

# Community Treatment Orders (CTO)

## Information Sheet

### What is a Community Treatment Order (CTO)?

A Community Treatment Order (CTO) is a tool intended to assist patients in maintaining compliance with treatment while in the community; thereby breaking the cycle of involuntary hospitalization, decompensation, and re-hospitalization. There are criteria set out in the *Mental Health Act (MHA)* that describe the conditions under which a CTO can be written. Please refer to the *Act* for the specifics.

### Who determines who will be on a CTO?

Two qualified health professionals, one of whom must be a psychiatrist, may issue a CTO for anyone that meets the criteria set out in Section 9.1 of the MHA. A CTO is not court ordered. A qualified health professional may be a psychiatrist, physician, or a nurse practitioner.

### Who can be on a CTO?

CTOs are intended for a person with mental illness who would otherwise decompensate in the community, be likely to cause harm to themselves or others, or suffer substantial mental or physical deterioration, or serious physical impairment. These individuals are often subsequently admitted to the hospital for psychiatric treatment; however, with appropriate support and supervision, they can remain in the community.

A CTO can be written while a person is a formal or voluntary inpatient preparing for discharge, or while the person is living in the community.

### Is consent required for a CTO to be issued?

Yes. The person (if competent) or their substitute decision-maker (SDM) must give their consent for a CTO to be issued. Consent is outlined in Section 28 of the MHA.

### Are there any exceptions to consent?

A person's consent is not required for a CTO if the issuing physicians are of the opinion that the person:

- has a history of not obtaining/continuing with treatment or care in the community that is necessary to prevent the likelihood of harm to others; or
- is suffering negative effects, including substantial mental or physical deterioration or serious physical impairment, as a result of or related to the mental disorder,
- the CTO is reasonable in the circumstances and less restrictive than retaining the person as a formal patient.

### Do persons under a CTO have rights protected under the *Mental Health Act*?

Yes. For example, when a CTO is issued for a person, a written statement must be given to the person as well as their SDM, if applicable. This statement must include:

- the reason and authority for the CTO
- information regarding the function of review panels
- the name and address of the chair of the appropriate review panel
- the right to apply to the review panel for cancellation of the CTO

In the event of a language difficulty, an interpreter must be obtained and the above information and the written statement must be provided in the language spoken by the person subject to the CTO (or their guardian).

Additionally, persons subject to CTOs have a right to take their concerns to the Mental Health Patient Advocate.

### How long is a CTO in effect?

A CTO is in effect for six months after it is issued, and will automatically expire unless it is renewed by two qualified health professionals one of which must be a psychiatrist. There is no limit to the number of times a CTO may be renewed. Persons subject to CTOs have a right to an automatic review as well as apply to have their CTOs cancelled.

### Is there a standard form for a "CTO"?

Regulations include an approved form that must be used province wide. At a minimum, the completed form must include:

- the name of the 2 qualified health professionals who issue the CTO
- the dates and place of the examinations
- the facts upon which the qualified health professionals have determined that a person meets the CTO criteria
- treatment or care required under the CTO
- the name of who will supervise the CTO, and
- the signature of the person who consented.

### What treatment and care might be in the Order?

A CTO incorporates a treatment and care plan. This plan usually outlines medications and attendance at specific appointments (i.e., medical appointments) in order to help the client stay well in the community. Other aspects of care may also be listed in the CTO treatment and care plan, including but not limited to attendance at addiction and/or mental health services and other community supports.

### Who is involved in developing the CTO care plan?

The issuing qualified health professional will work with a treatment team, as outlined on the CTO, to prepare a care plan. The person on the CTO should participate in the planning to ensure:

- they understand the CTO process and their rights relative to CTOs, and
- their care plan appropriately reflects their personal goals for recovery and rehabilitation.

If the person lacks capacity, their SDM would also be involved in care planning.

It is essential to ensure that the required treatment and care (e.g. medication and care, clinical test, community supports, and supervision) are available and will be provided to the person.

### How does a person or their substitute decision-maker (SDM) indicate their consent to the CTO?

The qualified health professional issuing the CTO will meet with the patient to review the following:

- purpose of the CTO
- the treatment /care plan and the person's responsibilities in relation to the CTO, and
- the person's rights under the *MHA*.

The person will be asked to sign the consent portion of the CTO and will receive a copy. In cases where the person is deemed to lack capacity, these steps will involve the SDM as well.

### Can a person request that their CTO be cancelled?

Yes, requests to cancel a CTO can be made to a Review Panel. This is similar to the rights granted to formal patients under the *MHA*. The Review Panel is an independent body appointed by the Minister and they may either cancel or refuse

to cancel a CTO. Patients have the right to appeal the decision of the Review Panel to the Court of Queen's Bench.

The *MHA* has provisions regarding how to apply to a review panel, who may apply, notice of hearings, and further information on decisions and appeals. There is also provision for an automatic review of the CTO on the second renewal (i.e., 12 months after the CTO was issued), and every second renewal (i.e. 12 months).

### Can a CTO be amended?

Yes. However, a qualified health professional can only make amendments to CTOs. The specified treatment and care components can be amended any time. The onus remains on

the qualified health professional to determine whether the required treatment is available to be provided, and whether the person has the ability to comply with the amendments.

### Who can cancel a CTO?

In addition to the Review Panel's ability to cancel a CTO, a psychiatrist may also cancel the CTO if the criteria for issuing it no longer apply.

In a situation where a person, or their SDM (if applicable) no longer agrees with the CTO, a discussion with the qualified health professional may occur. The qualified health professional may consult with a psychiatrist and recommend a cancellation of a CTO.

### Consequences of non-compliance with treatment or care under a CTO

The legislation requires that reasonable efforts must be made to inform the person of the following:

- that the person is not in compliance with the CTO;
- the need for compliance (and provide reasonable assistance to comply), and
- the consequences of non-compliance (e.g., order for apprehension, assessment.)

If all efforts have failed to support the person's compliance with treatment or care under the CTO, a qualified health professional may issue an order that authorizes a peace officer to apprehend the person and to convey them to a designated facility for an examination. The qualified health professional must indicate on the apprehension form a specific facility to which the person must be conveyed. An examination (by 2 qualified health professional, one of whom must be a psychiatrist) of the person subject to the CTO must take place within 72 hours of the person's arrival at the facility. The assessment may result in:

- the CTO being cancelled and the patient being released or offered a bed as a voluntary patient;
- the CTO being cancelled and the patient being certified as a formal patient, or
- the CTO being amended and the person being released to continue with their care plan in the community under the revised CTO.
- the CTO being left "as is" and the person being released to continue with their care plan in the community under the existing CTO

### Zone/Provincial teams available for consultation

Further info is available at

[www.albertahealthservices.ca/info/mha.aspx](http://www.albertahealthservices.ca/info/mha.aspx)