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Dear Dr Moncrieff and Dr Middleton,

Thank you for your recent letters to Government ministers about the effectiveness of community treatment orders (CTOs). As the issues you raise relate to health, your letters to other Government departments were passed to the Department of Health and I have been asked to reply. Please accept this as a response to all your letters.

The Department is aware of the research you quote – in particular, the Octet study.

The Department keeps all aspects of the Mental Health Act 1983 under continual review. This includes policy and the law on CTOs. During 2014, as part of the review of the *Code of Practice Mental Health Act 1983*, the Department reviewed the policy and clinical practice aspects of CTOs and considered what changes should be made.

The Department has taken account of the Octet Study in the revised Code, which was published on 15 January. The revised Code refers to CTOs much more neutrally than was done in the 2008 Code. Chapter 29 is specifically about CTOs, and includes a section – paragraphs 29.75 to 29.77 – that provides guidance on the issue of discharge from a CTO.

A decision to place someone on, or to take them off, a CTO is a clinical decision. There is no correct, overall number of people for whom a CTO would be appropriate at any one time. The important question is whether the decision to place someone on a CTO has been taken appropriately in each individual case.

The latest annual figures from the Health and Social Care Information Centre (HSCIC) show that fewer new CTOs were made in 2013/14 than in 2012/13. Whilst

there were more recalls to hospital, there were fewer CTO revocations and more discharges from CTOs in 2013/14 than in 2012/13. The figures also show that clinicians continue to make use of CTOs. This information can be found in the HSCIC's report *Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment*, which can be found online at <u>www.hscic.gov.uk</u> by entering its title into the search bar.

The Government agrees that positive evidence of benefits from CTOs remains limited. The Department accepts that more research is needed into the value of CTOs in different clinical and social circumstances. In any formal review of the law on CTOs, the Department would have to consider not only the effectiveness of CTOs themselves, but also what the effect on clinical practice might be if the option of this community-based measure was no longer available. At this stage, the Department believes that it would be premature to conclude that CTOs should be abolished.

I hope this reply is helpful.

Yours sincerely,

Rahul Patel Ministerial Correspondence and Public Enquiries