



# **Supervised Community Treatment and Community Treatment Orders**

**Clinical and Prescribing**

These orders limit what medication relating to a mental health disorder GPs can prescribe.

Supervised community treatment (SCT) is one of a number of measures introduced with effect from 3 November 2008 by the Mental Health Act 2007, which amends the Mental Health Act 1983. SCT is a new way to manage the care and treatment of suitable patients in the community following detention for treatment under the Act. Patients on SCT will be required to make themselves available for medical examination for periodic review of their condition or for a second opinion about their treatment. They may also be asked to keep to conditions designed to ensure they receive treatment and to address any risk of harm to their health or safety, or to others. Patients on SCT may be recalled to hospital for treatment if that becomes necessary.

Once a Part 4A certificate (Form CTO 11) is created for the patient's treatment, unless the treatment is immediately necessary, no medicinal treatment for mental disorder can be given by anyone to an SCT patient in the community unless the certificate covers it.

Where it has been agreed that GPs will prescribe medication, they should not prescribe anything for the patient's mental disorder which is not covered by the certificate. If the certificate needs to be changed, they should discuss that with the responsible clinician. GPs can of course treat the patient as they see appropriate for any condition not related to their mental disorder.

The CTO1, completed and signed by both the Responsible Clinician (RC) and the Approved Mental Health Clinician (AMHP), must be sent to the hospital managers. The patient must be informed orally and in writing about the reasons for SCT, the conditions, how SCT works and of their right to apply to the Tribunal. It is the responsibility of the hospital managers to inform the patient about the Independent Mental Health Advocacy (IMHA) service. The information must be copied to the nearest relative, unless the patient requests otherwise.

## **Prescribing costs**

Regulations\* provide that SCT patients must not be charged for medication they need for mental disorder (as defined in the Mental Health Act), provided that the medication is supplied via direct supply by the CCG or Trust or by a health professional through a Patient Group Direction. If the patient is prescribed medication through the community pharmacy route, by means of a prescription on form FP10, the exemption will not apply. Any SCT patient entitled to exemption from charging on other grounds will of course remain entitled on that basis.

Arrangements should be made at local level to ensure that SCT patients can receive their medication via the routes described above, so that charges do not apply. It is expected that this will in most cases be consistent with systems already in place to deliver medication to patients on discharge from hospital under the Mental Health Act.

## **Hull and East Yorkshire Trust**

Crisis Resolution & Home Treatment (CRHT) holds a database that includes a regularly updated list of patients on CTOs. They can provide patient information (available 24hrs) including medication details. They hold a copy of the CTO11 (the form accompanying a CTO) which lists all of the mental health medication authorised by a Second Opinion Appointed Doctor (SOAD) for the patient.

Please note depot and oral medication may be recorded on separate sheets so it is not always obvious that a patient is also on a depot medication.

If a patient on a CTO becomes unstable they can be recalled and held for 72 hours as an in-patient under their CTO. If not stabilised then the CTO can be revoked and the patient readmitted on a Section 3 order.

A CTO is initially for six months, is reviewed every six months and then annually.

## **RDASH**

With regard to CTO paperwork, the GP, the patient, the nearest relative, the Care Coordinator and the RC all get copies. These should be kept on the patient files in hospital and in the community. Both community and clinical files have a sticker system which clearly states that the patient is subject to a CTO.

## **References**

- \* The National Health Service (Charges for Drugs and Appliances) Amendment Regulations 2008
- Care Quality Commission Biennial report 2010
- Reference Guide to the Mental Health Act, Gateway reference 9155
- Supervised Community Treatment: A Guide for Practitioners Oct 2008



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