

# COMMUNITY TREATMENT ORDERS TREATMENT PLAN GUIDELINES



*These guidelines are designed to assist community case managers, treating doctors and other applicants to develop effective treatment plans for Community Treatment Orders.*

*A Treatment Plan forms the basis of a Community Treatment Order once it has been approved by the Tribunal or Magistrate. The Tribunal or Magistrate must be satisfied of a number of things before an order can be made (see s53 MHA 2007), including:*

- 1) that the affected person will benefit from the order as the least restrictive alternative consistent with safe and effective care; and*
- 2) that the mental health facility has an appropriate treatment plan and is capable of implementing it; and*
- 3) if the affected person has been previously diagnosed with a mental illness, there is a history of refusal to accept appropriate treatment, unless the person has been the subject of a community treatment order in the last 12 months, in which case the Tribunal or Magistrate must be satisfied that the person is likely to continue in or relapse into an active phase of mental illness if the order is not granted.*

*Under the Act treatment plans must conform to some particular legal requirements. These guidelines and the CTO template are designed to assist mental health facilities meet those legal requirements.*

*The treatment plan should be developed in consultation with the affected person and must be individualised to his or her specific needs. The plan should be printed on the mental health facility's letterhead and should include the person's full name, address and date of birth, the full name and address of the prescribed mental health facility responsible for administering the treatment plan along with the names of the Director/Deputy Director of the facility, the case manager and treating Psychiatrist. The plan should be signed by the case manager and the Director or Deputy Director of the mental health facility.*

*The Treatment Plan should be written in simple clear language and plainly set out the obligations on the affected person. All conditions in the plan should relate to the psychiatric care and management of the affected person and be expressed in such a way that allows for any breach of conditions to be easily identified.*

*Treatment Plans may refer to the specific obligations if they are relevant to the particular person. Examples have been provided. However, the provisions of every treatment plan should be tailored to the specific needs of the affected person at the time.*

## **Goals of treatment**

Section 68 of the *Mental Health Act 2007* sets out principles for the care and treatment of persons who are subject to the legislation. There is an emphasis on treatment being of a kind which enhances the subject person's prospects of leading a life that allows them to work, live and participate in the community, wherever that is possible. In keeping with the new emphasis, treatment plans should set out the outcomes you hope to achieve during the term of the CTO. This serves the purpose of focusing the subject person and the treating team on the hoped-for outcomes of treatment, and casts the order in a positive light. If the subject person agrees with the goals, this should be noted on the treatment plan.

Naturally, each person's circumstances will be different, and the outcomes will be similarly varied. For some, an achievable goal might be having a stable mental state which allows them to reside in the community as a safe alternative to hospital-based care. For others, it may be an improved understanding of the benefits of being medication-compliant, or planning for vocational training with a view to obtaining paid employment. The specifics of how this will be achieved and the services that will be provided for should be set out in detail under the heading "Obligations on the client to accept rehabilitation and other services". If rehabilitation of any kind is to be offered, you will need to be specific about the kind of services that will be provided, and the subject person's obligations.

**1. Obligations on the client to make contact with the treating team – Treatment plans must be clear and specific about the client's obligations in terms of the timing and location of appointments. It is not acceptable to use language such as "frequency will be as determined by the case manager". Such a provision should not be approved and would not be enforceable.**

The standard clause in the template is designed to allow for appointments either at the mental health facility or if the subject person consents, by home visit, particularly for the purpose of administration of their psychiatric medication. The clause refers to the person allowing consent for that purpose and, if the consent is withdrawn, provides for medication to be given at the health care facility or another nominated place. This wording takes into account subsection 57(5) of the *Mental Health Act 2007*, which provides:

*A person implementing a treatment plan under a community treatment order may enter the land (but not the dwelling) on which an affected person's residence is situated without the person's consent for the purpose of implementing the community treatment order.*

Where a subject person wishes to have their plan implemented at home and the medication given at home for reasons of convenience or privacy, the treatment plan can note any limits to access; e.g. only for the purpose of receiving medication. As any general consent given in advance could always later be withdrawn or modified, the treatment plan provides for the person to attend at the health care facility as an alternative to a home visit, so, if access to the home is denied and a subject person fails to attend the facility for treatment, there may be grounds for commencing the breach process.

**2. Obligations on the client to accept or comply with medication and/or treatment.** The affected person will often be required to accept the medication and treatment prescribed by the treating psychiatrist or delegate. The treatment plan must specify the method, frequency and places at which services are to be provided and require the affected person to be present at reasonable times and places at which that treatment is to be provided. The nature of the necessary medication or treatment may vary over the course of the order but the requirement to comply with such treatment as is prescribed remains. The treatment plan should always indicate the current medication and may indicate who is to prescribe and administer treatment.

**3. Obligations placed on the client to accept rehabilitation and/or other services.** The treatment plan should indicate if the affected person is required to be involved in activities, such as drug and alcohol counselling, family counselling, living skills programmes, educational or vocational activities etc.

Although the Act envisages the compulsory provision of rehabilitation services many treatment plans reflect the clinical team's concern that such treatment can only be effective if undertaken on a voluntary basis. Treatment plans that 'offer' or 'encourage participation' in rehabilitation services do not provide a legal framework that allows an affected person to be breached for non compliance.

The treatment plan should refer to actual services that will be provided during the term of the order and must specify the reasonable times and places the service will be accessed and the frequency of attendance. For example:

***(insert client's name)*** is required to attend the Disability Employment Agency at Ryde CES on ***(insert time, date and frequency)*** and at such other times as agreed with the case manager or delegate for the purpose of obtaining work skills and training;

***(insert client's name)*** is to attend the dual diagnosis clinic at Westmead Outpatient Unit on ***(insert time, date and frequency)*** and at such other times as agreed with the case manager or delegate for the purpose of obtaining skills to address illicit substance use.

**4. Other obligations on the client.** Sometimes a person will require particular provisions in the treatment plan to meet his or her individual needs. Some people need to have blood tests to monitor medication levels. For example:

***(insert client's name)*** is required to comply with blood tests as requested by the case manager/ treating doctor/ psychiatrist or delegate.

Others may need testing for the presence of illicit substances if their mental illness is closely linked with substance abuse, in which case the following clause has been approved for use in treatment plans:

***(insert client's name)*** is required to comply with requests to provide a urine sample for the conduct of urine drug screens no more than ***(insert maximum number)*** times ***(insert interval – e.g. per month)*** as requested by the case manager/ treating doctor/ psychiatrist or delegate.

Where it is considered that counselling is an appropriate adjunct to urine drug screening the following clause may also be included:

***(insert client's name)*** is required to attend drug and alcohol counselling no less than ***(insert minimum number)*** times ***(insert interval – e.g. per week, per month)*** as requested by the case manager/ treating doctor/ psychiatrist or delegate.

**5. Obligations on the mental health facility.** Some treatment plans also make a statement about the role and duties of the mental health facility. This is not necessary in a legal sense but may be of assistance in a practical sense. For example:

Provide support, monitoring and education to ***(insert client's name)*** about his/her mental illness by providing ***(insert a short summary of what is to be provided)***;

Provide support, counselling and education to ***(insert client's name)***'s family, with his/her consent, concerning his/her mental illness by providing ***(insert a short summary of what is to be provided)***;

*Ensure that **(insert client's name)** is aware of his/her rights of appeal and rights in relation to seeking revocation or variation of the community treatment order;*

*Facilitate the effective implementation of the community treatment order by arranging and supporting effective communication between **(insert client's name)**, **(insert case manager's name)** and **(insert treating psychiatrist/doctor's name)** or the Director of Community Treatment at **(insert name of community mental health facility)**.*

**6. Other clauses (optional).** Insert any additional clauses relevant to the specific needs of the client.

**Please refer to the Tribunal's Treatment Plan Template for further information.**