

**Survey of Mental Health Professionals
About the Use of Community Treatment Orders**

**University of Otago,
Dunedin, New Zealand,
2001**

**Funded by the Health Research Council of New
Zealand**

**Ethical Approval Granted by the
Otago Ethics Committee**

Welcome, Tena Koe.

We are inviting you to participate in this survey investigating the use of community treatment orders. You have been selected for this research because you may have experience with the Mental Health Act in your professional work. It is very important to obtain a high response rate if we are to gain an accurate picture of practitioners' views of community treatment orders. Therefore, we would be most grateful for your input. As you may be aware there has been very little research into the use of these orders, which were an innovative feature of the 1992 legislation.

Many thanks for your assistance.

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Researchers at the University of Otago, funded by the Health Research Council, are studying the use of Community Treatment Orders.

We want to find out the views and experiences of people who are on Community Treatment Orders, and the views of their carers and others close to them. We want to know when people think these Orders are effective or useful, including their benefits and limitations, and we want to know when people oppose their use.

In the long-term it is hoped this study will help improve the care of people in the community with serious mental illnesses.

Some specific aims of the study include:

- Describing the views of the different people involved as to the functions and uses of Community Treatment Orders
- Finding out people's views on the clinical and service delivery requirements for Community Treatment Orders; and their views on indicators and strategies for their use
- Assessing the degree of coercion felt by those under these Orders
- Carrying out a survey of mental health professionals in Otago and of psychiatrists throughout New Zealand, on clinical guidelines for use of these Orders, their benefits and the levels of coercion they impose.

Participation in the survey is strictly confidential. No material that could identify participants will be used in any publication of results.

This research project has received ethical approval from the Otago Ethics Committee.

1. Please rate the significance the following factors would have for your decision-making concerning the use of Community Treatment Orders:

1 = very important; 5 = not important at all

To ensure contact with mental health professionals 1 2 3 4 5

To ensure rapid identification of relapse 1 2 3 4 5

To facilitate readmission to in-patient care 1 2 3 4 5

To provide greater security for patients' families or care-givers 1 2 3 4 5

To provide the authority to treat the patient 1 2 3 4 5

To promote compliance with medication 1 2 3 4 5

To help ensure Police assistance with patients will be available 1 2 3 4 5

To enhance the obligations of service providers to the patient 1 2 3 4 5

To reduce the risk of violence to others 1 2 3 4 5

To reduce the risk of self-harm by the patient 1 2 3 4 5

To protect patients from the consequences of relapse in their illness 1 2 3 4 5

To reduce substance abuse by the patient 1 2 3 4 5

Other significant factors 1 2 3 4 5

1 2 3 4 5

3. Are there reasons for using Community Treatment Orders that you think are important at present but should not be?

4. Please rate with a cross your level of agreement with the following statement:

"When CommTOs are used appropriately their benefits are sufficient to outweigh any coercive impact on the patient".

Totally _____ Totally
Agree Disagree

5. Please rate your level of agreement with the following statement:

"Patients under Community Treatment Orders get a higher priority for treatment than they otherwise would".

Totally _____ Totally
Agree Disagree

6. Please rate the importance of the following mechanisms in influencing *how* Community Treatment Orders work.

1 = very important; 5 = not important at all

Mobilises social support for the patient	1	2	3	4	5
Signals to the patient that they have a serious mental health problem which needs active management	1	2	3	4	5
Binds community mental health services into place	1	2	3	4	5
The patient gives up key conflict areas to external agents	1	2	3	4	5
Ensures medication compliance for a lengthy period during which other changes can occur	1	2	3	4	5
Ensures a period of greater stability	1	2	3	4	5
Encourages the patient to take responsibility	1	2	3	4	5
Commits service providers to the patient	1	2	3	4	5
Gives others the confidence to care for the patient	1	2	3	4	5
Other mechanisms	1	2	3	4	5
	1	2	3	4	5

Any other comments on these matters?

7. In your experience, how important are the following factors in *undermining the effectiveness* of Community Treatment Orders?

1 = very important; 5 = not important at all

Lack of adequate supported accommodation
for people with challenging behaviours 1 2 3 4 5

Failure to enforce compliance with medication 1 2 3 4 5

Substance abuse by patients 1 2 3 4 5

Lack of trained mental health staff
(nurses, psychiatrists, Maori mental health workers, etc) 1 2 3 4 5

Unavailability of some medications in injectable form 1 2 3 4 5

Premature discharge by courts or tribunals 1 2 3 4 5

Inadequate patient access to psychological therapies 1 2 3 4 5

Inadequate patient access to recreational opportunities 1 2 3 4 5

Inability to manage such patients in rural areas 1 2 3 4 5

Other undermining factors 1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Any other comments on these matters?

7. Please rate the importance of the following factors in *discouraging* the use of Community Treatment Orders.

1 = very important; 5 = not important at all

The degree of coercion involved 1 2 3 4 5

The additional administrative burdens 1 2 3 4 5

Increased costs to the mental health service 1 2 3 4 5

Concern about being held responsible for the patient's conduct in the community 1 2 3 4 5

A preference for the use of in-patient leave 1 2 3 4 5

Cultural politics 1 2 3 4 5

Concern for the civil liberties of the patient 1 2 3 4 5

Other discouraging factors 1 2 3 4 5

1 2 3 4 5

Any other comments on these matters?

8. Please rate your level of agreement with the following statement:

"Community Treatment Orders are generally used appropriately".

Totally _____ Totally
Agree Disagree

9. How important are the following reasons for *discharging* a patient completely from a Community Treatment Order?

1 = very important; 5 = not important at all

To increase the patient's freedom	1	2	3	4	5
Clinical improvement	1	2	3	4	5
Development of insight	1	2	3	4	5
Compliance with treatment	1	2	3	4	5
Improved whanau/family relationships	1	2	3	4	5
Enhanced cultural identity	1	2	3	4	5
Reduced risk to self	1	2	3	4	5
Enhanced social/cultural networks	1	2	3	4	5
The patient's desire to be discharged	1	2	3	4	5
Reduced risk to others	1	2	3	4	5
Improved lifestyle	1	2	3	4	5
Reduced substance use	1	2	3	4	5
Suitable accommodation and community supervision	1	2	3	4	5
Employment	1	2	3	4	5
Suitable recreational activities (including exercise)	1	2	3	4	5
Other (please specify)	1	2	3	4	5
	1	2	3	4	5

11. Is ethnicity a consideration in the use of Community Treatment Orders?

Yes

No

Unsure

Please comment:

12. The Act permits compulsory assessment and treatment to take place entirely in the community (ie, even without initial hospitalisation). But this rarely occurs.

Please rate the importance of the following factors in why this option is *not used* more often.

1 = very important; 5 = not important at all

Too difficult to organise	1	2	3	4	5
Too difficult to assess the patient accurately in the community	1	2	3	4	5
Too difficult to ensure compliance with medications	1	2	3	4	5
Not enough trained staff available to provide ongoing assessment and treatment in a community setting	1	2	3	4	5
Patients who need compulsory assessment are so unwell they require in-patient care	1	2	3	4	5

Other reasons?	1	2	3	4	5
<hr/>					
	1	2	3	4	5
<hr/>					

To finish with, some brief information about yourself.

Please tick the appropriate box(es).

13. What is your occupation?

<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Maori Mental Health Worker
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Psychiatric Registrar
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Other
<input type="checkbox"/> Medical Officer of Special Scale	

14. How many years experience since you qualified for the above occupation?

Please state _____

15. Are you: Male. Female.

16. What age group do you belong to?

<input type="checkbox"/> 20 – 25	<input type="checkbox"/> 26-30	<input type="checkbox"/> 31-35	<input type="checkbox"/> 36-40
<input type="checkbox"/> 40-45	<input type="checkbox"/> 46-50	<input type="checkbox"/> 51-55	<input type="checkbox"/> 55–60
<input type="checkbox"/> 61-65	<input type="checkbox"/> over 65		

17. What is your ethnicity? Tick as many boxes as apply.

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NZ Maori NZ European/Pakeha Other European
(Please specify).....

Pacific Islander Other
(please specify)..... (please specify).....

18. In which country or countries did you gain your qualification(s)?

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Please state

19. In which area of mental health do you work mostly?

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Private Hospital Community
 Academic Other (please specify).....

20. Which city/town/region do you work in?

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21. Have you worked in mental health services overseas?

Yes No Go to question 25

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22. Whereabouts?

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23. In what capacity (briefly)?

24. If you have worked in countries with no legislation providing for compulsory outpatient treatment (such as in the UK), what differences did you notice in the provision of mental health services, in comparison with the situation in NZ?

25. Which system would you prefer to work within?

- One with Community Treatment Orders.
- One without Community Treatment Orders.
- Unsure

26. What are your reasons for this?

Thank you very much.