
NEWS RELEASE

For Immediate Release
2025HLTH0055-001158
Nov. 24, 2025

Office of the Premier
Ministry of Health

Province taking action to strengthen involuntary care, better support patients

VICTORIA – The Province is introducing proposed amendments to the Mental Health Act to strengthen and protect mental-health care in B.C. and improve supports for people who suffer from severe, overlapping mental-health and substance-use challenges.

“When someone is so unwell they can’t make decisions about their own safety, we have a responsibility to step in with compassion and care,” said Premier David Eby. “By strengthening involuntary care and protecting the people who deliver it, we’re taking an important step to support vulnerable patients, help their families, and build a more responsive mental-health system where no one falls through the cracks.”

If passed, the Province will update the act by removing Section 31(1) and replacing it with a more modern and clearer liability-protection provision. For more than 40 years, Section 31(1) has offered limited legal protection for front-line health-care workers who provide treatment to involuntary patients, under direction by psychiatric professionals. However, its wording has sometimes caused confusion about its intent. The proposed new provision in Section 16 maintains and strengthens this protection, using more explicit and up-to-date language to clearly support the work of health-care providers.

This will better protect the health-care workers providing involuntary mental-health care to patients in accordance with the act. These changes will also help to clarify the purpose of the act, which is to provide treatment to people who require it.

“Treating people with severe mental-health and substance-use challenges often requires urgent, informed decisions,” said Josie Osborne, Minister of Health. “The proposed amendments reduce ambiguity in the Mental Health Act to better ensure that care is provided when someone is unable to seek it themselves. This is another step toward improving outcomes for vulnerable patients and building a system of care that works for everyone.”

More than 2,000 mental-health beds in B.C. can provide involuntary care when needed. Government is urgently working to open more involuntary care beds in communities throughout the province. This includes opening involuntary care beds at Surrey Pretrial Services Centre and Alouette Homes in Maple Ridge earlier this year, as well as work underway to open mental-health facilities in Surrey and Prince George that will have the capability to provide voluntary and involuntary care.

“When used correctly and consistently, the Mental Health Act ensures people suffering from severe mental disorders get the timely care and protection they need, even if they are unable to seek it themselves,” said Dr. Daniel Vigo, B.C.’s chief scientific adviser for psychiatry, toxic drugs and concurrent disorders. “We are finalizing work to ensure that when it comes to

children and youth, the act allows us to work with parents to provide the urgent, life-saving, evidence-based interventions they require to prevent acquired brain injury and develop long-term therapeutic approaches. We will provide the specific details soon.”

This work will build on the actions government is taking to build a voluntary, seamless system of care. This includes more than 3,700 beds, which support people with substance-use challenges, of which over 760 are new since 2017, launching the opioid treatment access line, expanding Road to Recovery, opening Foundry youth centres, First Nations healing facilities, and building thousands of supportive housing units.

Quick Facts:

- The Mental Health Act has been in force since 1964.
- During the spring 2022 legislative session, government passed legislation to amend the Mental Health Act so people involuntarily admitted under the act can access support from an independent rights adviser.
- Under the Mental Health Act, involuntary treatment is limited to psychiatric treatment only.

Learn More:

Learn about mental-health and substance use supports in B.C.: <https://gov.bc.ca/BetterCare>

For more about the Mental Health Act, visit:

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/mental-health-act>

Two backgrounders follow.

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BACKGROUND 1

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What people are saying about amendments to the Mental Health Act

Amna Shah, parliamentary secretary for mental health and addictions –

“The proposed amendments will go a long way to better support people with complex mental-health and substance-use challenges. By clarifying the protection for health-care professionals, we are ensuring they can focus on caring for their patients.”

Dr. Lacresha Hall, forensic psychiatrist in clinical practice –

“The treatment-first model recognizes that timely, evidence-based intervention is essential when illness prevents people from seeking or accepting help. In eating disorders, the most lethal psychiatric condition, impaired insight and medical instability can rapidly become life-threatening, making access to treatment a medical and ethical responsibility. Beginning care when someone is too unwell to choose it supports recovery, protects families from devastating consequences, restores self-determination, and reaffirms British Columbia’s commitment to compassionate, clinically grounded mental-health care.”

Shirley Chan, past president of Pathways Serious Mental Illness Society –

“My daughter would likely be dead or in prison if she had not been treated in a timely manner when hospitalized for threatening and bizarre behaviour when in psychosis from schizophrenia. We are grateful that Premier Eby is amending the B.C. Mental Health Act to affirm treatment of involuntary patients upon hospitalization. Treatment stabilizes and enables someone with a serious mental illness to regain judgment and begin to heal.”

Dr. Barb Kane, head, department of psychiatry, University Hospital of Northern British Columbia –

“Timely access to involuntary treatment for people with severe mental illnesses is critical. There is a subset of people with severe mental illnesses who are unable to recognize that they are ill and need treatment. Treatment delays lead to worsening symptoms and increased risk to the person and others around them. Research supports early treatment of mental illness in improving recovery time and return to a state where people recognize the need for treatment.”

Dr. Randall White, clinical professor, division head for adult psychiatry and mental-health services, UBC –

“Because severe mental disorders involve loss of self-awareness, evidence-based care for all is best made possible by a clear legal framework, such as the Mental Health Act. In jurisdictions where this is lacking, delays in treatment, human rights violations and inappropriate incarceration of the mentally ill are common. Health professionals and families want humane

treatment to be available for everyone who needs it.”

Tess Kroeger, director of nursing, faculty of health sciences, Douglas College, and chair, Nursing Educators Council of British Columbia –

“The B.C. Mental Health Act legislation balances the protection of individual rights with public safety. It ensures those living with mental illness receive necessary treatment, even when their condition may place them or others at risk if left untreated. By providing safeguards in policy with oversight, the act promotes compassionate, ethical care respecting the dignity and informed consent of patients, while also protecting the public, including health-care teams involved in care provision of patients.”

Hardeep Thind, coastal regional manager, BC Schizophrenia Society –

“The B.C. Schizophrenia Society supports the Province’s update to the Mental Health Act. These amendments demonstrate the government’s commitment to care for and support people living with a serious mental illness. These changes ensure that people who need treatment receive it, including those who are too ill to recognize and understand their condition and refuse treatment. Patients, family members/caregivers, and health-care staff all benefit from shorter hospital stays, reduced use of restraints, and needless suffering.”

B.Y., patient who received involuntary care –

“The Mental Health Act is a strong instrument of compassion and respect. It’s a declaration that I’m worthy of health and wholeness. And I had exemplary care, whether I was co-operative all the time or not. I’m very grateful for every page of this care that I’ve had. And I want other to have that, particularly people who aren’t as privileged.”

E.W., patient who received involuntary care –

“My experience with involuntary treatment provides a huge sense of relief, and it’s the only reason I’m able to function — knowing that if I fall down, something’s there to catch me. I won’t agree with it at the time, because I’m in a different state of reality, but it catches me before I make a decision I can’t come back from, like using hard drugs, committing suicide or harming someone else. I just have confidence that professionals who’ve worked their whole lives are there to fix my brain, or at least stabilize it so I can pick up the pieces again.”

G.U., patient who received involuntary care –

“Despite my improvement, I don’t feel cured; my schizophrenia is simply managed by medication. I’ve accepted that my illness will always need regular treatment. Involuntary treatment has given me the freedom to live my life, free of voices and paranoia. There were times I was too far gone to accept hospitalization and treatment, and I’m now grateful it occurred. Without involuntary treatment, I wouldn’t be alive today.”

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BACKGROUND 2

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Voluntary, involuntary care in B.C. Updated Nov. 28, 2025

When adults and young people are in crisis, they must be met with compassion and care. That's why the Province has made significant investments to build a comprehensive system of mental-health and substance-use care, including for child and youth mental-health, harm-reduction, acute and community treatment and recovery services.

Voluntary care

- Foundry Centres and Integrated Child and Youth Mental Health Teams that address mental-health and substance-use issues early to prevent more complex challenges in adulthood.
- Bed-based treatment and recovery beds so that people seeking treatment can access these services when they are ready to take that step in their healing journey.
- The Red Fish Healing Centre in Coquitlam is a 105-bed site that provides specialized care to support people who live with the most severe, complex substance use and mental-health issues.
- Road to Recovery, a made-in-B.C. model of addictions care that establishes a seamless continuum of care through a full continuum of substance use services from assessment to withdrawal management (detox), treatment and aftercare services for people with moderate to severe substance-use disorders.
- First Nations treatment centres to support a range of Indigenous-led mental-health and substance-use services that are culturally appropriate.
- Recovery Community Centres, which provide low-barrier, community-based recovery supports that help people maintain their recovery.
- Crisis Response Community Led (CRCL) Service pairs mental-health professionals with peer workers to respond to crisis calls and connect people to mental-health and substance-use supports. CRCL is operating in Victoria, North Shore Vancouver, New Westminster, Prince George, the Comox Valley and Kamloops.
- Assertive Community Treatment Teams are multidisciplinary teams that operate 24/7 and provide services to people who have a history of severe mental illness and/or substance use, many of whom have had difficulty maintaining access to traditional community mental-health and substance-use services.
- Mobile Integrated Crisis Response programs pair a police officer with a mental-health professional to respond to mental-health-related crisis call.

Involuntary care

The Mental Health Act currently states that a patient can only be involuntarily admitted if all of the following four criteria are met:

- the person suffers from a mental disorder that seriously impairs their ability to react appropriately to their environment, or to associate with others;
- the person requires psychiatric treatment in or through a designated facility;
- the person requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration, or for their own protection or the protection of others; and
- the person is not suitable as a voluntary patient.

Physicians and nurse practitioners apply their clinical assessment to determine the appropriateness of involuntary admission. The vast majority of people with mental-health conditions are effectively treated on an outpatient basis. The Mental Health Act ensures access to care in situations where the person is unable to seek care themselves due to a state of severe mental impairment.

Mental Health Act admissions occur at 77 designated facilities, including:

- 37 hospitals, which are designated as psychiatric units;
- 13 hospitals as observation units, which allow shorter-term admissions; and
- 27 facilities that are provincial mental-health facilities (inpatient).

In addition, 18 involuntary care beds at Alouette Homes in Maple Ridge and the 10 beds in Surrey Pretrial Services Centre opened in spring 2025. Work is underway to open an additional 100 involuntary care beds in Surrey and Prince George facilities.

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