



GOVERNMENT OF BERMUDA

Ministry of Health



Community Treatment Order (CTO)

Mental Health Act 1968, Code of Practice

Fact Sheet 3



The Mental Health Act 1968

Code of Practice

The Code of Practice explains how patients who are detained in hospital should be supported by the mental health services.

This Fact Sheet tells you what it means if your treatment is given to you in the community on a **Community Treatment Order (CTO)**

It is made easy to read for as many people as possible.

This is one of a series of different Fact Sheets that describe how different parts of the Code of Practice should be followed.

Cover art is Mo' Betta Blues by Lynwood Richardson, 2019

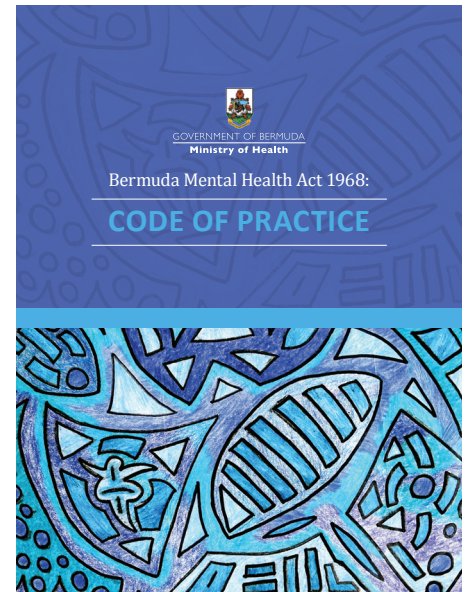
Key facts:

A **Community Treatment Order (CTO)** means that suitable people can continue their treatment in the community instead of in hospital

We want treatment to be the least restrictive possible, for it to maximize independence, and promote recovery

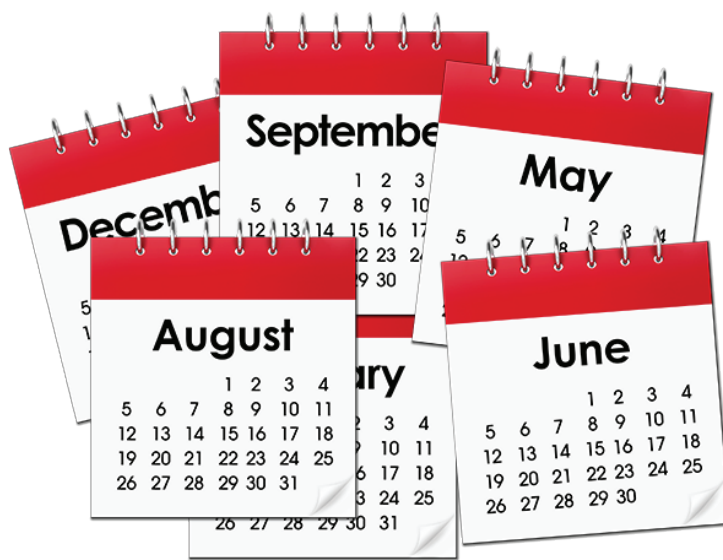
There are rules for this that everyone must follow. Your doctor, the **Responsible Medical Officer (RMO)** and **Mental Welfare Officer (MWO)** will set out the rules

If you don't follow them you may need to go back to hospital and the CTO could be revoked (discontinued); this could mean that you are detained in hospital for more treatment



Who can be discharged on a CTO?

- If you have been detained in hospital on Section 10 or 22, you might be discharged on a CTO, for treatment to continue in the community
- When you are ready to leave hospital, your doctor will consider:
 - Do you still need treatment?
 - Can this be provided in the community?
 - Will a CTO provide you with the support you need to prevent relapse (e.g. if you stop taking your medication)?
- Your doctor should talk to you about the treatment plan
- Your CTO will have rules for you to follow. If you don't follow the rules, you may need to return to hospital and be detained
- You do not have to give formal consent to a CTO, but you should be involved in decisions about your treatment
- The “community treatment period” usually lasts for 6 months, unless you are discharged, recalled to hospital, or you are readmitted to hospital. This period can be extended



What must I do if I am on a CTO?

- Everyone who is on a CTO **must** attend appointments when they are asked to. This is to:
 - Decide if your CTO needs to be extended
 - Allow a Second Opinion Approved Doctor (SOAD) to assess you



Are there any other rules?

- Your doctor may also set other rules for the CTO e.g.
 - To make sure that you receive the medical treatment that you need
 - To prevent a risk of harm to yourself or others

How will I know what the rules say?

- The rules should be very clear to you, so that you can understand what to expect.
- You should have a copy of your care plan before you are discharged on a CTO
- These rules should support your liberty as much as possible. You should be involved in discussions about the rules
- You can ask questions about your CTO and the things you have to do



Monitoring you on your CTO

- We will keep in contact with you after you are discharged on a CTO so that we can monitor your mental health and wellbeing
- You will have a named Case Manager who will help to coordinate the plan
- Your community team will review your progress on the CTO. We will look at:
 - o Whether the CTO is meeting your treatment needs
 - o If anything else is needed to support you
- If you no longer meet all the criteria for being on a CTO, you will be discharged from it (see page 6)
- If you become unwell and you put yourself or others at risk, or if you withdraw your consent to the treatment, we will need to make a new plan:
 - o Your doctor will try to find out why things have changed and what to do next
 - o It may be possible to find an alternative treatment which you are happy to agree to so that you can safely continue on a CTO
 - o If you are refusing important treatment, an urgent review will happen and you may have to come back to MWI



Discharge from a CTO

- You should not remain on a CTO for longer than necessary. For example, if the answer to any of these questions is “no”:
 - Are you still suffering from mental disorder? (see *Detained under the Mental Health Act Fact Sheet #2*)
 - Is it serious enough for you to need medical treatment?
 - Is it necessary for your health or safety, or for the protection of others?
 - Is it still necessary for your doctor to have the power to recall you to hospital if needed?



- CTO patients may be discharged by their doctor
- The reasons for your discharge should be explained to you
- Appropriate aftercare services will be available to you



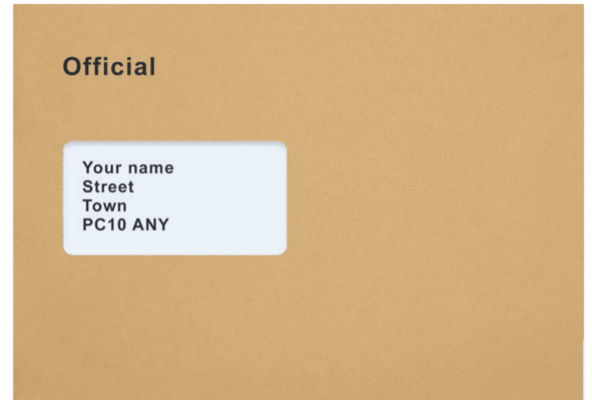
Can I be recalled to hospital?

- Your doctor can recall you to hospital for treatment if:
 - You need treatment for a mental disorder in hospital, and
 - There would be a risk of harm to your health or safety, or to other people if you are not recalled
- This may be because you have relapsed and we want to avoid the situation becoming critical
 - Your doctor will work with you to try to avoid recall if it is not necessary. We will try to work out another plan
- You may be recalled if you don't keep your appointments
 - You will be given the chance to comply before recall is considered, unless there is a risk to yourself or others
- You may need to be recalled if your condition deteriorates, even if you have complied with treatment, and the risk cannot be managed any other way
- If you need to be recalled to hospital frequently, your doctor will review the situation and decide if a CTO is still the best option for you



What happens if you need to be recalled to hospital?

- Your doctor will coordinate your recall
- The team will talk to you and your family
- Your doctor will complete a written *notice of recall* to hospital, and you will receive a copy. This may be given to you, but could be posted
- Once the notice of recall has been delivered to you, you can be treated as absent without leave (AWOL). You may be brought back to hospital even if you don't want to go
- This will be in the least restrictive manner possible, and you can be accompanied by a family member or friend
- Your doctor may need to issue a warrant if they don't know where you are staying
- When you return to hospital, you will be assessed and treated; this could be as an outpatient
- You could be detained for up to 72 hours for assessment, so that a plan can be made. You will continue as a CTO patient during this time
- Once 72 hours from the time of admission has passed, your doctor must allow you to leave, unless they have *revoked* your CTO



Revoking the CTO

- If you need inpatient treatment for more than the 72 hours, your doctor may need to *revoke* the CTO. This means that you will be detained in hospital again under the Mental Health Act (see *Detained under the Mental Health Act Fact Sheet #2*)
- Your doctor and an MWO will reassess you so that they are sure you need to be detained
- Your CTO may be *revoked* if:
 - Your doctor believes that you need to be admitted for treatment, and
 - An MWO agrees with that assessment
- If the doctor and MWO agree that your CTO should be revoked:
 - they will complete a form, and
 - make sure that you know why it has been revoked, and
 - give you written reasons for this
- You will then be detained in hospital in the same way as before you went onto a CTO, and a new 12 month period begins
- If the MWO does not agree that the CTO should be revoked, you cannot be detained after the 72 hour recall period, and you will remain on a CTO
- You can apply to the Mental Health Review Tribunal (see *Mental Health Review Tribunal Fact Sheet #6*) within 6 months from the date the order was made and every 12 months after.



This Fact Sheet has been developed from the Bermuda Mental Health Act 1968: Code of Practice, chapter 13 “Community Treatment Orders”, pages 48 – 56

Do you need more information?

The Mental Health Act and Code of Practice are found at:
<https://www.gov.bm/mental-health>

More Fact Sheets on the Act and Code are found at:
<https://www.gov.bm/mental-health>

If you have questions about the Act or the Code, contact the BHB Mental Health Act Administrator at Mid-Atlantic Wellness Institute:

Telephone: **236 3770**
Email: **MHA@bhb.bm**



If you have a complaint about something to do with the Mental Health Act this should be directed to the unit/ department manager of the relevant service provider.

BHB Complaints: Patient Relations Manager
at 239 1425, or feedback@bhb.bm or

Patient Relations Manager
Quality and Risk Department
Bermuda Hospitals Board
PO Box 1023
Hamilton, Bermuda HMDX



Thank you to the clients and patients at Mid-Atlantic Wellness Institute who have helped in the development of this Fact Sheet.

