

Does Coercion in the Community Improve Patient Outcomes?

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Background: Compulsory community treatment (CCT) is intended to be a less restrictive alternative to involuntary hospital care but its use, acceptability and effectiveness remain controversial.

Objectives/aims: To clarify if CCT can improve patient outcomes based on recent systematic reviews

Method: A systematic literature search of PubMed/Medline and EMBASE up till December 2013. Only systematic reviews (including meta-analyses) were included. Randomised and non-randomised evidence were not mixed, and only RCTs included in meta-analyses.

Results: Five systematic reviews were identified that included 90 papers. Studies with randomised or appropriately matched controls, including adjusting for forensic history, found limited evidence for CCT reducing health service use and improving social functioning, mental state, quality of life or satisfaction with care. Three RCTs provided 749 subjects for the meta-analysis. Two compared compulsory treatment with entirely voluntary care while the third had controls who received voluntary treatment for the bulk of the time (medians of 257 vs. 8 days respectively for initial randomised legal compulsion and 262 vs. 103 over the course of the study). Compared to controls, CCT did not reduce readmissions to hospital in the subsequent 12 months (RR=0.98, 95%CI=0.83 to -1.17). Neither were there significant differences in psychiatric symptoms or Global Assessment of Functioning. Sensitivity analyses of the effect of only including the two studies that compared compulsory treatment with entirely voluntary care made no difference to the results

Conclusions: CCT does not lead to significant differences in readmission, social functioning or symptomatology compared with standard care. Its use should be reviewed.