

Otago CTO study

INTERVIEW SCHEDULE FOR PATIENTS who are still on a CTO

A selection of the following questions are to be asked, without requiring too much repetition of information from the person being interviewed.

1. Awareness/Knowledge of their CTO

- (a) What is your understanding of the Mental Health Act?
- (b) Do you know what your current legal position is under the Mental Health Act?
- © What about when you were under a CTO?
- (d) How do you find out what your legal position is?

2. Significance/Meaning of CTO

- (a) What does being on a CTO require you to do?
- (b) Does the CTO help you and in what way does it help you?
- © Does the CTO harm you and in what way does it harm you?
- (d) What difference does it make to you being on the CTO?
- (e) Do you care whether you are on a CTO or not?
If yes, please explain.....
If no, please explain.....
- (f) What do you think would happen if you were not on a CTO?
- (g) How does being on a CTO change things for you?

3. Compliance with the order and with medication

Note for interviewer - Prior to asking this: reassure the patient that confidentiality will be maintained.

- (a) Do you think that you have to do what the doctors and nurses tell you, because you are on a CTO?

If no, why?.....If yes, why?.....

- (b) If you were not required to by the order, do you think you would still see your nurse/psychiatrist?

If no, why?.....If yes, why?.....

- (c) Do you feel you have to take your medication because you are under a CTO?

- (d) What effect does being under the CTO have on your medication regime?

- (e) What would the nurses or doctors do if you refused to take your medication? Has that ever happened to you? (explain....)

- (f) Do other people tell you that you have to take medication because you're on the CTO?

If yes – which other people tell you this?

- (g) If you take your medication regularly, what are your reasons for doing so?

- (h) *Note for interviewer – ensure this important question is asked:*

Overall, is it a good thing that you are required to take the medication?

4. Attitudes of others to the CommTO

(a) Do you think other people want you to be on the CTO?

If yes, why?..... If no, why not?.....

(b) What reasons do they have for wanting you to be on a CommTO?

© Is it because they are concerned about you?

(d) Why do you think they are concerned about you?

(e) What things were happening that caused them to be concerned?

5. Effect on Relationships

(a) Who do you receive the most help or support from? (In what ways is this help/support given?)

If not mentioned by the patient, ask specifically about the following people:

Your key mental health worker/nurse/support person you see most often?
Your psychiatrist?
Your family?
Your children?
The people you live with?

(b) How does being on a CTO affect your relationships with these people?

Your key mental health worker/nurse/support person you see most often?
Your psychiatrist?
Your family?
Your children?
The people you live with?

Prompts:

Does being on a CommTO change your relations with these people; or help you to maintain these relationships?

Does it help or harm your relations with them?

Does the CTO help you to maintain long-term relationships with your family or friends?

Why does it have that effect? does the CTO help you in your relationship with your partner?

6. Impact on mental health, quality of life

- (a) What effect or impact does being under a CTO have on your quality of life, and on your mental health?

Prompts:

Does being under the CTO improve your life or not and in what way(s)?

Does being under the CTO improve your health or not and in what way(s)?

- (b) Is it better to be treated under a CTO in the community than in hospital under an inpatient order? Why? Why not?

7. Safety

- (a) Does being on a CommTO make you feel safer, or more secure? In what ways? Does it make you feel less safe/secure or make no difference at all?

- (b) Does the fact that you are required to accept treatment under the CTO reduce the chance of harm to you or other people? Or does it increase the chance of harm or make no difference at all?

- © Does the fact that you are required to accept treatment under the CTO provide more security for: you; your family; your children; the people you live with; other people around you?

8. Access to services

- (a) How often do you see your:
Key worker/nurse?
Psychiatrist/other support persons?
Other support organizations?

- (b) Do you think you see them more often because you are on a CTO?

- © Does the CTO help you to get the treatment you need?

- (d) Does the CTO help you get treatment faster?

- (e) Do you think it is easier to see a nurse or psychiatrist if you are under a CTO?

- (f) Would the CTO help you to get admitted to hospital more easily if that is what you wanted?

- (g) Does being under a CTO influence where you live?

9. Substance Abuse

- (a) Does being under a CTO have any effect on your use of alcohol or other drugs. What kind of an effect did it have? Why do you think it had this effect?

10. Discharge

- (a) Do you understand the process of discharge from the CTO?

[For those already discharged from the CTO

- (b) *How much involvement did you have in the discharge process? Were you satisfied with this level of involvement? Give reasons.....*

- © *How much involvement did your family have in the discharge process? Were you satisfied with this? Reasons.....*

- (d) *Why do you think you were discharged off the CTO?*

- (e) *Are you pleased to be discharged? What do you family /friends think about your discharge?*

- (f) *Do you think you were discharged at the right time, or do you think it should have been earlier/later?*

- (g) What is your understanding of voluntary treatment?

- (h) *Have you remained in voluntary treatment since discharge? Why?*

- (i) Do you want to be discharged from the CTO?

- (j) What do you think would have to happen for you to be taken off the CTO?

- (k) When do you think you will be discharged from the CTO?

- (l) If you *had not been/were not* under a CTO, do you think you would end up spending/*would have spent* more time in hospital?

11. Overall Advantages/Disadvantages

- (a) Do you think it is better to be on a CTO than to be in hospital?
- (b) Overall, do you think being under a CTO is/ *was* the best option for you?
- © Overall, are the advantages of being on the order greater than the disadvantages?
- (d) Do you think CTOs are a good idea in some cases? Explain.....
- (e) Overall, is/ *was* the experience of being under a CTO mostly positive or mostly negative for you?

12. Judicial Hearings and Review Procedures

- (a) What do you understand about the review procedures under the Mental Health Act for deciding if you should stay on a CTO?
- (b) Do you understand the roles played by your Responsible Clinician, the judges and the Review Tribunal?
- © Do you know what options you have if you disagree with their conclusions?

13. Other Things

- (a) Are there any other things about being under an order, or about being required to accept psychiatric treatment, that you want to talk about?
- (b) What questions about CTOs do you think we should ask in this research:
Of: psychiatrists, nurses, other mental health workers, patients' families, group home managers?