SPSO decision report

Case: **201901415, Tayside NHS Board**
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C, a support and advocacy worker, complained to us on behalf of their client (B) about the care and treatment provided to their child (A). Over a ten-year period, A had several referrals to the board's children and adolescent mental health services (CAMHS) on both a routine and emergency basis. C raised various concerns, in particular about delays in diagnosing A and that A was not admitted for in-patient psychiatric treatment following incidents of self-harm or attempted suicide.

We took independent advice from an adviser in child and adolescent psychiatry. We found that aspects of A's care and treatment were unreasonable. In particular, we found that there was an unreasonable delay in assessing A for adult attention deficit hyperactivity disorder (ADHD, a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness); that A was given an emergency assessment that fell below a reasonable standard; the other professionals involved in A's care did not have a clear understanding of the level of input they could expect from CAMHS; and that there was a lack of evidence CAMHS tried to adapt their approaches to better engage A. We upheld the complaint.

In relation to complaint handling, the board provided us with additional electronic records when they responded to our draft decision and not at the outset of our investigation. We have made a recommendation to address this.

Recommendations

What we asked the organisation to do in this case:

- Apologise to B for the failings identified. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets.

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

- When a young person has regular multidisciplinary meetings, CAMHS should have a clear understanding of the level of input they will be required to provide from the outset in consultation with the other professionals, and provide appropriate input in line with this clarification. This should be documented appropriately.
- When a young person with autism spectrum disorder and/or ADHD is not engaging with treatment, clinical staff should recognise this might be because of their condition(s) and try to adapt their approaches to better engage them.
- Young people presenting with symptoms of ADHD should be appropriately and timeously assessed, taking into account relevant clinical guidance.

In relation to complaints handling, we recommended:

- Full documentation, including electronic records, relating to the matters under investigation should be

collated and supplied to this office in response to our initial request for information.

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.