

Case study

Angela: making sure she has the medication she needs

1 Background

Angela is in her late 20s and lives at home with her parents. She has a learning disability and had recently been diagnosed with schizophrenia. Social services referred her case to The Advocacy Project as a safeguarding concern under Section 42 of the Care Act.

2 The process

Angela's doctor had prescribed her medication to reduce the symptoms of schizophrenia, particularly hearing voices. She needed to take this daily to manage her condition and enhance her mental wellbeing. Her parents were responsible for giving her the medication, but were reluctant to do so. The drugs had the side effect of making their daughter dribble, and they had also not fully accepted the schizophrenia diagnosis. They gave Angela her tablets irregularly, and only if she insisted.

This case came to us during the coronavirus lockdown, so we were using remote methods to speak with clients and the other professionals involved in their cases. The advocate, Alyssa, spoke to Angela on the phone. Alyssa spent time building a rapport with Angela. They are both black women and Alyssa felt their shared culture helped them build a good working relationship.

Alyssa explained what advocacy was, and that she works independently from doctors, social workers and other professionals involved in clients' cases. Alyssa checked Angela's engagement and level of awareness throughout the conversation. She established that Angela understood what the medication was for, and they talked about what she wanted to happen. Angela was clear her priority was wanting the voices to stop, which meant being able to take the medication, but that she didn't like the side effects. She had the mental capacity to understand when she was due to take her medication, and was able to ask her parents to give it to her.

Alyssa explained they would have a medical review meeting in which Angela, her parents, her social worker, her doctor and Alyssa would talk about the medication, and what Angela wanted. Alyssa explained her role was to make sure Angela's wishes were heard. She asked Angela if she would like to speak in the meeting or whether she would prefer Alyssa to talk on her behalf. Angela said she would speak for herself, but that Alyssa could explain what the two of them had talked about beforehand and also help her out if she got stuck.

3 Outcomes

The meeting went well. Angela was able to answer the questions her doctor asked, though she didn't elaborate as much as when she spoke with Alyssa privately. When Angela went quiet, the doctor asked Alyssa to speak on her behalf, which she did after checking if Angela was happy for her to do so. The doctor said it was very helpful to hear about what Alyssa and Angela had talked about beforehand, as this answered all his questions about the medication he had prescribed for her.

The doctor suggested trying a different medication, which might not give Angela the same side effects, and asked her how she felt about that. Angela said she would be happy to do this – so long as it kept the voices away. He also recommended a type of plastic pillow the parents could use for Angela if the new drugs also made her dribble. A follow-up meeting was arranged for three weeks after the meeting to check everything was going smoothly for Angela. When they were alone, Alyssa checked with Angela if she would feel confident asking for her medication if her parents began restricting it again. She said she would be.

Alyssa had another idea. Organisations such as the NHS and Transport for London sometimes ask The Advocacy Project to bring together people who can advise them on how to make their services more inclusive; this is called 'user involvement'. Alyssa thought Angela would be really good at this and will talk to her about it once she's settled in with her new medication. This would help Angela become more engaged with the outside world and build her confidence.

