

Involuntary community treatment in New South Wales, Australia

John Hambridge and Nicola Watt

The New South Wales Mental Health Act (1990) heralded a number of important changes to mental health legislation in the state. One of these was the option to give compulsory treatment to mentally ill clients living in the community. This article briefly explains community treatment under the Act, and the perceived benefits and the limitations of such legislation. A case example is used to illustrate some of these points. Involuntary community treatment is seen as a less restrictive alternative to hospitalisation for a number of mentally ill clients, but the use of such provisions demands significant resources from the supervising agency.

Recently the dominant treatment setting for people with a serious mental illness in Australia has been the community rather than the hospital. While the trend towards deinstitutionalisation has spread through many countries, a range of concerns have been raised about the plight of those with serious mental illness living in the community. One particular concern has been the so-called 'revolving door' patients. This group typically cease taking medication on discharge from hospital, they fail to keep out-patient appointments and their condition

subsequently deteriorates, until they are once again involuntarily admitted to hospital. One response to this revolving door population has been the development of mental health legislation to allow involuntary treatment in the community.

The New South Wales Mental Health Act, 1990

The central philosophical thrust of the Act is that mentally ill people (as defined under the Act) receive the best possible care in the least restrictive environment. In keeping with this philosophy, two provisions of this Act make it possible to compel some individuals to receive treatment in the community from gazetted community mental health services. These provisions are a community treatment order (CTO) and a community counselling order (CCO). The pre-conditions necessary for the granting of such orders are detailed in Table 1. If a client does not comply with the conditions of either order there are a range of warnings and sanctions which can be sequentially applied.

Table 1. Conditions required for granting involuntary community treatment orders

Community counselling order (CCO)	Community treatment order (CTO)
Likely to become a mentally ill person (as defined by the Act) within three months	Currently detained in hospital
On more than one occasion has refused treatment	Would benefit from the order as a less restrictive alternative to hospital
Health care agency has made reasonable attempts to maintain contact with the person	Previously refused treatment
Six months (max)	Three months (max)
When treatment has been refused there has been a relapse into an active phase of mental illness Relapse has justified involuntary hospital admission (whether or not this has occurred) Care and treatment were or could have been effective The health care agency has a reasonable treatment plan The health care agency is capable of implementing the treatment plan	

