Outcomes, Inherent Contradictions and Puzzling Issues: Consent and Capacity Board (CCB) members’ experiences with Community Treatment Orders (CTOs)
» Defined treatment care and supervision in the community

» Relapse and Prevention focused

» Consists of a well organized plan and legal process of forms

» In effect for 6 months – renewable

» Allows for early intervention

» Less restrictive than being in hospital

» CTO’s were legislated into the Mental Health Act – December 2000

What is a CTO?
» Every 6 months a client can go to the CCB and request a review board

» Mandatory reviews are done once every second renewal

» The review board process is very much focused on ensuring compliance with the specific requirements of the legislation

Consent and Capacity Board
» Several perspectives from many different stakeholders

» Nothing was found on the perspective of individuals who serve on mental health tribunals

» Exploring CCB members experiences with CTO’s adds an additional perspective with CTO’s that has not been reported in the literature
» To explore Consent and Capacity Board (CCB) member experiences with Community Treatment Orders reviews (CTOs)

» To add an additional perspective related to experience with CTO’s that has not yet been reported in the literature

Purpose of Study
Qualitative

» Ten (10) in-depth semi-structured interviews 60 – 90 minutes in length

» Semi-structured interview guide

» CCB members interviewed were psychiatrists, lawyers, and community members, with a minimum of 3 persons from each category.

» Participants were recruited using the snowball convenience approach.
» All interviews were audio taped and transcribed verbatim

» Data was coded and thematic analysis was conducted

» Trustworthiness strategies included saturation, triangulation and peer debriefing

» Verbatim quotes from the transcripts used to report results
Two Themes with sub-themes

CTO’s produce positive results
» For the individual on the CTO
» For the overall care of many individuals

The Current Process: Positives and Grey Areas
» Positives
» Grey Areas
  > Inherent contradictions
  > Contested versus uncontested CTO’s
  > Why are they not used more?

Results – a High Level Overview
For the Individual

P3 - I think they are the best thing since sliced bread, I think for the most part they are a godsend for patients. They have kept them out of hospital, they have kept them somewhat independent, sometimes very independent, often productive...what more can you ask for that particular clientele who has been in and out of hospital once, twice a year easily... I think they have been a big boon - the CTO.

Positive Results
For the overall care of many individuals

P5 - They seem like they are doing a really wonderful job I know in the orders that I have been reviewing I have been really impressed that some very ill people are being able to be maintained in the community so they (CTOs) are doing what they are supposed to be doing.....
Positives

P2 – what I think is the biggest difference between the rest of the CCB hearings and CTO hearings is the CTO coordinator...this makes a huge difference.. we almost always have a good summary .. we almost always have the documents provided to us ahead of time...the doctors are well prepared with the help of the CTO coordinator...
Grey Areas - Inherent Contradictions

P8 - If a person is doing well, it seems that the legislation wants us to get out of their lives and yet you know that it (the CTO) is the best thing that’s happening to them from a best interest standpoint...the CTO is providing them with the quality of life that they won’t attain if it isn’t there... the question then is ‘why do we need to have them on a CTO’... the legislation doesn’t really provide a framework to allow us to have the CTO stay in place unless the criteria is met so for me that becomes a huge hurdle for the psychiatrist to try and say ‘yea we know it’s the tenth renewal, we know that everything is working well and the patient is doing exceptionally well but we are still fearful’... it becomes quite a hurdle to climb

Current Process
Grey areas - Contested versus Uncontested CTO’s

P9 - I don’t know sometimes what to interpret into a client’s non-attendance at a Board hearing. What’s the reason for that? Have they have been there before and they think the Boards always going to decide in favour of the Doctor so they don’t want any part of the process? Do they think their non-attendance makes a statement? Are they not organized enough to be able to appear and present? Is it that they don’t want a lawyer because they have assets and might have to pay? There are any number of reasons why that might occur and I don’t really have a good sense of that...

Current Process
P1 – I think they are excellent. You know I still hear from time to time psychiatrists saying I don’t do CTO’s because CTO’s don’t work... I was at a hearing last week where a psychiatrist who when a question was asked by a member of the Board if there was plans for a CTO for a patient who had been hospitalized like four times and was non-compliant to treatment...the answer was ‘oh they don’t work’... and the second excuse often is that ‘I don’t do CTO’s because I don’t follow patients and somebody else in the community follows the patients’ but I don’t see why the person at the hospital cannot initiate the CTO and then let the other person in the community be the other signatory to the CTO.
» Participants interviewed had extensive experience with CCB Hearings for Community Treatment Orders

» There was an equal representation of each type of Board Members - Lawyers, Drs. And Public Member

» Saturation was achieved (the observations of the participants were consistent)

» Rich narrative to illustrate the analysis

**Study Strengths**
Small number of participants may not represent the views of the larger group of CCB members who hold hearings in other jurisdictions across the province.

The CTO process used in the region under study may be different than other jurisdictions.

Study Limitations
» Do the overall clinical and life style benefits of a CTO outweigh the perceived restrictions?

» Why are some physicians still reluctant to use CTOs?

» What is the motivator for adherence to the plan?

» Why are patients not contesting their CTOs?

» Is the frequency of Consent and Capacity Boards for Mandatory Reviews appropriate since few clients are interested in contesting?

» Is there a relationship between CTO’s and recovery for some individuals?

» And more...........

**Ongoing Questions**
Questions