Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community Treatment Order Policy

Mental Health Act, 1983

Policy information

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Summary of document:

Provides guidance on the purposes of a Community Treatment Order (CTO) including the process for assessment the suitability of the use of a CTO and on the duties of the practitioners and agencies involved in the management of patients subject to a CTO.

Scope:
This policy is applicable to employees within all mental health inpatient settings, community settings and general hospital settings where patients including children and young people are subject to CTO

To be read in conjunction with:
741-Patients Rights Procedure – (opens in new tab)

731-S17-Leave of Absence Policy – (opens in new tab)

743 -Section135- Warrant To Search For and Remove Patients InterAgency Procedure – (opens in new tab)

596-Doctors Holding Power Policy – (opens in new tab)

214 - IMHA Policy – (opens in new tab)

688 - Section 117 After-Care Procedure – (opens in new tab)

363-HospitalManagersSchemeofDelegationPolicy-v2.pdf – (opens in new tab)

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Glossary of terms

Term	Definition
AC	Approved Clinician – A mental health professional approved by Welsh Ministers to act as an Approved Clinician for the purposes of the Act.

	In practise, Health Boards take these decisions on behalf of Welsh Ministers.
AMHP	Approved Mental Health Professional - A professional with training in the use of the Act, approved by a local authority to carry out a number of functions under the Act.
AWOL	Absent without leave - when CTO patients and conditionally discharged restricted patients don't return to hospital when recalled
CTO	Community Treatment Order – Written authorisation on a prescribed form for the discharge of a patient from detention in a Hospital onto supervised community treatment
HIW	Healthcare Inspectorate Wales – The independent body which is responsible for monitoring the operation of the Act in Wales.
IMHA	Independent Mental Health Advocate – An advocate independent of the team involved in patient care available to offer support to patients.
MDT	Multi-Disciplinary Team
MHRTfW	Mental Health Review Tribunal for Wales – A judicial body that has the power to discharge patients from detention, community treatment orders, guardianship and conditional discharge
The Act	The Mental Health Act, 1983
Part 4A treatment	The Part of the Act which deals with the medical treatment for mental disorder of CTO patients when they have not been recalled to hospital.
RC	Responsible Clinician - The approved clinician with overall responsibility for the patient's case.
SOAD	Second Opinion Approved Doctor – An independent doctor appointed by Healthcare Inspectorate Wales who gives a second opinion on whether certain types of medical treatment for mental disorder should be given without the patient's consent.
Section 5	The powers in Section 5 allow hospital inpatients to be detained temporarily so that a decision can be made about whether an application for detention should be made.
Section 25	Restrictions on discharge by nearest relatives
Section 62	Urgent treatment given to detained patients
Section 20A	Community treatment period

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Section 23	Discharge of patients
Section 58 treatment	A form of medical treatment for mental disorder to which the special rules in section 58 of the Act apply, which means medication for Mental disorder for detained patients after an initial three-month period.
Section 117	Aftercare - Services provided following discharge from hospital; especially the duty of health and social services to provide after-care under section 117 of the Act following the discharge of a patient from detention for treatment under the Act. The duty applies to CTO patients and conditionally discharged patients, as well as those who have been absolutely discharged.
Care Partner	Mental Health computer system for recording information

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Introduction

This policy sets out to describe the process of using Community Treatment Orders (CTO). It also gives guidance on the duties of the practitioners involved in the management of CTO patients.

The purpose of a CTO is to enable eligible patients to be treated safely in the community rather than under detention in hospital and to provide a way to help prevent relapse and any possible harm to the patient and others. A CTO is intended to help the patient to maintain stable mental health outside hospital and promote their recovery. CTOs provide a positive alternative to treatment in hospital and an opportunity to minimise the disruption in their lives and reduce the risk of social exclusion.

CTOs also allow conditions to be applied to patients and gives the Responsible Clinician (RC) the power to recall the patient to hospital for treatment if it becomes necessary.

Policy statement

This policy has been developed to guide staff on the implementation and management of Community Treatment Orders (CTOs) in accordance with the Mental Health Act 1983 (the Act and in line with the Mental Health Code of Practice for Wales 2016 ("the Code of Practice").

CTOs are intended to allow suitable patients to be safely treated in the community rather than under detention in hospital, and to provide a way to help prevent relapse and harm to the patient or to others. It is one of a range of options for mental health treatment in the community and is implemented through the making of a CTO.

Scope

This policy is applicable to employees within all mental health inpatient settings, community settings and general hospital settings where patients including children and young people are subject to CTOs.

Aim

The aim of this document is to:

- Ensure staff are aware of their individual and collective responsibilities when considering and assessing individuals for CTOs.
- Provide clear guidance to staff in relation to their legal responsibilities under the Act.
- Ensure the correct completion of statutory forms

Objectives

The aim of this document will be achieved by the following objectives:

- The purpose of a CTO
- The process for assessing the suitability for the use of a CTO
- The duties of the practitioners and agencies involved in the management of patients subject to a CTO

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WHO IS ELIGIBLE FOR CTO

Patients who are currently detained under section 3 of the Mental Health Act (MHA) or an unrestricted Part 3 patient (section 37, section 45A, section 47 or section 48). Those detained for assessment on section 2 are not eligible. CTOs can only be used for patients whose treatment needs have already been assessed in hospital under one of the above-mentioned detention orders and if they meet the eligibility criteria.

ELIGIBILITY CRITERIA

The patient's treatment needs have already been fully assessed under section 3 or as an unrestricted Part 3 patient and the patient is still liable to be detained. An individual patient can be discharged onto CTO if they satisfy the eligibility criteria, which are that:

- The patient is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment;
- It is necessary for the patient's health or safety or for the protection of other persons that they should receive such treatment;
- Subject to the patient being liable to be recalled as mentioned below, such treatment can be provided without the patient continuing to be detained in a hospital;
- It is necessary that the responsible clinician should be able to exercise the power under section 17E(1) of the Act to recall the patient to hospital; and
- Appropriate medical treatment is available for the patient.

RISK ASSESSMENT

Whilst determining whether the criteria to recall the patient is met, the RC shall consider, having regard to the patient's history of mental disorder and any other relevant factors, what risks there would be of a deterioration of the patient's condition if they were not detained in a hospital. The following must be assessed:

- Failure to follow a treatment plan;
- Patient's insight and attitude to treatment;
- The risk of patient's condition deteriorating after discharge;
- The risk of harm arising from the patient's disorder is sufficiently serious to justify the power of recall;
- The co-operation of the patient in consenting to the proposed treatment.

ASSESSMENT FOR CTO

The RC and the Approved Mental Health Professional (AMHP) will need to consider whether the objectives of CTO could safely and effectively be achieved in a less restrictive way. The RC will decide whether CTO is the right option for any patient and requires the agreement of the AMHP. The RC must be satisfied that appropriate treatment is, or would be, available for the CTO patient in the community. The key factor is whether the patient can safely be treated for mental disorder in the community with the RC's power to recall the patient to hospital for treatment if necessary. The RC would also assess the risk there would be of the patient's condition deteriorating after discharge, e.g. as a result of refusing or neglecting to receive treatment.

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CONSULTATION

When the RC considers that a patient may be suitable for CTO, then the first step would be to consult with those involved in the care of the patient including the care coordinator and, where applicable, a different RC may take over the responsibility for the patient in the community.

The patient does not have to consent formally to CTO. However, in practice patients need to be involved in decisions about the treatment to be provided in the community and how and where it is to be given, and be prepared to co-operate with the proposed treatment.

The RC must be fully aware of the diverse needs of the patient when considering a CTO and must take them in to account at all times. They must ensure the patient fully understands what is happening to them in a language and format which they are able to understand, this will include sensory and cognitive abilities and physical impairment. Where necessary, an interpreter should be obtained.

WHO TO CONSULT

- The care coordinator;
- The nearest relative/carers (unless the patient objects or it is not reasonably practical)
- The multi-disciplinary team involved in the care of the patient;
- The patient, who may be supported by the Independent Mental Health Advocate (IMHA);
- A different RC (if applicable) who will take over responsibility for the CTO patient;
- Anyone with authority to act on behalf of the patient under the MCA 2005, such as an attorney or a deputy;
- The GP; it is important for the GP to be aware that the patient is to go onto CTO. A patient without a GP should be encouraged and helped to register with a practice; and
- Other relevant professionals

THE ROLE OF THE APPROVED MENTAL HEALTH PROFESSIONAL (AMHP)

The AMHP must reach an independent professional view. They should ensure that they consider the patient's wider social circumstances including any cultural issues. They should also consider any support networks the patient may have, the potential impact on the patient's family, employment and educational circumstances. If they are satisfied with the conditions set out within the CTO they must state in writing that they agree on Form CP1.

If the AMHP does not agree that a CTO should be made or does not agree to the conditions, the CTO cannot proceed. It would not be appropriate for the RC to approach another AMHP in the absence of changes to the plan. Where such disagreement occurs, an alternative plan should be developed by the relevant professionals. The AMHP should make a written entry to that effect in the patient's health record.

CARE AND TREATMENT PLANNING MEETING

CTO patients are entitled to aftercare services under section 117 of the Act. The care and treatment plan will reflect the needs to be met by the services from the Health Board and the Local Social Services

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Authority (LSSA). The care and treatment plan (CTP) which is updated by the care co-ordinator must reflect the move from inpatient to community and the conditions that are being included within the CTO. Good care planning will be essential to the success of CTO. This would include an appropriate package of treatment and support services and the identification of a care coordinator. There would be a record of the patient having an attorney if applicable and also of any advance decisions.

CONDITIONS

A CTO will specify the conditions to which the patient is to be subject whilst on a CTO. All CTOs must include the two ‘‘mandatory conditions’’:

- That the patient must avail themselves for examination when an extension of the CTO is being considered; and
- Where necessary to allow a second opinion approved doctor (SOAD) to provide a Part 4A certificate authorising the patient's treatment in the community.

The MHA Code of Practice for Wales suggests that the RC with the agreement of the AMHP may also set other conditions that are necessary or appropriate to ensure one or more of the following purposes:

- Ensuring that the patient receives medical treatment and/or;
- Preventing risk of harm to the patient's health or safety and/or;
- The protection of other persons.

With the exception of the two mandatory conditions, other conditions are in themselves not enforceable. No CTO condition shall amount to a deprivation of liberty and the wording of conditions around care planning needs to be clearly recorded. The reasons for any conditions should be explained to the patient and others and be recorded in the patient's health record. Any conditions can be varied by the RC by completing a form CP2.

Where applicable the RC should take account of any representation from a victim or their family, where the provisions of the Domestic Violence, Crime and Victims Act 2004 apply.

COMPLETING A COMMUNITY TREATMENT ORDER

The RC is responsible for initiating the process. The patient is entitled to ask the (IMHA) to support them at this point. Staff should assist the patient in contacting the IMHA if requested. The decision to go ahead is a joint one by the RC and the AMHP (who may be a member of the multidisciplinary team). The RC and AMHP must complete a Form CP1 and the RC will include the commencement date of the CTO.

The MHA administrator will ensure that a copy of the Form CP1 is scanned onto the electronic record and the original kept in the patient's legal file;

GIVING INFORMATION TO THE PATIENT

Following the decision to make the CTO, the RC should inform the patient and others consulted of:

- The decision;
- The conditions to be applied to the CTO; and
- The services which will be available for the patient in the community.

Unless the patient objects, the nearest relative should be informed where practicable of the conditions to be applied and of their right to apply for the discharge of the patient from CTO.

GIVING INFORMATION ABOUT THE IMHA TO CTO PATIENTS

CTO patients are qualifying patients for the purpose of accessing the services of the Independent Mental Health Advocate (IMHA). The care coordinator will give CTO patients information both orally and in writing as soon as practicable after the patient goes onto CTO about the availability of the IMHA service.

The MHA administrator will send such information to the nearest relative, unless the patient requests otherwise (or does not have a nearest relative).

CHANGE OF RESPONSIBLE CLINICIAN

The RC for inpatients will not usually be the RC for community patients. The inpatient RC must liaise with the community RC to take over responsibility for the patient. As part of the CTP review, on the inpatient unit, the community RC and care co-ordinator who will take over the responsibility for the CTO patient must attend reviews.

MEDICAL TREATMENT FOR MENTAL DISORDER IN THE COMMUNITY (Part 4A)

Part 4A of the Act sets out different rules for treatment for patients on CTOs (who have not been recalled to hospital by their RC). This includes patients on CTOs who are in hospital without having been recalled (eg if they have been admitted to hospital voluntarily).

The rules for part 4A patients differ depending on whether or not they have the capacity to consent to or refuse the treatment in question.

Part 4A patients, who have the capacity to consent to or refuse treatment, may not be given that treatment unless they consent. There are no exceptions to this rule, even in emergencies. The effect is that treatment can be given without their consent only if they are recalled to hospital.

For part 4A patients, aged 18 and over, who lack the capacity to consent to or refuse treatment, it may be given if someone who has lasting power of attorney (an attorney) or a Court of Protection appointed deputy consents on their behalf. Similarly it may be given in the case of those aged 16 and over if a deputy consents to the treatment on their behalf.

Part 4A patients who lack capacity to consent to or refuse a treatment may also be given it, without anyone's consent by or under the direction of the AC in charge of the treatment, unless:

- in the case of a patient aged 18 or over, the treatment would be contrary to a valid and applicable advance decision made by the patient
- in the case of a patient aged 18 or over, the treatment would be against the decision of someone with the authority under the MCA 2005 to refuse it on the patient's behalf (an attorney, a deputy or the Court of Protection), or

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- in the case of a patient aged 16 or over, the treatment would be against the decision of a deputy who has authority to refuse it on the patient's behalf, or force needs to be used in order to administer the treatment and the patient objects to the treatment.

The Act also requires a Second Opinion Appointed Doctor (SOAD) or the AC in charge of their treatment to certify this on a Part 4A certificate. CTO patients with capacity to consent cannot be treated in the community against their wishes. A CTO patient will be recalled to hospital when treatment for the patient's mental disorder is clinically necessary and the patient is not consenting. There are no exceptions to this rule, even in emergencies.

SOAD CERTIFICATE ARRANGMENTS

As part of the above 'mandatory conditions' the RC will either complete a CO8 Consent to Treatment Certificate if the patient has capacity and has consented to their treatment. If the patient does not have capacity and does not consent then a SOAD is required to provide a CO7 Certificate of Treatment. This is arranged via the MHA Administration Team who will provide Healthcare Inspectorate Wales with the RC's fully completed SOAD Request Form.

SOADs can carry out this function remotely and HIW or the SOAD will contact the care coordinator and/or MHA administrator to confirm a date and time when they will undertake this. The SOAD will speak to the two Statutory Consultees and the Responsible Clinician. When a CO7 Certificate is issued it will be sent directly to the MHA Administration Team. They will upload a copy of the certificate onto the electronic patient record and also ensure copies are sent to the care co-ordinator and also the patients GP.

In circumstances whereby the care coordinator would be on leave they will make the necessary arrangements for another registered staff member who has been professionally concerned with the patient's medical treatment to take their place as the lead professional. If the SOAD does attend in person the patient's health record should be made available to the SOAD on the day of the visit.

APPLICATION FOR DISCHARGE FROM CTO

CTO patients are entitled to request the hospital managers to consider their discharge from CTO. Additionally, their nearest relative can apply for their discharge from CTO giving 72 hours' notice, unless the RC issues a barring certificate. They are also entitled to apply to the MHRT during each period of detention or renewal of detention. The hospital managers shall refer them, should they not have applied to a Tribunal, to a MHRT after six months and three years.

The unbroken period of detention together with the period of CTO, whether they have been recalled or not, and when the CTO is revoked counts as a continuous period of time for both referrals to the MHRT and treatment under Part 4 of the Act. Such a period will only be broken should the patient be received onto guardianship or when they are discharged by the MHRT or under section 23 of the Act.

The effect of discharge is to end the CTO and liability to detention. The patient can no longer be recalled to hospital or required to stay in hospital.

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ADMISSION TO HOSPITAL OF CTO PATIENTS ON A VOLUNTARY BASIS

CTO patients may agree to be admitted to hospital on a voluntary basis. On such occasions the CTO patient would not have been recalled to hospital by their RC. CTO patients who are in hospital on a voluntary basis can be recalled if there is a need to.

The MHA administrator will send a reminder to the RC to undertake a review to determine if the patient still satisfies all the criteria for CTO, whilst the patient remains on the ward.

PROCEDURE FOR RECALL OF CTO PATIENTS TO HOSPITAL

The power to recall includes circumstances when the community patient is already in hospital at the time the power of recall is exercised. The RC may recall a community patient if s/he is of the opinion that:

- The patient requires medical treatment for their mental disorder in hospital; and
- There would be a risk of harm to the health or safety of the patient or to other persons if the patient was not recalled to hospital for that purpose.

Failure to comply with the conditions of attending for medical examination as required will result in the RC recalling a community patient. The notice in writing to recall the community patient to a named hospital shall be sufficient authority for the managers of that hospital to detain the patient in hospital.

All patients on CTO have a hospital which is responsible for oversight of their case while they are in the community. The Act referred to this hospital as the "responsible hospital''. There is no special procedure to follow if the CTO patient is re-assigned to another hospital which is under the same managers.

The RC may recall a patient to a hospital other than the responsible hospital. The RC has responsibility for coordinating the recall process, unless agreed with someone else. The power of recall will be carried out by notice in writing to the patient. The RC will complete Form CP5 to recall a community patient ensuring a scanned copy is sent to the MHA administrator.

It will not usually be appropriate to post a notice of recall to the CTO patient. It is important that, whenever possible, the notice should be handed to the patient personally. When the need for recall is urgent, it will be important that there is certainty as to the timing of the delivery of the notice. When such a notice of recall is handed to the patient, it is effective immediately. This may not be possible if the patient's whereabouts are unknown, or if the patient is unavailable or simply refuses to accept the notice.

A recall notice may be served by delivery to the patient's usual or last known address. Delivery of the recall notice relating to CTO is secured by delivery in person or by pre-paid post (1st Class only).

SERVING THE NOTICE – WHEN NOT HANDED TO CTO PATIENT

- If it is urgent, the notice should be delivered **by hand** to the patient's usual or last known address. The notice is then **deemed to be served** (even though it may not actually be received by the patient) on the **day after it is delivered**. That is, the day beginning immediately after midnight following delivery.
- First class post can be used. The notice is deemed to be served on the second working day after posting. Sufficient time must be allowed, as detailed above, for the patient to receive the notice before any action is taken to ensure compliance.

Once the notice of recall is duly served the patient can be treated as absent without leave if that is necessary and taken and conveyed to hospital. Should the police be informed, the care coordinator would inform the police that the CTO patient has been duly recalled and is now absent without leave.

There may be cases whereby the patient's whereabouts are known but access to the patient cannot be obtained. In such cases, it may be necessary to consider whether a warrant issued under section 135 (2) is needed.

COMMUNITY PATIENTS WHO ARE ABSENT WITHOUT LEAVE

Patients on CTO are considered to be absent without leave (AWOL) if:

- They fail to return to hospital when they are recalled; or
- They abscond from hospital following recall.

A patient, who is AWOL, may be taken into custody by an AMHP, an officer on the staff of the responsible hospital, a constable or anyone authorised in writing by the RC or the hospital managers, and returned to the hospital to which they were recalled.

That may only be done before:

- The time at which the CTO is due to expire (assuming it were not to be extended); or
- The end of the six months beginning with the first day of the absence without leave, if that is later.

If patients are taken into custody, or come to the hospital voluntarily, before the end of the period during which they could be taken into custody, the 72 hours for which they can be detained effectively starts again on their arrival at the hospital, even if they had already been detained for part of that period before they went AWOL.

If a patient is taken into custody, or comes to the hospital voluntarily, within 28 days, an examination and the report under section 20A may be furnished to the managers to extend the CTO.

If patients are taken into custody, or come to the hospital voluntarily, after being absent for more than 28 days, their CTO expires at the end of the week starting on the day of their arrival at the hospital unless the relevant practitioner furnishes a report to the managers within that time to extend the CTO using Form CP 4. The CTO may also be revoked under section 21B(4)(a).

POWERS IN RESPECT OF RECALLED PATIENTS

The community patient may be recalled to a hospital other than the responsible hospital.

- The recalled patient may be transferred to another hospital.
- Subject to meeting the necessary conditions and written agreement of an AMHP, the RC may by order in writing revoke the CTO.
- The RC may at any time release the patient but not after the CTO has been revoked.
- If the CTO has not been revoked or the recalled patient released at the end of 72 hours, the patient shall be released from hospital. However, a released patient remains subject to the CTO. The ''holding powers'' of section 5 may not be used to keep the patient in hospital after the end of the 72-hour period.

The period of 72 hours begins at the time the detention in hospital begins by virtue of the notice of recall.

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The MHA makes it clear that a patient subject to CTO is not to be held on either section 5(2) or section 5(4) of the Act.

POWER OF RECALL TO A HOSPITAL OTHER THAN THE RESPONSIBLE HOSPITAL

The hospital managers (or a person authorised by them) from the hospital from which the patient is to transferred must use Form TC6 to authorise the transfer to the managers of the hospital to which the patient is being transferred.

A copy of the completed Form CP5 to recall the patient will be provided to the managers of the hospital to which the patient is recalled as soon as possible after it is served to the patient. This will provide sufficient authority for the managers of the named hospital to detain the patient. The legislation allows a recalled patient to be transferred to another hospital provided it is done within the 72-hour period.

A transfer between hospitals while a patient is recalled does not change the responsible hospital.

TRANSFER OF A RECALLED PATIENT

A CTO patient who has been recalled may be transferred to another hospital managed by the same hospital managers. This can only be done within the same 72-hour period. The nurse in charge of the receiving unit must know the time at which the 72 hours started and must ensure that the Form CP5 is duly completed and returned to the MHA Administrator.

TRANSFER OF A RECALLED CTO PATIENT TO A HOSPITAL UNDER DIFFERENT MANAGERS

A recalled CTO patient may also be transferred to another hospital under different managers. In such cases the transfer must be effected within the 72-hour period. The Ward Manager / On-call Manager or the MHA Administrator, on behalf of the hospital managers, must complete Part 1 of Form TC5. Part 2 of the form must be completed by someone authorised by the managers of the receiving hospital.

When Part 2 is completed, a scanned copy of the completed Form TC5 must be obtained and sent to the MHA Administrator.

Prior to the release, the care coordinator and anyone else involved must be informed of the CTO patient's release.

MEDICAL TREATMENT FOR MENTAL DISORDER – RECALLED PATIENTS

CTO patients who have been recalled to hospital are subject to the same rules on medical treatment (with certain exceptions) as other detained patients and are subject to Part 4 of the Act but there is no new 3 month rule period.

Part 4 applies to such patients instead, but with three differences.

1. Treatment which would otherwise require a certificate under section 58 or 58A can be given without such a certificate if it is expressly approved instead by the patient's Part 4A certificate (if the patient has one). It is expressly approved if the SOAD states in the certificate that the treatment in question may be

given to a patient who has been recalled. The certificate may contain conditions. The conditions may, for example, be different for the patient who is not recalled. However, the Part 4A certificate cannot authorise section 58A treatment for ECT.

2. Medication which would otherwise require a certificate under section 58 can be given without such a certificate if the certificate requirement in Part 4A would not yet apply because less than one month has passed since the making of the patient's CTO. A certificate is not required for the administration of most medications to a patient who has been a CTO patient for less than a month.

3. Treatment that was already being given on the basis of a Part 4A certificate before the patient was recalled to hospital may be continued temporarily, even though it is not authorised for administration on recall on the Part 4A certificate, if the person in charge of the treatment in question considers that withdrawing the treatment would cause serious suffering to the patient. However, this exception only applies pending a new certificate being obtained.

These exceptions also apply to CTO patients where their CTOs have been revoked except that, for section 58 type treatments, continuance with medication will continue pending compliance with section 58 requirements.

Part 4A treatment applies to CTO patients who are in hospital, voluntarily or without having been recalled.

HIW may at any time notify the AC in charge of the treatment in question that a Part 4A certificate will cease to apply from a certain date.

REVOKING A COMMUNITY TREATMENT ORDER

A CTO may only be revoked while the patient is detained in a hospital as a result of being recalled. The RC may by order revoke the CTO if:

- In their opinion the patient again needs to be admitted to hospital for medical treatment under the Act; and
- The AMHP agrees in writing with the RC and that it is appropriate to revoke the CTO.

The RC's must complete a Form CP7 to revoke a CTO and the AMHP will complete Part 2 of the Form. The original Form CP7 will be sent by post to the MHA administrator.

The MHA administrator must refer the patient's case to the MHRT as soon as practicable after the revocation of the CTO.

If the AMHP does not agree that the CTO should be revoked then the patient cannot be detained in hospital after the end of the maximum recall period of 72 hours. The patient will remain on CTO. The AMHP's decision and full reasons should be recorded in the patient's health record.

DUTY TO INFORM NEAREST RELATIVE

The MHA Administrator on behalf of the hospital managers will inform the nearest relative that a detained patient is to be discharged from hospital, unless that patient or the relative has asked that such information should not be given. This duty applies equally where patients are to be discharged from hospital by means of a CTO.

EXTENSION OF COMMUNITY TREATMENT PERIOD

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Within two months before the expiry date of the CTO, the RC must examine the patient and, if it appears to them that the conditions are satisfied and that the AMHP has agreed in writing, the RC must complete a Form CP3. Before providing the report the RC must consult one or more other persons who have been professionally involved with the patient's medical treatment.

The report, would extend the CTO for the prescribed period. Unless the hospital managers discharge the patient under section 23, the care coordinator as delegated by the hospital managers would inform the community patient of the renewal.

DISCHARGE OF A COMMUNITY PATIENT FROM A CTO

A community patient ought to be discharged from a CTO if the patient no longer meets the grounds for CTO. Such a patient can be discharged from CTO in the following ways:

- Discharge by the RC at any time;
- By the hospital managers under section 23 of the Act;
- For Part 2 patients following application by their Nearest Relative (NR) giving 72 hours' notice;
- By the MHRT;
- Following the patient's reception under guardianship.

TRAINING

The Health Board will provide ongoing training for staff who are involved with the care and treatment of patients subject to Community Treatment Orders. Details of training available can be found by contacting the MHA Administrator.

MONITORING

Day to day monitoring of all aspects of MHA documentation are carried out by the MHA Administrator team. Areas of non-compliance are addressed immediately with the patient's multi-disciplinary team. If the issues are to do with treatment they can be escalated to the Medical Director and Service Manager. If the issues are to do with care co-ordination they are raised with the Team Lead. If there is a need to escalate further these issues can be discussed at MH Legislation Scrutiny Group, Medical Staff Committee and ultimately Mental Health Legislation Committee

Responsibilities

Chief Executive

The Chief Executive Officer has overarching responsibility for ensuring that Hywel Dda University Health Board is compliant with the law in relation to the MHA.

Executive Lead

The Deputy Chief Executive is the Executive Lead for Mental Health and Learning Disabilities. He has overarching responsibility for ensuring compliance with the contents of this policy.

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Community Team Managers/Service Managers

It is the responsibility of all clinical managers to:

- Ensure that this policy is brought to the attention of all their staff, and that they understand and adhere to the guidance/procedure contained within.
- Ensure that all staff involved in the care and treatment of CTO patients have received adequate training and are competent to carry out these guidelines.

Mental Health Staff

Community mental health team staff will follow the guidance within the policy ensuring that patients subject to CTO's are supported and that their CTOs are reviewed regularly

References

All staff will work within the Mental Health Act 1983 and in accordance with the Mental Health Act Code of Practice for Wales 2016, Mental Capacity Act 2005, and Human Rights Act 1998.

- Mental Health Act 1983 – http://www.legislation.gov.uk/ukpga/1983/20/contents
- Mental Capacity Act 2005 - http://www.legislation.gov.uk/ukpga/2005/9/contents
- Mental Health Review Tribunal for Wales- http://mentalhealthreviewtribunal.gov.wales/mhrtw-about/?lang=en
- Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents
- Domestic Violence, Crime and Victims Act 2004 http://www.legislation.gov.uk/ukpga/2004/28/contents
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 http://www.legislation.gov.uk/wsi/2008/2439/contents/made

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