Introduction

Community Treatment Orders (CTOs) is a legal order under the Mental Health Act which was introduced to provide treatment to psychologically impaired patients irrespective of their consent, while residing in the community. A CTO provides a legal right to the physician to treat psychologically impaired patients who meets specific criteria to provide treatment irrespective of the patient’s consent. However, the introduction of CTO as a compulsory treatment has been controversial. This essay is aimed to describe the argument that on what basis it is justified to deprive a psychologically impaired patient of his basic right to consent and freedom. Firstly, the theoretical, legal, ethical and policy frameworks in relation to case study of Josh will be discussed that will attempt to answer some of the questions regarding the coercive nature of this legal order. Secondly, critical appraisal using EBP to understand the impact of mental health and illness on Josh and his family and the psycho-social dimensions of the illness experience will be elaborated. A final conclusion will be drawn after the critical appraisal and discussion regarding the involuntary nature of this legal order.

Laws providing the legal right for coercive treatment have been the most argued concerns in mental health law in the past decade. However, the main aim of providing involuntary treatment to mental health patients is to ensure public safety and provide access to treatment to psychologically impaired patients without restricting their environment and public relations. Two rationales that provide the basis for justification to deprive a psychologically impaired patient of his basic right to consent and freedom include the power of parens patriae and police powers (Levy et al., 2017). The power of parens patriae states that the state is ought to act in the best interest of the citizens and to protect them from any psychologically impaired person who might pose a threat to the safety and health of the citizens residing in his vicinity (Light et al., 2017). While, police powers empowers them to restrict the freedom of any potentially threatening individual who might be dangerous for the citizens. In the provided case study, Josh’s mother stated that on several occasions she found him screaming and yelling on the neighbors and even he was found physically assaulting their property by punching on their walls (Harris et al., 2018). Under obligation of the power of parens patriae and police powers, state is forced to restrict his freedom to protect his neighbors before he does anything harmful to his neighbors under psychologically impaired condition. Moreover, his own mother feels afraid of him as Alice stated that she feels safe when he remains absent from his home. Any individual who has lost his capacity for rational decision making and might be a threat to the citizens in his surroundings is ought to be restricted from his basic right of freedom (DeRidder et al., 2016).

# Theoretical frameworks for mental health practice

Josh’s mother has stated that her son shows symptoms similar to schizophrenia as he often reports her hearing unusual voices. Also, as he is often found yelling and shouting on his neighbors and is found punching holes in their walls. Therefore, a CTO is essential for him as he has lost his rationale decision making ability due to mental illness (probably schizophrenia). Also, he has drug abuse history as his mother found used needles in his bedroom. These two factors are enough to justify that a CTO is essential for him. Moreover, Josh has no idea about his mental illness as his mother has stated that Josh doesn’t think he has a drug problem. Mentally unstable patients like Josh often think that they have no health issue; however, a CTO is essential for such patients who lack insight about their mental health issues (Light et al., 2017). Patients like josh, fail to consider that they require immediate medical attention and treatment; therefore, community treatment orders are essential to involuntary and coercively restrict his freedom and focus on his well-being and safeguard the safety of the persons living in his community (DeRidder et al., 2016).. Mentally unstable patients require constant emotional support from their family and friends in this recovery phase; thus, isolating them by admitting them in the hospital will be an additional emotional burden for their mental instability (Harris et al., 2018). CTO provides them the chance to receive proper treatment without isolating them from their family and friends. Realization of the fact that law had a discrepancy which was depriving the psychologically impaired patients from medical attention from the concerned health authorities led to the introduction of this legal order.

# Legal frameworks for mental health practice

As per Alice, Josh remains non-compliant to treatment medication for his depressive episodes prescribed by his physician. Psychologically impaired individuals who are a constant threat to the citizens in their vicinity and who exhibited unusual and abnormal behavior could not be legally questioned until they did something dangerous, or committed crime in the past (Harris et al., 2018). The relatives, friends, family members and mental health professionals remained incapable of acting in a timely manner to prevent such instances until serious consequences such as theft, robbery or murder posed legal restriction to the freedom of such individuals. However, the introduction of Community Treatment Orders (CTOs) as a legal order under the Mental Health Act can be a weapon to prevent such instances in future. It will help the state to restrict such individuals like Josh, before they turn into illegal activities or crime. This legal order thus, not only protects the citizens from such threats, but it also provides support to mentally impaired individuals without restricting their environment and social relations.

It is essential that CTO laws must be coercive in nature on patients like Josh to prevent them from taking leverage from compliance to the treatment. Coercive nature of such laws is vital to gain patient compliance with treatment and thus prevent the community members from harm (Harris et al., 2018). Lack of patient compliance can be due to patient’s unwillingness, however; literature reports suggest that various other external factors also lead to non-compliance in mentally unstable individuals. An external factor primarily includes reasons that are beyond the control of the patient such as lack of funds for transportation, childcare or illness (DeRidder et al., 2016). Such external factors were found to be the reason of non-compliance of the patients rather than patient reluctance to receive treatment as the only factor. In addition to such coercive laws, the government should provide assistance to such patients in terms of childcare help, transportation facilities which is likely to increase their treatment compliance. Legal action is compulsory to prevent harm to the patient a well as the people living in the community near such patients requiring immediate medical attention.

# Ethical & Policy frameworks for mental health practice

Community Treatment orders have led to widespread ethical and human rights issues. It has caused a debate among the people who believe that CTO cause violation of human rights and restriction of civil rights and liberties. The debate has led to a conflict due to the coercive nature of this law promoting the authority of the doctor on the patient even if it requires violating the power of autonomy of the patient. However, proponents of this belief violate this by stating that this law is further allowing such patients and health authorities more liberty. This is due to the fact that mentally unstable patients are given the chance to escape hospital treatment even when it is necessary. The physicians are more likely to discharge the patients admitted in the hospital for mental health illness on a CTO, instead of waiting for the patients to exhibit complete recovery (DeRidder et al., 2016).

According to a literature report, Victoria had the lowest number of psychiatric hospitalization. This was not due to any state policy, but rather due to the use of CTO. Their point of view is that the laws of community treatment, if coercive in nature, are accessed with doubt and suspicion as ethical solution. It rather relies on the recognition of the libertarian rationality of minimal mediation and common belief that such community treatments are more humane, corrective and less defamatory. It prevents people with psychological instability from being flexible with restrictions; but it consolidates the positive beginning of freedom (Harris et al., 2018).

# Critical appraisal of the Impact of mental health and illness

Majority of the problems in mental health patients result due to non-compliance with the treatment and inability of the patients to realize the need for medical attention. In the provided case study, Josh is clearly mentally unstable as evident from his actions in the past. His mother stated that he often hears unusual noises; also, he has a history of intravenous drug abuse in addition to smoking weed and drinking alcohol. Moreover, he remains absent from his home for several days without any intimation to his mother. The impact of mental illness is not only on the patient but also on patient’s dependents. In this case study, Josh’s mental illness is impacting the mental health status of his mother as she remains afraid of her own son when he visits home. Also, the impact of mental illness can be seen on his neighbors as well, whom Josh has often verbally abused and screamed under the influence of his mental state.

Negative impact of mental illness is so severe that the person who is affected by psychological disturbance often fails to realize the harm that he is causing to himself and the people living in his surroundings. By losing the ability to make rational decisions, they often commit dangerous crimes. Therefore, before it becomes too late, the family members of the concerned patient should seek medical help for such patients, even if it amounts to restricting the patient’s freedom.

DeRidder et al (2016) states that due to the impact of the use of the law, the patients will be more influenced by the physicians as the regulator as they will have the power use their control over the patient to ensure treatment. In this respect, it can be stated that compulsory treatment is in fact beneficial as it will ensure the safety of the patient and the safety of his dependents as well. It has also been found by a number of RCT that CTO is likely to reduce the number of hospitalization from 3.7 to 0.7 per 1,000 days and reduce the financial burden on the state economy (DeRidder et al., 2016).

# The psycho-social dimensions of the illness experience

CTO was initially introduced to ensure proper treatment of mentally unstable individuals, without alienating them from the society. However, Maughan et al. (2014) states that the mentally unstable individuals are already carrying the burden of social isolation and deprivation, and at this point, if these individuals are forced to accept treatment then it will become another instance of hostility. They might feel this as another method of punishing them for remaining isolated from the social norms. Therapeutic relation between a physician and a patient is based on trust and confidence on one another (Newton-Howes & Ryan, 2017). However, in CTO, the physician assumes a position of monitoring and control, where trust cannot be achieved due to which the psyco-social dimension of this law remains unfulfilled.

In case of Josh, it is beneficial that he is ready to receive medical support. He is willing to comply with the treatment although he is currently unaware about his mental health state. The physician can utilize this situation by initially trying to build a therapeutic relation of trust with Josh. Instead of attaining a controlling position by the physician, he should be made to understand that he is suffering from mental illness. This will help the physician in building a therapeutic relationship with Josh (Newton-Howes & Ryan, 2017).

# The effects on the family and significant others

Slade et al. (2014) found that there are two different perspectives of the effect on the family and significant other. On one hand, CTO gives the power to the family members to remain with the patient throughout the treatment process. On the other hand, it has been found that some family members feel relieved by the state of community treatment orders as the responsibility of handling a mentally unstable patient shifts to the health care professional (Rugkasa, 2016). In this case study, Josh’s mother will be relieved by the order of the CTO as she feels afraid of him and also feels afraid that he might harm someone else. After the order of CTO, and after seeking health professional’s support, Alice will feel relieved that her son will be getting the needed medical attention and she will have to worry about his treatment compliance instead of worrying about Josh harming himself and others (Szmukler, 2015).

Also, she will be able to support him in his recovery phase as he is allowed to remain with his family and friends. Alice cares about Josh and she is trying to help him by gaining medical support for him. This decision will prevent his further deterioration and the inevitable crisis (Maughan et al., 2014). Emotional support from his mother and family members will help in the development of good relationship between Josh and his family. Spending more time with family will prove to be more effective than attending courses on crisis management. However, CTOs can be successful only if they allow the therapeutic relation of trust between them.

# Conclusion

It was believed that CTOs will not be needed if the government provides community services. However, this belief is not applicable in case of mental health patients. Psychologically impaired patients remain unaware about their mental state of health, and thus constantly refuse treatment due to the stigmas that are attached with mental health support and their own lack of insight about their mental health. Coercive nature of this law is justified on the grounds that mentally unstable patients lack the capacity to make rational decisions for them. CTO thus puts the physicians in a controlling position, where they need to make decisions for the welfare of the patent as well as his family members even without the patient’s autonomy. However, certain clinicians argue that as the physician attains a dictatorial position in this law, it prevents the building of therapeutic relation of trust between the patient and physician. There are many arguments to criticize this law, but when the risk benefit evaluation is done, the number of benefits will definitely outnumber the number of risks involved with CTO order. The only amendment that needs to be done in this law involves providing further support to increase patient compliance, such as provision of transportation and childcare facilities. It remains to be seen whether this is sufficient leverage to ensure that services are actually provided.