

Community Treatment Orders (CTOs)

This factsheet gives information about community treatment orders (CTO). It explains how your CTO is made and what your rights are. It explains how you can challenge your CTO if you do not agree with it.

 KEY POINTS

- You can get a community treatment order (CTO) if you have been in hospital under the Mental Health Act. Your responsible clinician can arrange it.
- A CTO means you will have supervised treatment when you leave hospital.
- You will have to follow conditions if you are on a CTO. These conditions should help you stay well.
- Conditions can protect you from harming yourself or other people. They can include where you will live or where you will get treatment.
- A care coordinator will help you to manage your CTO.
- If you break the conditions of your CTO you can be brought back to hospital. Your responsible clinician can bring you back if they think that you are unwell. They can keep you in hospital for up to 72 hours while they decide what should happen next.
- You can challenge a CTO if you do not think you should be on one. You can get legal aid to pay for a solicitor to help you do this.
- You have the right to see an Independent Mental Health Advocate (IMHA). An IMHA can help you to understand your rights and could help if you are not happy with any of your CTO conditions.

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1. Key Words

Some information in this factsheet is quite complicated. This section gives an explanation of some of the phrases and words that we use:

- **Approved mental health professional (AMHP):** An AMHP is part of social services. They have a good understanding of mental illness and knowledge of mental health legislation. An AMHP could be a social worker, nurse or therapist. They can help to decide if you should be detained under the Mental Health Act. The role of the AMHP is to give a non-medical opinion when detention is being considered. Even if they have a medical background.
- **Responsible Clinician (RC):** The RC is the professional who has overall responsibility for your care and treatment. Usually the responsible clinician will be a psychiatrist. The RC can also be a nurse, psychologist, social worker or occupational therapist.
- **Section 2 (s2) of the Mental Health Act:** S2 means that you can be admitted to hospital for an assessment of your mental health. You can also get treatment. S2 lasts up to 28 days and can not be renewed. If you need to stay in hospital after 28 days you will be transferred to a section 3.

- **Section 3 (s3) of the Mental Health Act:** S3 means that you can be admitted to hospital for treatment. It lasts up to 6 months, but can be renewed.
- **Section 37 (s37) of the Mental Health Act:** The criminal courts can use section 37 if they think you should be in hospital instead of prison.
You must need treatment in hospital. This must be the best thing for your health or safety or to protect other people.
- **Second Opinion Appointed Doctor (SOAD):** A Second Opinion Appointed Doctor (SOAD) is a doctor who protects your rights if you are refusing treatment, or cannot consent, while you are under a CTO. The SOAD is asked to decide if the treatment you are refusing is clinically correct. The SOAD will decide which treatment to approve if you are recalled back to hospital under a CTO.¹

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2. What is a community treatment order (CTO)?

A community treatment order (CTO) is part 17A of the Mental Health Act.

A CTO allows you to leave hospital and be treated safely in the community rather than hospital.

A CTO means that you have to keep to certain conditions in the community. An example of a condition could be where you take your medication. Your responsible clinician (RC) will write down your conditions for you. Your RC can make you come back to hospital if you do not follow the conditions of your CTO. Your RC can also make you go back to hospital if they feel you have become unwell.

Your RC is in charge of your CTO so it is important that you know who your responsible clinician is.

You can find out more about 'Mental Health Act' at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

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3. Will I get a community treatment order (CTO)?

If you are in hospital, you could be under a section of the Mental Health Act 1983.

You will only get a CTO before you are discharged from section 3 or 37 of the Mental Health Act. Not everyone is put on a CTO before they are discharged.

Doctors cannot put you on a CTO if you are on a section 2 or a voluntary patient.

Your responsible clinician (RC) can arrange for you to have a CTO, 'guardianship' or 'leave of absence' instead of discharging you completely.

Criteria for a community Treatment Order

Your RC must look at criteria before they can make a CTO for you. They must make sure that²:

- you have a mental condition that needs medical treatment,
- you need treatment for your health or safety, or to keep other people safe,
- you can get the same treatment in the community,
- they can show why they need to bring you back to hospital if necessary, and
- you can get the right treatment in the community.

Your responsible clinician also needs to show that³:

- you will not be able to manage your mental health without a CTO, and
- your health will get worse if you stop your treatment in the community.

Your responsible clinician should look at different things to help them decide if a CTO is the best option for you. This could include⁴:

- your mental health history,
- your contact with services,
- how you engage with treatment,
- your attitude towards treatment and risk of becoming unwell in the future, and
- if you will get support from family, friends or carers.

A responsible clinician (RC) and an approved mental health professional (AMHP) must both agree to make a CTO.

An AMHP and RC can only put you on a CTO when you are still in hospital on a section 3 or 37. They can do this when they are getting ready to discharge you from hospital. They cannot put you on a CTO after they have discharged you from your section.

Your RC should tell you if they are thinking about making a CTO. You should work with your RC and AMHP to decide what treatment you will have and where you will have it.

You can ask your carer or relatives to be involved in the discussion about your CTO. Or, you can have an Independent Mental Health Advocate (IMHA) to support you. An IMHA can tell you what your rights are and help you to put your views across. They are independent to the NHS and free to use.

You can also get support from an IMHA when you are on a CTO.

You can find out more information on www.rethink.org about:

- **Mental Health Act**
- **Advocacy**

Or call 0121 522 7007 and ask us to send you a copy.

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4. Will I get guardianship or leave of absence instead of a community treatment order (CTO)?

Your responsible clinician (RC) will think about which option is the best for your needs. From our experience a CTO is the most common option for people who have a mental illness.

Guardianship

Guardianship is not often used. Most people will be able to get the care that they need in the community without the need for a guardian.⁵

You are more likely to have guardianship instead of a community treatment order (CTO) if⁶:

- focus is on your welfare rather than on your medical treatment,
- it is likely that you would need treatment in hospital without the help of a guardian, and
- there is little risk that you will need to go back to hospital under the Mental Health Act,
- there is little risk that you will need to go back to hospital quickly, or
- you need the local authority to decide where you should live.

Guardianship means that you will have a guardian. A guardian may be someone from your local authority, such as a social worker. A guardian may also be someone the local authority has chosen known as a 'private guardian.' This person could be a relative or friend.

Your guardian will have 3 legal powers.⁷ They can:

- decide where you will live,
- arrange for you to go to appointments, such as to the hospital for medical treatment,
- make sure a doctor, approved mental health professional (AMHP) or other professional is able to visit you at your home.

Guardianship may be a good option for you, if you:⁸

- work well with your guardian and local authority to help your recovery,
- need someone to decide where you should live, and

- need someone to make sure that doctors, approved mental health professionals (AMHP) and other professionals can visit you in your home.

Guardianship does not give anyone the right to treat you if you don't agree to it.

Leave of absence

There are sometimes when your RC may give you leave of absence instead of a CTO. This would be if it is short-term leave. Short-term leave will usually be less than 7 days.⁹ The responsible clinician (RC) who is agreeing to leave will explain what you can do during that time.¹⁰

They can agree to longer-term leave if they want to see how you get on out of hospital. If the RC wants to give you long-term leave they need to explain why they don't want to use a CTO or to discharge you. They might use longer-term leave to decide if you are ready for discharge.

A leave of absence is known as 'section 17 leave'. If you are in hospital under the Mental Health Act you cannot leave the ward whenever you want to. Your RC may let you have more leave every week for a few weeks. Leave of absence can last up to 1 month.¹¹

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5. What support will I get in the community if I am under a community treatment order?

Your local mental health team should offer you support with your mental health when you are back in the community. This will be through the care programme approach (CPA).

CPA means that you will get a care coordinator and a care plan. Your care coordinator has to:¹²

- make sure you get the services that you need, and
- review your care plan.

Your care coordinator should give you a written copy of your care plan and make appointments to see you.¹³

Your care plan should write out your day to day needs for treatment, care and support. Your care coordinator should not expect other people to manage your treatment. They should not ask your carer or relatives to do things that they should do.¹⁴

When you arrive at hospital, professionals should think about what services you will need when you are discharged.¹⁵ Your care plan will be based on this information. Your carers and GP can be involved with your care plan if you want them to be.¹⁶ Support should be available for you when you leave hospital.

If you have been on a section 3, 37, 45A, 47, 48 or a CTO, you will get free aftercare under section 117 of the Mental Health Act.¹⁷

You can find out more information on www.rethink.org about:

- **Care programme approach**
- **Section 117 aftercare**

Or call 0121 522 7007 and ask us to send you a copy.

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6. What conditions will my community treatment order (CTO) have?

The conditions will be based on what your needs are. There are 2 conditions that all CTO's will have. You need to make sure that you are available for a medical exam if:¹⁸

- your responsible clinician (RC) needs to see you to decide if you should stay on your CTO, or
- a second opinion appointed doctor (SOAD) asks to see you.¹⁹

The RC and approved mental health professional (AMHP) will decide what other conditions you need to make sure:²⁰

- you get medical treatment,
- your health and safety are protected, and
- other people are protected from harm.

The RC can only set conditions for one of the reasons above. The AMHP must agree to the conditions before a CTO can be made.

Conditions can include:

- where you will live,
- where you will go for treatment, or
- staying away from things that can make you unwell, such as alcohol or drugs.

There should be as few conditions as possible. Your responsible clinician should explain why they have made each condition.

You will need to do what is written on your community treatment order (CTO). This is called following your conditions. You should tell your RC if something happens and you think you might break your conditions. Your RC can change or pause your conditions.²¹

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7. Can I be forced to have treatment under a community treatment order (CTO)?

Health professionals cannot give you treatment if you don't want it when you are on a CTO. They can only give you treatment you don't want if you are called back to hospital.²²

If you refuse treatment when you are on a CTO, your responsible clinician (RC) could say you have to go back to hospital.²³

What will happen if I lack mental capacity?

If you lack mental capacity to decide about treatment health professionals may talk to your Lasting Power of Attorney (LPA).²⁴ If you don't have an LPA they can ask a Court of Protection appointed deputy. They can decide for you. You may not have an LPA or deputy.

If you lack mental capacity your RC may approve treatment for you in the community unless:²⁵

- you made a valid 'advanced statement' that says you don't want that treatment,
- your LPA for welfare does not think that you should have the treatment, or
- your court appointed deputy does not think you should have the treatment.

You can get treatment in an emergency even if your advanced statement, your LPA or court appointed deputy don't agree. This can happen if:²⁶

- your life is at risk,
- your mental health will get worse without treatment, or
- you are a danger to yourself or others.

You can find out more information on www.rethink.org about:

- **Mental capacity and mental health**
- **Planning your care: Advanced Statements**

At www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

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8. What happens if I do not follow the conditions?

Your responsible clinician can bring you back to hospital if you do not follow the conditions of your community treatment order (CTO).²⁷ Going back to hospital is known as being recalled. Doctors will not recall you as a punishment.

If you do not follow your conditions the first step won't be to recall you. Your care coordinator should check your care plan.²⁸ They should make sure you have enough support to continue your treatment in the

community. Your responsible clinician can change your conditions if they do not meet your needs.

My carer is worried about me. Can they speak to my responsible clinician?

If your health is getting worse, your carer can tell your responsible clinician. The responsible clinician should take your family's worries seriously and act on them.²⁹

Kevin's Story

Kevin is detained in hospital under section 3 of the Mental Health Act. He wants to be leave hospital and asks for a Mental Health Tribunal (MHT).

The MHT decide that Kevin can leave hospital but has to go onto a community treatment order (CTO). He meets with his responsible clinician (RC) and they decide what the conditions of his CTO should be. Kevin and his RC agree that he will take his medication every day and keep appointments with his care coordinator. The AMHP agrees with the conditions.

Kevin stops taking his medication and misses 4 appointments with his care coordinator. The RC recalls Kevin back to hospital and assesses his mental health. The RC and AMHP decide that Kevin can stay on his CTO but they will change his condition. He needs to have his medication as an injection every month and not tablets every day.

Kevin agrees to follow the new condition. The RC makes the change to his CTO.

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9. Frequently asked questions about going back to hospital

Will I have to go back to hospital if I break my community treatment order conditions?

If you break a condition you won't go straight to hospital. Your responsible clinician (RC) should only recall you back to hospital so you don't get unwell again or act in a risky way.³⁰

If you do not attend an appointment with your RC or second opinion appointed doctor (SOAD) you will probably be recalled.³¹ You might not be recalled if you have a good reason for not going to an appointment.

Will I have to go back to hospital if I stop taking my medication?

Your RC may recall you if you stop taking your medication. Your RC will only recall you if they think that you will become unwell again. You may be able to stop a recall if you agree to take medication again and talk about why you stopped it in the first place.³²

What will happen if I am recalled back to hospital?

If your RC recalls you to hospital they will give you a written recall notice.³³ Anyone from your mental health team can give you the written notice. Your team should try and give you the notice in person but they can send the notice in the post.

When you get the recall notice you will have to go back to hospital. If your mental health is OK you can go to hospital on your own. You may have time to make arrangements. For example, get someone to look after your pet.

Your care coordinator can go to hospital with you. An ambulance or the police can take you to hospital if you are very unwell or being aggressive. Going back to hospital should be as stress free as possible. You can ask for a relative, carer or friend to come with you.

What will happen when I arrive at the hospital?

A psychiatrist will assess your mental health when you get to the hospital. They should do this within 72 hours.³⁴ This will help the team to decide what the next step should be.

You will get treatment if you need it. They can give you treatment even if you don't want it.³⁵

You can find out more about 'Going into hospital' at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

How long can my responsible clinician (RC) keep me in hospital?

Your RC can keep you in hospital for up to 72 hours while they decide what to do.

Your RC and AMHP will end your CTO if they decide to keep you in hospital for more than 72 hours.³⁶ This is called revoking the CTO. They will put you back onto the section you were on before you had your CTO.

An AMHP must agree with your RC before they can revoke your CTO. If the AMHP does not agree with your RC, your CTO will not be revoked. This means that you will stay on your CTO.³⁷

Why has my CTO been revoked?

Your CTO may be revoked if:

- your RC thinks that you need treatment in hospital, and
- an AMHP agrees with the RC and believes that your CTO should be revoked.

What will happen if I do not go back to hospital?

If you do not go back to hospital they can say you are absent without leave (AWOL).³⁸ Being AWOL means that they can bring you back to the hospital. Your hospital will have a policy on what happens when someone

is AWOL so you can ask to see this. The police, a social worker, community psychiatric nurse, or AMHP can bring you back to hospital.

The hospital should ask the police to get involved if they think you are at risk. The local magistrate's court can allow the police to go into your house and take you to hospital. If the police come into your house they should have a warrant to do this. You may hear this called warrant called section 135(2).

You can find out more about 'Section 135' at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

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10. How long will my community treatment order last?

Your first community treatment order (CTO) can last up to 6 months. Your responsible clinician (RC) will review your CTO and decide to discharge or extend it. Your CTO can be extended for a further 6 months and then for 1 year at a time.³⁹

Each time your RC renews your CTO, they have to make sure you meet the criteria for a CTO. You should have a review 2 months before your CTO is due to end. The criteria for a CTO are explained in chapter 3 of this factsheet.

An approved mental health professional (AMHP) must agree to continue the CTO.

The hospital managers must tell you if your CTO is extended.⁴⁰

If your CTO comes to an end without being renewed it will end. This means you are no longer under the CTO. You don't have to follow the conditions any longer and you cannot be recalled to hospital.

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11. How will my community treatment order end?

Your community treatment order (CTO) can end in a number of ways. Your CTO will end because when you don't meet the criteria anymore or it runs out. The following people can discharge you.

- Your responsible clinician (RC)
- Mental Health Review Tribunal
- Hospital Managers
- Nearest relative

Your RC should discharge you straight away if you do not fit the CTO criteria any more. The criteria for a CTO are explained in section 3 of this factsheet.

A CTO will also end if it is revoked. This is explained in more detail in section 9 of this factsheet.

If your CTO is revoked the hospital managers will refer your case to a Mental Health Review Tribunal. The Tribunal will decide if it was the correct decision to revoke your CTO.⁴¹

Your nearest relative can write to the hospital managers to discharge you from your CTO. It will take up to 72 hours for your nearest relative (NR) to discharge you. Your RC can stop you from being discharged if they think you are likely to be dangerous to yourself or these people.

The nearest relative (NR) is a term that is defined under the Mental Health Act. The NR has certain rights under the Mental Health Act. Most people will have a nearest relative. The NR and the 'next of kin' are not the same. They can be two different people.

You can find out more information on www.rethink.org about:

- 'Nearest Relative'
- 'Discharge from the Mental Health Act'

At www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy

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12. Can I end my community treatment order (CTO)?

You can challenge the decision to be on a CTO if you do not agree with it. You can do this in 2 different ways.

- Apply to the Mental Health Tribunal
- Ask for a Mental Health Act Hospital Manager's review

Mental Health Review Tribunal (MHRT)

The Mental Health Review Tribunal is an independent panel that can discharge you from the Mental Health Act. The tribunal hearings take place at the hospital. The tribunal has to decide if you fit the criteria for being under a section of the Mental Health Act or not.

You can apply to the MHRT 1 time in the first 6 months of your CTO. After this you can apply once every time doctors renew it. The same rules apply if you want to appeal your CTO being revoked.

If you appeal to the tribunal, you are entitled to free legal support through the Legal Aid scheme. A solicitor who understands the Mental Health Act will come to the MHRT with you.

You can get a list of mental health solicitors from the ward staff. If you don't want to do that you can look on the law society website. They have a database of solicitors that you can search. You can find this at <http://solicitors.lawsociety.org.uk/>

You can also get help from an Independent Mental Health Advocate ('IMHA'). They can tell you about your rights under the Mental Health Act and help you to put your views across. For example, they could help you apply to the tribunal or find a solicitor. Staff on your hospital ward should give you details of an advocacy service.

Hospital managers

You can apply to the hospital managers of the responsible hospital at any time. Hospital managers make sure that the Mental Health Act is properly used. The responsible hospital is the hospital that is in charge of your CTO. The hospital managers can discharge you from your CTO.

You can find out more information on www.rethink.org about:

- Mental Health Tribunal and hospital managers in our factsheet '**Discharge from the Mental Health Act**
- How to find an advocate in our factsheet, '**Advocacy**'

At www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

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Care Quality Commission

If you have concerns or a complaint about the way the Mental Health Act has been used you can contact the Care Quality Commission.

Telephone: 03000 616161 - press '1' to speak to the mental health team.

Address: CQC Mental Health Act, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Email: enquiries@cqc.org.uk

Website: www.cqc.org.uk/



¹ Department of Health. *Code of Practice Mental Health Act 1983*. London: TSO. 2015 (paragraph 25.32)

² S17A(5)(c) Mental Health Act 1983 c20

³ para 26.72 – 26.73

⁴ As note 1 para 29.13 – 29.14

⁵ Department of Health *Reference Guide to the Mental Health Act 1983* London: TSO. 2015 (paragraph 28.3)

⁶ As note 1 para 31.7

⁷ As note 2 (MHA 1983) s8(1)

⁸ As note 1 para 30.9

⁹ As note 1 para 27.11

¹⁰ As note 1 para 27.16

¹¹ As note 1 para 31.5

¹² As note 1 para 34.3

¹³ As note 1 para 34.14

¹⁴ As note 1 para 34.12

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- ¹⁵ As note 1 para 34.17
¹⁶ As note 1 para 34.18
¹⁷ As note 2 (MHA 1983) s117
¹⁸ As note 2 (MHA 1983) s17B(3)
¹⁹ As note 1 para 29.27
²⁰ As note 2 (MHA 1983) s17B(2)
²¹ As note 1 para 29.38
²² As note 1 para 24.17
²³ As note 1 para 26.174
²⁴ As note 1 para 24.18
²⁵ As note 1 para 24.19
²⁶ As note 1 para 24.25
²⁷ As note 2 (MHA 1983) s17E
²⁸ As note 1 para 29.37
²⁹ As note 1 para 29.44
³⁰ As note 1 para 29.37
³¹ As note 1 para 29.47
³² As note 1 para 29.47
³³ As note 1 para 29.53
³⁴ As note 1 para 29.61
³⁵ As note 1 para 29.61
³⁶ As note 1 para 29.61
³⁷ As note 1 para 29.67
³⁸ as note 1 para 29.54
³⁹ As note 5 (para 2.16)
⁴⁰ As note 20 para 26.72 – 26.73

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Last updated March 2016

Next update March 2019

Version 3

This factsheet is available
in large print.



Rethink Mental Illness Advice Service

Phone 0300 5000 927

**Monday to Friday, 9:30am to 4pm
(excluding bank holidays)**

Email advice@rethink.org

Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

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Go to **www.rethink.org** for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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