

SPSO decision report

Case: 202412006, Tayside NHS Board
Sector: Health
Subject: Clinical treatment / Diagnosis
Decision: upheld, recommendations

Summary

C complained on behalf of their child (A) who is in their late teens. C complained that Child and Adolescent Mental Health Services (CAMHS) failed to carry out appropriate Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) assessments and failed to provide A with appropriate support for a number of years.

The board said that A had undergone a number of assessments and reviews within CAMHS prior to turning 18 and no conclusive diagnosis had been reached. During our investigation they acknowledged that the family may have been unintentionally given the impression that an ASD diagnosis was likely or expected.

We took independent advice from a clinical psychologist with experience in CAMHS. We found that while there were multiple professionals involved, given the complexity of this case there should have been further demonstration of shared, integrated clinical reasoning by the multidisciplinary team (MDT) in formulating a diagnostic conclusion.

We further found that there was a lack of documentation regarding clinical reasoning for the type of psychological therapy offered; and that there was a lack of clarity about the expected/communicated timescales for ASD assessment. Therefore, we upheld C's complaint.

We noted the board's explanation that service changes have been implemented and are ongoing since the events considered in this investigation, and that this work is being informed by the Scottish Government and the National Autism Implementation Team. It may be that some of the issues identified in this investigation have been addressed by improvements already made. If that is the case, evidence of those improvements can be provided in support of the recommendations being fulfilled.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C and A that care and treatment provided to A by CAMHS was unreasonable. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/meaningful-apologies.
- Offer A a second opinion, including consideration of whether re-assessment for ASD, and/or an assessment for ADHD, are required.

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

- Clear communication with families about expected timeframes should be standard practice and documented in the medical notes.
- Communication around diagnostic uncertainty where neurodevelopmental conditions are being considered

should aim to minimise the likelihood of families forming premature expectations about specific diagnoses.

- For complex or borderline cases, the service should ensure that diagnostic conclusions are reached through an integrated multidisciplinary team discussion.
- When psychological therapy options are reviewed, clinical reasoning for the chosen intervention should be explicitly documented.

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.