

Helping to understand the dramatic rise in use of Community Treatment Orders (CTOs)

Our research explores how these orders work in practice and what it's like to implement one or to receive one.

The latest figures on community treatment orders (CTOs) for people with mental health disorders show that new ones fell between 2009/10 and 2010/11. However, the proportion of people still on them rose 29 per cent over the same period.

'No one knew how much they would be used, but it's a lot more than anyone thought,' comments Dr Julia Stroud, Director of Social Work Studies at the University of Brighton. 'It's difficult to know whether this is about people guarding against risk, or whether the population of people with hard to manage disorders is increasing, or whether it reflects poor practice in the use of CTOs.'

Risk of return to hospital

CTOs enable those who have been formally detained in hospital on a treatment order to continue their treatment in the community, providing they comply with monitoring and, if specified, their treatment and care plan. If these are breached, and they are considered to pose a risk to themselves and others, it can require them to return to hospital.

But, as Dr Stroud explains, the compulsory element of a CTO might be seen as



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running counter to current adult social care policy and community mental health practice, which emphasise choice and personalisation.

'What does this mean for the person on the receiving end of a CTO? And how much choice and room for negotiation do they have on what happens to them,' she wants to know. 'Doctors and nurses are used to compulsory powers in hospital, but this is completely new. So how are professionals using CTOs, and what skills do they need?' she asks. It's also not clear what part social care support plays.

Impact on quality of life

Her research aims to fill a gap in the published evidence to date and provide some much needed answers by talking to those with direct experience of CTOs.

She plans to carry out semi-structured interviews with around 25 people with mental health problems who have been subject to a CTO over the past year, and a similar number of professionals involved in instigating, managing, and monitoring orders. These will include psychiatric consultants and approved mental health professionals and care coordinators – community nurses, psychologists, and social workers.

She wants to know, in particular, how participatory and informative discussions about the use and aims of a CTO are, and what impact these orders have on quality of life and other relationships. And she wants interviewees' views on how well they work, and whether they help service users engage with other support services, such as accommodation, help with

budgeting/shopping, or day centre activities.

'CTOs arose because of concerns about "revolving door" patients who get well in hospital, but then go home and deteriorate. But the international research on CTOs is equivocal about whether they produce better outcomes or not,' comments Dr Stroud.

A comparative research project in Oxford, called OCTET, which is complementary to her study, is looking at who does best on a CTO. 'My own professional view is that, for some, it will provide structure and be helpful, but that others will feel constrained and angry about it,' she ventures.

Quality of relationships probably key

It's difficult to know what other components contribute to its success, and how much, she says, referring to feedback from the advisory group guiding the content of her research. This seems to indicate that stable accommodation is important.

But the quality of the relationships with the professionals involved is also likely to have a significant impact, and she hopes that her research findings will not only inform practice, but also training.

'We train approved mental health professionals here, and service users are involved in those interviews. One of them pointed out that it's not a job everyone can do,' she says. 'Professionals have got to be able to understand what it's like to be the service user's shoes, and work through CTO issues with them.'

Project: [An exploration of service user and practitioner experiences of Community Treatment Orders](#)

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