

AGM report

Tom Burns, Emeritus Professor of Social Psychiatry at Oxford, was the speaker at the AGM. He proved to be a controversial choice as some members objected on the basis of his previous support for Community Treatment Orders and what they regarded as his underplaying the significance of ethnic and cultural differences in psychiatry.

Professor Burns had previously worked at St Georges and led a Community Mental Health Team in Wandsworth before moving to Oxford. He had been invited to speak about OCTET – the Oxford Community Treatment Evaluation Trial, a randomised controlled trial of Community Treatment Orders.

He traced the history of compulsion in psychiatry pointing out that until the Mental Treatment Act in the 1930's there was no provision for voluntary patients. The working assumption when the Mental Health Act was being revised was that CTOs were a necessary response to protect the public- an assumption which was not exclusively that of politicians but widely shared by clinicians including Tom himself.

An important study of the international experience of using CTOs by Rachel Churchill and colleagues in 2007 had found around 70 studies but only 9 were sufficiently rigorous to be taken seriously. They showed cultural variables with widespread usage of CTOs in Victoria, Australia.

The OCTET study examined CTOs from 2007/8 to 2012/13. It examined rates of hospitalisation before and after CTOs and whether relapse was reduced by the order. There were two previous RCTs in the USA, neither of which had found any significant difference in outcomes. The Oxford-based research had also failed to identify any difference in outcomes for those on CTOs compared with those not subject to that sanction. Patients had been followed up over 3 years being seen 2-3 times a month.

The evidence said Tom Burns had led him to change his mind about the efficacy of CTOs. Why then were they still being used, he was asked. His response was that there was a long lead time before research findings filtered into changes in practice especially when intuitively clinicians expected them to work.