* forms and, by January 1, 2020, identify and establish province-wide best practices for records management for involuntarily admitted patients. | **Fully implemented** |
| **R17** | By June 30, 2019, the health authorities establish procedures respecting monthly internal audits of the involuntary admissions form completion process, including in relation to timeliness and the content of the forms, for the designated facilities to implement by September 30, 2019. The audit process should be carried out by someone sufficiently senior to provide feedback to physicians and directors regarding compliance with the involuntary admissions process, including the adequacy of reasons on medical certificates and the adequacy of treatment descriptions on consent for treatment forms. | **Fully implemented** |

### Ombudsperson's reasons for assessment

As we noted in our 2022 update, most of the health authorities established working groups to address issues in relation to the storage, maintenance, and tracking of forms. The Provincial *Mental Health Act* Community of Practice, chaired by Vancouver Coastal Health, continues the important collaborative work by all health authorities to develop and implement consistent provincial practices, auditing procedures and tools. While a province-wide set of best practices for records management has not been established, all health authorities have taken steps to improve their records management. We expect that this will make it easier to locate and monitor the records of involuntary patients during their admissions. We appreciate that improving records management will be an ongoing process, particularly as technological capacities and resources improve.

Regular monitoring and auditing of the involuntary admission process is a basic but critical step in ensuring compliance with the Act. As discussed above, by 2022 the health authorities had largely implemented an audit system, with support from the ministry. While the frequency and methodology of auditing varies across the different health authorities, all are conducting monthly or quarterly audits that show:

- whether the form was on a patient file
- whether the form was fully completed
- whether the form contained all the required information on time and was specific to the patient (quality of form completion)

for each of the required forms under the *Mental Health Act*. Recent audit results are described above and in Appendix A.

## Establishing performance standards tied to form completion

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R18** | By March 31, 2020, the health authorities establish 100 per cent compliance in form completion for the involuntary admissions process under the *Mental Health Act* as a yearly performance measure for each designated facility. | **Ongoing** |
| **R19** | By March 31, 2021, the board of directors for each health authority establish a 100 per cent rate of compliance in form completion for the involuntary admissions process under the *Mental Health Act* as a yearly performance measure for the chief executive officer of each health authority. | **No progress** |

### Ombudsperson's reasons for assessment

To support oversight and accountability, we recommended that 100 per cent compliance with form completion be established as a yearly performance measure for each designated facility. We are pleased to see that the ministry's standards for operators and directors of designated mental health facilities includes a commitment that a 100 per cent rate of compliance with the standards for form completion for involuntary admission will be an annual performance measure of each health authority and for the chief executive officer of each operator of a designated facility. Senior management at Vancouver Coastal Health have sought to improve accountability by tracking outcomes using the regional *Mental Health Act* forms audit dashboard which reports audit results across designated facilities. However, despite the standards, only PHSA has made 100 per cent form completion a yearly performance measure. We encourage senior leadership in the regional health authorities to continue to improve accountability and align their performance with safeguarding the foundational legal rights of health authorities' most vulnerable patients.

## Standards and training

### Provincial standards and updated *Guide to the Mental Health Act*

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R10** | By June 30, 2019, the Ministry of Mental Health and Addictions establish a regulation under section 3(1) of the *Health Authorities Act* to codify the standards developed in accordance with Recommendation 9. | **No progress** |
| **R11** | By June 30, 2020, June 30, 2021, and June 30, 2022, the Ministry of Mental Health and Addictions and the Ministry of Health review the effectiveness of the provincial standards developed in accordance with Recommendation 9 to achieve compliance with the involuntary admissions process under the *Mental Health Act,* and publicly report the results of each of their reviews, including the compliance rates for each health authority for the previous fiscal year. | **Partially implemented** |
| **R20** | By March 31, 2020, the Ministry of Health update and reissue the *Guide to the Mental Health Act* to incorporate the changes made arising from this report and other changes. | **Ongoing** |

### Ombudsperson's reasons for assessment

In 2020, the ministry published standards for operators and directors of designated mental health facilities, which addressed accountability, auditing and reporting, training and education, and requirements for form completion. As we reported in 2022, this fully implemented Recommendation 9 from *Committed to Change.*

However, the ministry has not yet codified these standards into regulation, nor has it publicly reported on the effectiveness of the provincial standards. The ministry advises that it is monitoring form compliance through provincial quarterly audits and it continues to explore options for public reporting. We encourage the ministry to publicly report the quarterly audit results. The lack of transparency around the involuntary admission process remains troubling because it allows the designated facilities and the health authorities to operate with diminished public oversight. The absence of statistical information prevents community groups, advocates and other external stakeholders from providing informed and effective feedback on the institutional mental health system.

When we issued *Committed to Change,* we noted that the *Guide to the Mental Health Act* – issued in 2005 – had not been updated in 14 years. Seven years later, the guide has still not been updated. Although the ministry has been working on drafts, it has been unable to finalize and issue an updated guide. This is a significant problem because people responsible for administering the Act must have access to clear, consistent, accurate, comprehensive, and up-to-date policy guidance. This is particularly important when government is taking measures to potentially increase the use of involuntary treatment,[9] and given the recent amendments to the *Mental Health Act*. The ministry advised us that it intends to publish the guide in early 2026. We look forward to seeing the updated guidance.

[9] See, for example, Office of the Premier, "Province launches secure care for people with brain injury, mental illness, severe addiction," news release, September 15, 2024.

## Improving mandatory training

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R12** | By September 30, 2019, the Ministry of Health, together with the health authorities, conduct a review of the training that is offered to directors, physicians and staff exercising authority under the involuntary admissions provisions of the *Mental Health Act,* and revise all training materials and policies and procedures to address the deficiencies identified in this report, including a focus on the substantive completion of medical certificates and consent for treatment forms. | **Fully implemented** |
| **R13** | By September 30, 2019, the Ministry of Health, together with the health authorities, develop and implement a mandatory training plan for all directors, physicians and other staff exercising authority under the involuntary admissions provisions of the *Mental Health Act,* and ensure that those individuals complete the revised training by March 31, 2020, and all new staff complete the training within one month of hire. | **Fully implemented – Vancouver Coastal Health, Island Health, Fraser Health, Northern Health and Provincial Health Services**<br>**Partially implemented – Interior Health** |

### Ombudsperson's reasons for assessment

In our 2022 update, we noted that the health authorities had made progress developing, revising, and implementing training materials and resources. Since then, the Ministry of Health has contracted with a third party to audit existing training and support efforts to improve provincial alignment in *Mental Health Act* training. This work is well underway. We are satisfied that Recommendation 12 is fully implemented.

As we noted in 2022, the standards for operators and directors of designated mental health facilities require directors, physicians, and staff of designated mental health facilities to complete provincially approved educational modules. However, in the absence of province-wide training materials, each health authority continues to lead their own approach to training, including the development of educational materials and setting expectations for mandatory or voluntary participation. Vancouver Coastal Health, Island Health, Fraser Health, Northern Health and PHSA have made *Mental Health Act* training mandatory for relevant professionals exercising authority under the involuntary provisions. However, this training is still optional in Interior Health.

## Independent rights advice service

One of the most important recommendations from *Committed to Change* was to create an independent rights advice service for all patients who are involuntarily admitted under the *Mental Health Act*. The involuntary admission process significantly affects a person's liberty and autonomy, making it crucial for patients to fully comprehend why they have been admitted and what options they have if they disagree with their admission. An independent rights advice service will help ensure that these individuals have an accessible way to understand their rights. Having access to independent advisors can empower patients to make informed decisions and exercise their rights effectively.

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R21** | By November 1, 2019, government mandate the Legal Services Society to deliver directly or through another body independent rights advice and advocacy to involuntarily admitted patients in all designated facilities, including introducing, for consideration by the legislative assembly, legislative changes to:<br>a. require directors of designated facilities to notify the independent rights advice body of every involuntary admission, transfer or renewal of detention in the province within 24 hours<br>b. provide the independent rights advice body with the power to obtain any patient records relating to the involuntary admissions procedure that may be prescribed under the Mental Health Regulation; and<br>c. require directors of designated facilities to ensure that each facility provides a method for facilitating private communication between involuntary patients and the rights advice body. | **Partially implemented** |
| **R22** | By April 1, 2020, if passed by the legislative assembly, the legislation referred to in Recommendation 21 be brought into force. | **Partially implemented** |
| **R23** | By April 1, 2020, the Ministry of Attorney General provide funding to the Legal Services Society sufficient to allow the independent rights advice body to provide advice and advocacy services to involuntarily admitted patients in all designated facilities. | **Implemented by other means** |

| Recommendation | | 2025 Assessment |
|---|---|---|
| **R24** | Within one year of the implementation of the rights advice service referred to in Recommendation 21, the Ministry of Attorney General review the amount of legal aid funding available for patients who wish to apply to the court to exercise legal rights arising from their involuntary admissions and detentions, and ensure that sufficient legal aid funding is provided on an ongoing basis for all patients who wish to make such applications and meet the usual financial eligibility criteria and assessment of prospects for success of the legal proceeding. | **Ongoing** |

## Ombudsperson's reasons for assessment

In May 2022, the Legislative Assembly passed Bill 23, amending the *Mental Health Act* to establish an independent rights advice service.[10] These amendments set out a framework for the service, which the government planned to implement through a phased approach. In the first phase, rights advice would be provided to involuntary patients on their request. In the second phase, the rights advice service would be automatically notified when a patient was involuntarily admitted under the *Mental Health Act* so that meetings between the involuntary patient and the rights adviser could be proactively arranged at key points, with patients retaining the right to decline meeting with a rights advisor.[11] As then Attorney General David Eby noted during debate of Bill 23, "the automatic notification of the rights advice is key to ensuring that the service is accessible to all involuntary patients."[12]

[10] *Mental Health Amendment Act - 2022*, S.B.C. 2022, c. 17.

[11] Hon. David Eby, British Columbia Legislative Assembly, Hansard, May 4, 2022, 6513.

[12] Hon. David Eby, British Columbia Legislative Assembly, Hansard, May 4, 2022, 6513.

The Independent Rights Advice Service (IRAS) has been in operation since February 2024.[13] The service is funded by the Ministry of Attorney General and is delivered by the BC Division of the Canadian Mental Health Association. Broader implementation of the service is supported jointly by the Ministry of Attorney General, the Ministry of Health and the Ministry of Children and Family Development. There are currently 10 full-time equivalent rights advisors working across the province.

To date, only the first phase of the IRAS has been implemented. Since it began, the service has been available on an "by-request" basis. This generally means that an involuntarily admitted individual can only access a rights advisor by filling out a Request for Rights Advice form (Form 22) with assistance from their treatment team.[14] *Mental Health Act* amendments that were brought into force on December 3, 2025 require the treatment team member that provides rights notification to ask the patient if they would like to meet with a Rights Advisor.[15] In addition, the updated Form 13.1 and Form 14.1 now have a check box where the patient can indicate if they would like to meet with a rights advisor.[16]

For patients who are currently in a designated facility, staff at the facility must help the patient to complete Form 22 - Request for Rights Advice in Facility, and the facility submits the form through the IRAS online portal.

For patients living in the community on extended leave, the treatment team member providing rights notification must inform the individual how they can book their own meeting with a rights advisor.[17] Then the patient on extended leave can go to the IRAS website and book their own rights advice meeting.[18] The service has been available to people on extended leave since June 2025.

The by-request IRAS is available at all designated facilities in the province. In addition, rights advisors have been conducting scheduled in person "office hours" at 14 designated facilities. As of December 31, 2025, the IRAS had received 1,565 requests for rights advice and completed 1,163 appointments. The service has been primarily delivered virtually, using video conferencing and phones. Figure 5, below, shows the increase in requests and meetings held over time. We note the significant increase in December 2025 after the legislative amendments came into force.

[13] Information about the Independent Rights Advice Service is available on its website.

[14] A person's treatment team includes the team of healthcare providers responsible for deciding, administering and supervising psychiatric treatment in a facility or on extended leave.

[15] Mental Health Act, s.34.3.

[16] *Mental Health Regulation*, B.C. Reg. 233/99, s. 11(13) and (14). Form 13.1 and 14.1 are available online.

[17] Mental Health Regulation, B.C. Reg. 233/99, s. 5.1.

[18] Independent Rights Advice Service, "Booking a Rights Advice meeting."

**Figure 5**. Independent Rights Advice Service (IRAS) facility meetings requested and meetings attended, since service launch, February 2024 to December 2025

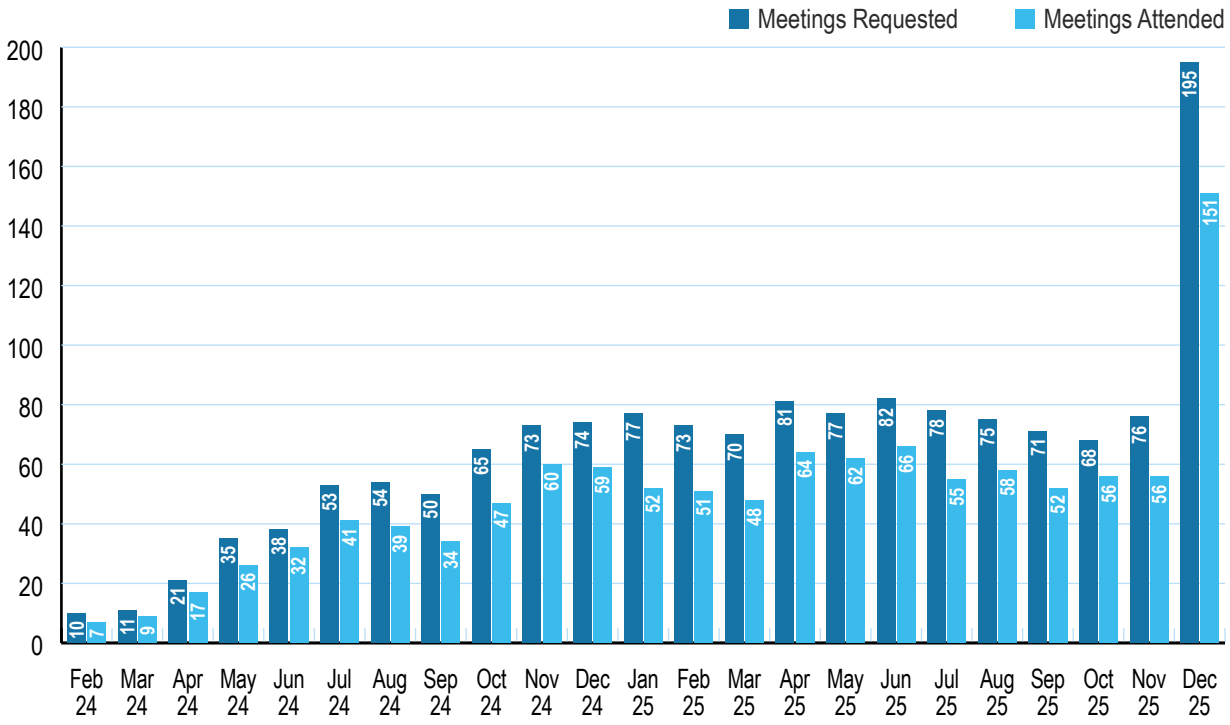
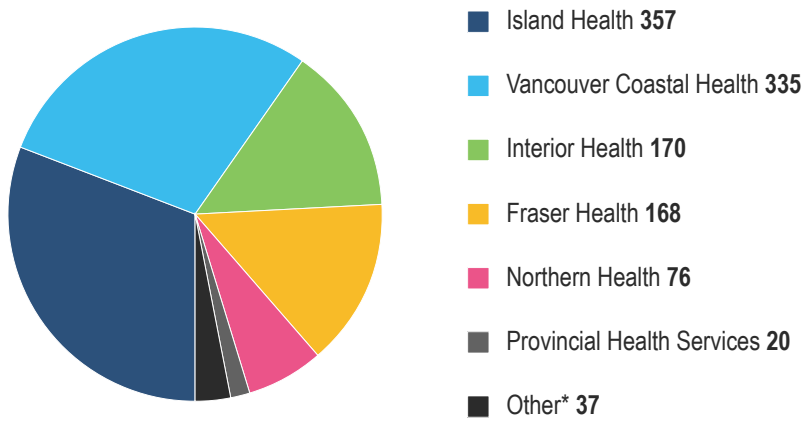



Figure 6 shows the distribution of IRAS meetings, by health authority.

**Figure 6**. Independent rights advice meetings attended, by health authority, February 2024 to December 2025




*The category "other" includes one rights advisor meeting at Youth Forensic Psychiatric Services, 15 meetings at Pacific Institution/Regional Treatment Centre run by Corrections Canada, and 21 meetings attended with individuals on extended leave in the community

The role of a rights advisor is unique. Rights advisors are not lawyers and do not provide legal advice but can meet with patients in private to explain their legal rights under the *Mental Health Act*.

They can assist individuals during rights advice meetings with determining their eligibility for legal aid, help connect them with a lawyer or legal advocate upon request or refer them to other appropriate legal resources. A rights advisor can also assist people with review panel hearing applications and the process of getting a second medical opinion. Additionally, they can refer people to another organization that can help with their concerns. The rights advisors can also help patients with the process to access their medical records.

Early feedback from patients and family members indicates that the IRAS is contributing to the well-being of patients by helping them feel heard in a system where their voice has felt diminished. The IRAS told us this is consistent with formal evaluations from other jurisdictions with similar rights advice services.

The government brought most of the legislative framework for the IRAS into force on December 3, 2025.[19] This was a significant step in implementing the rights advice service as the *Mental Health Act* amendments include provisions that:

- require directors of facilities designated under the *Mental Health Act* to make reasonable efforts to provide private space for rights advisors to meet with patients and to facilitate communication between patients and rights advisors
- permit directors of facilities designated under the *Mental Health Act* to disclose personal information about a patient to the rights advisors to assist them in carrying out their role
- introduce updated forms that include information about the IRAS

Having a statutory framework for rights advice is critical; it supports and enables the rights advisors to do their work alongside health care providers. We also highlight the importance of health care professionals receiving training and information about the role of, and patients' rights to access the rights advisors.

However, the government has not yet implemented the second phase of the IRAS, that automatically notifies IRAS that a patient has been involuntarily admitted to a facility. Automatic notification is provided for in section 47(1)(b) of Bill 23, *Mental Health Amendment Act, 2022*, that came into force on December 3, 2025 but is dependent on "prescribed events" being set out in future regulation that would require IRAS to be automatically notified, and a rights advice meeting proactively arranged. Because the "prescribed events" have not yet been set out in regulation, there is no legal requirement for automatic notification.

[19] Order in Council No. 456/2025.

The absence of automatic notification means that rights advisors are unable to proactively contact patients who have just been admitted. Rather, IRAS is only available to involuntary patients on the patient's request. The government told us that it still intends to implement automatic notification but it requires additional time to evaluate the existing program and build operational capacity of the service. The time taken to implement automatic notification is disappointing, given that then-Attorney General Eby acknowledged it was "key" to protecting the rights of involuntary patients.

We also note that in December 2025, government stated in a news release that it had "fully implemented changes that ensure people detained under the *Mental Health Act* have the legal right to meet with an independent rights advisor."[20] Government representatives have since told us that this wording does not reflect a step back from its commitment to phase two of rights advice implementation. Given the critical importance of this service, we expect government to prioritize work on phase two.

We are pleased to see that the rights advice service is now available in all designated facilities in BC as well as to patients on extended leave. As the service continues to grow, it will be essential for government to ensure the IRAS is adequately funded to provide meaningful service. At the same time, there may be an increase in people seeking legal aid funding to challenge their involuntary admission as the IRAS service grows. We acknowledge that Legal Aid BC has established a dedicated intake line for people who are involuntarily detained.[21] We expect Legal Aid BC and the Ministry of Attorney General to assess the sufficiency of legal aid funding for people to challenge involuntary admission on an ongoing basis and meet any increase in demand for funded legal advice.

[20] Ministry of Health, "New Guidance on Mental Health Act will help keep young people safe," news release, December 5, 2025.

[21] Legal Aid BC, "Mental health and prison law issues."

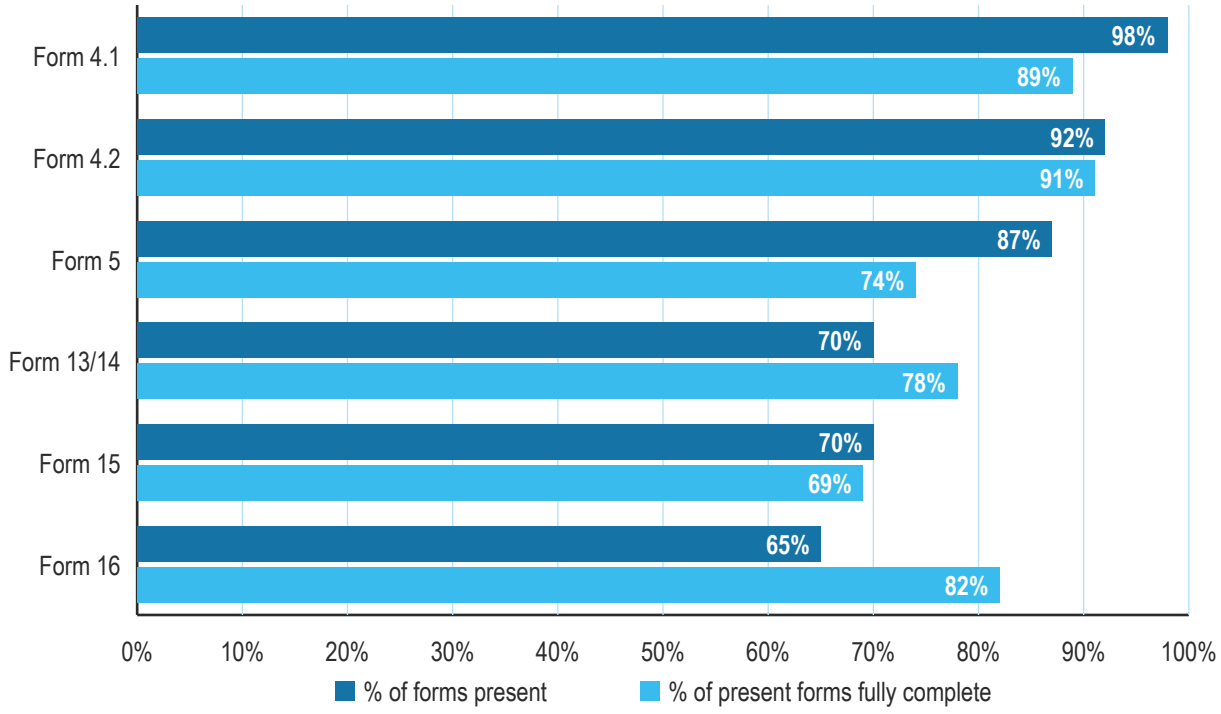
# APPENDIX A

## *Mental Health Act* form audit results: form quality and completion

The following figures indicate the presence (the patient file contained the form), completion rates (the form was fully completed), and quality of completion (the form contained all of the required information on time and was specific to the patient) for the required forms under the *Mental Health Act* for the audit period July to September 2024.[22] The figures below combine data from all health authorities (Fraser Health, Vancouver Coastal Health, Interior Health, Island Health, Northern Health and Provincial Health Services).

Figure 7 shows the percentage of patient files audited between July and September 2024 from all health authorities that contained the mandatory forms and compares it with the percentage of patient files where the form was fully completed.

**Figure 7**. Percentage of forms present compared to percentage of present forms fully complete, by form, all health authorities, July to September 2024




[22] A table listing each of the required forms and their purpose is included on page 5, above.

Figure 8 shows the percentage of patient files audited between July to September 2024 from all health authorities that contained the mandatory forms and compares it with the percentage of patient files where the form met all the quality indicators. Quality indicators on the mandatory forms include whether the form contains a description of the patient's diagnosis or general syndrome, a description of current symptoms, and reasons for involuntarily admitting the patient. The quality indicators also assess the legibility of the physician's writing, whether they used "boilerplate" language or stamps, and timely completion and dating.

**Figure 8**. Percentage of forms present compared to percentage of present forms meeting all quality indicators, by form, all health authorities, July to September 2024

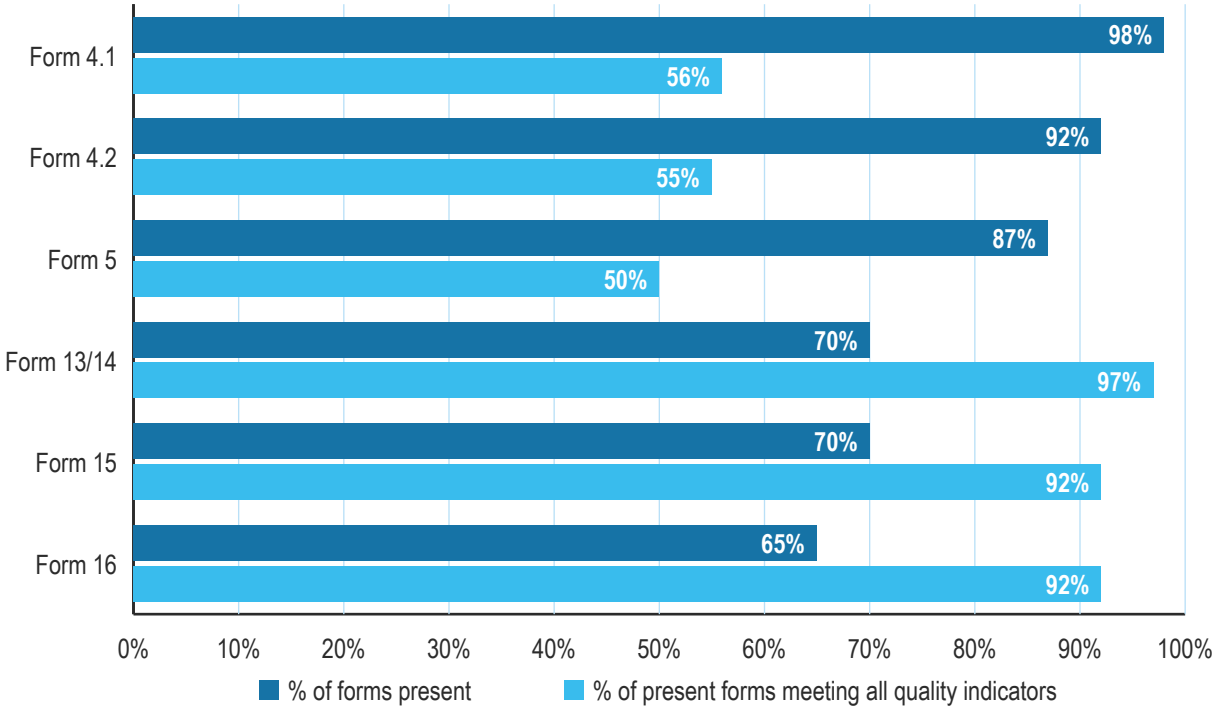


Figure 9 compares form presence and form completion on patient files for Form 4 by health authority. We note the significant improvement in Interior Health's form completion since 2022. Overall, we are pleased to see that all of the health authorities have a high rate of Form 4 completion.

**Figure 9**. Percentage of patient files containing a Form 4 (first) and percentage of present Form 4s (first) fully complete, by health authority, July to September 2024

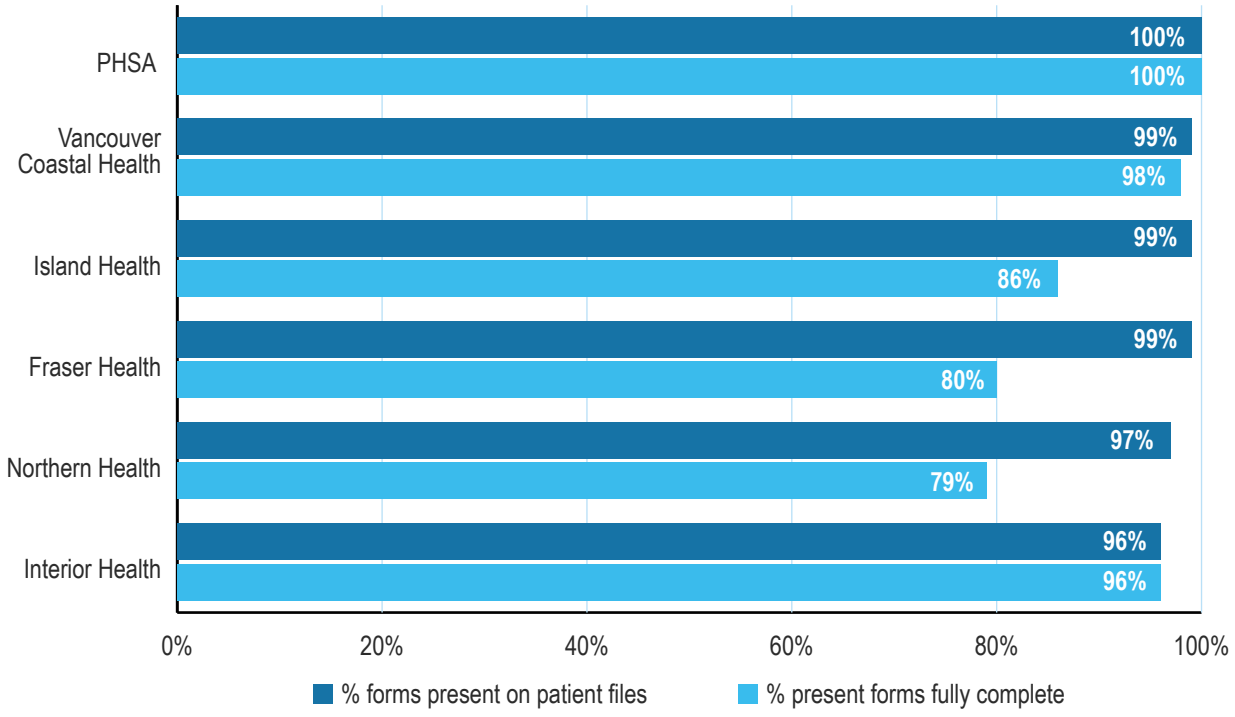


Figure 10 compares the quality of Form 4 by health authority. It shows significant quality gaps in Fraser Health and to a lesser extent, Northern Health. Quality indicators for Form 4 (first) are measured by evaluating whether the following were completed: the form was dated, completed in legible handwriting or printing according to provincial standards and the description on the form included the diagnosis/general syndrome, description of current symptoms/behaviours, impact of symptoms/behaviours, nature and description of risk, reasons for involuntary admission and treatment and reasons why the person can't be treated voluntarily.

**Figure 10**. Percentage of patient files containing a Form 4 (first) that meets all quality indicators, by health authority, July to September 2024

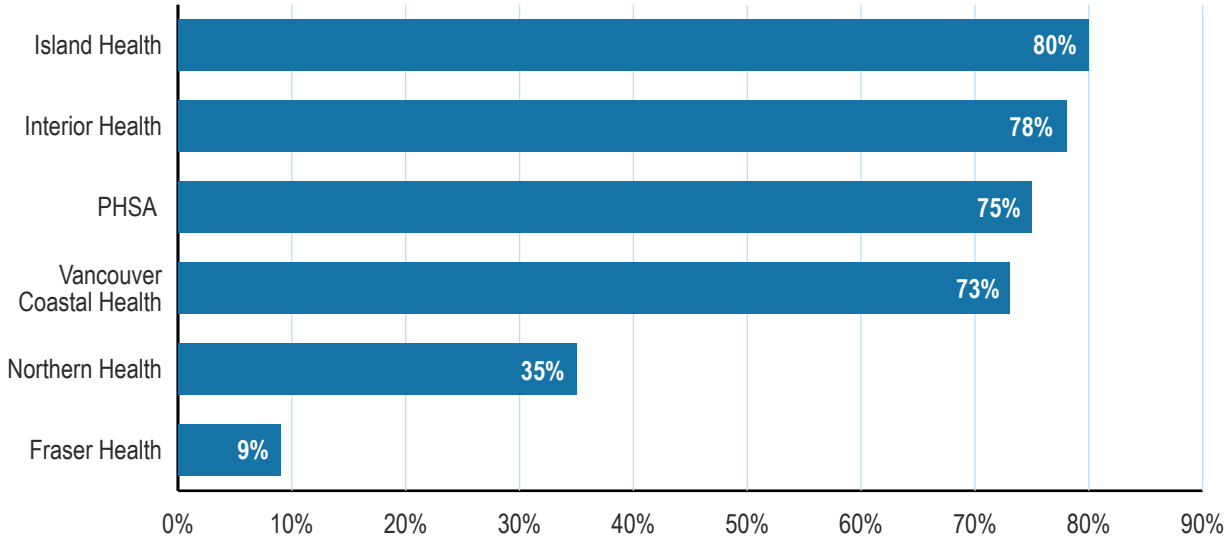


Figure 11 shows the percentage of patient files that contained a Form 5 (consent for treatment) and compares this with the percentage of patient files where the consent for treatment form was fully completed, by health authority. We note that all health authorities have made marked improvements in fully completing Form 5 but that completion rates in Fraser Health, Northern Health and Island Health remain significantly below 100 per cent.

**Figure 11**. Percentage of patient files containing a Form 5 and percentage of present Form 5s fully complete, by health authority, July to September 2024

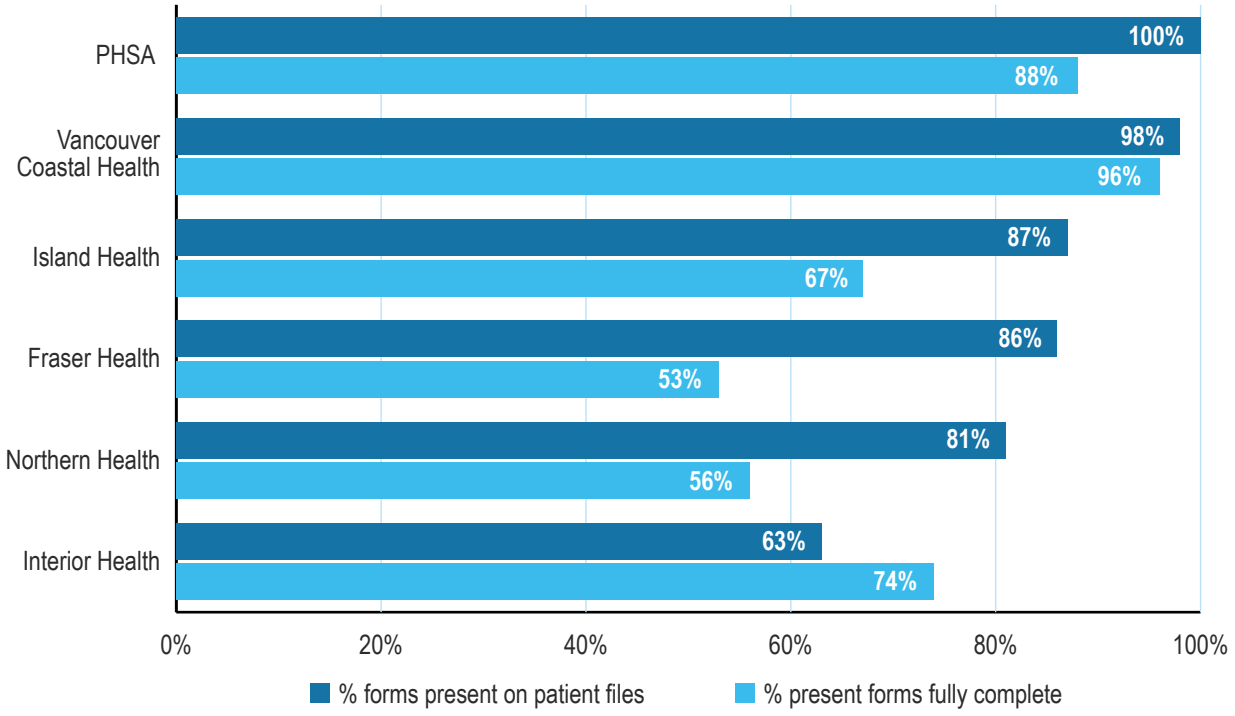


Figure 12 examines the quality of Form 5, by health authority. Quality indicators for Form 5 are measured by evaluating whether the following were completed: the form was dated, completed within 24 hours of involuntary admission or change from voluntary to involuntary status, completed in legible handwriting or printing according to provincial standards, authorized psychiatric treatment only and did not refer to non-psychiatric treatment and the description on the form used language that was specific to the patient's circumstances, medications listed by class or indications and a general description of planned treatment, relevant to the patient. All health authorities appear to have made small steps in improving the quality of Form 5 since 2022, but as Figure 10 shows, significant quality gaps persist in all health authorities, with the exception of PHSA.

**Figure 12**. Percentage of patient files containing a Form 5 meeting all quality indicators, by health authority, July to September 2024

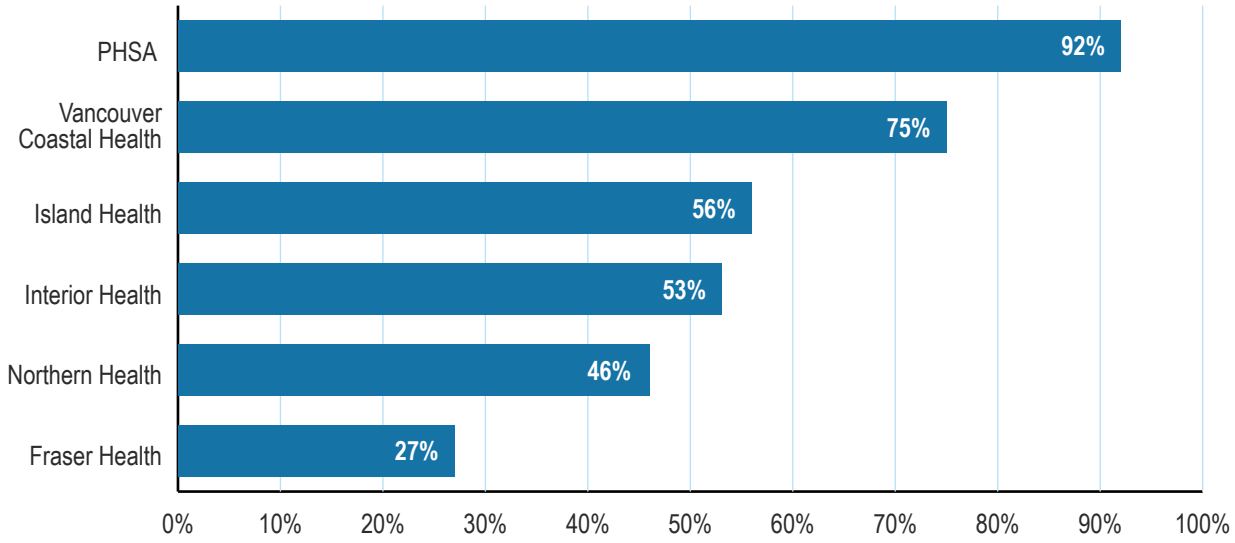


Figure 13 shows the percentage of patient files that contained a Form 13/14 (Notification of Rights/ Notification to Patients Under the age 16, Admitted by a Parent or Guardian, of Rights under the *Mental Health Act*) and compares this with the percentage of patient files where the form, if present, was fully completed, by health authority.

**Figure 13**. Percentage of patient files containing a Form 13/14 and percentage of present Form 13/14s fully complete, by health authority, July to September 2024

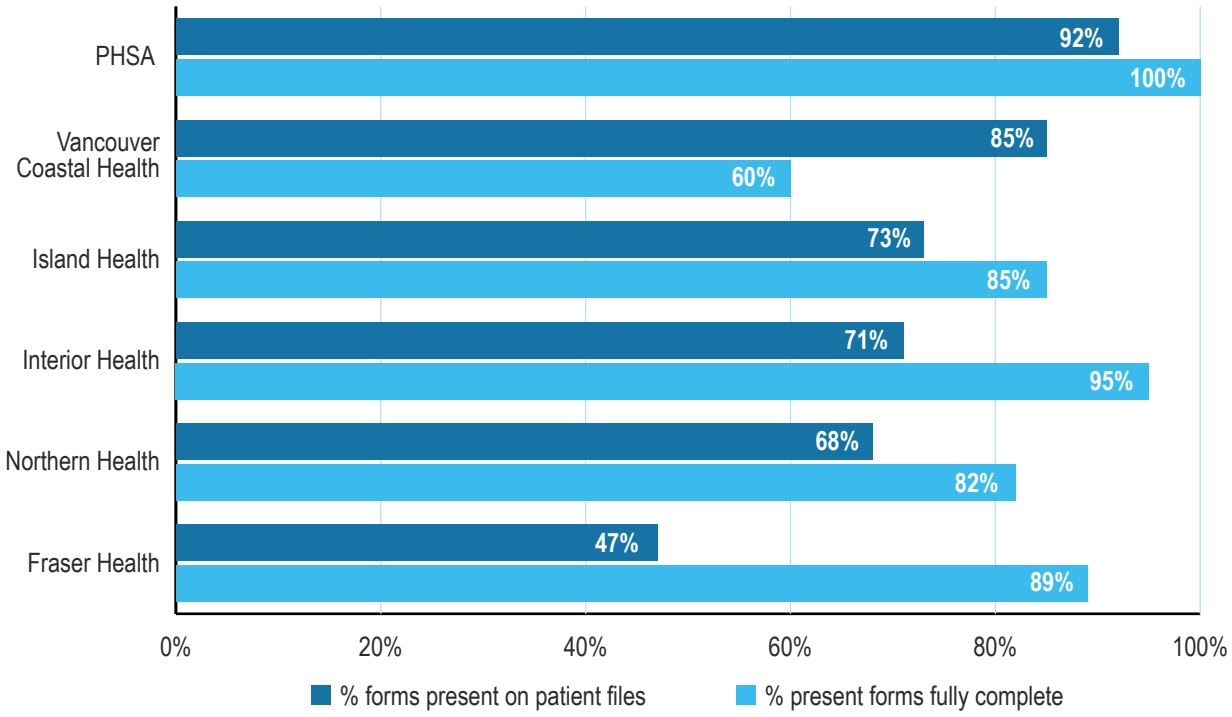
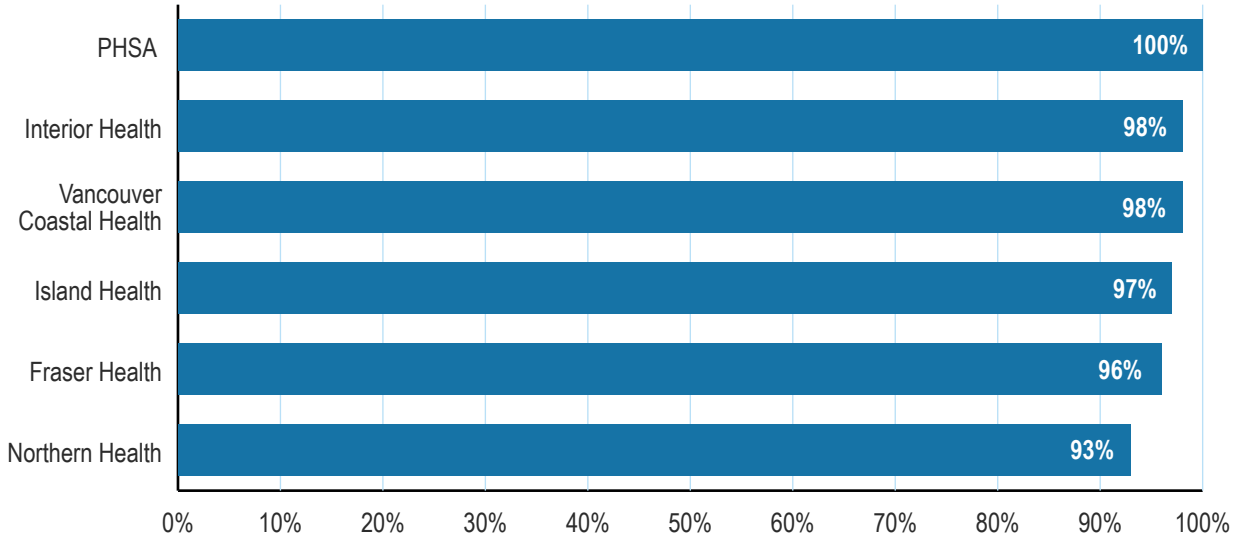


Figure 14 examines the quality of Form 13/14 by health authority. Quality indicators for Form 13/14 are measured by evaluating whether the form was dated and completed within 24 hours of involuntary admission to the designated facility or change from voluntary to involuntary status.

**Figure 14**. Percentage of patient files containing a Form 13/14 meeting all quality indicators, by health authority, July to September 2024



# APPENDIX B

## Recommendations summary

| Recommendation | | Assessment |
|---|---|---|
| **R1** | By September 30, 2019, the board of directors of Northern Health:<br>a. appoint an independent reviewer to produce a written report outlining the reasons for low Consent for Treatment (Form 5) compliance rates at the University Hospital of Northern British Columbia, and require the reviewer to provide the completed report to the board of directors, chief executive officer and the Ministry of Health<br>b. in consultation with internal stakeholders and the Ministry of Health, approve a strategy to address the issues identified in the report<br>c. work with internal stakeholders and the Ministry of Health to implement the resulting strategy, and<br>d. ensure that the results of the monthly audits conducted in accordance with Recommendation 17 examine the effectiveness of the strategy in improving compliance. | **Fully implemented** |
| **R2** | Beginning immediately, the health authorities require directors of designated facilities, and their delegates, to cease the practice of authorizing treatment in circumstances where they are also the treating physician, except in circumstances where there is no alternative. | **Fully implemented** |
| **R3** | Beginning immediately, the health authorities require all persons responsible for completing consent for treatment forms (Form 5) in the designated facilities to cease using boilerplate language to describe a proposed course of treatment in Form 5 and to tailor the description of treatment to specify the actual particularized treatment proposed for the individual patient. | **Fully implemented** |

| Recommendation | | Assessment |
|---|---|---|
| **R4** | Beginning immediately, the health authorities require the designated facilities to apply the policy guidance set out in the *Guide to the Mental Health Act* and require all persons responsible for completing consent for treatment forms (Form 5) to complete a new Form 5 when there is a significant change to a patient's treatment plan. | **Fully implemented** |
| **R5** | Beginning immediately, the health authorities:<br>a. instruct the directors of designated facilities to cease purporting to authorize non-psychiatric treatment of involuntary patients by way of consent for treatment forms (Form 5), and<br>b. instruct all staff that non-psychiatric treatment of involuntary patients can only be administered in accordance with Part 2 of the *Health Care (Consent) and Care Facility (Admission) Act* or the *Infants Act*. | **Fully implemented** |
| **R6** | By January 1, 2020, the health authorities develop a process for implementation by the directors of designated facilities by February 1, 2020, to confirm receipt of each Notification to Near Relative (Form 16) by its addressee, and, if the form was not received, to issue a further Form 16 to another near relative of the patient. | **Fully implemented – Island Health, Northern Health, PHSA, Vancouver Coastal Health**<br>**Partially implemented – Fraser Health, Interior Health** |
| **R7** | By January 1, 2020, the Ministry of Health and the health authorities develop and implement, in consultation with the Office of the Information and Privacy Commissioner and the Public Guardian and Trustee of British Columbia, an appropriate method for identifying, in a timely way, those involuntary patients who are clients of the Public Guardian and Trustee of British Columbia or who have private committees. | **No progress** |

| Recommendation | | Assessment |
|---|---|---|
| **R8** | By November 1, 2019, government introduce legislation for consideration by the legislative assembly to amend the *Mental Health Act* to:<br>a. repeal section 34.2(4), which provides that a director's duty to notify a patient's near relative is discharged if a notice is sent to the Public Guardian and Trustee of British Columbia (PGT)<br>b. require the directors of designated facilities to identify patients who are clients of the PGT or who have a private committee and notify the PGT upon those patients' admission, transfer or renewal of detention<br>c. require the directors of designated facilities to notify any known representative under a Representation Agreement or attorney under an Enduring Power of Attorney upon those patients' admission, transfer or renewal of detention, and<br>d. provide that where there is no known near relative, representative, attorney or committee, and the patient is not a client of the PGT, the notice be provided to the independent rights advice body in accordance with the process described under Recommendation 21. | **No progress** |
| **R9** | By June 30, 2019, the Ministry of Health and the Ministry of Mental Health and Addictions work together with the health authorities to establish clear and consistent provincial standards aimed at achieving 100 per cent compliance with the involuntary admissions procedures under the *Mental Health Act* through the timely and appropriate completion of all required forms. | **Fully implemented** |
| **R10** | By June 30, 2019, the Ministry of Mental Health and Addictions establish a regulation under section 3(1) of the *Health Authorities Act* to codify the standards developed in accordance with Recommendation 9. | **No progress** |

| Recommendation | | Assessment |
|---|---|---|
| **R11** | By June 30, 2020, June 30, 2021, and June 30, 2022, the Ministry of Mental Health and Addictions and the Ministry of Health review the effectiveness of the provincial standards developed in accordance with Recommendation 9 to achieve compliance with the involuntary admissions process under the *Mental Health Act,* and publicly report the results of each of their reviews, including the compliance rates for each health authority for the previous fiscal year. | **Partially implemented** |
| **R12** | By September 30, 2019, the Ministry of Health, together with the health authorities, conduct a review of the training that is offered to directors, physicians and staff exercising authority under the involuntary admissions provisions of the *Mental Health Act,* and revise all training materials and policies and procedures to address the deficiencies identified in this report, including a focus on the substantive completion of medical certificates and consent for treatment forms. | **Fully implemented** |
| **R13** | By September 30, 2019, the Ministry of Health, together with the health authorities, develop and implement a mandatory training plan for all directors, physicians and other staff exercising authority under the involuntary admissions provisions of the *Mental Health Act,* and ensure that those individuals complete the revised training by March 31, 2020, and all new staff complete the training within one month of hire. | **Fully implemented – Vancouver Coastal Health, Island Health, Fraser Health and Provincial Health Services**<br>**Partially implemented – Interior Health** |
| **R14** | The health authorities establish a working group to address issues in relation to the storage, maintenance and tracking of *Mental Health Act* forms and, by January 1, 2020, identify and establish province-wide best practices for records management for involuntarily admitted patients. | **Fully implemented** |

| Recommendation | | Assessment |
|---|---|---|
| **R15** | Beginning immediately, the health authorities require the designated facilities to store and maintain *Mental Health Act* forms in a manner that makes them readily accessible to staff, physicians and patients. | **Fully implemented** |
| **R16** | By June 30, 2019, the health authorities establish audit procedures and begin auditing, on a quarterly basis, the designated facilities' compliance with the involuntary admissions form completion process and report the results of the audit to the Ministry of Health and the Ministry of Mental Health and Addictions. | **Fully implemented** |
| **R17** | By June 30, 2019, the health authorities establish procedures respecting monthly internal audits of the involuntary admissions form completion process, including in relation to timeliness and the content of the forms, for the designated facilities to implement by September 30, 2019. The audit process should be carried out by someone sufficiently senior to provide feedback to physicians and directors regarding compliance with the involuntary admissions process, including the adequacy of reasons on medical certificates and the adequacy of treatment descriptions on consent for treatment forms. | **Fully implemented** |
| **R18** | By March 31, 2020, the health authorities establish 100 per cent compliance in form completion for the involuntary admissions process under the *Mental Health Act* as a yearly performance measure for each designated facility. | **Ongoing** |
| **R19** | By March 31, 2021, the board of directors for each health authority establish a 100 per cent rate of compliance in form completion for the involuntary admissions process under the *Mental Health Act* as a yearly performance measure for the chief executive officer of each health authority. | **No progress** |
| **R20** | By March 31, 2020, the Ministry of Health update and reissue the *Guide to the Mental Health Act* to incorporate the changes made arising from this report and other changes. | **Ongoing** |

| Recommendation | | Assessment |
|---|---|---|
| **R21** | By November 1, 2019, government mandate the Legal Services Society to deliver directly or through another body independent rights advice and advocacy to involuntarily admitted patients in all designated facilities, including introducing, for consideration by the Legislative Assembly, legislative changes to:<br>a. require directors of designated facilities to notify the independent rights advice body of every involuntary admission, transfer or renewal of detention in the province within 24 hours<br>b. provide the independent rights advice body with the power to obtain any patient records relating to the involuntary admissions procedure that may be prescribed under the Mental Health Regulation; and<br>c. require directors of designated facilities to ensure that each facility provides a method for facilitating private communication between involuntary patients and the rights advice body. | **Partially implemented** |
| **R22** | By April 1, 2020, if passed by the Legislative Assembly, the legislation referred to in Recommendation 21 be brought into force. | **Partially implemented** |
| **R23** | By April 1, 2020, the Ministry of Attorney General provide funding to the Legal Services Society sufficient to allow the independent rights advice body to provide advice and advocacy services to involuntarily admitted patients in all designated facilities. | **Implemented by other means** |
| **R24** | Within one year of the implementation of the rights advice service referred to in Recommendation 21, the Ministry of Attorney General review the amount of legal aid funding available for patients who wish to apply to the court to exercise legal rights arising from their involuntary admissions and detentions, and ensure that sufficient legal aid funding is provided on an ongoing basis for all patients who wish to make such applications and meet the usual financial eligibility criteria and assessment of prospects for success of the legal proceeding. | **Ongoing** |

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