



Summaries of Nursing Care-Related Systematic Reviews from the Cochrane Library

Compulsory community and involuntary outpatient treatment for people with severe mental disorders

Question

Whether compulsory community treatment (CCT) for people with severe mental illness (SMI) reduces health service use, or improves clinical outcome and social functioning compared with standard voluntary care?

Relevance to nursing care

Compulsory community treatment for people with severe mental disorder has been widely used to substantiate personal protection and reduce repeated admissions. Opponents fear that this approach may raise ethical issues or affect the alliance between professionals and patients. It remains unclear whether CCT can improve patient outcome or reduce health service use. Nurses need to be aware of the benefit and potential harms of this legislation. A systematic review was undertaken to determine the effects of CCT and involuntary outpatient treatment for people with severe mental disorders

Study characteristics

This systematic review includes three randomized controlled trials (RCTs) with a total of 752 people. Participants had to be adults with severe mental illnesses (mainly schizophrenia and schizophrenia-like disorders, bipolar disorder, or depression

with psychotic features). Substance abuse was not considered to be a severe mental disorder in its own right. However, studies were eligible if they dealt with people with both diagnoses, i.e. people with severe mental illness plus substance abuse. Interventions comprised of : (i) Compulsory community treatment versus standard care ; (ii) Community treatment orders (CTOs) versus supervised discharge.

The main outcome were: health service use, social functioning, mental state, quality of life, satisfaction with care. Outcome were followed up over 12 months.

In terms of methodological quality of included trials, two were rated as being of low risk, one was stated to be randomized but did not provide a description of the randomisation method and was therefore rated unclear. Two RCTs compared CCT versus standard care, one RCT compared CTOs versus intermittent supervised discharge.

There was no significant difference in health service use between compulsory community treatment and standard care (2RCTs, RR for readmission to hospital by 11-12month 0.98 CI 0.79 to 1.21, low grade evidence)

- There was no significant difference in social functioning between compulsory community treatment and standard care (2RCTs,RR for arrested at least once by

11-12month 0.97 CI 0.62 to 1.52,low grade evidence).

- There was no significant difference in quality of life between compulsory community treatment and standard care (2RCTs,RR for homelessness by 11-12month 0.67 CI 0.39 to 1.15,low grade evidence).
- There was no significant difference in satisfaction with care between compulsory community treatment and standard care (2RCTs,RR for perceived coercion by 11-12month 1.36 CI 0.97 to 1.89,low grade evidence).
- There was no significant difference in health service use between community treatment orders versus intermittent supervised discharge (1RCTs,RR for readmission to hospital by 12month 0.99 CI 0.74 to 1.32,medium grade evidence).
- There was no significant difference in social function between community treatment orders versus intermittent supervised discharge (1RCTs,MD -0.70 CI -3.91 to 2.51,medium grade evidence).
- There was no significant difference in mental state between community treatment orders versus intermittent supervised discharge (1RCTs,MD -0.10 CI -3.17 to 2.97,medium grade evidence).

Implications for nursing care

Results from the trials showed overall CCT was no more likely to result in better service use, social functioning, mental state or quality of life compared with standard 'voluntary' care. People receiving CCT were less likely to be victims of violent or non-violent crime. Short periods of conditional leave may be as effective (or non-effective) as compulsory treatment in the community. Clinicians and health service planners who wish to reduce hospital admissions should consider alternatives with stronger evidence for effectiveness such as intensive case management.

Implications for research

There is very limited information available. All results are based on three relatively small trials of low to medium quality, making it difficult to draw firm conclusions. Therefore, further research into the effects of different types of compulsory community treatment is much needed.

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Reference

Steve RK& Leslie AC. Compulsory community and involuntary outpatient treatment for people with severe mental disorder. Cochrane Database of Systematic Reviews 2015;7(12).Art. No. : CD004408. doi : 10.1002/14651858



Summaries of Nursing Care-Related Systematic Reviews from the Cochrane Library

Cochrane Library 護理照護相關之系統性回顧摘要 嚴重精神病人的強制社區治療及非自願門診治療

問題

嚴重精神病人強制社區治療是否比自願治療更能減少健康服務之使用或促進臨床成效及社會功能？

與護理照護的相關性

強制社區治療被廣泛運用於嚴重精神病人，以保護病人及降低重覆住院。反對強制社區治療者則擔心此治療可能引發倫理問題或影響專業人員與病人之間的結盟關係。然而，強制社區治療是否能促進病人成效或減少健康服務使用的成效仍不明確，護理人員需了解強制社區治療所產生的效益及潛在的危險。此系統性回顧主要探討強制社區治療及非自願門診治療對於嚴重精神病人的成效。

研究特色

此系統性回顧包含三篇隨機控制試驗，總樣本數為 752 人，研究對象為成人嚴重精神病人（主要為思覺失調症、類思覺失調症、雙相情緒障礙症、憂鬱伴隨精神病徵），但物質濫用者未列入嚴重病人。然而，病人同時具有兩個診斷的研究有納入，例如：同時具有嚴重精神疾病及物質濫用。介入措施包含：(1). 強制社區治療與標準照護兩者比較；及 (2). 社區強制治療與出院定期追蹤兩者比較。

主要比較的成效為：健康服務之使用、社會功能、精神狀態、生活品質、照護滿意度等，成效追蹤至少 12 個月。

就納入之研究品質而言，其中兩篇被評

定為低風險，另一篇雖屬隨機試驗，但因為內文沒有清楚描述隨機分派方法，故風險不明。有兩篇隨機控制試驗比較強制社區治療與標準照護；另一篇則比較社區強制治療與出院定期追蹤成效。

- 強制社區治療與標準照護相比後，健康服務之使用無顯著差異 (2 篇 RCT，追蹤 11~12 個月後，再住院的風險比率為 0.98，信賴區間為 0.79~1.21，屬低證據等級)
- 強制社區治療與標準照護相比後，社會功能無顯著差異 (2 篇 RCT，追蹤 11~12 個月後，發生違法事件的風險比率為 0.97，信賴區間為 0.62~1.52，屬低證據等級)
- 強制社區治療與標準照護相比後，生活品質無顯著差異 (2 RCT，追蹤 11~12 個月後，成為遊民的風險比率為 0.67，信賴區間為 0.39~1.15，屬低證據等級)
- 強制社區治療與標準照護相比後，照護滿意度無顯著差異 (2 RCT 篇隨機對照試驗，追蹤 11~12 個月後期間，感受到脅迫的風險比率為 1.36，信賴區間為 0.97~1.89，屬低證據等級)
- 強制社區治療與出院定期追蹤相比後，健康服務使用無顯著差異 (1 篇 RCT，追蹤 12 個月後，再住院的風險比率為 0.99，信賴區間為 0.74~1.32，屬中等證據等級)
- 強制社區治療與出院定期追蹤相比後，社會功能無顯著差異 (1 篇 RCT，平均差為 -0.70，信賴區間為 -3.91~2.51，屬中等證據等級)

- 強制社區治療與出院定期追蹤相比後，精神狀態無顯著差異(1篇RCT，平均差為-0.10，信賴區間為-3.17~2.97，屬中等證據等級)

護理照護建議

整體而言，沒有明確證據顯示嚴重精神病人介入強制社區治療後，在健康服務之使用、社會功能、精神狀態或生活品質比標準自願治療者成效更好。病人接受強制社區治療可減少暴力傷人或非暴力的犯罪，如同社區強制治療，同意有條件的短期治療也許有效(或無效)。期望減少病人再住院的臨床照顧者和健康服務計畫者，在照護上應該思考其他更高證據等級的有效替代方案，例如：密集個案管理服務。

研究建議

目前可用的研究十分有限，此回顧之結果主要依據三篇低至中等品質之小型試驗，較難有確切的結論。因此，未來需要更多不同型態的強制社區治療成效研究來佐證。

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參考文獻

1. Steve RK& Leslie AC. Compulsory community and involuntary outpatient treatment for people with severe mental disorder. Cochrane Database of Systematic Reviews 2015; 7(12).Art. No. : CD004408.doi : 10.1002/14651858