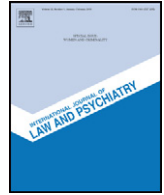




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## A systematic review of the views and experiences of subjects of community treatment orders



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### ABSTRACT

**Objective:** CTOS have been the subject of many qualitative and quantitative research studies. Both research approaches add value to our understanding of CTOS. Qualitative studies provide an understanding of CTOS and the experience of being on a CTO that quantitative studies cannot provide. Many qualitative studies that have examined the views of subjects of CTOS have been published. However, authors of these studies continue to note that views and experiences of the subjects of these orders are not well known. This paper provides the results of a systematic review of qualitative studies focused on understanding the experiences of individuals who have been the subjects of CTOS.

**Method:** Relevant databases and grey literature were searched. To be included, a study had to have used a qualitative methodology for data collection and analysis, and focus on examining stakeholder perspectives on the lived experience of CTOS.

**Results:** After a rigorous review of the abstracts, we identified 22 papers that met the criteria. These papers were analysed in detail in order to examine the existence of common themes. The 22 papers represented the views of 581 participants from 7 countries around the world. Ten themes were found to be common among the research findings of the 22 papers. Three themes in particular were highlighted: feelings of coercion and control, medication seen as the main reason for a CTO and that the perception of CTOS as a safety net. Findings also highlight the ambivalence that subjects of CTOS experience, the importance of the therapeutic relationship for successful engagement of the subject of the CTO and the complex role of coercion.

**Recommendations:** We have made a number of recommendations about how clinicians might use the views of the subjects of CTOS achieve a more positive experience of a CTO.

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## 1. Introduction

Community treatment orders (CTOs) are legal statutes that require a person, who suffers from a serious mental illness, to adhere to a plan of treatment and supervision while living in the community. In this article the term CTO is used to encompass various legal statutes, including court ordered outpatient committal in the US (OPC) and conditional leave provisions that can only be initiated while a person is a patient in an inpatient psychiatric unit. Mandatory treatment and supervision applicable when a patient with a mental illness has been charged with committing a criminal offence is excluded. Quantitative studies have produced only limited evidence to support the efficacy of CTO (Kisely & Campbell, 2014; Maughan, Molodynski, Rugksa, & Burns, 2013). There has been controversy about the interpretation of the findings of quantitative studies of CTOs (Kisely & O'Reilly, 2015), and scholars differ on whether the evidence from quantitative studies is strong enough to justify the use of CTOs (Burns et al., 2013; Swanson & Swartz, 2014). Qualitative studies provide information and understanding of phenomena that quantitative studies cannot provide as qualitative studies are able to explore in detail, with limited assumptions for the researcher, issues such the positive and negative experiences of people who are placed on CTOs and which aspects of being on a CTO are most helpful and which most problematic.

Several authors have suggested that the views and experiences of the subjects of CTOs are not well known (Atkinson, Garner, Gilmour, & Dyer, 2002; Canvin, Bartlett, & Pinfold, 2002; Stuen, Rugksa, Landheim, & Wynn, 2015) although many qualitative studies examining patient views of CTOs have been published. Recently, Francombe Pridham et al. (2014) reviewed both qualitative and quantitative

studies of patients' views of CTO. Their analysis focuses on coercion and its mitigation and therefore was not intended to analyse the qualitative literature on the broader perspective of patients' views of CTO. In the current article we report the findings of a systematic review of qualitative studies that have examined the broader views and experiences of individuals who have been the subjects of CTOs.

## 2. Methods

Qualitative systematic review, sometimes called qualitative evidence synthesis, is a method for integrating or comparing the findings from qualitative studies (Grant & Booth, 2009, pp. 99). The accumulated knowledge resulting from this process may lead to the development of new theory, an overarching narrative, a wider generalization or an interpretative translation. A qualitative systematic review looks for themes or constructs that lie in or across individual qualitative studies. The goal is not to add studies together but to broaden understanding of a particular phenomenon (Grant & Booth, 2009, pp. 99). The Cochrane Collaboration's Qualitative Research Methods Group promotes the use of 'qualitative evidence syntheses' as the terminology of choice. In Chapter 20 of the *Cochrane Collaboration's Handbook for Systematic Reviews of Interventions* (Noyes et al., 2008) it is noted that a synthesis of the evidence from qualitative research can explore questions such as how people experience illness, why an intervention does or does not work, and for whom and in what circumstances an intervention is likely to be effective?

We wanted to better understand what subjects of CTOs had to say about CTOs in their own words: in particular the elements which subjects found positive and negative and whether subjects approved of

**Table 1**  
Studies included in the review.

Country	Authors	Focus	Number of participants	Methods
Australia	Brophy & Ring, 2004	Efficacy of CTOs in Australia	30	Focus groups
	University of Sydney, 2013, Light et al., 2014	Lived experience of involuntary treatment in Australia	5	Interviews
Canada	Dreezer & Dreezer, 2005	Mandated Legislative review	47	Interviews
	O'Reilly, Keegan, Corring, Shrikhande, & Natarajan, 2006	Impact of Legislation	11	Interviews
	Mfoafo-McCarthy, 2010	CTOs with Minorities	24	Interviews
	Corring et al., 2010	Quality of Life and CTOs	8	Interviews
	Schwartz et al., 2010	Lived experience of CTOs	6	Interviews
	Malatest and Associates, 2012	Mandated Legislative review	60	Focus Groups
England	Canvin et al., 2002; Canvin, Bartlett, & Pinfold, 2005	Views on Compulsory Treatment	12	Interviews
	Patkas, 2012	Male perceptions of CTOs	15	Interviews
	Jobling, 2013	Policy & Practice issues	18	Interviews
	Rawala & Gupta, 2014	Use of CTOs in inner London	6	Focus Group
	Canvin, Rugksa, Sinclair, & Burns, 2014	Experiences with CTOs	26	Interviews
	Stroud, Banks, & Doughty, 2015	CTO user experiences	21	Interviews
	Banks, Stroud, & Doughty, 2015	Lived experience on CTOs	21	Interviews
New Zealand	Gibbs et al., 2004; Gibbs, Dawson, Ansley, & Mullen, 2005; Gibbs, Dawson, & Mullen, 2006, Gibbs, 2010	User views of CTOs in New Zealand	42	Interviews
Norway	Riley, Hoyer, & Lorem, 2014	OP Commitment experiences	11	Interviews
	Stensrud, Hoyer, Granerud, & Landheim, 2015	Patient experiences with OP Commitment	16	Interviews
	Stuen et al., 2015	Patient experiences of CTOs on an ACT team	15	Interviews
Scotland	Atkinson et al., 2002	Impact of changes to the MH Act	64	Interviews
	Ridley & Hunter, 2013	Impact of Legislation	49	Interviews
USA	Scheid-Cook, 1993	OP Commitment in North Carolina	68	Interviews
	Steadman et al., 2001	NY City Involuntary OP Commitment Pilot	12	Focus groups

<sup>a</sup> Papers that reported on the same study were combined as follows: (Gibbs et al., 2004, 2005, 2006; Gibbs, 2010; University of Sydney, 2013; Light et al., 2014; Canvin et al., 2002; Canvin et al., 2005; Stroud et al., 2015; Banks et al., 2015).

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