

# What are your VIEWS?

## Preparing for the next 3 years ....

The Mental Welfare Commission's strategic plan is due for review.

The aim of this consultation is to seek your views on where we are now in relation to how we deliver on our duties according to mental health and incapacity legislation (activities) and where we need to be over the next three years.

We are ambitious for the people that we serve and want to be informed by everyone with an interest in the role of the Mental Welfare Commission and its responsibilities in law; this will help to develop and shape our priorities for our new Strategic Plan for 2026 to 2029. We thank you in anticipation of your contribution.

Please return your completed questionnaire by email to: [mwc.ep@nhs.scot](mailto:mwc.ep@nhs.scot) by **15 August 2025**

## About Us

### Our Purpose

We protect and promote the human rights of people (children, young people and adults) with mental illness, learning disabilities, dementia and related conditions

### Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

To achieve our mission and purpose we currently have four strategic priorities:

### Strategic priorities

- To challenge and promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

In order to achieve these priorities we have grouped our activities into five main categories:

- Influence and empowering
- Visiting individuals
- Monitoring the law
- Investigate and casework
- Information and advice

## Activity 1: Influencing and empowering

We are often described as a mental health 'watchdog'.

We look into situations where something has gone wrong in mental health and learning disability services, but we also work to improve policy to help safeguard people and prevent things going wrong.

In our watchdog role, we draw attention to deficiencies in care and treatment in mental health services and areas of improvement in practice and ask people to learn from them. In this role, we use our unique overview of mental health, learning disability and dementia services to help Scottish Ministers and service managers shape policy. This way we aim to help develop services that safeguard rights, and improve care and treatment for people with mental illness, learning disability, dementia and related conditions.

**Q1 In your opinion how is the Mental Welfare Commission making a difference?**

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**Q2 Do you think our current four strategic priorities are still relevant?**

Current Strategic priorities

- To challenge and promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Yes

No

If No, (please explain)

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**Q3 In your opinion what does the Mental Welfare Commission need to do in future (next 3 years) to make a greater impact on its strategic priorities?**

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**Q4 Are there any other actions that should be prioritised by the Commission for attention in the next three years?**

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**Q5 Is there additional support that we can provide to Health and Social Care Partnerships/Health Boards/Local Authorities to support their own engagement and involvement of people with lived experience, their families and carers?**

Here is a summary of our recent approach to engaging with patients and patient organisations that we hope is helpful to you in evaluating the best advice to give Health and Social Care Partnerships/Health Boards/Local Authorities on their engagement and involvement of people with lived experience, their families and carers.

From a patient engagement perspective:

We have worked with mixed groups of patients, doctors, AAs, and PAs to inform our work on regulatory reform. Our consultations over an 18-month period included:

- [Qualitative research delivered by Shift Insight](#) to capture the views of members of the public during our consultation on the rules, standards, and guidance for PA/AA regulation.
- A mixed engagement panel, made up of 30 patients, doctors, PAs and AAs to input into processes and communications that are changing. The panel was facilitated by Community Research and used co-productive methods where possible.
- [Our Connect and Change community of interest](#), which we set up in 2024 to allow our audiences to hear about how we're changing as a regulator and to get involved by taking part in surveys and focus groups. This has been a useful tool for engagement where we wanted to quickly check something with the panel and didn't have resources to run a full workshop.

We are now reviewing the impact of how we have engaged with patients and the public and we are looking to build on what we've learnt over the past 18 months with our mixed patient, doctor, PA and AA engagement panel. Broadly we have found that bringing different groups (eg patients and professionals) together into the same

collaborative space can work if facilitated successfully, and it can be helpful to find compromise and compassion.

From a patient organisation perspective:

Twice a year we host a patient group roundtable that brings together patient organisations from across the UK. These meetings allow us to share our developing ideas on policies and services, and to involve patient insights in shaping the GMC's policy direction. They offer a valuable opportunity for open dialogue and consultation, helping ensure our work remains relevant, effective and aligned with patients' needs. The roundtables are chaired by Director of Strategic Communications and Engagement and include reflections and a Q&A from our Chair. These meetings are held virtually each Spring and Autumn to make them as accessible as possible to patient organisations across the four countries.

From the perspective of equality, diversity and inclusion (ED&I) as it relates to patient engagement, we believe that the MWC could offer support by:

- Offering practical guidance on engaging with patients with mental health conditions from a wide range of backgrounds - including ethnic minority communities, LGBTQ+ populations, people with disabilities, and individuals facing socio-economic disadvantage.
- Promoting accessible and inclusive communication by making patient engagement materials available in a range of formats and languages, and adopting engagement methods that accommodate diverse needs, including neurodiversity-aware approaches.
- Providing training for staff across health and social care services to build confidence and competence in conducting meaningful, culturally competent patient engagement.
- Encouraging co-production by supporting organisations to involve patients as partners (not just consultees) in designing and evaluating mental health services and policies.
- Sharing best practices and tools to evaluate whether engagement activities are reaching a representative range of patients and leading to meaningful, measurable change.

**Q6 Any other comments you wish to make in relation to our influencing and empowering activity?**

We note the previous Strategy document goes into the importance of targeted engagement with people who have lived experience of learning disability and neurodevelopmental differences, children and young people, and minority groups. However, it does not make any explicit reference to issues around ED&I, health inequalities, and/or the intersectionality of mental illness, learning disabilities, dementia and related conditions with other protected characteristics. Given the current plan's stated strategic priority to "focus on the most vulnerable", these issues would perhaps benefit from more explicit strategic focus in the revised strategic plan – not necessarily only under "influencing and empowering," but perhaps under other domains as well.

As a member of the Sharing Health and Care Intelligence Network (SHCIN), MWC engages with other organisations with a scrutiny/improvement role at service/system level. The purpose of the forum is to share intelligence, analysis and collective discussion regarding emerging issues relating to the safety and quality of health and care services. We suggest you consider how collaboration and partnership with other organisations, including via SHCIN, will be reflected in the Strategy.

We would also like to note that information about when it may be appropriate to raise a concern with the GMC about a doctor, PA or AA, is available on our website: [Concerns - GMC](#). You may not wish to capture this in your Strategy, but you might consider including a line about engaging healthcare professional regulators where necessary to protect the public.

The MWC, via your Responsible Officer, should seek advice from our Employer Liaison Adviser about management of concerns regarding a doctor, PA or AA, including on thresholds for referral.

## Activity 2: Visiting individuals

One of the best ways to check that people are getting the care and treatment they need is to meet with them and ask them what they think.

We visit people in hospital, in their own home, in a care home, in secure accommodation, or in any other setting where they are receiving care and treatment. About a quarter of our visits are unannounced.

We produce reports on all of our visits to people using services, so that services can learn from them and improve the care and treatment they provide. We do this through either:

**Local visits** - to people who are being treated or cared for in/by local services, such as a particular hospital ward, a local care home, local supported accommodation, or a prison.

**Themed visits** - to people with similar health issues, or in similar situations, across the country.

**Welfare guardianship visits** - where we visit people who have a court-appointed welfare guardian. The guardian may be a family member, friend, carer, or social worker (on behalf of the Chief Social Work Officer).

**Monitoring visits** - where we visit people who are subject to specific areas of mental health and incapacity legislation due to our statutory duty to monitor the operation of the law in this area. On these visits we look at compliance with the legislation, and at the experience of people who are receiving treatment. We also look for examples of good practice that we can share.

**Other visits** - for example, we visit when someone who is detained in hospital in England, Wales, or Northern Ireland is transferred to a hospital in Scotland. We also visit some young people admitted to an adult ward.

**Q7 Are you aware of the Visits undertaken by the Commission (themed, local, guardianship)?**

Yes (If Yes, please go to question 8)

No (If No, please go to question 14)

**Q8 Have you been involved in any of the visits undertaken by the Commission (themed, local, guardianship)?**

Yes (If Yes, please go to question 9)

No (If No, please go to question 11)

**Q9 What worked well?**

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**Q10** What, if any improvements could we make to our visits?

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**Q11** Do you have any further comments about the Commission's visiting role?

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**Q12** Do you have any comments about the Commission's visiting reports that are published?

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**Q13** Do you have any other comments in relation to the Commission's visiting role?

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## Activity 3: Monitoring of the Acts

We monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 and the welfare parts of the Adults with Incapacity (Scotland) Act 2000.

The law says that the people providing care and treatment must let us know if a person has been:

- detained under the Mental Health Act
- detained without the consent of a mental health officer
- placed under a compulsory treatment order
- given care and treatment that is not in line with his or her advance statement, or if:
  - a compulsory treatment order has been changed in an important way
  - a welfare guardian has been appointed to make decisions on another person's behalf

We produce general monitoring and trend data on the use of mental health and incapacity law. These monitoring reports identify any issues with the way the law is used. We highlight these issues, and recommend changes to policy makers and to service providers.

**Q14 Have you read any of our publications on our monitoring of the acts?**

Yes

No (If No, please go to question 19)

**Q15 Have these monitoring reports been useful to you? Please explain how.**

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**Q16 What, if any, improvements could be made to these publications?**

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**Q17 What other monitoring work can the Commission do to ensure the rights of individuals are protected and respected?**

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**Q18** Any other comments?

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## Activity 4: Investigations

If we think that someone with a mental illness, learning disability, dementia or related conditions is not getting the right care and treatment, we will look into it.

We may conduct an in-depth investigation if we believe there are valuable lessons to be learned across Scotland.

We are particularly keen to investigate when we think other people may be having similar problems, and where there have been mistakes that we feel other professionals could learn from. We want to help make sure the same things don't happen again to other people in similar circumstances. Sometimes, after initial investigations, we find nothing of concern. Other times, we want to look further into the case.

When we do this we publish the results and recommendations from our investigations. We then follow up with services to find out what changes they have made in response to our recommendations.

**Q19 Have you read any of the Commission's investigation reports or are you familiar with the Commission's investigation work?**

Yes

No

**Q20 What works well in relation to our investigations work and publications?**

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**Q21 What, if any, improvements could we make to our investigations work?**

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**Q22 Do you think the role of the Commission in investigations is clear?**

Yes

No

If No, please explain

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**Q23 Any other comments?**

We note that the previous strategic plan does not include any explicit reference to patient safety, although this is a theme that overlaps with the Commission’s role in investigating quality of care. We consider that this might usefully be made more explicit in the next strategic plan.

Our GMC corporate strategy 2021-25 sets out four ambitions, two of which relate to patient safety. First, enabling professionals to provide safe care. This means we work with others to make healthcare environments more supportive, inclusive and fair. And, second, developing a sustainable medical workforce. This involves helping to develop a diverse workforce with the right skills to meet future patient needs.

As part of the GMCs role to protect the public, we have made a commitment to meaningfully involve patients and the public to help deliver better outcomes and be a more effective regulator. When developing our corporate strategy, therefore, we make sure patient safety remains central to our future direction of travel. This includes, for instance, considering what the future healthcare environment will look like for patients. As part of this, we have undertaken work to better understand challenges and external drivers coming down the track over the next decade, as well as the risks and opportunities they present. It also includes utilising our biannual Patient Group Roundtable where we meet with patient advocacy groups across the four nations to collaborate with them on our work.

## Activity 5: Information and advice

If you need information or advice about your rights in relation to mental health care and treatment, or you are concerned about someone else's rights and welfare, we will try to help.

If we cannot help directly, we can refer you to other organisations who should be able to.

We give advice and information about rights and best practice in relation to two key laws:

- the Mental Health (Care & Treatment) (Scotland) Act 2003
- the Adults with Incapacity (Scotland) Act 2000

Our website provides answers to questions that patients and members of the public, carers, and professionals have asked us.

**Q24 Have you accessed the Commission's advice line or good practice guides?**

Yes

No (If No please go to 'About you' section on page 13)

**Q25 What was good about the advice line or good practice guides/advice notes you accessed?**

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**Q26 What, if any, improvements could we make to our advice line or good practice guides/advice notes?**

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**Q27 Is there anything else we could be doing in relation to the provision of information and advice?**

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**Q28** Within the Commission's role and remit, is there more the Commission could be doing with and for:

People with lived experience

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Families, carers

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Practitioners

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**Q29** Any other comments?

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## About you section

Finally, we'd like to ask some details about you. You don't have to fill this in, but if you do it will help us to ensure our consultation is inclusive. Anything you tell us on this form will be anonymous.

### Are you responding as an individual or organisation?

- Individual  
 Organisation

### Organisation

Please specify which type of organisation you work for?

- NHS Board  
 Health & Social Care Partnership  
 Local Authority  
 Third Sector  
 Private Sector  
 Other, please specify .....Professional Regulator .....

If you are responding as an **Individual** can you please complete the following:

- Prefer not to answer

### White

- Scottish  
 Other British (English, Welsh, Northern Irish)  
 Irish  
 Gypsy/Traveller  
 Polish  
 Any other white ethnic group, please describe:  
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### Asian, Asian Scottish, Asian British

- Pakistani, Pakistani Scottish, Pakistani British  
 Indian, Indian Scottish, Indian British  
 Bangladeshi, Bangladeshi Scottish, Bangladeshi British  
 Chinese, Chinese Scottish, Chinese British  
 Any other Asian, please describe:  
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### African

- African, African Scottish, African British  
 Any other African, please describe:  
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### Caribbean or Black

- Caribbean, Caribbean Scottish, Caribbean British  
 Black, Black Scottish, Black British  
 Any other Caribbean or Black, please describe:  
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### Other ethnic group

- Arab, Arab Scottish, Arab British  
 Any other ethnic group, please describe:  
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### Any mixed or multiple ethnic groups

Please describe:  
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**How old are you?**

Prefer not to say

Age: .....

**Gender identity - Are you:**

Prefer not to say

Male (including trans man)

Female (including trans woman)

Other gender identity - please tell us: .....

**Which of these best describes how you think of your sexuality?**

Prefer not to say

Heterosexual or straight

Gay or lesbian

Bisexual

Other sexuality – please tell us: .....