

Community treatment orders (CTOs)

Made under the Mental Health Act 1983

This factsheet gives information about community treatment orders (CTOs), how they're made and what your rights are. It explains how you can challenge your CTO if you don't agree with it. This information is for adults affected by mental illness in England. It's also for their loved ones and anyone interested in this subject.

Key Points.

- A community treatment order (CTO) can be made if you've been in hospital under some sections of the Mental Health Act. Your responsible clinician can arrange it.
- A CTO means you will have supervised treatment in the community when you leave hospital.
- You will have to follow conditions if you are on a CTO. These conditions try to help you stay well.
- Conditions can include where you will live or where you will get treatment.
- A care coordinator will help you to manage your CTO.
- Your responsible clinician might think you've become too unwell to live in the community, or you might break the conditions of your CTO. You can be taken back to hospital.
- You can challenge a CTO if you don't think you should be on one. You can get legal aid to pay for a solicitor to help you.
- You have the right to see an independent mental health advocate (IMHA). An IMHA can help you to understand your rights and could help if you are not happy with any of your CTO conditions.

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1. Key Words

This section explains some of the phrases and words that we use in this factsheet:

- **Approved mental health professional (AMHP):** An AMHP is a social worker, nurse or therapist who is a mental health expert who works for social services. They can help to decide if you should go on a CTO and what your conditions will be. The role of the AMHP is to give a non-medical opinion.
- **Responsible clinician (RC):** Your RC is the medical professional who has overall responsibility for your care and treatment. RCs are usually psychiatrists. A psychiatrist is a medical doctor who specialises in mental health. An RC can also be a nurse, psychologist, social worker, or occupational therapist.
- **Section 2 (s2) of the Mental Health Act:** Under s2 you can be admitted to hospital for an assessment of your mental health. This can happen if you're thought to be a serious risk to yourself or others because of a mental disorder. You can also get treatment. S2 lasts up to 28 days and can't be renewed. If you need to stay in hospital after 28 days, you will be transferred to a section 3.
- **Section 3 (s3) of the Mental Health Act:** Under s3 means you can be admitted to hospital for treatment. This can happen if you're thought to be a serious risk to yourself or others because of a mental disorder. It lasts up to 6 months but can be renewed.

- **Section 37 (s37) of the Mental Health Act:** The criminal courts can use s37 if they think you should be in hospital for treatment instead of prison. You must have a mental disorder.
- **Second opinion appointed doctor (SOAD):** A SOAD will be asked to give a second opinion about your treatment. This will happen if you refuse or can't consent to treatment, and you are under the Mental Health Act.

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2. What is a community treatment order (CTO)?

You might be detained against your will in hospital under certain sections of the Mental Health Act. See [section 3](#) of this factsheet for more information. This can happen if you are very unwell with a mental disorder and:

- you are thought to be a serious risk to yourself or other people, or
- you have been convicted of a crime and the court decides you need treatment in hospital.

Your responsible clinician (RC) might think you are well enough to be treated and live in the community. But they might want you to follow certain conditions to help you to stay well. See the [Key words](#) for more information about who your RC is.

Your RC can arrange a community treatment order (CTO) to make this happen.¹

If you are on a CTO and living in the community, you will still be under the Mental Health Act.²

The conditions and the reasons for them should be clearly explained to you, so you can easily understand them.³

Your RC can make you go back to hospital if:

- you don't follow certain conditions⁴, or
- if they feel you have become too unwell and need to be in hospital.⁵

You can read more about CTO conditions in [section 7](#) of this factsheet.

Your RC is in charge of your CTO.⁶ Ask the hospital if you are not sure who your RC is.

You can find out more about 'The Mental Health Act 1983' at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

3. Will I be put on a CTO?

See [section 4](#) of this factsheet for how your responsible clinician will decide if you should be on a CTO.

What sections of the Mental Health Act can I be moved onto a CTO from?

If you are detained in hospital under the Mental Health Act, you could be moved onto a community treatment order (CTO). Your responsible clinician (RC) will decide this.

You can only be moved onto a CTO if you are detained under the following sections of the Mental Health Act:⁷

- section 3,
- section 37,
- notional section 37, or
- section 47

The term 'notional' generally means patients who are legally treated the same as section 37 patients.

You can't be put on a CTO if you are a restricted patient on a forensic section of the Mental Health Act.⁸ Those on forensic sections are detained under the Mental Health Act after being involved with the criminal courts.

For example, you can't be put on a CTO if you are detained under section 37/41 or 47/49 of the Mental Health Act.

Restricted patients are monitored by The Mental Health Casework Section on behalf of the Justice Secretary.

Does everyone move on to a CTO when they are discharged from hospital?

You might be detained in hospital under one of the sections of the Mental Health Act shown above. You might be moved onto a community treatment order (CTO) when you are discharged from hospital. But only some people who are detained under those sections are moved onto a CTO.

Doctors can't put you on a CTO if you are under section 2 of the Mental Health Act or if you are a voluntary hospital patient.

Between March 2021 to April 22, it was recorded that:

- 53,337 people were detained under the Mental Health Act overall,⁹
- 25,840 people were detained under section 3 of the Mental Health Act,¹⁰ and
- 5,552 people were moved onto community treatment orders.¹¹

If you're not moved on to a CTO you will be either:

- discharged from hospital and the Mental Health Act completely,
- given a guardianship order, or
- given a leave of absence.

Please see [section 4](#) of this factsheet for more information on guardianship orders and leave of absence.

The following additional things could happen after your detention in hospital under section 47 of the Mental Health Act ends. You can.

- Be discharged on parole, and you are allowed to serve the rest of your sentence in the community, on licence.¹²
- Be released under the supervision of the National Probation Service (NPS) or a Community Rehabilitation Company (CRC).¹³
- Be transferred back to prison.¹⁴ The prison healthcare team will manage your care.

You can find more information about the above sections of the Mental Health Act in our following factsheets:

- The Mental Health Act 1983. This factsheet tells you more about section 3,
- Section 37 of The Mental Health Act – Hospital orders,
- Section 47 of The Mental Health Act - Transfer of a sentenced prisoner to hospital. This factsheet also includes information on section 37 notional.

At www.rethink.org. Or you can call our General Enquiries team on 0121 522 7007 and ask them to send you a copy.

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4. How will my responsible clinician decide if I should have a CTO?

Your responsible clinician (RC) should look at different things to help them decide if a CTO is the best option for you. This could include:¹⁵

- your mental health history,
- your contact with services,
- how you engage with treatment,
- your attitude towards treatment and risk of becoming unwell in the future, and
- if you will get support from family, friends, or carers.

Before your RC puts you on a CTO, they must make sure that:¹⁶

- you have a mental disorder that needs medical treatment,
- you need treatment for your health or safety, or to keep other people safe,
- you don't need to be in hospital to get the treatment that you need,
- they can show why they need to bring you back to hospital if necessary, and
- you can get the right treatment in the community.

Your RC also needs to show that you won't be able to manage your mental health without a CTO. A large part of this decision will be about recall to hospital. Your RC should think about if the hospital needs the power to recall you to help you recover.¹⁷

Your RC and an approved mental health professional (AMHP) must both agree to the CTO being made.¹⁸

An AMHP and RC can only put you on a CTO when they are getting ready to discharge you from hospital. They can't put you on a CTO after they have discharged you from hospital.

Your RC should tell you if they are thinking about making a CTO. You should work with your RC and AMHP to decide what treatment you will have and where you will have it.

You can ask your carer or relatives to be involved in the discussion about your CTO. Your RC should try to include people involved in your care.¹⁹

An independent mental health advocate (IMHA) can also support you. See [section 10](#) of this factsheet for more information on how an IMHA can help you.

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5. Will I get guardianship or leave of absence instead of a community treatment order?

Your responsible clinician (RC) might think that you are not ready to be discharged from the Mental Health Act. But they might think that you are well enough to live in the community for a short or longer time.

Your RC could choose the following options for you.

- Community treatment order (CTO),
- Guardianship, or
- leave of absence

Your RC will think about which option is the best for your needs.

What is guardianship?

Guardianship means that you will have a guardian. They will be:²⁰

- someone from your local authority, such as a social worker, or
- someone the local authority has chosen, such as a relative or friend.

Your guardian will have 3 legal powers.²¹ They can:

1. decide where you live,
2. arrange for you to go to appointments, such as to the hospital for medical treatment,
3. make sure a doctor, approved mental health professional (AMHP) or other professional can visit you at your home.

Guardianship orders are rare. Only 55 Guardianship orders were made between March 2021 and April 2022.²²

Most people will be able to get the care that they need in the community without the need for a guardian.²³

You are more likely to have guardianship instead of a community treatment order (CTO) if:²⁴

- focus is on your welfare rather than on your medical treatment,
- there is little risk that you will need to go back to hospital under the Mental Health Act, and
- you need the local authority to decide where you should live.

Guardianship doesn't give anyone the right to treat you if you don't agree to it.

You can read more about Guardianship here:

<https://assets.nhs.uk/prod/documents/MH-CoP-Guardianship.pdf>

What is leave of absence?

Leave of absence means you can leave the hospital for a short, fixed amount of time.

Your responsible clinician (RC) has to agree to give you leave under section 17 of The Mental Health Act. It is also known as 'section 17 leave.'

Leave will usually be for less than 7 days.²⁵ But it can last up to 1 month.²⁶

If leave is for a longer period, your RC should think about if a CTO or discharge would be more suitable.²⁷ Leave is sometimes given for a longer period to see if you are ready to be discharged from the Mental Health Act.²⁸

Your RC will explain what you can and can't do when you are on leave.²⁹ These are known as 'conditions.'

You might be given:

- **Escorted leave.** This is when a member of hospital staff or another authorised person must be with you on your leave³⁰
- **Accompanied leave.** This is when someone like a friend of relative must be with you on your leave³¹
- **Unaccompanied leave.** This is when you can leave the hospital on your own.

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6. What support will I get in the community?

You should be supported by an appropriate NHS mental health team and if necessary, social services, to help you with your needs.

You can find out more information about:

- NHS mental health teams
- Social care - Care and support planning under the Care Act 2014
- Social care assessment - Under the Care Act 2014

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What is Section 117 aftercare?

Your local mental health team and local authority have a duty under Section 117 of the Mental Health Act to:³²

- meet needs that you have because of your mental health condition, and
- reduces the chance of your condition getting worse, so you don't have to go back into hospital.

Section 117 (S117) aftercare means that the services you get when you leave hospital are free. Even if you had to pay for the service before you went into hospital. But you will only get free aftercare for services that support your mental health needs.²⁴

S117 aftercare can include both treatment needs and social care needs.

You should get aftercare for as long as you need it.

You have a right to get s117 aftercare if you are on a community treatment order (CTO).

You can find out more information about '**Section 117 aftercare – Under the Mental Health Act 1983**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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7. What conditions will my CTO come with?

Your community treatment order (CTO) will have certain conditions that you must follow.

The conditions will be based on what your needs are. There are 2 conditions that all CTO's will have. You need to make sure that you are available for a medical exam if:³³

1. your responsible clinician (RC) needs to see you to decide if you should stay on your CTO, or
2. a second opinion appointed doctor (SOAD) asks to see you.

Your RC and an approved mental health professional (AMHP) will decide what other conditions you need to make sure:³⁴

- you get medical treatment,
- your health and safety are protected, and
- other people are protected from harm, if appropriate.

The RC can only set conditions for one of the reasons above. The AMHP must agree to the conditions before a CTO can be made.³⁵

Conditions can include:

- where you will live,
- where you will go for treatment, or
- staying away from things that can make you unwell, such as alcohol or drugs.

There should be as few conditions as possible. Your RC should explain why they have made each condition.

You should tell your RC if:

- something happens, and you think you might break your conditions, or
- if your mental health improves.

Your RC can change or pause your conditions if necessary.³⁶

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8. Can I be forced to have treatment?

When you're on a community treatment order (CTO) generally, health professionals can't give you treatment if you don't want it. Even in an emergency. They can only give you treatment you don't want if you are recalled to hospital.³⁷

If you refuse treatment, your responsible clinician (RC) could recall you back to hospital to have it.

Your RC should think about different ways to get you help before recalling you. For example, your RC may allow you to stay on your CTO if there is different treatment you are willing to try.³⁸

Any medication that you are prescribed for a mental disorder must be provided to you free of charge.³⁹

What will happen if I lack mental capacity?

If you lack mental capacity to decide about treatment, other people will decide for you. This is called a 'best interests' decision.

Your decision maker is most likely to be your RC or the medical professional who is deciding about your treatment.⁴⁰

Your decision maker has a duty to consult with other people before a decision is made about your treatment. These people are:⁴¹

- anyone who you have said that you want involved with your care,
- anyone involved with your care,
- anyone interested in your welfare such as your close relatives,
- any attorney you have under a Lasting Power of Attorney (LPA) for health and welfare, and
- any court appointed deputy.

Your attorney for health and welfare or a court appointed deputy may be able to agree or refuse treatment for you. ^{42,43}

If you don't have an attorney or deputy your RC will decide what treatment you should have. Unless:⁴⁴

- you made a valid 'advanced decision' that says you don't want that treatment, or
- the Court of Protection disagrees with the treatment.

You can be given treatment by anyone in an emergency without your attorney, deputy or advanced decision being consulted. But only if you don't have the mental capacity to make the decision. ⁴⁵

An emergency means: ⁴⁶

- your life is at risk,
- your mental health will get worse without treatment, or
- you are a danger to yourself or others.

You can find out more information about:

- Mental capacity and mental illness – The Mental Capacity Act 2005
- Planning your future care - Advance statements and advance decisions

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

You can find more information about ‘**Can someone else manage my money for me**’ at: www.rethink.org/advice-and-information/living-with-mental-illness/money-benefits-and-mental-health

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9. What happens if I don't follow the conditions?

Your responsible clinician can send you back to hospital if you don't follow the conditions of your community treatment order (CTO).⁴⁷

Going back to hospital is known as being ‘recalled’. Doctors shouldn't recall you as a punishment.

If you don't follow your conditions your RC should: ⁴⁸

- think about if it is still safe for you to be in the community,
- change your condition if necessary, and
- recall you to hospital if they need to.

They should make sure you have enough support to continue your treatment in the community.

My loved one or carer is worried about me. Can they speak to my responsible clinician? ⁴⁹

Your loved one or carer can speak to your responsible clinician if:

- they feel your mental health is getting worse, or
- they're concerned you're not sticking to your CTO conditions.

The hospital should have a local procedure for how these concerns are looked at and acted on.⁵⁰

Your RC should carefully consider your loved one's or carer's concerns and think about next steps. This can include you being recalled to hospital, if appropriate.

Kevin's Story

Kevin is detained in hospital under section 3 of the Mental Health Act. He wants to leave hospital and asks for a Mental Health Tribunal.

The Tribunal decide that Kevin can leave hospital but has to go onto a CTO. He meets with his responsible clinician. They decide what the conditions of his CTO should be. Kevin and his RC agree that he will take his medication every day and keep appointments with his care coordinator. The approved mental health professional (AMHP) agrees with the conditions.

Kevin stops taking his medication and misses 4 appointments with his care coordinator. The RC recalls Kevin back to hospital and assesses his mental health. The RC and AMHP decide that Kevin can stay on his CTO, but they will change a condition. He needs to have his medication as an injection every month and not tablets every day.

Kevin agrees to follow the new condition. The RC makes the change to his CTO.

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10. How can an independent mental health advocate help me?

You have the right to see an independent mental health advocate (IMHA).⁵¹

An IMHA can help you understand:⁵²

- your rights and your conditions under your community treatment order (CTO),
- your rights under the Mental Health Act (MHA), including your discharge rights,
- the rights that other people have, such as your family, the parts of the MHA that affect you,
- any conditions or restrictions to which affect you, or
- any medical treatment you are receiving and the reasons for that treatment.

With your agreement the IMHA can do the following.⁵³

- Meet with you in private.
- Look at your health records.
- Speak to the people treating you.
- Represent you. They can speak or write for you.
- Go with you to meetings about your treatment and care.

- Help you to apply to a tribunal.

If you would like to talk to an IMHA you can contact the service yourself or ask someone else to do it for you. You could ask your:

- care co-ordinator,
- responsible clinician, or
- nearest relative

Use an internet search engine to find an IMHA service. Use search terms like 'Independent mental health advocacy Leicestershire.'

You can find more information about '**Advocacy**' at www.rethink.org. Or you can call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

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11. Going back to hospital: Frequently asked questions

Will I have to go back to hospital if I break my community treatment order conditions?

If you break a condition, you may not go back to hospital immediately. Your responsible clinician (RC) should only recall you back to hospital if:
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- you act in a risky way,
- they think you need treatment in hospital, or
- you don't attend an appointment with your RC, or second opinion appointed doctor (SOAD).

You might not be recalled if you have a good reason for not going to an appointment. 56

Will I have to go back to hospital if I stop taking my medication?

Your RC may recall you if you stop taking your medication. But your RC will only recall you if they think that you will become unwell again. You may be able to stop a recall if you: 57

- agree to take medication again, and
- can explain to your RC why you stopped taking your medication.

What will happen if I am recalled back to hospital?

If your responsible clinician (RC) recalls you to hospital, they will give you a written recall notice. 58

Anyone from your mental health team can give you the written notice. Your team should try and give you the notice in person, but they can send the notice in the post.

When you get the recall notice you will have to go back to hospital.

You may be able to go to hospital on your own. You may have time to make personal arrangements. For example, get someone to look after your pet.

Your care coordinator can go to hospital with you. An ambulance or the police can take you to hospital if you are very unwell or aggressive.

Going back to hospital should be as stress free as possible. You can ask for a relative, carer or friend to go with you.

What will happen when I arrive at the hospital?

A psychiatrist will assess your mental health when arrive. They should do this within 72 hours.⁵⁹ This will help the team to decide what the next step should be.

Appropriate treatment will be provided.⁶⁰ Clinicians should ask for your consent before they treat you. But you can usually be given treatment even if you don't want it.⁶¹

How long can my responsible clinician (RC) keep me in hospital?

Your RC can keep you in hospital for up to 72 hours while they decide what to do.

Your RC and AMHP will end your CTO if they decide to keep you in hospital for more than 72 hours. This is called revoking the CTO.⁶²

They will put you back onto the section of the Mental Health Act you were on before you had your CTO.⁶³

An AMHP must agree with your RC before they can revoke your CTO. If the AMHP doesn't agree with your RC, your CTO won't be revoked. This means that you will stay on your CTO.⁶⁴

If your CTO is revoked the hospital managers will refer your case to a First-tier Tribunal. The Tribunal will decide if it was the correct decision to revoke your CTO.⁶⁵

Why has my CTO been revoked?

Your CTO may be revoked if:

- your RC thinks that you need treatment in hospital, and
- an AMHP agrees with the RC and believes that your CTO should be revoked.

What will happen if I don't go back to hospital?

If you don't go back to hospital when asked, you may be treated as absent without leave (AWOL).⁶⁶

Your hospital will have a policy on what happens when someone is AWOL. You can ask to see this.

Being AWOL means that you can be taken back to hospital by:⁶⁷

- the police,
- an approved mental health professional (AMHP),
- your responsible clinician,
- a member of staff of the hospital to which you've been recalled, or
- anyone authorised in writing by managers of that hospital.

The hospital should ask the police to get involved if they think you particularly vulnerable or dangerous.⁶⁸

The local magistrate's court can allow the police to go into your house and take you to hospital. The police should have a warrant to go into your house without your permission. You may hear this warrant called section 135(2) warrant.⁶⁹

You can find out more information about:

- Section 135 of the Mental Health Act factsheet - Being taken to a place of safety from a private place
- Going into hospital for mental health treatment

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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12. How long will my CTO last?

Your first community treatment order (CTO) can last up to 6 months.⁷⁰

Your responsible clinician (RC) will review your CTO and decide to discharge you or extend it. Your CTO can be extended for a further 6 months and then for 1 year at a time.⁷¹

Each time your RC renews your CTO, they must make sure you meet the criteria for a CTO.

You should have a review 2 months before your CTO is due to end.⁷² The criteria for a CTO are explained in [section 3](#) of this factsheet.

An approved mental health professional (AMHP) must agree to continue the CTO.

The hospital managers must arrange for you to be told if your CTO is extended.⁷³

If your CTO comes to an end without being renewed, it will end. This means you are no longer under the CTO. You don't have to follow the conditions any longer and you can't be recalled to hospital.⁷⁴

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13. How will my CTO end?

Your community treatment order (CTO) can end in different ways.

Your CTO will end when you don't meet the criteria anymore, you're discharged, it's revoked, or it runs out.

When should I be discharged from my CTO?

Your RC should discharge you from your CTO and the Mental Health Act if you no longer fit the CTO criteria. The criteria for a CTO are explained in [section 3](#) of this factsheet.

This means you'll no longer be under the Mental Health Act, and you don't need to stick to the CTO conditions. But you should listen to and think about your mental health team's advice on recommended treatment and support.

You can also be discharged from your CTO by:

- Your Nearest relative,
- The First-tier Tribunal, or
- The Hospital Managers

See below for more information.

When would my CTO be revoked?

A CTO will also end if it is revoked. This is explained in more detail in [section 9](#) of this factsheet.

If your CTO is revoked the hospital managers will refer your case to a First-tier Tribunal. The Tribunal will decide if it was the correct decision to revoke your CTO.⁷⁵

When can my nearest relative discharge me?

Your nearest relative (NR) can write to the hospital managers to discharge you from your CTO. But only if you were detained under section 3 of the Mental Health Act before your CTO was made.⁷⁶

Your NR must give the hospital managers 72 hours' notice to discharge you.

Your RC can stop you from being discharged if they think you are likely to be dangerous to yourself or other people.

NR is a term that is defined under the Mental Health Act. The NR has certain rights under the Mental Health Act. Most people will have an NR. The NR and the 'next of kin' can be the same person or 2 different people.

You can find more information about '**Nearest Relative – under the Mental Health Act 1983**' at www.rethink.org. Or you can call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

When can a First Tier Tribunal discharge me?

The First-tier Tribunal is also known as the Mental Health Review Tribunal.

They are an independent panel that can discharge you from your CTO. The tribunal hearings take place at the hospital.

The tribunal must decide if you fit the criteria for being under a CTO or not.

You have the right to apply to the tribunal one time in the first 6 months of your CTO.⁷⁷ After this you can apply once in each renewal period.⁷⁸

The same rules apply if you want to appeal your CTO being revoked.⁷⁹

When can the hospital managers discharge me?

You can ask the hospital managers to review your community treatment order (CTO).⁸⁰ They have the power to discharge you from your CTO.

You can apply to the hospital managers at any time.⁸¹ But there may be a local policy to explain how often you are allowed to apply.

The name 'managers' can be confusing because it does not mean the people who run the hospital. Hospital managers make sure that the Mental Health Act is used properly.

The decision is made by 3 or more people called 'associate managers' or 'Mental Health Act managers.'⁸²

If you want to apply to the hospital managers to get discharged from your CTO you can:

- speak to your responsible clinician,
- speak to an independent mental health advocate (IMHA), see [section 10](#) for more information, or
- contact the hospital you were in before you were put on your CTO and ask staff there.

You can find more information about '**Discharge from the Mental Health Act**' at www.rethink.org. Or you can call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheets.

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14. How can I get legal advice?

You are entitled to free legal support through the Legal Aid scheme. If you appeal to the First-tier Tribunal, a solicitor who understands the Mental Health Act will come to the tribunal with you.

You can get a list of mental health solicitors from the ward staff. Or you can look on the law society website. They have a database of solicitors that you can search. You can find this at <https://solicitors.lawsociety.org.uk>

You can also contact Civil Legal Advice. Their contact details are in the [Useful contacts](#) section at the end of this factsheet.

Can an advocate help me?

You can also get help from an Independent Mental Health Advocate (IMHA).

See [section 10](#) of this factsheet for more information about IMHA's.

You can find out more information on www.rethink.org about:

- Advocacy
- Legal Advice – How to get help from a solicitor

At www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

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Useful Contacts

Care Quality Commission (CQC)

If you have concerns or a complaint about the way the Mental Health Act has been used, you can contact the CQC.

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Website: www.cqc.org.uk

Civil Legal Advice

You might be able to get free and confidential advice from Civil Legal Advice (CLA) as part of legal aid if you're in England or Wales.

Telephone: 0345 345 4 345

Minicom: 0345 609 6677

Website: www.gov.uk/civil-legal-advice

Law Society

The Law Society maintains a list of practising solicitors in England and Wales. You can use their website to find a local solicitor.

Phone: 020 7320 5650

Email: via contact form on website - www.lawsociety.org.uk/get-in-touch/

Website: <https://solicitors.lawsociety.org.uk>

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Address: VoiceAbility, c/o Sayer Vincent, Invicta House, 108-114 Golden Lane, London EC1Y 0TL

Email: helpline@voiceability.org

Website: www.voiceability.org

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