



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

A report on preliminary findings from Phase One of the study, January 2017

Summary

From the analysis of data on CTOs in England:

NHS Trusts vary in their use of CTOs.

NHS trusts' use of the Mental Health Act use varies considerably, in accordance with the size of the population they cover.

The use of CTOs is also impacted upon by regional and demographic differences.

The mean average number of CTOs made per Mental Health Trust in England in 2014-15 was 53

The maximum number of CTOs made by any one Mental Health Trust in IN 2014-2015 was 210

Sussex has a relatively high number of CTOs compared to its total MHA activity.

From the analysis statistical data on CTOs in Sussex:

Data supports the existence of some basic social challenges and difficulties for service users.

Basic social challenges and difficulties include: homelessness, single status, no occupation - and the CTO population is at quite an advanced stage of life (average age is quite high/middle aged).

This suggests that by the time someone is placed on a CTO, a lot of their life has not been going well ... so, it appears that 'late' intervention will require significant resources and impact to be successful.

It indicates a fairly major 'social' holistic intervention is needed to aid recovery and bring the person 'back' into society.

From a survey of 181 practitioners (Responsible Clinicians and Care Coordinators) in South East England:

There was considerable similarity between the views of the different professional groups.

Professionals are cautious about discharge.

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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Project started 4th April 2016: ends May 2018

Project Advisory Group

CTOs made by Independent/ private hospitals form a very small element of all CTO activity (n=218 in 2013-14).

Figure 1 shows that recalls, revocations and discharges have followed a similar trend in the last five years to the making of CTOs, with only a marginal increase in discharge orders above trend in 2014-15.

There are considerable regional variations in the making of new CTOs in 2014-15. The England population ratio of CTOs is 101 orders per million. The highest regional rate is in London (157 orders per million) and the lowest regional rate is East Midlands (with 69 cases per million).

South East England has 73 CTO new cases per million in the population.

The South East has the lowest rate of continuing CTO cases per million at 93 per million, where the England ratio is 122 per million.

When examining differences in Mental Health Act activity in NHS Mental Health Trusts in England there was a moderate national correlation between the number of detentions and CTOs made by a Trust (Pearson = 0.736 p=0.0001).

However, Trusts vary considera

Figure 2. The relationship between prevalence of total Mental Health Act Detentions and CTOs, Mental Health NHS Trusts in England, 2015

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There was no conclusive evidence of NHS trusts converging towards as similar use of CTOs in ratio to other mental health activity.

Analysis of data on CTOs in Sussex

A data sample of 340 CTOs was analysed (CTOs made 2013 – 2015)

Two thirds of all CTOs made are for men (65% n = 221)

Women subject to a CTO are more likely to be older (mean average age 51, compared to 43 for men)

The sample was predominantly white British (83% n =282). 17 (5%) were from other white ethnic cultures. 5 (1.5%) orders were to those describing themselves as Black British

There

A high percentage recorded their occupational status as unemployed (83% n=210). 9.5% (n= 24) were retired. Only 2% (n = 5) were working full time and 1% (n=3) working part time. Only one person was volunteering.

While 73% (n=126) perceived they had a mental health disability, 17% perceived that they had no disability. The number of people recording additional disabilities was small. For example, three people had mobility difficulties. It seems likely that there is an under recording of disability status at the point of a CTO commencing.

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 clinicians 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 Black African/British

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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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