

The BC Schizophrenia Society supports the appropriate and compassionate use of involuntary treatment under the *BC Mental Health Act*

The primary benefit of the *BC Mental Health Act* is that it protects people with severe mental disorders by providing a framework for voluntary and involuntary treatment. The *Act* includes provisions to protect the rights of individuals, including the right to treatment, and ensures that involuntary measures are applied appropriately and lawfully.

Involuntary psychiatric hospitalization can occur when a person with a serious mental illness requires treatment but is unable to give their consent due to the severity of their sickness. Treatment is essential for recovery. Families and society at large also benefit from the person's recovery.

The purpose of this document is to outline why involuntary treatment is necessary in some cases and how involuntary treatment is applied.

Whenever I came close to suicide, I was declared a danger to myself and was admitted to hospital. There, I was treated against my will. I regularly refused to take the pills they determined I needed, believing they had rats in them. Being involuntarily hospitalized and medicated against my will saved me from my suicidal self.ⁱ

— *Erin L. Hawkes*

Background

In March 2025, Dr. Daniel Vigo issued a guidance document to the clinical community, including doctors and psychiatrists across all health authorities, to provide clarification on how the Mental Health Act can be used to provide involuntary care for adults when they are unable to seek it themselves. Dr. Vigo is B.C.'s chief scientific adviser for psychiatry, toxic drugs and concurrent disorders.

“Involuntary treatment can be a tool to preserve life and treat the source of impairment in people with combinations of mental disorders, substance use and acquired brain injuries from toxic-drug poisonings,” Vigo said.

“Dispelling misconceptions about the use of the Act is a first step to support this population, in addition to creating new services, including mental-health units in corrections, approved homes, in-patient beds and community teams supporting the most complex patients and under-served areas.”

The Nature of Mental Disorders

Severe mental illnesses such as schizophrenia, bi-polar disorder, severe depression, and other psychotic illnesses cause delusions, hallucinations, cognitive impairment, and thought disorder. If these illnesses are left untreated, they can be debilitating and lead to family disruption, unemployment, substance use, repeated hospitalization, homelessness, violence, and suicide. Fortunately, effective treatments for severe mental illnesses, such as antipsychotic medications and psychosocial rehabilitation, enable people to have a higher quality of life.

The Role of BC’s Mental Health Act

The Mental Health Actⁱⁱ can help people with severe mental illnesses obtain treatment even when they do not understand their need for it. Families often play a crucial role in facilitating this process.

While it is always preferable for people with severe mental illnesses to be admitted and treated with their consent, this is not always possible due to the nature of these illnesses. The Mental Health Act provides authority for involuntary admission and treatment of patients who, without treatment, are likely to harm themselves and/or experience substantial mental or physical deterioration.

Involuntary Admission Criteria

Under the BC Mental Health Act, a person may be admitted as an involuntary patient only if a physician or nurse practitioner licensed to practice in BC has assessed them and believes they meet all four of these criteria:

1. is a person with a mental disorder that requires treatment and seriously impairs the person's ability to react appropriately to their environment or to associate with others;
2. requires psychiatric treatment in or through a designated facility;
3. requires care, supervision and control in or through a designated facility to prevent the person's substantial mental or physical deterioration or for the person's own protection or the protection of others; and
4. cannot be suitably admitted as a voluntary patient.

Consent to Treatment

Prior to treatment, a health care professional must describe the proposed treatment, including "the nature of the condition, options for treatment, the reasons for and the likely benefits and risks of treatment," as per BC Mental Health Act Form 5, Consent for Treatment (Involuntary Patient). If the patient is found to be capable of understanding these issues, the patient can sign the consent form for their treatment.

However, if to the best of the physician's judgement the patient "is incapable of appreciating the nature of treatment and/or the need for it, and is therefore incapable of giving consent," then, on the recommendation of the physician, the director of the psychiatric facility consents."

Reasons for Treatment Refusal

People who have severe mental illnesses may not access available treatments because they are not able to understand that they are ill. This is called anosognosia – a neurological symptom characterized by a complete lack of insight into one's illness.

Psychotic symptoms associated with severe mental illness – paranoid delusions, hallucinations, disabling cognitive impairment and especially anosognosia – often prevent an ill person from voluntarily seeking or accepting medically necessary treatment. The person cannot recognize the fact that they are ill, even if they are causing harm to themselves or others.

Safeguards in the *BC Mental Health Act*

The *BC Mental Health Act* provides safeguards against incorrect admission or treatment. It also includes a number of safeguards to protect the rights of people who are admitted to a psychiatric facility involuntarily:

- Two Independent Assessors: the admission criteria for involuntary patients must be found to be met by two independent assessors for any admission beyond 48 hours.
- Rights Notification: directors are required to provide information verbally and in writing to involuntary patients about their rights under the *BC Mental Health Act*.
- The Independent Rights Advice Service (IRAS): provides information and support to people who are experiencing involuntary treatment under the *BC Mental Health Act*. Information on the service can be accessed via the [IRAS website](#)
- Notifications: immediately after the admission of an involuntary patient, the director of the facility is required to send a written notice to a near relative of the patient.
- Treatment Preferences: patients are provided with a written description of their treatment plan, as well as the reasons for the plan and the likely benefits and risks.
- Safe and Effective Treatment: treatments for involuntary patients are restricted to safe and effective psychiatric treatments (“standard of care”).
- Second Medical Opinions: patients or someone acting on their behalf can request a second medical opinion on the appropriateness of the patient’s treatment plan.
- Review Panels: a patient who believes they do not meet the criteria for involuntary admission can appeal to the Review Panel to be discharged.
- Courts: a decision made by a Review Panel can be appealed to the Supreme Court of British Columbia.

The Importance of Treatment for Involuntary Patients

Some people argue that involuntary treatment violates people's civil rights. However, eliminating involuntary treatment would have many negative consequences for individuals and communities, including:

Increased Suffering: People with severe mental illnesses often suffer from terrifying delusions and hallucinations but do not seek help due to anosognosia and the compelling nature of their delusions and hallucinations. Leaving people in this state when effective treatments are available needlessly prolongs their fear and distress as well as potential for risky behaviours, making it even more difficult to return to wellness.

Increased Periods of Detention: Studies have shown that allowing treatment refusal results in longer hospitalizations.ⁱⁱⁱ People who refuse treatment may need to be detained indefinitely, which could mean months or years.^{iv} Treatment refusal deprives people of their rights for longer periods of time.

Increased Use of Seclusion and Restraint: People who pose a threat to themselves or others because they refuse treatment for their hallucinations or delusions often need to be placed in seclusion or restraints. Increasing the reliance on seclusion and restraints does not provide greater protection of patient rights.

Poor Outcomes for Patients: When an individual is experiencing psychosis it is important to seek treatment as early as possible. When treatment for psychosis is delayed, more damage is done to the brain, further impairing functioning and worsening the prognosis.^v Delaying treatment also results in higher relapse and readmission rates.^{vi} Involuntary treatment avoids (or reduces) the delays and poor outcomes caused by treatment refusal.

Increased Violence and Stigma: Studies have shown that people who are receiving effective treatment for their mental illness are much less likely to be involved in violent incidents than those with untreated psychosis.^{vii} The violent incidents caused by untreated mental illness also contribute to the stigma around mental illness.

Refused Admission and Early Discharge: People who refuse treatment are more likely to be discharged before they are well, which often results in high relapse and readmission rates. Physicians may even be reluctant to admit patients who are known to refuse treatment since there is nothing that can be done for them other than detention and restraint.

Impacts on Families: Families often provide critical care for people living with a severe mental illness, such as monitoring symptoms, coordinating care, providing housing and transportation, managing finances, etc.^{viii} When people are left untreated, families face an even greater caregiving burden, in addition to the distress of watching a loved one suffer from an untreated illness.

Impacts on Other Patients and Staff: Studies have shown that patients who refuse treatment are more likely to engage in disruptive behaviours including threats to and assaults on staff and other patients.^{ix} Such behaviour can be very frightening to other patients and interfere with their treatment and quality of life.^x

Increased Health Care Costs: Involuntary patients who refuse treatment, and remain unstable, may take up already scarce psychiatric hospital beds for longer periods of time. This creates the need for extra funding for "detention beds" or facilities for patients who refuse treatment.

Increased Police Involvement: More pressure on the availability of psychiatric beds because of treatment refusal could mean that police will spend more time in emergency waiting rooms before patients can be admitted and may have to assist health care staff with restraining untreated patients. Individuals with untreated mental illness are also more likely to engage in dangerous behaviours that would require a police response.

Increased Homelessness: A significant proportion of homeless people have a serious mental illness^{xi}, and the number of unhoused mentally ill people would only increase if involuntary treatment was eliminated. Treatment refusal leads to fewer available beds and people with untreated mental illnesses are more likely to be evicted from their residences.

Conclusion

When a person with a severe mental illness is in a precarious state, effective treatments such as antipsychotic medications and psychosocial rehabilitation enable people to have a higher quality of life. While it is always preferable for people with severe mental illnesses to be admitted and treated voluntarily, this is not always possible due to the nature of these illnesses. The *BC Mental Health Act* provides authority for involuntary admission and treatment of patients who, without treatment, are likely to harm themselves and experience substantial mental or physical deterioration.

Additional Resources

Additional information about involuntary treatment and BC's *Mental Health Act* can be found below:

- [BCSS's What Families Need to Know about the BC's *Mental Health Act*](#)
- [BCSS's BC Mental Health Act = "The Right to be Well"](#)
- BC government's [General guidance for physicians on the use of the *Mental Health Act* when treating adults with substance use disorders \(2025\)](#)
- [BC government's Guide to the *Mental Health Act* \(2005\)](#)
- [BC government's Standards for Mental Health Facilities \(2020\)](#)

References

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