
USE OF COMMITTED TREATMENT ORDERS IN NORWEGIAN ASSERTIVE COMMUNITY TREATMENT (ACT) TEAMS, SEEN FROM THE SERVICE USERS' PERSPECTIVE

H. Kilen Stuen¹, R. Wynn², A. Landheim³, J. RugkÅsa⁴

¹Innlandet Hospital Trust, National Center for Dual Diagnosis, Ottestad, Norway ; ²University of Tromsø, Department of Clinical Medicine, Tromsø, Norway ; ³Innlandet Hospital Trust, National Center for Dual Diagnosis, Ottestad, Norway ; ⁴Akershus University Hospital, Health services research unit, Lørenskog, Norway

Introduction: Since 2007 14 ACT-teams have been established in Norway. Despite the lack of clear evidence for efficacy, CTOs are used as a tool for supporting patients with severe mental illness that are difficult to engage to promote medication adherence and early identification of relapse. There is not much literature about the use of CTOs in ACT-teams.

Objectives: This study explores the perceptions and experiences of users in Norwegian ACT-teams with recent experience of CTOs. According to the ACT-model establishing trust and a treatment alliance is of significant importance. Beside exploring how CTOs influence upon the users' life-situation and the relationship to the team-members, the study will also focus on the service users' experience of whether their opinions and wishes are of importance to the treatment planning process.

Methodology: In-depth interviews with 18 selected users from three ACT-teams will be analyzed by using a modified grounded theory approach, based upon initial, focused and theoretical coding and constant comparison.

Results: The users perceive the uncertainty of the length of the CTO and the threat of being recalled to hospital if they don't comply with treatment difficult to accept. To receive support and respect from the ACT team has been important to increase their sense of safety and stability.

Conclusions: The results from this study can give useful information about how users' perceive community treatment orders, which is important for how health personnel encounter ethical dilemmas and ambivalences that may accompany the use of committed community treatment.