

Do the Benefits of CTOs Outweigh the Drawbacks?

By: Prakash Poudyal

Abstract

Community Treatment Orders (CTOs) are emerging concern of the modern Mental Health Policy. In one hand, many countries and Canadian provinces are attracted to the benefits of CTOs and, on the other hand, people are concerned about the ethical issues raised by the implementation of CTOs in the community. In this article, issues and arguments of supporting and opposing the CTOs are discussed. This article compares and discusses the advantages and disadvantages of CTOs to the patients, their family and the community, including advantages on overall health care cost. Nursing implications are also discussed followed by the conclusion. More than eight scholarly (peer reviewed) journals and more than two books from various well known writers, including few internet sites are cited to prepare this scholarly paper.

Keywords: Community Treatment Orders, CTOs, Nursing Implications, Mental Health

Introduction and Assumption of CTOs

Recognition and implementation of the Community Treatment Orders (will be referred as "CTOs") has been increasing in the provinces of Canada (Austin & Boyd, 2010). Especially in Western countries, policy makers have been seeing the CTOs as a future for their countries in the area of mental health (Campbell, Brophy, Healy, & O'Brien, 2006). Features of the CTOs may be different in each of the country and their territories, however, goals are similar; that is to treat the patients who are otherwise hidden in the shadow (Austin & Boyd, 2010). One of the CTOs' assumptions is that the patient is potentially risk for their own and others (CMHA, 2010).

In this paper, I purpose that supporting the implementation of CTOs is an appropriate option for our province as

it provides health care for many patients who are otherwise neglected. This decision not only helps our patients to fight against their mental health problem, side by side, it also helps us to reduce the health care cost and make our province much safer. In this paper, I will also explain how these pros and cons are viewed by the recent researchers, including their basis of supporting or opposing the implementation of CTOs in the community.

According to Austin & Boyd (2010) and Segal & Burgess (2008), CTOs are legal action where psychiatric treatment is forced on an individual who is potential for harming himself or others in the community. According to them, CTOs are similar with Mandatory Outpatient Treatment (MOT) and are more focused in the community base health care system where patients can stay in their own community and still get appropriate treatment. It is noteworthy that there is a possibility of harming patient himself and other by the patient himself. Therefore,

the main question is how the government can protect both of them without taking the privilege of freedom from one of them?

Another assumption of CTOs are that the patients in this situation may not be willing to get treatment they needed (Segal & Burgess, 2008). Therefore, one of the biggest concerns of CTOs huddles around the patients' human right, dignity and freedom (Segal & Burgess). First, we will look at the benefits highlighted by various researchers in their papers.

Benefis of CTO

Benefits on Community and Public Safety:

There are numerous examples where our community would be much safer if we had used or implement the CTOs more seriously before the incident occurred. For example Snow & Austin (2009) mentioned the popular incident of Seung-Hui Cho, the young man who killed 32 people at Virginia Tech University, and allotted the need of CTOs to use proactively for the safety of our community. Similar example, mentioned

by Everett (2001) in his research, was a murder of a sportscaster and a child who were killed by the mentally ill person.

These incidents suggest that if we were not failed to use the CTOs proactively we could prevent these catastrophes in our community. It shows the importance of the CTOs to make our community safer place to live and grow.

Benefits on Patients' Health and their Family:

O'Reilly, Keegan & Elias (2000) also suggest that CTOs are not only good for protecting other people; it is also benefited to the patients themselves, especially for the patients who are otherwise left behind the shadow. Without the CTOs these patients may remained mentally ill and they can harm themselves and others. If they harm others, the loss is not only for the victim, the patients himself can get much harder punishment. Austin & Boyd (2010) supports that with appropriate evidence mentally ill patient can be free from charges when they are involved in the

crime. Therefore, CTOs can also proactively prevent these mentally ill patients from going jail instead of hospital when they initiated criminal act in the community. It also gives an opportunity to the family members to see and accurately document the patients' progress at their own comfort.

Therapeutic Values for the Mentally Ill Patients:

In the mental health medicine and surgery is not always enough to cure the ill patients. These patients also need family and community supports, and group therapy which are very important to treat these patients successfully (Austin & Boyd, 2010). These ideas are supported by one of the study conducted by O'Brien & Farrell (2005) which suggests that when the patients are allowed to stay in their own community, they are easily achieving the support they needed. They will have their own friends and families to share their worries and anxieties. Patients are closer to their familiar community support groups for

the support they are looking for (Campbell, Brophy, Healy, & O'Brien, 2006). The CTOs' proactive approach also allows us to protect the patients before they harm themselves or others before it is too late (Muirhead, Harvey & Ingram, 2006).

Stakeholders' View:

Main stakeholders of CTOs are healthcare professionals, policy makers, community workers, and patients and their family members. First, we have to understand how these mentally ill patients look at this issue. Research conducted by Dawson & Mullen (2008) and Everett (2001) found out that mentally ill patients were able to gain insight because of the mandatory treatment. Patients were found happy and thankful to the CTOs that has changed their life otherwise they would not be able to improve their mental health. Some study shows that psychiatrists also support the philosophical ideas of CTOs; however, their objections are only to the practicality of this CTOs and not to the

patients' human rights and dignity (O'Reilly, Keegan & Elias, 2000). However, few researchers argue that all doctors and mental health care providers are not fully satisfied (CTO, 2010). But they are optimistic for newer research to find out whether CTOs really help all patients on the positive way (CTO, 2010). This is a valid disagreement, however, without implementing the CTOs in our province we cannot expect enough number of researches to support or oppose the issues related to the CTOs. So we have to implement first to see the effect in our province.

Benefits on Health Care Cost:

As it is mentioned earlier, the CTOs are community base mental health concept where the patients can stay in their own community reducing their hospitalization period. Reducing hospitalization period is also reducing the hospital costs which eventually reduce the overall health care cost (O'Brien & Farrell, 2005). It is possible that the cost of providing a hospital bed, food and

services would be much cheaper than providing a community care professionals to the mentally ill patients. When it reduces the hospital admission it also reduces the occupied bed allowing our institution to secure the bed for other critical patients (O'Brien & Farrell, 2005). Therefore, CTOs also balance the resource distribution respecting the human rights of other critical patient looking for a bed in the hospital.

Drawbacks of CTO

What about the Human Right and Patient Dignity?

One of the biggest concern, most of the researcher found, is the patients' human rights and their freedom. When we are dealing with the treatment of patients we are also dealing with their rights and freedom (Snow & Austin, 2009). Every researcher referenced in this papers value patients' right, dignity and freedom, therefore, there is no debate on protecting these values for the patients. However, the point is the cost benefit analysis. The question is how

much the patients have to sacrifice for the benefits of community and his own mental health. In this paper, it is not intended to say that it is ok to ignore the patients' rights, dignity and freedom for a brief period of time. However, it is still a notable point that the CTOs are not forever (O'Reilly, Keegan, & Elias, 2000). Time limit on the CTOs helps the patients to sacrifice these rights and values for less period of time until proper treatment and consents are made. For example, as mentioned by O'Reilly, Keegan, & Elias (2000), in our neighboring province of Saskatchewan, CTOs are generally used as a temporarily solution to ensure treatment compliance. Based on the patients' health improvement the CTOs compliances can be taken off, if necessary. This suggests that short term actions of CTOs that seems violating the patients' rights, dignity and freedom outweigh the long-term benefit that the patients can achieve from CTOs.

Previous Research

It is not only the number of research supporting CTOs outweigh the number of research oppose the CTOs, it is also based on how these research paper sees the cost and benefits. Most of the researches, who oppose the CTOs, don't present any objective evidence why CTOs are not good. They are based on subjective comparison. For example, some research blame CTOs are "cumbersome, confusing, poorly support and ineffective (CTO, 2010, p. E337)". They claim clients view CTOs as "oppressive and stigmatizing (2010, p. E337)". Most of these claims are not backed up objectively like 'how many' or 'how much'. Furthermore, researcher like O'Reilly & Gray (2005) says that there are enough evidences that involuntary treatment is successful to reduce the victimization and to increase the number of patients' follow ups with the mental health services.

Nursing Implications

Researches show that CTOs are mainly issued from the hospital rather

than community by a police officer or the judge (Campbell, Brophy, Healy, & O'Brien, 2006). Therefore, nurses are privileged to provide the first hand education about the CTOs to the patients. Campbell, Brophy, Healy, & O'Brien (2006) conclude that there will be more pressure on the health care professionals to implement the CTOs appropriately. As a nurse it is our primary duty to follow the institutional guidelines and support laws and regulations supporting the professional practices (CNA, 2008). Therefore, we should comply with government requests and policy. As a health care professional, nurse must follow their ethical guidelines. Nurses always apply research based knowledge in their daily practice; therefore, if the researches support the idea of CTOs, we must open our mind to implement the CTOs appropriately.

However, Everett (2001) argues that CTOs are coercive in nature. Trust is a key component of treating mentally ill person. This coercive nature may hinder

the therapeutic relationship between nurses and patients which then hinders the treatment (CTO, 2010). However, using critical thinking skills and the therapeutic communication techniques we can minimize the damage caused by this forceful treatment. Following step-by-step process is another way to minimize the impact of this forceful contract (Everett, 2001). Study shows significant numbers of participants were benefited by the CTOs to improve their life (Muirhead, Harvey, & Ingram, 2006) and the patients' benefit is what the nurses have been doing for centuries.

Conclusion

In summary, based on the previous research papers it is true that the CTOs are not free of controversies. These controversies are cluster around the patients' rights, freedom and dignity versus benefits to the community, society and patients including their friends and family. It is not only the mentally ill

patients' rights, dignity and the freedom that our government needs to worry about; they must also protect the rights, dignity and the security of other people who are often victim of these mentally ill patients. The story of the victims of Seung-Hui, sportscaster and a two year old boy would be much different if we had enforced CTOs to treat these mentally ill patients before these mishaps took place in our community. We must acknowledge that the intention of CTOs is not to put the mentally ill patient inside the wall, rather, the main goal is to treat these mentally ill people who is otherwise left outside the radar and never get any treatment. In conclusion, the benefits outweigh the drawbacks and, for a nurse, it is only a new ways of providing a quality services to the patients and their families in our community.

References

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