Table 6. Studies on CTO (n=6 SRs in Aragonés-Calleja, 2022)

Author, year	Participants	Setting/context	Interventions	N. included studies	Type of included studies	Analysis	Country of origin of included studies	Results/ Findings	Risk of Bias
Kisely, 2014	Mentally ill (N=749 subjects)	Community psychiatric services	Community treatment orders.	RCTs included in meta-analysis N=5 articles from 3 studies.	RCTs	Meta-Analysis	USA (2, New York and Carolina), Inglaterra (1).	CTOs did not significantly reduce readmissions, bed days, psychiatric symptoms, or social functioning compared to voluntary care. Their use should be reviewed.	**Risk low**
Maughan, 2014	People with mental illness.	Community psychiatric services	Community treatment orders.	N=18	9/18 longitudinal; 6/18 uncontrolled beforeand- after studies, 2/18 epidemiological studies.	Narrative synthesis	Australia (8), USA (5), UK (1), Canada (3), Australia and Canada (1).	CTOs showed no significant impact on admission rates or hospital days in the largest RCT, with inconsistent results from longitudinal datasets.	**Risk unclear**
Kisely, 2016	People with mental disorders and community treatment orders, family and personal (psychiatrists).	Community.	Community treatment orders.	N=8	4: health service use before vs after compulsory treatment; 3: qualitative evaluations from patients, family, or staff; 1: postal survey of psychiatrists.	qualitative synthesis	Canada	CTOs reduced hospital readmissions and days, improved outpatient attendance and services, with positive feedback from clinicians and family, but ambivalence from patients.	**Risk unclear**
De Waardt, 2017	People with mental illness.	Community / Home	Various terms: "compulsory community treatment" (cct), "compulsory community care", "supervised community treatment" and "involuntary outpatient confinement".	N=105	Not mentioned	Narrative synthesis	N.R.	There's no strong evidence that coercion in outpatient care is more effective than voluntary treatment, though non-controlled studies show positive views from patients and practitioners.	**Risk unclear**
Kisely, 2017	Adults with severe mental disorders (N=739)	Patients in community settings	Court ordered outpacient commitment	N=3	We considered all relevant randomised controlled trials (RCTs).	Meta-Analysis	N=2 USA; N=1	This review found limited evidence for CCT's effectiveness in health service use, costs, mental state, or quality of life, with only social functioning showing significant results.	**Risk low**
Barnett, 2018	People with mental illness	Community psychiatric services	Compulsory community treatment (CCT)	N=41	We included both RTCs and non-RCTs	Systematic review and meta-analysis.	England (4), USA (19), Spain (4), Australia (9),Sweden (1), Canada (3),Scotland (1)	CCT showed significant effects on readmissions, community service use, and treatment adherence in before-and-after studies, but not in controlled comparisons.	**Risk low**