

Covert medication case study

Case study 2¹

The following case study has been taken from a resource referenced below and raises several questions.

Mr Flowers is in a care home. He has a mild degree of dementia and loses things regularly. He believes that someone is coming into his room and stealing his possessions and frequently calls the police. The lost items always turn up and it is clear that he has mislaid them. He does not accept this and all efforts to help him have failed. He is on several medications for physical conditions. He has taken these for many years and is fully aware of what he is on and why. He is seen by an old age psychiatrist. She thinks that antipsychotic medication might help but he adamantly refuses this. She considers using mental health legislation to give compulsory treatment in the form of a depot injection. The care home staff are unhappy about the trauma that removal to hospital and forcible treatment will cause. They ask if they can give him covert medication.

- We were unhappy about the suggestion to use covert medication. Remove the word “dementia” and the question of covert medication is unlikely to arise.
- We also questioned the need for medication and advised a careful risk/benefit analysis.
- In this situation, any treatment would need to be under the terms of mental health legislation.
- We had sympathy with the desire that he should not be removed to hospital. However, we still felt that covert treatment was not appropriate. He could not be treated by force in the care home, but he could be treated under a compulsory treatment order if force was not used.
- If force was necessary, the team would need to consider whether admission to hospital for treatment would be of enough benefit to outweigh the distress and disorientation that it may cause.

What are your thoughts about the suggested actions to be taken?

¹ Mental welfare commission for Scotland – Covert Medication legal and practical guidance 2006

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Further considerations

- This is not an unusual situation in a care home. Delusional accusations are symptomatic of the challenging behaviour of dementia.
- Is this sufficiently serious to consider antipsychotic use or a compulsory treatment order?
- Is it clear if he has capacity to understand his medication? It would appear so in which case he has the right to refuse and covert administration would not be appropriate.
- As suggested, take away the label of dementia and consider if these actions would be taken?
- What other actions have the staff taken to reassure him?
- Are there particular times of day when he is distressed? Could staff be with him at those times?
- Is it always the same things he is losing? Could staff make sure they are available and visible to him?
- Does he have fluctuating capacity?
- Does he have family to involve in the discussions? If not an advocate should be contacted. Would they be able to assist in this situation?

There are so many practical things that can be worked through rather than considering drastic actions. Police are also much more dementia aware, liaison officers can work with the care home staff to support and advise.