



Mental Health Alliance

Community treatment orders – involvement of patient, carers and nearest relative

House of Commons Committee stage amendment briefing

After Clause 17B, insert the following new clauses:

Making of community treatment order

- (1) The responsible clinician shall not make a community treatment order unless –
 - (a) the following persons have been consulted about the making of the order under section 17A and the conditions to which the patient is subject specified under 17B –
 - (i) the patient
 - (ii) the nearest relative
 - (iii) any person with the authority to act on the patient's behalf;
 - (iv) one or more persons who have been professionally concerned with the patient's medical treatment in hospital;
 - (v) one or more persons who will be professionally concerned with the treatment to be provided for the patient after he leaves hospital; and
 - (vi) any person who the responsible clinician believes will play a substantial part in the care of the patient after he leaves hospital but will not be professionally concerned with the medical treatment to be so provided.
 - (b) the responsible clinician has taken into account any views expressed by the persons consulted under paragraph (a).
- (2) On making a community treatment order in respect of a patient the responsible clinician shall –
 - (a) inform the patient both orally and in writing; and
 - (b) inform any person who has been consulted under paragraph (a)(ii) and (iv) of subsection (1) above;of the matters specified in subsection (3) below.
- (3) The matters referred to in subsection (2) above are –
 - (a) that the order is being made;
 - (b) the after-care services to be provided under section 117 below; and
 - (c) any requirements to be imposed upon him under section 17B above.

Purpose of the amendment

- This amendment creates a duty for the responsible clinician, before making the CTO, to consult and take into account the views of the patient, nearest relative and any other person involved in their care;

- It also ensures that the responsible clinician must inform the patient, the nearest relative and primary carer about the care plan being proposed..

Reason for amendment

- In the Bill a clinician can make a CTO if an AMHP agrees – but there is nothing in statute to require clinicians to consult with the patient, nor any carer who will be involved in providing the care before a CTO is made. This could lead to inappropriate uses of CTO powers and arbitrary decisions determining the conditions specified in the order.
- The responsible clinician and the AMHP may not have met the patient before their crisis and are unlikely to have a great deal of knowledge about the patient's home life, or the needs of their carers. This could lead to assumptions made about the patient and unreasonable expectations on the carers to supervise the patient, transport them to specified meetings, police the conditions or even house the patient.
- This amendment also ensures that the responsible clinician consults the primary carers and community team who will oversee the patient's care in the community. This will allow for adequate sharing of information with families and with different agencies.
- A Healthcare Commission survey shows that too few service users are aware of their care plan. 45 per cent of service users with a standard care plan and 71 per cent of those with an enhanced care plan said they had been offered a copy, although every service user should have one.¹ Under compulsion, the need to ensure that every patient has a written copy of their rights and the duties placed upon them is much greater. It is equally important that the patient is fully aware that care services due to him are free, according to section 117 of the Act.

¹ Healthcare commission: 2006. *Community Mental Health service users survey*.