

Social Factors, Care and Community Treatment Orders (CTOs). Service User and Practitioner Perspectives

A report on findings from Phase One of the study

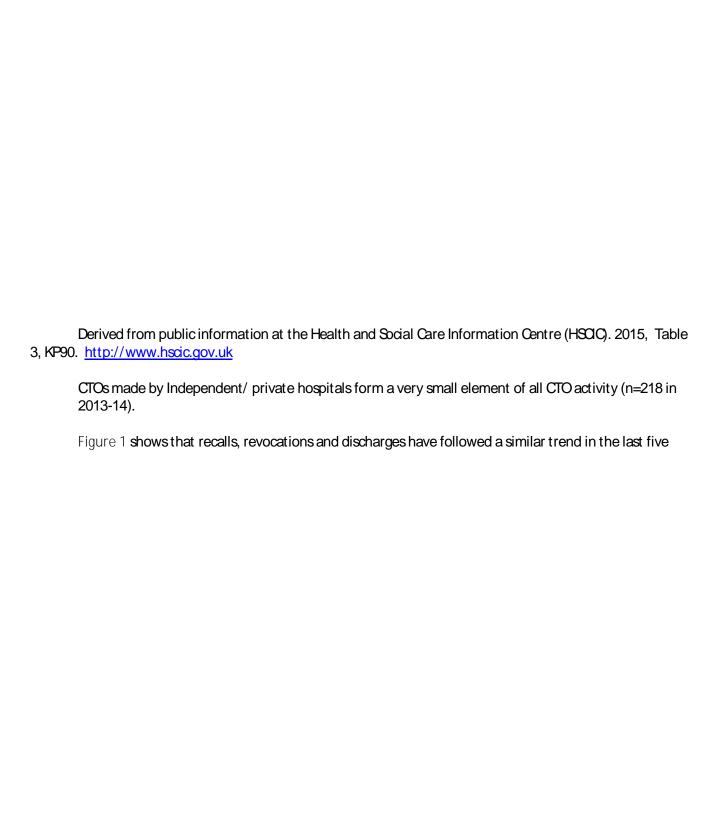
Stroud et al 2014; 2015). At present there is a lack of evidence with regards to the social and environmental factors that service users on CTOs experience and to the factors, especially social factors, associated with the discharge and renewal of CTOs and with recall to hospital. The rate of discharge from CTOs is unclear. Gupta, et al (2015) suggest a discharge rate at about 30% and Dye et al (2012) found that in some cases CTOs were allowed to expire rather than be formally discharged.

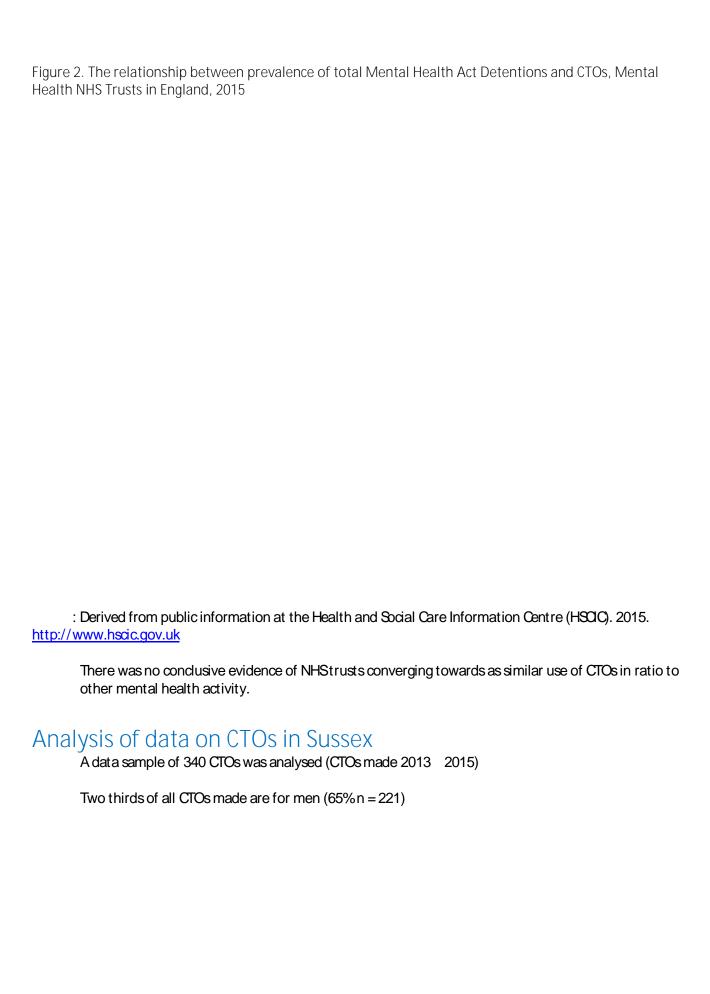
It is challenging to identify Literature in England and Wales that specifically deals with issues of CTO discharge. Ourrent research, generally, confirms the associations that are known To identify the social interventions and support which are provided and to explore whether these are experienced as helpful by service users, in order to inform good practice.

To explore and understand whether relationships (personal and professional) or loneliness are influential in CTOs being renewed or discharged, or there being a recall to hospital.

Other key features

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Analysis of survey data from Responsible Clinicians and Care Co ordinators in Kent, Medway, Surrey and Sussex

A total of 181 professionals (RCs and Care Co-ordinators) completed a self-completion online questionnaire across Kent and Medway, Surrey and Sussex.

64 were responsible dinicians and 119 were care coordinators.

The largest professional group answering the questionnaire was psychiatric nurses (42%n = 77), followed by psychiatrists (30%n = 54) and social workers (19%n = 35) there were smaller representations from psychologists, occupational therapists and psychotherapists.

Characteristics of respondents

Gender: 43%(76) male; 57%(100) female

Age: 43%(76) aged 45-54; 23%(40) aged 55-64; 22%(39) aged 35-44 Ethnicity: 70% (122) describe themselves as White/British; 9%(16) as

ewal decision by

over 80% of the sample. Psychiatrists were marginally more likely to rate these factors as extremely significant.

Social factors were also a key influence on decisions, for example, with the concern that lifestyle is chaotic and they require considerable support and monitoring, being rated as very or extremely significant by 83% (n = 147).

- A concern that the patient was socially isolated was seen as very significant or extremely significant factor in renewal decisions by 47% (n = 82).
- Use of recreational drugs by the patient was seen as a very significant or extremely significant factor in renewal decisions by 49% (n = 88).

Recall

Over 99% of professionals stated that risk to self and risk to others were very significant or extremely significant reasons for recalling a CTO.

In addition, 87% of professionals stated that concerns expressed by carer/family/friends were very significant or extremely significant reasons for recall.

Key themes 'free text comments in the survey

Importance of service user insight (into mental health problems and causes of relapse) Abstinence from alcohol and use of illicit substances

Stable personal and not being alone

Views of significant others

Engagement with some kind of activity/ group (from gym membership to membership of a church or religious group)

Preliminary conclusions

The use of CTOs under the Mental Health Act is a relatively small proportion of activity when compared to the total picture of all legal activity covered by Mental Health Act.

Discharge is the most likely outcome of a CTO, indicating some degree of success with CTOs as an intervention, but revocation and renewal activity is also frequent. Recall only to hospital (i.e. for 72 hours) is rare and is more often associated with revocation (and therefore is recorded as the latter).

Social factors like accommodation problems, relationship difficulties, and recreational drug use have a substantial influence on discharge and renewal decisions. These factors influence decisions only marginally less than issues to do with mental health treatment (compliance with medication), risk to self and others.

Living alone as a single person, without a meaningful occupation, or as homeless, present major challenges to those subject to CTOs

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The views expressed are those of the authors and not necessarily those of the NIHR, SSCR, Department of Health, or NHS.

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