

COMMUNITY TREATMENT ORDER EXPERIENCE AND IMPLICATIONS IN A SOCIALLY DEPRIVED INNER CITY LONDON BOROUGH

V. Giordano, A. Paramel, S. Gupta

Assertive Outreach Service, East London NHS Foundation Trust, London, UK

Mental Health care in the community has changed significantly over the last few decades following the closure of asylums and the development of community mental health care.

Legislation in most countries has failed to keep pace with the changes.

The repeated relapses and long hospital stays come at a both personal as well as a public cost.

Both ACT model and the CTOs have failed to have consistent benefits internationally. The AOTs have struggled to justify their existence in the UK, while CTOs are new and lacks support of its use from existing international research.

CTOs are aimed at the psychiatric patient population caught in a revolving door situation. This patients group tend to relapse due non-adherence and disengagement once discharged leading to further re-admissions.

We would like to present the findings from an AOT in an inner London borough that has modified the ACT model to suit the UK mental health care system, and has in recent years used CTOs successfully in reducing the impact on hospitalization and bed-usage. We will also present data on health care benefits of these patients, and the cost-benefits.

Our research is a retrospective analyzes that aims to compare pre-CTO versus current CTO period on three main outcomes:

1. Bed Occupancy
2. Admission rates
3. Health of the Nation (HoNOS) scores.

We feel that this can be a useful learning experience for many of Europe's large cities that have similar health care systems and face similar challenges.