



BC MENTAL HEALTH ACT INFOBITS

Monthly MHA news, tips and resources



PATIENTS' RIGHTS UNDER THE MHA

Imagine that you or a loved one is being involuntarily treated under the MHA for a mental health issue. Thinking of the care that you or your loved one would like to experience, what would you like to know about your rights under the MHA? When would you like to receive that information and how?

HIGHLIGHT

MHA FORMS 13, 15 and 16 exist to ensure persons receiving involuntary treatment under the MHA are aware of their rights, and that someone can be notified who can ensure their rights are protected.

MHA FORMS 13, 15 AND 16 ARE LEGAL DOCUMENTS:

- Form 13 helps the person understand their rights under the MHA
- Forms 15 identifies the Near Relative chosen by the patient. This can be a relative, a friend or someone else that the patient feels comfortable being notified of their involuntary status.
- Form 16 notifies Near Relative of the involuntary admission
- Regardless of how long the person is treated involuntarily, all must be completed within 24 hours of involuntary admission
- Forms 13, 15 & 16 to be used at involuntary admission or whenever the person asks
- A new form 13 must be completed with renewals and upon transfers to a new designated facility

WHO CAN COMPLETE THE FORMS?

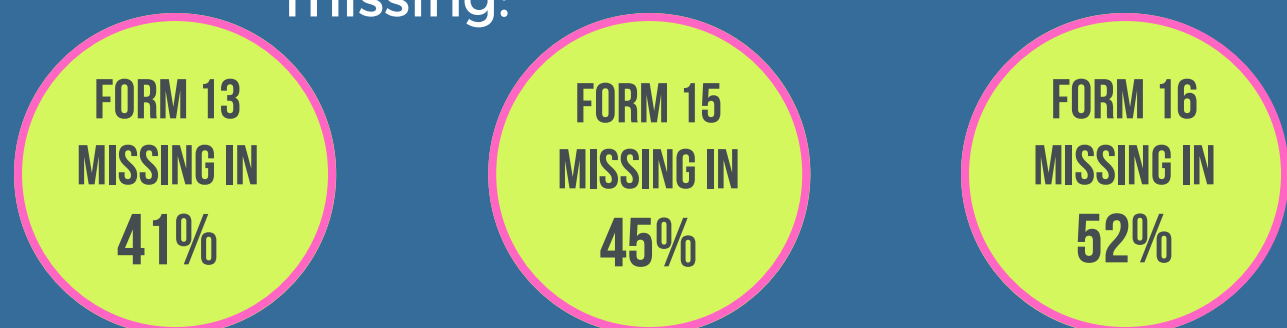
- Physicians
- Nurse Practitioners
- RNs, RPNs, LPNs
- Regulated Health Professionals

MHA PATIENTS' RIGHTS FORMS



HOW ARE WE DOING?

Island Health's most recent MHA stats report to MOH shows % of charts where patients' rights forms are missing:



Approximately half of all persons admitted involuntarily under the MHA to our Designated Facilities may not have had their rights protected sufficiently

EDUCATION AND TOOLS TO SUPPORT STAFF:

- [MHA Online Module](#) has been updated
- MHA forms Checklist is available through [MHA website](#)

PROTECTING YOU:

- A patient receives a blank copy of the Form 13. The copy signed by staff stays in the patient's chart
- Acceptable ways to sign MHA forms as a MHA Director's Delegate:
 - ◇ Your first and last name, OR
 - ◇ Your first name, last initial, your role & your Employee Number

- Have BC MHA-related questions? Have an idea for a future newsletter topic? Reach out to: MHASupport@islandhealth.ca
- Resources, practice support tools & past INFOBITS issues - [click here](#)

MHA Quality Team