

RESEARCH CONNECTION

Exploring experiences of mandated community treatment

By *Natasha Tobin, MPN*



Why this research is important

Since their inception, the prescription of CTOs has risen consistently within Newfoundland and Labrador each year. CTOs are centered around less restrictive care, which is aligned with the principles of recovery oriented and person-centered care. These principles are the foundation of the World Health Organization's focus and Newfoundland and Labrador's strategic plan to address service gaps. Most qualitative work involving CTO service user experience has taken place outside of Canada. Thus, this is the first known study to explore the experiences of individuals who have been prescribed a CTO in the province of Newfoundland and Labrador.

What you need to know

Community Treatment Orders (CTOs) provide legal means to deliver mental health care to individuals with serious mental disorders, inclusive of a comprehensive plan of community-based treatment or care and supervision that is less restrictive than being detained in a psychiatric facility. CTOs became a part of Newfoundland and Labrador's Mental Health Care and Treatment Act in 2008.

How the research was conducted

This research employed an interpretive description approach and blended analysis to answer the following research questions: What is the experience of individuals who have been prescribed a CTO, how can these experiences inform the use of CTOs, and how do the policy structures of CTOs influence the lives of people who live with them? Semi-structured interviews were conducted with four participants, and a phenomenological study was used to inform policy analysis on the topic.

What the researcher found

The underlying essence of the experience of individuals who have been prescribed mandatory community treatment was the preference for this option when

compared to the alternative of being involuntarily admitted to an inpatient mental health unit. This was the first CTO for three of the four participants, with two of the four participants acknowledging that prior to their CTO, they had repeated hospital admissions and did not fully understand or appreciate the severity of their illness. Four emerging concepts were identified during data analysis: (1) “knowingness,” (2) “confinement,” (3) “engagement,” and the exceptional element for one participant: (4) “growth.” This perspective has yet to be captured in any known literature and provides a platform for further exploration. The unexpected finding of participants not experiencing stigma because of their CTO was also noteworthy.

How this research can be used

Because so little is known about CTO effectiveness within Canada, this study increases the research and knowledge base surrounding the topic. Knowing what is beneficial and what is perceived as non-valuable to the CTO service user provides invaluable information for those developing and reevaluating community service treatments. As more is known about the relationship between CTOs and service user perspectives on them, it will be possible to more clearly understand the benefits of CTOs in supporting individuals to live a more independent and rewarding life in the community setting. This study contributes to a better understanding of the needs of the Newfoundland and Labrador service user population while supporting further Canadian research into the area of CTO prescription as opposed to hospitalization and discharge alone.

About the researcher

Natasha holds a master’s degree in Psychiatric Nursing from Brandon University and is certified in psychiatric and mental health nursing through the Canadian Nurses Association. She also has Canadian Health Executive

status with the Canadian College of Health Leaders. She has spent her entire career in mental health and addictions in various roles, including frontline, program management, and as a provincial consultant. Natasha is currently the program manager of Acute Care Services in the Eastern Urban Zone of Newfoundland and Labrador Health Services.

Keywords

Community Treatment Orders, CTO, mandated community treatment

Acknowledgements

A sincere thank you to the four service users who willingly gave their time to share their personal journeys. A special thank you to Dr. Katherine Pachkowski, Dr. Jane Karpa, and Dr. Andrew Latus, as well as Gail and Cyril Tobin, and Benjamin and William Renouf.

Research Connection is a periodical publication intended to provide information about the impact of Brandon University’s academic research and expertise on public policy, social programming, and professional practice. This summary is supported by the Office of Research Services; the Centre for Applied Research and Education in Indigenous, Rural, and Remote Settings; and the federally funded Research Support Fund.

Editor: Christiane Ramsey Ramseyc@brandonu.ca
<http://www.brandonu.ca/research-connection>

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