

SPSO decision report

Case: 201607981, Greater Glasgow and Clyde NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

Ms C, who works for an advocacy agency, complained on behalf of her client (Ms A). Ms C complained that Ms A did not receive a reasonable standard of psychiatric care and treatment when she was admitted to the Royal Alexandra Hospital. Ms A had been unwell and when she was admitted to hospital a psychiatrist diagnosed her as suffering from anorexia nervosa (an eating disorder) and implemented a care plan. Ms C said that Ms A did not agree to all aspects of the care plan, which she felt was very restrictive and intrusive, and that the communication with her and her family about the severity of her condition and treatment decisions was unreasonable.

We took independent advice from a psychiatry adviser. We found that, while there were no failings in relation to the psychiatric assessment and treatment provided to Ms A, the board had failed to evidence that Ms A had fully consented to her treatment, and that there were failings surrounding the extent to which she was informed of the details of her proposed care plan. We were also concerned that such a restrictive and intrusive care plan was implemented when Ms A disagreed with it, and that it was not subject to mental health legislation which would have afforded protection to Ms A. As a result, we found that Ms A was likely to have experienced distress which may have a long-term impact on her future relationships with mental health professionals. We upheld Ms C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Ms A for failing to evidence consent to treatment. The apology should meet the standards set out in the SPSO guidelines on apology available at <https://www.spsso.org.uk/leaflets-and-guidance>.

What we said should change to put things right in future:

- Care plans (in particular intrusive or restrictive care plans) should be fully explained to patients and relevant consent procedures should be followed and clearly documented.
- Professionals taking decisions about detention under the Mental Health Act should be mindful of de facto detention (where a patient feels under pressure to agree to admission to hospital or to remain in hospital, often because they feel threatened by the possibility of detention, and are, therefore, not giving valid consent to their stay in hospital) and should document their reasoning for their decisions (including consideration of the mental health legislation) clearly.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.