Community Treatment Orders for people with learning disabilities in Nottinghamshire

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Nottinghamshire Healthcare NHS Trust
Background

- MHA (2007)
- Revolving door patients
- Structured form of conditional authority to:
  - Maintain patient contact
  - Control over place of residence and regular monitoring of treatment
- An implicit threat to rapidly return to compulsory in-patient care if compliance is not maintained
- 4% of CTO patients have LD as a primary diagnosis

(Monitoring use of MHA in 2009/10-CQC report)
Background

- Effectiveness?
- Place in LD population?
- Used differently in LD population compared to rest of the population?
- What conditions are placed on them?
- Placing only ‘proportionate’ limits on patients’ liberty

(Litwa v Poland [2001] 33 EHRR 53)
Objectives

1. Describe characteristics of patients with LD placed on CTOs (Common profile)
2. Describe the conditions set down in CTOs (Common themes/patterns of conditions)
Methodology

- CTOs done in LD in Nottinghamshire Healthcare NHS Trust
- From November 2008 to May 2011
- Patient characteristics and reasons - collected on a standard performa
- Conditions- Content (Thematic) analysis
## Demographic data

<table>
<thead>
<tr>
<th></th>
<th>Study n=17</th>
<th>CQC report 2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range</td>
<td>20-59</td>
<td></td>
</tr>
<tr>
<td>Mean Age</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>M:F ratio</td>
<td>1.4:1</td>
<td>1.8:1</td>
</tr>
<tr>
<td>White British</td>
<td>87%</td>
<td>63%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>13%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Level of learning disability

- Mild: 47%
- Moderate: 53%
- Severe: 0%
Number of CTOs

<table>
<thead>
<tr>
<th>Year</th>
<th>New CTOs</th>
<th>Cumulative CTOs</th>
<th>Discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>4</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>8</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>3</td>
<td>14</td>
<td>3</td>
</tr>
</tbody>
</table>
## Stated diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>LD study</th>
<th>CQC report 2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning disability</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Pervasive developmental disorder F80-89</td>
<td>53%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Affective disorder F30-39</td>
<td>35%</td>
<td>12%</td>
</tr>
<tr>
<td>Schizophrenia, schizoaffective or delusional disorders F20-29</td>
<td>18%</td>
<td>81%</td>
</tr>
<tr>
<td>Personality disorder F60-69</td>
<td>6%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Reasons for a CTO

- Behavioural problems - 100%
- Poor compliance with care plan – 70%
- Poor engagement with services – 58%
- Poor compliance with medication 52%
- Revolving door patient - 6%
Five themes of conditions

1. Contact with professionals
2. Accepting support from carers
3. Restrictions (residential, environmental, relational)
4. Compliance with medication
5. Physical health monitoring
Limitations

- Small sample size
- Single trust
Summary & Discussion

- Number of CTOs have gradually increased
- Diagnostic spread for using CTOs are different in LD (more PDD compared to Schizophrenia)
Discussion

- Three main themes of conditions
  1. Contact with professionals
  2. Accepting support from carers
  3. Restrictions (residential, environmental, relational)

- Providing supportive structure for day to day life
Discussion

- Themes of conditions may provide a useful framework of domains to decide and negotiate on conditions
- Enabler or a restrictor?
THANK YOU