

E-mail sent Thursday, May 24, 2007 to MLAs Heather Forsyth & Rob Lougheed:

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Heather & Rob:

Please find attached the very recently released mandated review of the Ontario CTO required by the Ontario Mental Health Act, after 5 years of experience.

Given the current progression of Bill 31 in the Legislature and the likely implementation issues, I hope this is timely and useful for your consideration

The report is not a controlled study but involved extensive interviewing of people involved with actual CTOs.

It concludes:

"It is undeniable that CTOs have benefited many individuals and families. While our review identifies some operational problems and issues with the use of CTOs as a treatment modality for persons who would otherwise be detained in a psychiatric facility, CTOs clearly have a place in the treatment options that are available to health care providers and some of their patients".

The report notes a lot of obstacles that mean that CTOs are not used when they should be.

Our concern for Alberta if Bill 31 is not amended before it is passed is this:

Early intervention treatment is essential to arrest and prevent irreversible deterioration. Hospitalization is a last resort response to a person in crisis. Such a person will likely have a long history of illness in advance of hospitalization. Some research has indicated that the median presence of symptoms before treatment is eight years.

If Bill 31 is not changed, people will have to have 60 days in hospital in 2 years (i.e. 3 times as much per year as Ontario), even though they meet the Bill 31 criterion of mental disorder, likely to cause or experience harm or deterioration and need treatment in the community.

In Ontario the precondition for a CTO is that the person has to have 30 days in hospital or 2 admissions in a 3 year period (i.e. 10 days per year on average or less than one admission per year)

The proposed Alberta CTO protocols are the narrowest and most restrictive of all Canadian jurisdictions. Even in Saskatchewan, on which Bill 31 appears to be modeled, the person does not have to be detained at the time the CTO is put in place. There are relatively few CTOs issued in Saskatchewan, mainly because of the stringent previous hospitalization pre-conditions.

The problem is that people who are at risk of harm or deterioration need treatment in the community long before a history of hospitalization develops. We need to ask how would the Bill 31 provisions have helped someone like Martin Ostopovich?

By definition, severe and persistent mental illness involves a disconnect with reality and a lack of self awareness (anosognosia) of that condition. The clinical and conceptual problem, in my mind, is that many people who clearly meet the Bill 31 criterion of mental disorder, i.e. who will suffer harm/deterioration without treatment, cannot be put on a CTO until they have experienced 60 days as a detained patient or 3 involuntary admissions in a 2 year period. And if they miss that window by a sliver, the counting starts all over again. This means that people who according to the law meet the criteria cannot have the benefit of a CTO until they have deteriorated to "chronicity". This does not appear to me to be consistent with what we know about the importance of early treatment and improved medical and other recovery interventions.

BC – although using an extended hospital leave provision – has no preconditions other than the current admission, but very few people are put on compulsory treatment in the community from a first admission. Nevertheless the clinical option is there.

Similarly a number of US states commit the person and then decide whether community or facility care is appropriate and easily move people to the best therapeutic and least restrictive setting. New Zealand, the Australian States and Scotland are other examples of progressive jurisdictions that try to keep people out of hospital and do not have previous hospitalization barriers.

Based on these jurisdictions I think Bill 31 should be amended to abolish the pre-conditions.

The Bill has lots of protections built into it, although the one requiring two physicians - one a psychiatrist - to do renewals will likely be problematic, given the current and anticipated shortage of such specialists. For example, I understand Grande Prairie has no resident psychiatrist practicing there. While regional health authorities can designate a doctor as a “psychiatrist” for the purposes of admission or CTOs, such problems could lead to CTOs not being used for people who could benefit from them.

We are still being boxed in by a hospital-based, rather than a community-based, model of care. Why should a patient have to endure repeated and extended hospitalization (assuming a bed is available) before his medical care team can move him/her onto a community-based treatment plan?

If only for economic reasons, this is an unnecessary and clinically indefensible restriction on reasonable, cost effective care.

Jim Adamson  
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