Community Treatment Orders

What is a Community Treatment Order?

- A Community Treatment Order is a doctor’s order for a person to receive treatment or care and supervision in the community. The treatment or care and supervision is based on a community treatment plan which outlines the medications, medical appointments and other aspects of care the doctor believes is necessary to allow the person to live in the community rather than remain in the hospital.
- The Community Treatment Plan is developed by the doctor, the person who will be the subject of the Plan (or the substitute decision-maker if there is one), and any other people or organizations that will assist the person in the community. If the person fails to meet his/her obligations contained in the plan, the doctor may take certain steps, discussed later in the section titled “What happens if the person does not comply with the Community Treatment Order?”

How is a person placed on a Community Treatment Order?

This Info Guide has been prepared by the Psychiatric Patient Advocate Office in the Ministry of Health and Long-Term Care for general informational purposes only. It does not contain legal advice. If you have a question, or would like advice about your specific legal situation, you should contact a lawyer.
A Community Treatment Order is issued by a doctor. The Mental Health Act sets out certain criteria that must be met before a doctor will issue or renew a Community Treatment Order. For example, among other things, under the Mental Health Act, a Community Treatment Order may only be issued to a person who has been a patient in a psychiatric facility on two or more occasions for a combined total of 30 or more days in the past three years or who was the subject of a previous Community Treatment Order. The person who is subject to the order (or his or her substitute decision-maker) must also consent (agree) to the Community Treatment Plan.

How long does a CTO last?

- A Community Treatment Order lasts up to six months. After this time, it expires unless a physician renews it. The Community Treatment Order can be renewed for a period of six months at any time it is still in effect, or within a month of its expiry.
- A Community Treatment Order may be terminated before it expires in some circumstances. For example, if the doctor determines that the Mental Health Act requirements for the issuance or renewal of a Community Treatment Order are no longer met, or if the person fails to comply with his or her obligations under the Community Treatment Order.

Can anyone be placed on a Community Treatment Order?

- No. The detailed criteria for the issuing of a Community Treatment Order are set out in the Mental Health Act. The purpose of Community Treatment Order is to provide persons who would otherwise remain in hospital or return to hospital with enough support and supervision that they can remain in the community.

What are the conditions or criteria for being placed on a Community Treatment Order?

- A person can only be placed on a Community Treatment Order if certain rules or conditions, specified by law, are met. All of the following six conditions must be met:
  1. The person must have a serious mental disorder AND during the previous three years:
o the person must have been a patient in a psychiatric facility two or more times, or for a total of 30 days or more,

OR

o the person must have previously been on a Community Treatment Order.

2. A community treatment plan must have been developed with the input of the person or his/her Substitute Decision Maker, the doctor and any others involved in his/her care.

3. The doctor must have examined the person in the 72 hours before he or she enters the plan and believes:
   o That the person is suffering from a mental disorder that requires continuing treatment or care and continuing supervision while living in the community,
   o If the person is not currently a patient in a psychiatric facility, he/she would meet the conditions for a psychiatric assessment (Form 1),
   o If the person does not receive continuing treatment or care and continuing supervision in the community, it is likely, because of his/her mental illness, that he/she will cause serious bodily harm to him/herself or someone else, or he/she will experience substantial mental or physical deterioration or serious physical impairment,
   o The person is able to comply with the plan, and
   o The detailed treatment or care and supervision are available in the community.

4. The doctor has spoken with all the people who would be named in the community treatment plan.

5. The doctor is satisfied, subject to certain exceptions, that the person and his/her Substitute Decision Maker have talked with a rights adviser and been informed of the person’s legal rights.

6. The person or his/her Substitute Decision Maker have consented to the community treatment plan.

What is the process for a Community Treatment Order?

- The doctor must first determine whether or not the person is capable of consenting to the Community Treatment Order. If found incapable, the doctor will give the person a written notice (Form 33). If the doctor found the person incapable of consenting to treatment at an earlier time, the person may not be given the Form 33 again.
- If found incapable, the person may talk with the doctor about that decision and/or ask the Consent and Capacity Board to review the doctor's decision.
After the finding of capacity/incapacity, the doctor will begin developing the community treatment plan. Either the person (if capable) or the Substitute Decision Maker (if the person is incapable) will assist in developing the plan. Even if incapable, the person may discuss issues of his/her treatment and supervision with his/her Substitute Decision Maker and doctor. The doctor will also discuss the plan with anyone else, who may be named in the plan — this may include social workers, other doctors, and support services in the community.

Once the plan is developed, the person will be given a Form 49 (Notice of Intention to Issue or Renew a Community Treatment Order) and a copy of the community treatment plan. A rights adviser will contact the person to give information regarding his/her rights and obligations under the plan and his/her options for reviewing the plan if he/she chooses to do so. If a Substitute Decision Maker has consented to the plan, he or she will also receive rights advice.

The doctor will then examine the person to determine whether or not he/she meets the criteria (as described above) for issuing a Community Treatment Order.

The person (or his/her Substitute Decision Maker) will then be asked to consent, to the Community Treatment Order. When the Community Treatment Order is issued, the person will receive a copy of the Form 45 (Community Treatment Order) and a copy of the community treatment plan. The person will also receive a Form 46 (Notice to Patient of Issuance or Renewal of Community Treatment Order).

What are a person’s rights when considered for a Community Treatment Order?

A Community Treatment Order is CONSENT based. A community treatment plan is treatment (as defined under law) and the doctor must obtain consent. The person or Substitute Decision Maker must consent to the Community Treatment Order. If the doctor finds the person incapable of consenting to a Community Treatment Order, the person may ask that the Consent and Capacity Board review the doctor’s decision.

The person (and Substitute Decision Maker if there is one) must be informed of his/her rights and obligations by a rights adviser before the Community Treatment Order is issued.
The person (and Substitute Decision Maker if there is one) may talk with a lawyer before and after a Community Treatment Order is issued.
The person, or anyone on his/her behalf, may apply to the Consent and Capacity Board to review whether the requirements for issuing or renewing the Community Treatment Order are met. The application is a Form 48.

Can a person (or Substitute Decision Maker) change his/her mind after consenting to a Community Treatment Order?

- Yes. If the person consented to the Community Treatment Order, he/she can change their mind. If the Substitute Decision Maker consented, he or she can withdraw the consent. If the consent is withdrawn, the doctor must review the person's condition within 72 hours to decide if he/she can live in the community without the Community Treatment Order.
- If the doctor determines that the person cannot live in the community without the Community Treatment Order, and the person has revoked his/her consent to the Community Treatment Order, the doctor may place the person on a Form 1 (application for psychiatric assessment). While on a Form 1, the person is detained in a psychiatric facility for assessment.

Can the doctor change his/her mind about the need for the Community Treatment Order?

- Yes. On his or her own, or on the person’s (or Substitute Decision Maker's) request, the doctor can review the person’s condition to determine whether he/she could live in the community without the Community Treatment Order. If the physician determines that the Community Treatment Order criteria no longer apply, the Community Treatment Order can be cancelled.

What happens if the person does not comply with the Community Treatment Order?

- If the person does not follow the community treatment plan, the doctor will try to contact him/her and remind him/her of the responsibilities under the Plan. If there is a Substitute Decision Maker, the doctor may inform him/her of the situation. The doctor will assist the person to meet his/her responsibilities under the Community Treatment Order.
If the doctor still believes that the person is not following the plan, the doctor may issue an "order for examination" (Form 47). The Form 47 gives the police the authority to bring the person to the doctor (hospital) for an examination. After the examination the doctor can, with consent of the person or the Substitute Decision Maker, issue a new Community Treatment Order, detain the person in a psychiatric facility for an assessment, or release him/her.

Questions?

If you have questions, contact your local Patient Advocate or Rights Adviser or call the central office of the Psychiatric Patient Advocate Office at 1-800-578-2343.