impact on patients' rights, are largely ineffective[2] and are likely to damage the trust between patients and treatment teams, which is vital for sustained success in treatment. In this regard, the editorial rightly points out that the extensive use of CTOs is in contrast with the spirit and principles affirmed by the UN Convention on the Rights of Persons with Disabilities (CRPD). However, it still refers to the traditional binary distinction between capacity and incapacity, which has to be considered obsolete in light of the Convention.

The authors, citing the CRPD, exclude the use of CTOs for capacitous patients, admitting it for those who lack the capacity to decide on their treatment. However, it is precisely this distinction between capable and incapable individuals that the UN Committee on the Rights of Persons with Disabilities rejects as discriminatory. The Committee stresses how the traditional functional approach to capacity:

> 'attempts to assess mental capacity and deny legal capacity accordingly. It is often based on whether a person can understand the nature and consequences of a decision and/or whether he or she can use or weigh the relevant information. This approach is flawed for two key reasons: (a) it is discriminatorily applied to people with disabilities; and (b) it presumes to be able to accurately assess the inner-workings of the human mind and, when the person does not pass the assessment, it then denies him or her a core human right – the right to equal recognition before the law. In all of those approaches, a person's disability and/or decision-making skills are taken as legitimate grounds for denying his or her legal capacity and lowering his or her status as a person before the law. Article 12 [of the CRPD] does not permit such discriminatory denial of legal capacity, but, rather, requires that support be provided in the exercise of legal capacity'.[3]

As noted by Quinn,[4] the CRPD, in particular article 12, transfers the discourse concerning legal decision-making to a completely different context, in which the distinction between capacity and incapacity does not exist anymore. In this new landscape, the point is just how to put in place the right and less-invasive means of support for the person, independently of the category in which they might be pigeon-holed in consideration of their mental abilities.[5]

Therefore, the discussion on CTOs needs to be approached from this new perspective. In this regard, we argue that compulsory treatment, whether of in-patients or out-patients, mentally capable or incapable individuals, physical or mental illness, if at all can only be used in exceptional cases when (i) there is uncertainty about the will and preferences of the person and (ii) significant other rights (e.g. the person's health) are at stake.

The occasion to experience a system similar to that proposed by the CRPD with regard to psychiatric care arose in Germany in relation to coercive treatment for in-patients. Here, there are no legal provisions on CTOs, but the regulation on involuntary treatment in hospitals was suspended for several months following court rulings in 2011 and 2012. Therefore, there was no rule allowing coercive psychiatric treatment for patients with and without legal capacity, except in cases of justified emergency. The data collected in this period show how this legal void created very different situations from ward to ward. In some structures it caused an increase in other forms of coercion (e.g. physical restraint), but in others it led to a more limited use of involuntary and restrictive measures.[6] When coercive treatment for in-patients was reintroduced in 2013, the narrow criteria provided by the new law led to a sharp reduction in the use of this measure.[7] The application, in the context of CTOs, of a similar approach to that developed in Germany with regard to coercive treatment may lead to a step forward in promoting a system which is more respectful of patients' rights in psychiatric practice.

In conclusion, we support the call for a far more restrictive use of coercive treatment and suggest that, in light of General Comment No. 1 on Article 12 of the CRPD,[3] this should apply to out-patients and in-patients.

1 Newton-Howes G, Ryan CJ. The use of community treatment orders in competent patients is not justified. *Br J Psychiatry* 2017; **210**: 311–2.

2 Kisely SR, Campbell LA. Compulsory community and involuntary outpatient treatment for people with severe mental disorders. *Cochrane Database Syst Rev* 2014; **12**: CD004408.

3 Committee on the Rights of Persons with Disabilities. General Comment No. 1. Article 12: Equal recognition before the law (CRPD/C/GC/1 eleventh session, 30 March–11 April). ONHCR, 2014 (http://www.ohchr.org/EN/HRBodies/CRPD/Pages/GC.aspx). Accessed 31 May 2017.

4 Quinn G. Personhood and Legal Capacity. Perspectives on the Paradigm Shift of Article 12 CRPD. HPOD Conference, Harvard Law School, 20 February 2010.

5 Richardson G. Mental disabilities and the law: from substitute to supported decision-making? *Curr Legal Prob* 2012; **65**: 333–54.

6 Zinkler M. Germany without coercive treatment in psychiatry—a 15 month real world experience. *Laws* 2016; **5**: 15.

7 Albus M, Brieger P, Schreiber W. [Compulsory treatment with psychotropic drugs: effects of the 2013 legislation amendment on treatment in psychiatric hospitals in Bavaria]. *Recht Psychiatrie* 2015; **33**: 193–7.

Martin Zinkler, Consultant Psychiatrist, Clinical Director of Kliniken Landkreis Heidenheim gGmbH, Academic Teaching Hospital of Ulm, University Department of Psychiatry, Psychotherapy and Psychosomatic Medicine; **Kevin De Sabbata**, PhD student in Law, School of Law, University of Leeds. Email: martin.zinkler@kliniken-heidenheim.de

doi: 10.1192/bjp.211.2.118a

Authors' reply: Zinkler & De Sabbata argue that we did not go far enough when calling for the immediate cessation of the use of CTOs in people who competently refuse psychiatric treatment. They do so on the basis of the controversial interpretation of the Convention for the Rights of Persons with Disabilities (CRPD), adopted by the UN Committee charged with reviewing its implementation. This interpretation argues that the text of the CRPD demands that decisions made by individuals who are unable to understand pertinent information or use and weigh it despite maximal support should nonetheless be regarded as valid. Under this bizarre regime, a man with mania who walks naked through the high street to save the world should not have his modesty preserved, and a woman who kills her baby believing it to be the devil should be prosecuted with the full force of the law.

The CRPD was created by international consensus. Like all such documents its language is often byzantine and opaque, but the Committee's reading of the meaning of the text is extremely strained. It has been roundly criticised and largely ignored.[1–3] Part of the Committee's argument, repeated by Zinkler & De Sabbatta, is that we cannot presume to be able to accurately assess the inner workings of the human mind, but this blithely ignores that this is exactly what psychiatry, the law, and indeed all humans do all the time. Reports of hallucinations are equated to an experience of a person's inner world. Deliberate affirmations made contrary to facts are adjudged to be lies. And heartfelt declarations of abiding love are accepted to form the basis of our most important relationships.

When individuals competently refuse treatment, we must respect their decision. However, when people make perilous decisions because they cannot understand or use the relevant information, we should first do all we can to assist that understanding; if that proves futile, a proxy decision-maker will be required, acting as far as possible so as to respect their rights, will and preferences.

1 Callaghan S, Ryan CJ. An evolving revolution: evaluating Australia's compliance with the Convention on the Rights of Persons with Disabilities in mental health law. *UNSW Law J* 2016; **39**: 596–624.

https://doi.org/10.1192/bjp.211.2.119 Published online by Cambridge University Press

2 Dawson J. A realistic approach to assessing mental health laws' compliance with the UNCRPD. *Int J Law Psychiatry* 2015; **40**: 70–9.

3 Freeman MC, Kolappa K, de Almeida JMC, Kleinman A, Makhashvili N, Phakathi S, et al. Reversing hard won victories in the name of human rights: a critique of the General Comment on Article 12 of the UN Convention on the Rights of Persons with Disabilities. *Lancet Psychiatry* 2015; **2**: 844–50.

Christopher James Ryan, Clinical Associate Professor and Consultation–Liaison Psychiatrist, University of Sydney and Westmead Hospital, Sydney, Australia; **Giles Newton-Howes**, Senior Lecturer and Consultant Psychiatrist, University of Otago, Wellington, New Zealand. Email: christopher.ryan@sydney.edu.au

doi: 10.1192/bjp.211.2.119

Correction

Comparison of diagnostic performance of Two-Question Screen and 15 depression screening instruments for older adults: systematic review and meta-analysis. *BJPsych*, **210**, 255–260. The following errors were noticed post-publication:

(p. 255, Abstract, Results): A total of 46,506 [not 46,651] participants from 132 [not 133] studies were identified [. . .] The majority of studies (63/132) [not 64/133] used various versions [. . .]
(p. 257, line 3 of Study characteristics): A total of 46,506 [not 40,506] participants [. . .]
(p. 259, line 1 of Discussion, Main findings): This meta-analysis included 132 [not 133] studies with 143 [not 144] cohorts [. . .]
(p. 259, line 2 of Discussion, Strengths and limitations): [. . .] included 132 [not 133] studies with 46,506 [not 46,651] patients [. . .]

Corresponding changes were made to the data supplement, reflecting the fact that one study from Denmark using the GDS-30, GDS-15, GDS-10 and CSDD was not included in the meta-analysis. Further details are available from the author on request.

The online version of this paper was corrected, in deviation from print and in accordance with this correction, on 22 June 2017.

doi: 10.1192/bjp.211.2.120

https://doi.org/10.1192/bjp.211.2.119 Published online by Cambridge University Press