The problem of community treatment orders

According to Allen (2009), the care programme approach (CPA) is a bureaucratic device, not a legal necessity, which has in effect been downgraded since October 2008. The alternative is Section 47 under the National Health Service and Community Care Act 1990.

What is less clear is how the CPA or Section 47 would link up with another new instrument of the Mental Health Act 1983 (as amended in 2007), community treatment orders (CTOs), which the author does not mention.

Someone on a CTO would presumably be diagnosed as extremely ill, and would be more in need of Section 47 provisions. It would be shocking if placement on a CTO, which restricts the freedom of a patient so much, did not guarantee greater access to resources even though they may be scarce (for example, direct payments and housing).

Illumination through legal precedent, case law and statute is not enough. How community care and community treatment orders function (or do not function) cannot be understood without an evidence base and randomised controlled trials. For example, maybe care within the family is not as good as care from mental health professionals.

Although CTOs are now law, they have a poor evidence base (Jethwa 2008). Some psychiatrists believe that they are not a magic cure for the revolving door syndrome (Lawton-Smith 2008). The unexpectedly large numbers put onto community treatment orders (Rugkåska 2009) call for another article in *Advances*, on how CTOs link up with community care law revolving round Section 47.

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Zekria Ibrahimi Psychiatric Patient, Coombs Library, Uxbridge Road, Southall, Middlesex UB1 3EU, UK. Email: ibrahimizekria@googlemail.com

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