

* Community Treatment Order – Examples and experience from other countries

Marcus YL Chiu,

Assoc Prof & Deputy Head, Department of Social Work,
National University of Singapore

* Terminology

- * Community Treatment Order (CTO)
- * Assisted Outpatient Treatment (AOT)
- * Supervised Community Treatment
- * Involuntary treatment in the community

* General Coverage

- * For 18 or adults; minors are supposed to be under the guardian.
- * For those who are unlikely to receive treatment voluntarily
 - * Those who refuse treatment they need; to be assessed by professionals.
 - * Those who do not have the capacity to decide.
- * To avoid relapse or deterioration (to the benefit of the person)

* Grown out of the context

- * Not all inpatient admissions are necessary

 - * Heavy healthcare cost on hospitalization

 - * Restraint of personal freedom and liberty

- * Limitations of inpatient care

 - * Less helpful for chronic situation

 - * Problems with institutionalization

 - * Isolated from with natural community/groups

 - * Generally more stigma than community-based program

- * Treatment in community/ at home is more acceptable to the person than a strange environment that bears more stigma

- * Legal provision in countries where human rights of patients are more respected.

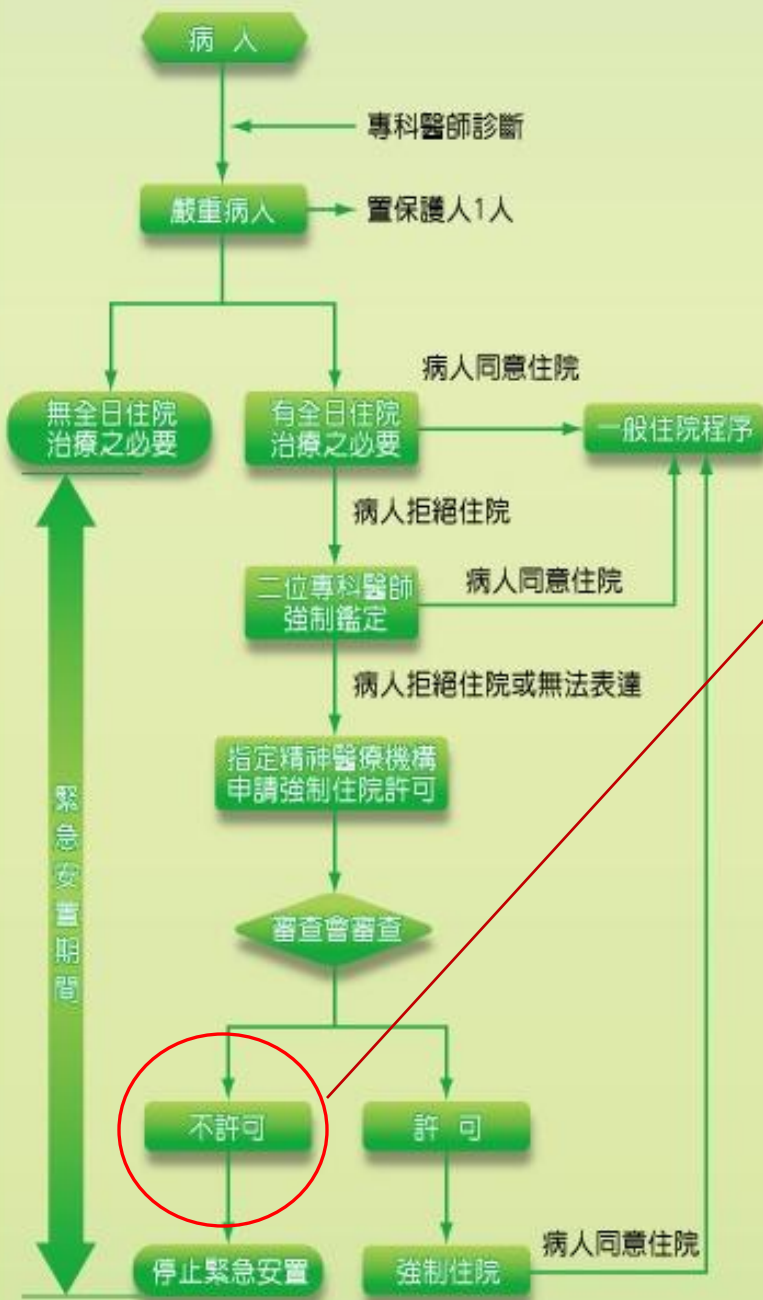


- * To maintain medication compliance and to prevent relapse for those with poor insight and compliance.
- * To set stage for discharging patients
- * Less effective for persons in acute state; would have placed much burden on the handling worker.
- * Operations vary from states and countries. (criteria: e.g. in 2 involuntary admissions or 1 or more violent acts toward self and/or others within a 36 month period, in Florida. 6 months (US) vs 12 months
- * Usage on the rise (BMJ 2011: up 29%) as a means to enable discharge from inpatient care.

* Applications in Practice

- * 第一條 本辦法依精神衛生法（以下稱本法）第四十六條第三項規定訂定之。
- * 第二條 指定精神醫療機構(以下稱指定機構)對有下列情況之嚴重病人，得向**精神疾病強制鑑定強制社區治療審查會**(以下稱審查會)申請許可施予強制社區治療：
 - * 一、不遵醫囑致其病情不穩或生活功能有退化之虞時。
 - * 二、經專科醫師診斷有接受社區治療之必要，但拒絕接受時。
 - * 三、經指定專科醫師(以下稱指定醫師)診斷，有施予社區治療之必要，但嚴重病人拒絕接受或無法表達時。

* 台灣社區治療法令(2008)



何謂緊急安置措施

- ① 限制嚴重病人活動之區域範圍。
- ② 拘束嚴重病人之身體或限制其行動自由。
- ③ 給予嚴重病人藥物或其他適當治療、處置。
- ④ 其他合理可行且限制最小之保護措施。

何謂強制住院治療

當嚴重病人傷害他人或自己或有傷害之虞，

Taiwan:

as part of the consideration for involuntary admission; applied only 1) when there is no need for hospitalization; 2) the need for emergency placement in the community.

- * 1.居家治療：專科醫師應每週居家診視病人
- * 2.門診治療：規定病人每週回指定門診接受治療
- * 3.社區精神復健：規定病人每週至指定復健場所接受生活訓練。
- * 六所執行強制社區治療的機構均為醫院, 追蹤關懷之社區精神病患已達9,280人，其中8百多人屬嚴重病人。家屬可以向主治醫師建議執行強制社區治療

* 台南市例子

- * Existing legal provisions:
 - * Mental Disorders & Treatment Act (1985; Revised 1987)
 - * Mental Capacity Act 2008
- * Maintain regular visit by:
 - * Building good rapport with patients
 - * Providing free home visit by nurses
 - * Police called on if situation warrants

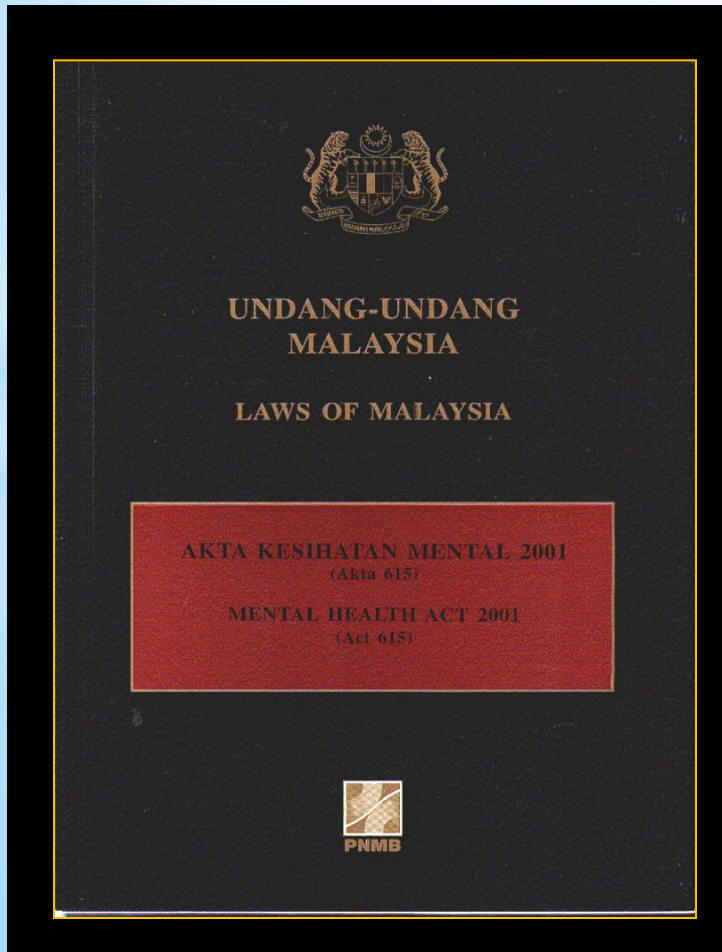
*** Singapore (no CTO)**



Malaysia – Mental Health Act 2001 (Act 615)

General overview :

- 94 sections
- 12 parts
- 2 schedules



PART	Mental Health Act 2001 (Malaysia)
I	Preliminary
II	Admission, Detention, Lodging, Care, Treatment, Rehabilitation, Control and Protection of mentally disordered persons in, and discharge of voluntary patients from, Psychiatric Hospital
III	Discharge, leave of absence and transfer from Psychiatric Hospital
IV	Admission, detention and discharge of persons committed or confined in psychiatric hospital under Criminal Procedure Code
V	Admission, Lodging, Nursing Care and Rehabilitation of Mentally Disordered Persons in Psychiatric Nursing Home
VI	Reception, Care, Treatment and Rehabilitation of Mentally Disordered Persons in Community Mental Health Care

PART	
VII	Board of visitors
VIII	Mortality Assessment
IX	Quality of Psychiatric Healthcare Facilities and Services
X	Proceedings in inquiries into mental disorder
XI	Enforcement
XII	General

 **Mental Health Act 2001**

- * Encourage community mental health services → direct affirmation of community based care; setting up of CMHT (regulation 16)

- * Inter-relation with Private Healthcare Facilities and Services Act 1998 (PHFSA), Act 586
 - * Private psychiatric hospitals
 - * Private psychiatry nursing home
 - * Private community mental health centre

Premises licensed as private healthcare facilities and services under Act 586.

- * Community Mental Health Centres
 - * Government: Medical Officer or Psychiatrist
 - * Private: Psychiatrist

- * Under Part VI
- * 3) Care of the patient during physical means of restraint
 - * (a) **No physical restraint is allowed** in the psychiatric nursing home and community mental health centre, EXCEPT at the time of transportation of patients to a psychiatric hospital.
 - * (b) If the patient is acutely disturbed, a member of the **nursing staff shall visit** at intervals of not more than fifteen minutes.
 - * (c) A **medical officer** or registered medical practitioner shall examine the acutely disturbed patient **at intervals of not more than four hours**.

* **MENTAL HEALTH ACT 2001**
MENTAL HEALTH REGULATIONS 2010

- * For countries with CTO: Information to the person
 - * What is CTO?
 - * What does it mean to a person under CTO?
 - * What are one's rights?
 - * Information on channels of complaint?
 - * General complaint
 - * Specific complaint
 - * advocacy help

Advocacy

At times you or your family may need help to understand the mental health system.

Peer Worker

The treatment centre may have Peer Workers or Peer Specialists who can assist you. Please ask staff for more information. A Carer Consultant may also be available to help carers and families.

The Office of the Public Advocate is an independent agency that advises, assists and advocates for people with mental incapacity.
Tel: 08 8342 8200 Toll free: 1800 066 969

The Disability Advocacy and Complaints Service of South Australia is a non-government organisation that assists with advocacy and complaints for people with any kind of disability.
Tel: 08 8297 3500 Country toll free: 1800 088 325

MALSSA is a non-government organisation that advocates for clients of the mental health system, particularly those from non-English speaking and culturally and linguistically diverse backgrounds.
Tel: 08 8351 9500

Language Assistance

Interpreting and Translating Centre
Tel: 08 8226 1990

Translating and Interpreting Service
Tel: 131 450 (National)

National Relay Service
For hearing and speaking difficulties.
Tel: 133 677 Toll free: 1800 555 677

Complaints

Treatment Centres have officers who can assist with enquiries and complaints. Please ask staff to help you contact with the right person.

The Chief Psychiatrist ensures safe and effective mental health services.
Tel: 08 8226 1091

The Health and Community Services Complaints Commissioner helps to resolve complaints.
Tel: 08 8226 8666
Toll free: 1800 232 007

© Department of Health and Ageing, Government of South Australia. All rights reserved. Printed June 2012

Statement of Rights

Community Treatment Orders

Office of the Chief
Psychiatrist

Information about your rights while you are on a Community Treatment Order

If you need help to understand this pamphlet, or your treatment, please ask staff at any time.

What is a Community Treatment Order?

A Community Treatment Order is a legal way of providing treatment to a person with a mental illness when they are unable to agree to treatment and may not be safe.

A Community Treatment Order can only be made when there are no less restrictive ways of ensuring that a person gets appropriate treatment.

What does it mean if I am on a Community Treatment Order?

If you are on a Community Treatment Order you are required to receive treatment for your mental illness at a specific place at regular intervals.

You will have access to a comprehensive range of treatments, which are based on the best available evidence about what is most effective for your mental illness. Treatment may include talk therapy, medication and other interventions.

Treatment will be provided by trained health professionals such as doctors, nurses, occupational therapists, social workers and psychologists. These professionals will work with you to help you to get better. You can discuss your treatment at any time with the professionals who are assisting you.

If you are unable to comply with the terms of your Community Treatment Order and/or your mental illness does not improve, you may be assessed for an Inpatient Treatment Order, which would require you to stay in hospital for a period of time.

Children Under 16 Years Old

If you are under 16 years old then your parent or guardian can exercise all rights on your behalf.

What are my rights when I am on a Community Treatment Order?

You and your support person (if appropriate) will receive a copy of your Order and Statement of Rights as soon as practicable.

You can have someone support you during examination and treatment, within limits set by the treatment team. The support person can be a guardian, medical agent, relative, carer, friend or a voluntary or professional advocate.

Your treatment and care will be governed by a recovery-focussed Treatment and Care Plan. You and your support person (if appropriate) will be involved in the preparation and review of the plan as much as practicable.

You can have an interpreter assist you if you have difficulty using English.

You may obtain a second opinion from a psychiatrist about your diagnosis and treatment options.

If you are unhappy with your treatment, you can speak with your treatment team. If you are not satisfied that your concerns have been addressed,

you may make a formal complaint. The phone numbers of services which may be of help to you are on this pamphlet.

You may appeal against the Order by asking the Guardianship Board to examine your case. Other people may also appeal on your behalf, including your support person or advocate. You can ask the Guardianship Board to vary your Order while it is under appeal.

If you wish to appeal, please ask your treatment team for information about how to begin. During the appeal process, you may be represented by yourself or a support person, hire a lawyer or have a lawyer paid for by the Department of Health and Ageing.

You and your support person (if appropriate) will receive copies of any Orders or decisions made by the Guardianship Board as soon as practicable.

Information about you is confidential but may be disclosed if required by law, delivery of services or to maintain safety. Information may also be shared with other agencies, or a relative, carer or friend, if it is reasonably required for your ongoing treatment and care and is in your best interests.



Contact Directory:

Name	ARAFMI (Mental Health Carers and Friends Association)
Phone	9427 7100
Freecall	1800 811 747
Name	Council of Official Visitors
Phone	9226 3266
Freecall	1800 999 057
Name	Mental Health Law Centre
Phone	9328 8266
Freecall	1800 620 285
Name	Mental Health Review Board
Phone	9219 3162
Name	Multicultural Access Unit (DoH) (for interpretation and translation of health information and policy)
Phone	9400 9504
Name	Health and Disability Services Complaints Office
Phone	9323 0600
Freecall	1800 813 583
Name	Office of the Chief Psychiatrist
Phone	9222 4462
Name	Mental Health Emergency Response Line (MHERL)
Phone	1300 555 788
Freecall	Rural 1800 676 822
Name	Mental Illness Fellowship/ Western Australia (MIFWA)
Phone	9228 0200
Web	www.mifa.org.au/mifwa

This pamphlet is one of eight. Other titles are as follows:

- Carers
- Community Treatment Orders
- Electroconvulsive Therapy
- Involuntary Detained Patients
- People referred for a Psychiatric Examination Under the *Mental Health Act 1996*
- Treatments
- Voluntary Patients
- Your rights under the *Mental Health Act 1996*.

Other pamphlets available include:

- The Mental Health Review Board, Information on the review process
- The Council of Official Visitors
- The Mental Health Law Centre.

This document can be made available in alternative formats on request for a person with a disability.

Published by the Office of the Chief Psychiatrist.
© Department of Health 2011

Office of the Chief Psychiatrist

Community Treatment Orders

Information about your status and your rights under the *Mental Health Act 1996*

This pamphlet helps answer questions you might have about being on a Community Treatment Order.



Delivering a Healthy WA

What is a Community Treatment Order?

A psychiatrist who believes that you need treatment for your mental illness, must consider whether your treatment can be given while you are living in the community. If this is possible and the psychiatrist believes that you would not accept the treatment voluntarily or because of your mental illness you are unable to give consent to the treatment, then a Community Treatment Order may be made. A Community Treatment Order can be a less restrictive alternative to compulsory admission to hospital. Although you may be living at home, or in a hostel and no longer a detained patient at the hospital, under the Mental Health Act 1996, you are still an involuntary patient and must accept the treatment that has been prescribed for you.

What are the grounds for making a Community Treatment Order?

If the psychiatrist who examines you is satisfied that you have a mental illness, defined by the Mental Health Act as 'a disturbance of thought, mood, volition, perception, orientation or memory that impairs judgement or behaviour to a significant extent', and:

- that you need treatment for the health and safety of yourself or others; or
- to protect you from self-inflicted harm, including serious financial harm, irreparable harm to relationships or your reputation; or
- to prevent serious damage to property; and

- you have not consented or because of your mental illness unable to consent to treatment; and
- the treatment cannot be provided in a way that would involve less restriction; then a Community Treatment Order can be made. If the order is made after a psychiatrist in the community sees you, or you were a voluntary patient in the hospital, then another doctor must agree with the order and that must be done within 72 hours.

How will an order be made?

- there must be a psychiatrist willing to supervise the order;
- a treatment plan is part of the order and will outline what treatment you will be receiving;
- the order will state who will be responsible for carrying out this treatment and it will either be a medical practitioner, such as your GP, or a mental health practitioner, like a community mental health nurse, psychologist, occupational therapist or social worker who may be your case manager;
- you will be given a copy of the order with a date when the order will finish, which will be within three months from the time the order was made, though the order can be extended for another three months.

What will happen while I am on the order?

- At least once a month the supervising psychiatrist or a medical practitioner, such as your GP, will see you to decide whether the order should continue.

- You will be expected to cooperate with the treatment plan, see your case manager and accept treatment.
- If your psychiatrist believes at the end of the three month period that you need to stay on the order, he or she can extend the order for another three months. If you do not agree with this, you can ask in writing for a second opinion from another psychiatrist who should see you within 14 days. That psychiatrist can decide whether the order is to continue or not. If the second psychiatrist does not see you then the Community Treatment Order finishes. If you do not keep the appointment with the second psychiatrist then the order continues.
- If you move to another area of WA the supervising psychiatrist can transfer the supervision to another psychiatrist and responsibility for carrying out the order to another medical or mental health practitioner. If this happens you will be informed.
- The Community Treatment Order may be stopped if, in the opinion of your psychiatrist, it is no longer necessary, or it could be stopped by the Mental Health Review Board when reviewing your case.
- At the end of six months the order finishes. If your psychiatrist feels you should still be on a Community Treatment Order, a new order would need to be made.

- If you become so unwell that you require treatment in hospital, your psychiatrist can cancel the Community Treatment Order and you can be admitted to hospital as an involuntary detained patient for a period of up to 28 days.

What if I fail to co-operate with the order?

- If you do not turn up for treatment or in any other way refuse to co-operate, and your psychiatrist has taken all reasonable steps to get you to co-operate, then you are in breach of the Community Treatment Order;
- Your psychiatrist will then inform you in writing that you are in breach of the Community Treatment Order;
- If you still fail to co-operate you may be sent an Order to Attend, which will be a form ordering you to go to a particular place, such as a clinic, doctors surgery or hospital, at a particular time for your treatment. The form will also tell you that if you fail to go as ordered, it may result in the use of the police who can enter your home and take you to have your treatment which can be given to you whether you agree or not.

- * little evidence that compulsory community treatment was effective in any of the main outcome indices: health service use, readmission to hospital, social functioning, mental state, quality of life,
- * risk of victimisation may decrease.
- * In terms of numbers needed to treat (NNT), it would take 85 orders to prevent one readmission, 27 to prevent one episode of homelessness and 238 to prevent one arrest.

* **Latest Review by Kisely, Campbell & Preston (2011)**

- * Legal provision can never replace the need for quality (inpatient and outpatient treatment). It is the quality treatment and support that take effect, not the order alone.
- * The definition of treatment is currently limited to drug treatment; Should it be extended to non-drug domain (e.g. psychotherapy, or structured programs)?
- * Information to the person in Asia is not as thorough as that of US or Australia; the rights issues have never been recognised in Asian context.
- * The need for appeal system and third party as firewall/advocacy agent against possible misuse; therefore rely heavily on professional practice and internal operation guidelines.

* Reflections in Asian Context