

## SPSO decision report

**Case:** 201100100, Borders NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** not upheld, recommendations

### Summary

Mr C made three complaints about the treatment that the board's mental health service gave his brother (Mr A). Mr A had long term mental health difficulties including paranoid schizophrenia (a condition that may cause hallucinations, delusions and muddled thoughts and behaviours). He lived independently and had been prescribed Modecate (an antipsychotic medication administered by injection) for many years. Mr C said this had resulted in severe physical impairment for Mr A including paralysis and locked muscles. He also felt it had been detrimental to Mr A's mental health and was inappropriate because he had suffered a head injury at a young age.

We did not uphold any of Mr C's complaints. We took independent advice from one of our medical advisers, and found that in order to manage this condition, it was often necessary to prescribe medication on a long term basis. We found that in Mr A's case, consideration had been given to the side effects of the drug, which had been balanced against the benefits of managing his psychiatric condition. We also noted that Mr A had been prescribed other medication to combat the side effects. We also found that the doctors treating Mr A had taken into account his head injury when deciding what medication he should be prescribed.

Mr C had also complained that Modecate was inappropriately stopped suddenly, and replaced with Olanzapine (an oral medication). We found that this was done appropriately. Olanzapine had less side effects than Modecate, and the change was made because Mr A was going to receive increased home support. This meant that he could be supervised in taking oral medication. We also noted that the change happened while Mr A was in hospital on a long term basis, and so the transitional period could be monitored.

Finally, Mr C had said that a doctor had suggested that he apply for a power of attorney in respect of Mr A, but had then carried out an assessment that found that Mr A did not have the capacity to make a decision about that. Our investigation found no evidence that the board had unreasonably suggested Mr C apply for this and also found that the general assessment of Mr A's capacity was conducted appropriately. However, as we noted that Mr A had not been assessed specifically on his capacity to consent to medical treatment, we made a recommendation about this.

### Recommendations

We recommended that the board:

- conduct an assessment of Mr A's capacity to consent to treatment and ensure the results inform his treatment plan.