

# UNDERSTANDING MENTAL AND SUBSTANCE USE DISORDERS

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## What Are Mental and Substance Use Disorders?

Mental and substance use disorders consist of a range of specific conditions which affect a person's thoughts, feelings, actions and mental functioning (e.g., memory). There are many different types of mental disorders and each has its own specific pattern of symptoms.

These disorders are associated with significant distress and may result in a diminished ability to cope with daily life over an extended period of time. This is especially true if left untreated or if not managed effectively.

Throughout this resource, the term, 'mental and substance use disorders' is used to refer collectively to the diagnosable mental and substance use disorders discussed in this toolkit. These include: anxiety disorders, bipolar disorder, depression, eating disorders, schizophrenia, and substance use disorders (e.g., alcohol and other drug addiction).

Mental and substance use disorders are diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM lists the criteria for diagnosing different mental disorders which is helpful to determine which treatments will be most beneficial.

To make a diagnosis, a psychiatrist or other mental health professional should take a detailed family history and a history of symptomatic behaviour, including when difficulties first began appearing and current symptoms. A physical examination is also helpful in ruling out any undetected physical illnesses that may be causing the symptoms.



**Public libraries and the Internet are good resources for learning about mental illness and treatment options.**

**The HeretoHelp website is a great starting place:**  
[www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

### Mental disorders can include:

- **problems that affect how a person thinks (e.g., schizophrenia)**
- **problems that affect how a person feels (e.g., depression)**
- **problems that involve potentially harmful behaviour (e.g., eating or substance use disorder)**



Member organizations of the BC Partners for Mental Health and Addictions Information have good resources for people wanting to learn more about a specific mental and substance use disorder. Regional health authorities may have additional resources.

AnxietyBC | [anxietybc.com](http://anxietybc.com)  
 British Columbia Schizophrenia Society | [bcss.org](http://bcss.org)  
 Canadian Mental Health Association – BC Division | [cmha.bc.ca](http://cmha.bc.ca)  
 Canadian Institute for Substance Use Research | [cisur.ca](http://cisur.ca)  
 FamilySmart | [familysmart.ca](http://familysmart.ca)  
 Jessie's Legacy – Family Services of the North Shore | [jessieslegacy.com](http://jessieslegacy.com)  
 Mood Disorders Association of BC | [www.mdabc.net](http://www.mdabc.net)

Symptoms of mental and substance use disorders are often cyclical in nature. An episode can last from weeks to months with periods in between where no symptoms are present. With children, these changes may occur even more frequently. Individuals also vary in how severe their symptoms are; some individuals can manage to live almost symptom free, others may continue to experience some degree of symptoms and a small proportion of people are severely disabled by their disorder. With modern treatment and good support, most people can function very well, particularly if they manage their disorder effectively.

## How Mental and Substance Use Disorders Affect a Person

### Thinking

Thoughts may occur very quickly or slowly, may be poorly organized, confusing, illogical or irrational. These difficulties are reflected in a person's communications with others (e.g., difficulty in following along with conversation, statements that don't make sense, memory problems).

### Mood

Everyone experiences a variety of moods (e.g., feeling down, anxious or excited) and mood changes. In most cases, they disappear fairly quickly. In mental disorders, however, mood symptoms cause significant distress over time and impair a person's ability to function in daily life.

### Perception

A person with a mental disorder may experience the world with their senses (i.e., vision, smell, taste, touch, hearing) in unusual and/or strange ways (e.g., hearing voices, exaggerated sensitivity to sound).

### Behaviour

Mental disorders can lead to behaviours that may be quite bizarre and confusing for family and friends (e.g., a man experiences severe anxiety when his wife leaves the house; a young girl with obsessive-compulsive disorder washes her hands 50 times after she touches an object; a person with depression has no energy to get out of bed for days at a time). Sometimes these behaviours are embarrassing to families, especially when they occur in the presence of other family or friends.

### Social Withdrawal

With some mental disorders, the person begins to withdraw from family and friends. Social activities are dropped and the person increases the amount of time spent alone. This is often distressing to families as they want to help their loved one.

## Types of Mental and Substance Use Disorders

This section provides descriptions of the most common mental disorders (including substance use disorders). The information provided here is not exhaustive, nor does it include the full range of symptoms. It is strongly recommended that family members seek additional information to learn more about the symptoms and treatment of mental disorders.

**People with eating disorders often do not recognize or admit that they are ill. As a result, they may strongly resist getting and staying in treatment.**

**Anxiety Disorders** are characterized by intense, unpleasant feelings of extreme fear or worry that interfere with a person's life. Physical symptoms such as chest pains may accompany these emotional states. There are a number of disorders within this category which include: generalized anxiety, social anxiety, specific phobias, panic disorder, and separation anxiety. Though no longer categorized as types of anxiety disorders, post-traumatic stress and obsessive-compulsive disorder are related disorders. More information about anxiety disorders can be found at [anxietybc.com](http://anxietybc.com).

**Concurrent Disorders** are co-occurring disorders (when the person has two or more disorders at the same time). This diagnosis usually refers to when a person faces a problem with alcohol and/or other drugs and has a diagnosis of a mental disorder.

**Eating Disorders** are characterized by a marked disturbance in eating behaviours and unhealthy thoughts and feelings towards food, weight and body shape. For example, a person may engage in extreme and unhealthy reduction of food intake or severe overeating, accompanied by feelings of distress or extreme concern about body shape or weight. The main types of eating disorders are anorexia nervosa, bulimia nervosa and binge-eating disorder. More information about eating disorders can be found at [jessieslegacy.com](http://jessieslegacy.com).

**Mood Disorders** are characterized by a severe or prolonged disturbance of mood that interferes with a person's ability to function on a daily basis. **Depression**, one form of mood disorder is marked by severe episodes of sadness, coupled with feelings of hopelessness or guilt. It may also involve altered sleep and appetite, or a loss of interest in activities once enjoyed. **Bipolar Disorder** refers to a mood disorder in which a person experiences extreme changes in mood and energy. A person's mood or energy level swings from excessively high and irritable (during a manic episode), to sad and hopeless (during a depressive episode), with periods of normal mood in between. Symptoms of psychosis may also be present. More information about mood disorders can be found at [mdabc.net](http://mdabc.net).

**Psychosis is a term used to describe the severe cognitive symptoms associated with disorders such as schizophrenia and bipolar disorder.**

**Psychosis is described as a "break from reality" characterized by significant changes in the way a person thinks, acts, feels and perceives the world around them.**

**Schizophrenia** is a severe and persistent mental illness that disrupts a person's ability to think clearly, discern what is real from what is not, and relate to others. It consists of positive symptoms, negative symptoms and cognitive symptoms. Positive symptoms are symptoms that are not usually present, such as delusions (false beliefs) and hallucinations (false perceptions such as hearing voices). Negative symptoms refer to symptoms such as social withdrawal, apathy, flattening of emotions and expressiveness, decreased motivation – anything where a person 'loses' a part of their personality. Cognitive symptoms affect a person's ability to function daily. Some cognitive symptoms are disorganized thinking and speech (trouble communicating in full sentences and carrying on a conversation), loss of short-term memory and difficulties around planning and decision-making. **Schizo-Affective Disorder** is a form of schizophrenia that includes features of a mood disorder, like mania and depression. More information about schizophrenia can be found at [bcss.org](http://bcss.org).

**Substance Use Disorders** are complex behavioural disorders characterized by preoccupation with obtaining and using substances (e.g., alcohol, marijuana, cocaine, pain killers, sedatives) despite harmful consequences. A person with a substance use disorder may develop tolerance to the substance or experience withdrawal if the substance is not available. Over time, substance use can negatively affect a person's life by impacting relationships, school or work performance and other daily routines. More information about substance use disorders can be found at [cisur.ca](http://cisur.ca).

### **Mental Disorders Can Look Different in Children and Youth**

The way in which a mental disorder expresses itself is affected by the age of the person. Below are some examples of how mental disorders appear in children and youth compared to how they appear in adults. Signs specific to the age of the child may be missed if one is only looking for patterns of symptoms based on what is known about adult mental illness.

- **Bipolar Disorder** - Rapid cycling of moods (extreme highs to extreme lows) is common in children whereas these moods are more prolonged within each cycle in adults.
- **Anxiety** - Young children may experience anxiety when facing separation from their parents, whereas an adult may worry excessively about health, money, family or work.
- **Childhood Schizophrenia** - Children have more difficulty interpreting dreams from reality and hallucinations stem from their real-life experiences.

For more information on mental health in children and youth, please visit [familysmart.ca](http://familysmart.ca).

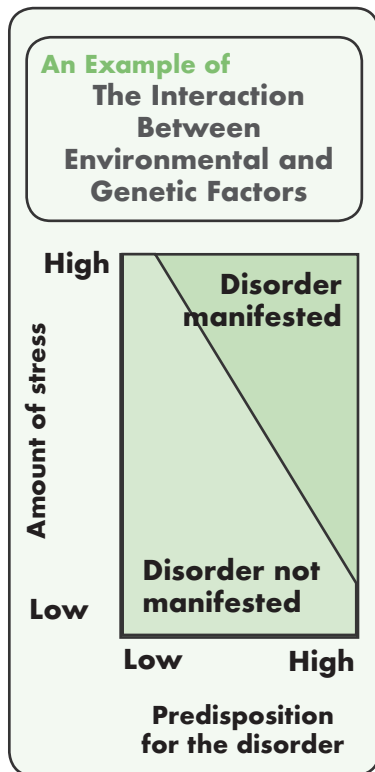


**More information about these mental and substance use disorders can be found at [cmha.bc.ca](http://cmha.bc.ca) or [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)**

## What Are the Causes of Mental Disorders?

Over the years, there have been many theories about the causes of mental disorders. Some of these theories have been tested and rejected because they are not supported by research.

Researchers generally agree that mental disorders are complex diseases. A complex disease is one that is caused by a combination of different factors. Many common diseases such as diabetes, heart disease and asthma are thought to be complex diseases.



### Consider the example of diabetes:

- A person may have a genetic predisposition toward diabetes
- But particular stressors (e.g., becoming overweight) may need to be present before the disease actually takes effect.

Researchers believe a similar process occurs with mental disorders. For example, a person whose mother had recurrent major depression may have inherited a vulnerability to developing major depression (genetic influence). When this is combined with, for example, the stress of having lost a job (environmental stressors), they are at an increased risk for developing depression.

It is now believed that in most cases of mental disorders, both genetic and environmental factors play a role. Evidence from family, twin and adoption studies support the idea that mental disorders seem to run in families. This means that if someone in a person's family has a mental disorder, they may be at an increased risk for developing the disorder. However, a predisposition is not the only cause. Environmental vulnerability factors also appear to play a role. For example, it is believed that even though a person may have inherited a susceptibility to a mental disorder, they only develop the disorder if a certain combination of stressors occur. Some of these environmental risk factors may occur very early in life while the brain is still developing such as complications during pregnancy or during delivery. Other environmental factors, like the use of street drugs or a stressful life event, can occur later in life and result in the onset of the disorder.

It is important to recognize that no single factor has been shown to *cause* any particular mental disorder. Current research continues to identify factors associated with an *increased risk of* mental disorders and increase understanding of mental and substance use disorders.

## What Treatments Are Available?

There are many types of treatments available that allow people who have a mental or substance use disorder to manage their symptoms and illness. Most people who have a mental or substance use disorder can be effectively treated. The future is even more promising as research leads to a better understanding of mental disorders and the development of new treatments.

This section provides a list of the various types of treatment options that are generally available. The specific treatment options that will be available for a person depend on their diagnosis, community resources and types of services that are available in their community. Families should consult with a doctor or other mental health professional for help in identifying the best treatment options.

**Behavioural Therapy** relies on basic principles of learning to change problematic behaviour patterns by substituting new behaviours to given stimuli for undesirable ones. For example, systematic desensitization works on reducing a person's anxiety to a feared source (e.g., dogs) by teaching them relaxation skills and then gradually and repeatedly exposing the person to the feared source until they no longer fear it.

**Cognitive-Behavioural Therapy (CBT)** involves identifying and managing disruptive patterns of thinking and behaving that make symptoms worse. CBT also helps a person to develop new patterns of thinking that can help them to better manage their disorder.

**Cognitive Remediation** is a type of rehabilitation treatment that helps reduce the cognitive symptoms that often occur with mental illnesses like schizophrenia. Cognitive remediation programs are usually computer-based and use repetitive exercises to improve cognitive skills such as attention, concentration and problem-solving skills. Through follow-up sessions with a therapist, people are able to generalize these skills to their daily life.

**Detoxification or Withdrawal Management** is the initial and acute stage of treatment for drug/alcohol problems. The goal is to achieve withdrawal and stabilization in as safe and comfortable a manner as possible. While many people can be supported in outpatient or community-based programs, some will require medical supervision in short-stay residential facilities. Withdrawal management is seldom effective on its own and should be regarded as the first phase of treatment.

**Dialectical Behaviour Therapy** is a specific type of cognitive-behavioural therapy that helps a person learn skills to manage painful emotions and decrease conflict in their relationships. DBT usually involves both individual therapy sessions and group sessions where skills are practiced. It was originally developed to treat borderline personality disorder, but has been shown to be helpful for treating other mental disorders.

**Electroconvulsive Therapy (ECT)** involves the use of electrical stimulation to the brain. ECT has been shown to be useful in the treatment of depression when it is severe or life-threatening or in cases when other treatments for depression have not worked. ECT may also be used to treat other mental disorders like schizophrenia.

**Family Therapy** works with the family as a unit to help resolve problems and to change patterns of behaviour that may contribute to difficulties or conflict within the family. The goal is to help families identify resources and solutions that work for their particular situation.



For more information on treatments used with specific disorders, please check out the info sheets available at [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

Individuals with alcohol/drug problems who stay in treatment for at least three months (12 months for methadone) have better outcomes than those who leave treatment early.



For more information about when ECT may be considered, see **Electroconvulsive Therapy: Guidelines for Health Authorities in British Columbia**, published by MHECCU, and available at [www.health.gov.bc.ca/library/publications/year/2002/MHA\\_ect\\_guidelines.pdf](http://www.health.gov.bc.ca/library/publications/year/2002/MHA_ect_guidelines.pdf)

**Interpersonal Therapy** focuses on improving aspects of the person's relationships within the family, social or work environments. Goals may include building communication and conflict resolution skills, and helping the person resolve interpersonal problems in a structured way.

**Medications** are very useful in the treatment of mental disorders and often used in conjunction with other types of therapies. Sometimes medications are used to alleviate symptoms so that other therapies can be successful. Medication may be either a short-term or long-term treatment option depending on the disorder, symptom severity and availability of other treatments. Some common types of medications include antipsychotic medications, antidepressants, anti-anxiety medications and mood stabilizing medications. Medications prescribed for substance use disorders are used to treat withdrawal symptoms, provide a safer substitution (such as methadone or nicotine patch) or discourage the use of substances.

**Psychotherapy** refers to psychological therapies used for treating a broad range of mental health problems. These therapies focus on helping people explore their concerns by talking about them, thinking about them in new ways, and learning new responses. There are many forms of psychotherapy.

**Rehabilitation** covers various services and programs designed to help a person restore or improve their level of functioning in the community to an optimal level. Training may be provided in such areas as daily living and independent living skills, housing issues, vocational counselling and job placement, communication skills, recreation and leisure.

**Relaxation Techniques** involve the ability to more effectively cope with the stresses that contribute to anxiety, as well as with some of the physical symptoms of anxiety. Examples of techniques taught include breathing retraining and exercise.

**Self-help and Support Groups** help individuals connect with others who face similar challenges, reducing the potential for isolation. They can provide mutual support, as well as a place to share information and experiences about current treatments and local services. These groups operate informally and are free-of-charge. They are voluntary and confidential.




## Common Warning Signs

The following lists of symptoms may be indicative of a mental disorder, should they persist and worsen over time. These lists are not exhaustive and other signs may be present. If a family member suspects their loved one may have a mental or substance use disorder, it is important to consult with a doctor or mental health professional.

### In Young Children:

- Reluctance to separate from parents
- Significant decline in school performance
- Frequent aggression, acting out or tantrums
- Excessive worry or anxiety
- Hyperactivity
- Sleep problems or persistent nightmares
- Persistent disobedience or aggression
- Withdrawal from activities, family or friends
- Refusing to go to school



**“Ever since my son William was born he was different from my other children. It took forever for him to fall asleep and during the night he frequently woke up crying for no reason.”**

### In Older Children and Pre-Adolescents:

- Excessive or unhealthy substance use
- Inability to cope with problems and daily activities
- Change in sleeping and/or eating habits
- Excessive complaints of physical ailments
- Acting out, rebellion or opposition to authority
- Intense fear of weight gain
- Prolonged depressed mood, often accompanied by poor appetite or thoughts of death
- Frequent outbursts of anger
- Talk or thoughts of suicide
- Refusing to go to school



**“Janet began experiencing problems during college. She became convinced that her mind was being controlled by ‘forces’ that broadcasted to her through radio waves.”**

### In Adults:

- Decline in work performance or poor work attendance
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Deterioration of work at school or on the job
- Strong feelings of anger
- Delusions (strongly held beliefs that have no basis in reality)
- Hallucinations (hearing, seeing, smelling, or feeling something that isn't real)
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of severe problems
- Numerous unexplained physical ailments
- Excessive or unhealthy substance use



**“Prior to becoming ill, I found I needed very little sleep. I felt far less hungry and lost weight. I had strong urges to go out and socialize and talk. I would talk to everyone I met – people in the supermarket or on the street.”**

## What to Do If A Problem is Suspected

The decision to seek help for a relative or friend can be tough for many reasons. It can be difficult to know what to do or where to go, or there may be uncertainty about the problem. The person may not want help or may not recognize there is a problem. It can be difficult to cope with a person who is in distress but refusing to get help. If one suspects that their loved one may have a mental or substance use problem, it is important to be honest and open when talking with them.

- If the person appears to be a danger to themselves or others, seek help immediately.
- Let the person know that other people have noticed changes in their feelings and behaviour, and are concerned they may be having difficulties.
- Listen to what they have to say and try to solve the problem together.
- Encourage the person to talk with their doctor or mental health professional. Offer to go with them to an appointment.
- If the person does not believe they have a problem or refuses to get help, encourage them to talk with someone they trust.
- Allow the person to stay in control by offering choices about how family members and friends can help them.
- Offer to help the person to find out more about where to get assistance.
- Reassure them that it's okay to seek help, even if they think they can cope without it.
- Stay positive about the future and reassure them that things will improve.
- If the family member is a child or youth, talk to their school counsellor.

## Navigating the Mental Health System

The mental health system in British Columbia is a complex system consisting of both public and private services available to individuals and their families.

There are a number of avenues for seeking help. Many families first begin by consulting their family doctor (general practitioner). A general practitioner can assist both by ruling out other possible causes of symptoms and by providing a referral to a psychiatrist or pediatrician.

Public mental health services for children and youth (up to age 19) are provided through the Ministry of Children and Family Development. An integrated case management approach (working collaboratively with the child/youth and their family) is used to ensure all necessary services are put in place to address the needs of the child/youth and their family. Child and youth mental health professionals also work very closely with adult mental health professionals to facilitate the transition from the child and youth system to the adult mental health system.

Mental health and substance use services for adults (over 19) include a range of supports provided in hospitals, mental health centres and the community. These services are usually funded by regional health authorities. The focus is on providing care close to home in smaller community settings. Individuals seeking help through mental health services will also be assisted to obtain other services they may need (e.g., housing, application for income support).

Intensive care and treatment of a person with a mental illness is provided either on a psychiatric ward of a general hospital, through specialized regional facilities, or in a specialized hospital such as Children's Hospital. Emergency treatment is also available through the emergency ward.

**Families should be aware that health information about an adult in British Columbia is subject to confidentiality; unless the person gives their consent to share information, professionals are limited in what they can share with families. In some situations, adolescents over the age of 12 may also be able to refuse consent for information to be shared with their family.**

**In certain circumstances, health care providers are able to share information with family members. It is important for family members to talk with their loved one about the need to share information.**



**For more information on the guidelines around releasing information to family members, please see Appendix 13 of the "Guide to the Mental Health Act" available through the BC Ministry of Health at [www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf](http://www.health.gov.bc.ca/library/publications/year/2005/MentalHealthGuide.pdf)**

## Navigating the Child and Youth Mental Health System

If a parent is concerned that their child may have a mental or substance use disorder, there are a variety of services that may be able to help. Various avenues are given below along with the services provided by each.



**For more information about mental health services in B.C. for both children and adults, please visit: [www2.health.gov.bc.ca/gov/content/mental-health-support-in-bc](http://www2.health.gov.bc.ca/gov/content/mental-health-support-in-bc) or contact your regional health authority.**

### Family Doctor or General Practitioner

- Assessment and diagnosis
- Prescription of medication
- Ordering diagnostic tests (to rule out other possible causes of symptoms, may include blood tests)
- Referral to a specialist (e.g., pediatrician)
- Monitoring progress and recovery

### Child and Youth Mental Health Services

Ministry of Children and Family Development (MCFD)

- Psychoeducational testing (e.g., aptitude and achievement testing)
- Cognitive-behavioural therapy
- Other individual therapies
- Family therapy and education
- Referral to Day Treatment Programs

### Student Support Services

- Program placement
- Assessment
- Referral to MCFD mental health

### Specialist

(e.g., Pediatrician, Psychiatrist)

- Assessment and diagnosis
- Psychological work-up
- Prescription of medication
- Referral to in-patient units
- Ordering diagnostic tests (e.g., CAT Scans)

### Private Sector

(Psychologists, Counsellors, Therapists, Private Health Plans)

- Psychoeducational testing (e.g., aptitude and achievement testing)
- Cognitive-behavioural therapy
- Other individual therapy/counselling
- Family therapy and education
- Medication cost coverage (e.g., private health plans)

### Teacher

- Modified school work
- Seating alternatives
- Test alternatives

### School Counsellor

- Assessment
- Counselling/therapy
- Program placement

## Navigating the Adult Mental Health System

If a person is concerned that their adult family member may have a mental or substance use disorder, there are a variety of services that may be able to help. Various avenues are given below along with services that are provided.

### Family Doctors/General Practitioners

- often the first step you turn to when seeking help
- diagnosing and prescribing of medications or other treatments
- ordering any medical tests needed to rule out other possible causes
- assisting in getting a referral to a psychiatrist or other services that may be needed
- monitoring progress and recovery

### Psychiatrists

- have specialized training in the diagnosis and treatment of mental and substance use disorders
- a referral is typically needed

**Looking to contact a mental health centre or service in your community? Call HealthLinkBC at 8-1-1 (available 24/7) or visit [www.healthlinkbc.ca](http://www.healthlinkbc.ca)**

### Hospitals

- hospitalization may be necessary because symptoms are so severe or the person is unable to function even minimally
- the goal is to stabilize the symptoms so that the person is able to return to their community

### Mental Health Services

- contact information can be obtained through the regional health authority or local hospital
- various services and programs for people dealing with mental or substance use disorders
- staff are comprised of a multidisciplinary team of professionals, including psychiatrists, psychiatric nurses, psychologists, social workers and rehabilitation specialists

### Community Services

- providing assistance with housing, income, recreational, employment, addiction problems, and peer support programs for people with mental illness
- drug and alcohol programs

**For more information about drug and alcohol services, contact your family doctor or phone the BC Alcohol and Drug Information Line, which is confidential and open 24 hours a day, at 604-660-9382 or 1-800-663-1441.**

## Worksheet: Local Mental Health Resources

It is important to learn about what services are available in one's community and record phone numbers in case of emergencies. As a person begins to manage their illness, the need for other kinds of services and programs may arise. Below are some of the services your family member(s) may require. Other services can also be added to this list.

**Family Doctor**

**Family Support Group**

**Hospital**

**Clubhouse**

**Mental Health Centre**

**School Support Services**

**Child and Youth Mental Health Services**

**Alcohol and Drug Services**

**Case Manager**

**Other Services**

**Psychiatrist**

**Psychologist**

**Housing Worker**

**Employment and Assistance Worker**




## What If Someone Refuses to Get Help?

Families may find themselves in a situation where they believe their relative is having serious problems that warrant professional intervention but their relative refuses to seek medical advice. If the person is unwilling to see a doctor or mental health professional, set aside some time to discuss the concerns of the family and reasons why the person is unwilling to seek help. Back up concerns with examples of behaviours or problems other family members have noticed. Because symptoms of mental disorders may stem from other physical illness, it may be helpful to initially encourage the person to see their doctor for a check-up (rather than suggesting from the start that it is a mental disorder). Family members can also speak to their family doctor about concerns and what can be done. If this does not work, contact the local mental health centre. They may have outreach workers who will go to the person's residence.

In some cases, a person may be so severely ill that they need to be hospitalized. Not all people with mental disorders will need to be hospitalized and most people who need a hospital setting will admit themselves. There are, however, a significant number (often those most in need) who are unable to seek help.

### Criteria for Involuntary Admission

**There are four criteria that must be met before a person will be involuntarily admitted to hospital. The person:**

- 1. is suffering from a mental disorder that seriously impairs the person's ability to react appropriately to his or her environment or to associate with others**
- 2. requires psychiatric assessment in or through a designated facility (such as a hospital)**
- 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 protection or the protection of others**
- 4. is not suitable as a voluntary patient**

~ *Guide to the Mental Health Act*, BC Ministry of Health

The B.C. Mental Health Act was created so that people who are in need of hospital treatment for a mental disorder but refuse treatment, can be helped.

Only a qualified doctor can involuntarily admit a person for treatment. A physician must examine the person and complete a medical certificate. This enables the person to be admitted for a 48-hour period. Two medical certificates are required for hospitalization beyond 48 hours.



**For further information about British Columbia's Mental Health Act, please visit the Ministry of Health website at [www2.health.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/mental-health-act](http://www2.health.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/mental-health-act)**

**For suggestions on how to talk with your family member about problems you've observed, see the "What To Do If a Problem is Suspected" section on page 12**

**Before you speak with a medical professional, it is a good idea to write down your observations of your family member – changes you've noticed and any difficulties they're having. Information about any substance use (alcohol or other drug) that you know of is also helpful.**

**For a complete list of references used in developing the Family Toolkit, please see Family Toolkit: References at [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)**

