Background: Community treatment order (CTO) legislation was introduced in the province of Ontario in 2000 with the introduction of Brian's Law (Bill 68), an amendment to the Mental Health Act spurred by the tragic death of 17-year-old Brian Draves. CTOs are a form of involuntary outpatient commitment, targeted at individuals with a history of repeated psychiatric admissions who also meet the criteria for an application for psychiatric commitment, targeted at individuals with a history of mental illness residing in Ontario, Canada.

METHODS: A structured literature review of English- and French-language peer-reviewed articles published after the year 2000, coinciding with the introduction of CTO’s in Ontario, was conducted on the Cochrane Library, EMBASE, Google Scholar, PsycINFO, PubMed, and grey literature via the Turning Research Into Practice (TRIP) database. Search terms were “community treatment order” and Ontario. Studies were included if they examined an Ontario population, involved a CTO arm, and were a randomized controlled trial, controlled before-after, retrospective/prospective cohort, and case control designs. Studies selected for inclusion were analyzed using the Grading of Recommendation, Assessment, Development and Evaluation (GRADE) approach. Interrater reliability was performed on study inclusion with the assistance of an undergraduate psychology student (Cohen’s kappa = 1.00). Two librarians and a pharmacopediaologist were consulted regarding the appropriateness of conducting a meta-analysis effect size calculation.

RESULTS - STUDY CHARACTERISTICS

<table>
<thead>
<tr>
<th>Study (n = 11)</th>
<th>Methods</th>
<th>Participants</th>
<th>Interventions</th>
<th>Admission to hospital pre vs. post intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunt (2007)</td>
<td>Controlled cohort pretest/posttest</td>
<td>n = 316 CTO group (n = 224): median age 31-46, 54.5% female Non-CTO group (n = 92)</td>
<td>Both groups received case management</td>
<td>CTO group: mean reduction of 1.1 (SD = 1.26, 95% CI 0.86-1.34) to 6 months post, 1.3 (SD = 0.96, 95% CI 1.11-1.49) to 6 months post CTO Non-CTO group: mean reduction of 0.9 (SD = 1.00, 95% CI 0.70-1.10) to 6 months post, 0.9 (SD = 1.71, 95% CI 0.56-1.24) to 12 months post</td>
</tr>
<tr>
<td>O'Brien (2005)</td>
<td>Retrospective cohort pretest/posttest</td>
<td>n = 25 All participants on CTO: mean age 45, 60% male</td>
<td>CTO</td>
<td>Significant decrease in hospital admissions pre (1 year) and post (1 year) CTO (t=6.56, P&lt;0.01), from 1.96 admissions to 0.68 admissions (SDs not reported)</td>
</tr>
</tbody>
</table>

DISCUSSION

The two studies included in the structured literature review suggest individuals placed on a CTO are likely to experience a small reduction in hospital readmission rates from the pre to the post CTO. Compared to case management alone, a CTO combined with case management is associated with a marginally better reduction in readmission rates to hospital. The rate of CTOs issued in Ontario have increased drastically since their creation in 2000, yet empirical studies are few and far between. Since the Charter rights and freedoms of individuals subject to CTOs are severely restricted, future research in the Ontario context is badly needed to investigate the efficacy and appropriateness of CTOs.

CONCLUSION: Being subject to a CTO in Ontario is associated with a slight reduction in hospital readmission rates to hospital.

REFERENCES


ACKNOWLEDGMENTS

Marie-Lou Quellet, 3rd year Psychology student, performed the interrater reliability exercise for study inclusion. Wade Thompson, PharmacMSc, Susan Mowers, Data Librarian, and Cataylene Sahadath, Data Librarian, consulted on the statistical comparison of the included studies. Sahadath also consulted on the application of the GRADE approach.