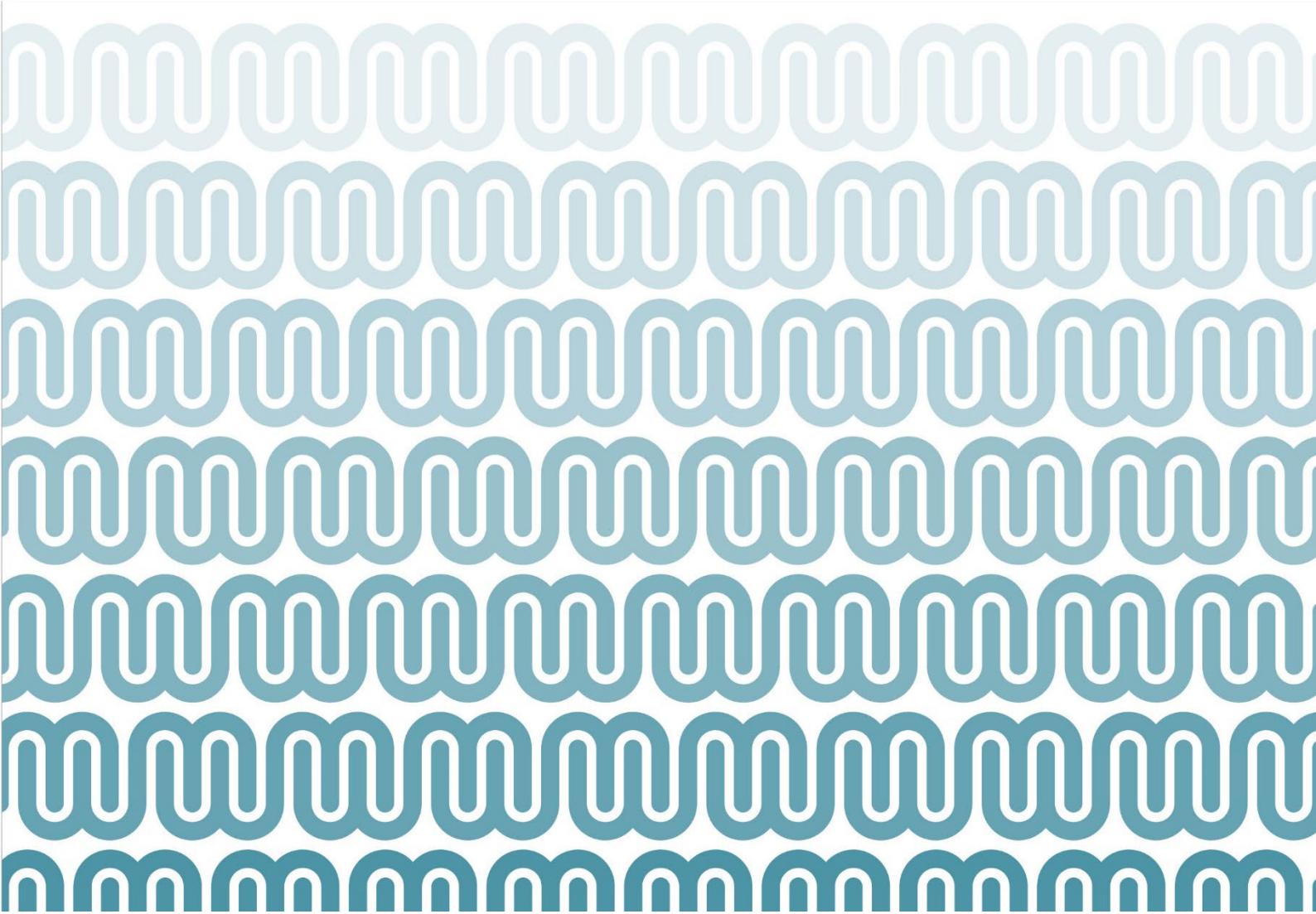
mental welfare commission for scotland

DRAFT:

Strategic plan 2026-29

Corporate report

November 2025



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Our Strategic Priorities

Introduction

We are committed to ensuring respect for all human rights to ensure people with mental illness, learning disability, personality disorder, dementia and related conditions receive the best possible care, treatment and support to live the life of their choosing.

This new strategy strengthens this commitment and delivers our mission to lead on implementation of best practice in relation to mental health and capacity law; to be an independent voice promoting a society where people with mental health related conditions and their families are included, are treated fairly and services are empowered and supported to deliver genuine person centred outcomes.

Our strategic priorities in 2023-2026 were agreed as follows:

1. **To challenge and promote change**
2. **To increase our impact (in the work that we do)**
3. **To improve our efficiency and effectiveness**
4. **To focus on the most vulnerable**

Feedback from stakeholders on our new strategy for 2026-2029 confirm that our four priorities from 2023-2026 continue to be agreed but require to be strengthened in terms of focus on the Commission's national leadership role, our focus on human rights and our focus on communities as well as hospital settings (as there seems to remain a perception that the Commission only works with people in hospitals).

The explanation of our strategic priorities has therefore been expanded as below:

1. To lead, challenge and promote change

- Individuals know their rights, are empowered to participate in decision making about their mental health care and treatment if and when they wish to and/or feel able to and are supported to choose the lives they want to live.
- The Commission is recognised as a leader and trusted voice on mental health and incapacity legislation and human rights.
- Scotland's legislation relating to nonconsensual care and treatment fully reflects international human rights best practice or standards, in its wording and implementation.
- People's rights are at the centre of policies and practice and reflected in their experience of mental health and learning disability service provision.

2. To increase our impact (in terms of both our rights, national leadership role and the work that we do)

- Services respect our duties in law; have due regard for the recommendations we make and implement them.
- We are the go-to place for advice on areas where care and treatment, ethics and the law intersect.
- Our monitoring of mental health and incapacity legislation continues to develop and expand, improving safeguards in practice and informing legislative and policy changes.
- We will improve and adapt our engagement to address any barriers to ensure we visit people across communities.

3. To improve our efficiency and effectiveness

- Our staff are engaged, trained and developed to have the right skills and knowledge to deliver the Commission's priorities in a changing environment.
- Our effectiveness will be enhanced by expanding opportunities to collaborate to include people with experience of using services, carers and professionals across mental health services.
- We will implement a new information management system in 2026, digitalising our day-to-day work and improving our business efficiency and effectiveness.
- We will continue to deliver our statutory duties within our finite allocated resources.

4. To focus on the most vulnerable

- We will work across hospital and community services for mental health, learning disability, personality disorder, dementia, and related conditions, to ensure there are robust plans to identify and respond to the needs of children, young people, adults and older people who are less likely to have their voice heard and where their human rights are not being upheld.
- We will further develop our working partnerships with independent and collective advocacy services to ensure systemic human rights concerns are identified and addressed.

Our commitments

Short term we will:

- Provide further explanation of our strategic priorities as noted above.
- Increase the profile of the Commission, providing clarity on what we do and what we don't do.

- Whilst there is a consistent ask from stakeholders for the Commission to extend our reach to “improve care for all”, prevention, anti-stigma and wellbeing, the Commission needs to target its finite resources and retain its unique role and focus on the human rights of those most vulnerable. Extending our reach and scope should be as per Scottish Mental Health Law Review (SMHLR) and its three-year evidence base. However, we need to profile and collaborate with those organisations whose role it is to focus on anti-stigma, prevention and well-being.
- Focus on the recommendations of the Scottish Mental Health Law Review to ensure that they are fully considered and appropriate action taken forward to reform Scotland’s mental health and incapacity legislation which is not keeping pace with human rights expectations.

What will success look like?

- Reworked explanation of our strategic priorities to reflect stakeholder feedback.
- Consistent and clear communication and profiling of the role of the Commission in relation to human mental health and incapacity law together with clarity regarding what the Commission does not do.
- Collaboration with stakeholders collectively promoting positive change including the delivery of the Scottish Mental Health Law Review recommendations.

Summary of Commitments

Strategic priorities

Short term we will:

- Provide further explanation of our strategic priorities as noted above.
- Increase the profile of the Commission, providing clarity on what we do and what we don't do.
- Whilst there is a consistent ask from stakeholders for the Commission to extend our reach to "improve care for all", prevention, anti-stigma and wellbeing, the Commission needs to target its finite resources and retain its unique role and focus on the human rights of those most vulnerable. Extending our reach and scope should be as per Scottish Mental Health Law Review (SMHLR) and its three-year evidence base. However, we need to profile and collaborate with those organisations whose role it is to focus on anti-stigma, prevention and well-being.
- Focus on the recommendations of the Scottish Mental Health Law Review to ensure that they are fully considered and appropriate action taken forward to reform Scotland's mental health and incapacity legislation which is not keeping pace with human rights expectations.

Influencing and empowering

Short/medium term we will:

- Protect our integrity and independence.
- Improve our visibility and accessibility and ensure our uniqueness is understood e.g. roadshows, national events.
- Work with other bodies, including the Scottish Human Rights Commission and Children and Young Persons Commissioner, to develop an understanding of how mental health care and policies should change to reflect the requirements of the UNCRC.
- Act as a catalyst for change
    - i) Make a systemic effort to reduce the use of and need for coercion in mental health care.
    - i) Take a lead role in co-ordinating the network of scrutiny agencies in mental health.
    - ii) Develop greater understanding of how human rights enablement (including economic, social and cultural rights) can be given effect in mental health care.

Long term we will:

- Explore early intervention that is community based and social care driven instead of continual crisis management. This requires a seismic shift in thinking that stakeholders believe the Commission is in a unique position to influence.
- Raise awareness, and reassurance, of anonymity being guaranteed where patients, residents, their families and unpaid carers, and health and social care staff raise issues of concern, either in the course of our visits, investigations or at other times. Where this is not possible or appropriate for an effective outcome then the Commission should provide oversight to reduce the risk of adverse consequences for patients, family members and staff who raise concerns.

Visiting Individuals

Short term we will:

- Increase the number/percentage of unannounced visits that we undertake (up to 50%).
- Increase the number of community visits.
- Increase the number of enhanced visits; that is, we will spend longer than one day in a setting where concerns suggest we need to understand more detail.
- Continue to express our support for the Scottish Mental Health Law Review recommendations to extend and strengthen our powers.

Medium term we will:

- Expand our visiting teams to include more professional disciplines e.g. psychology, mental health allied health professionals, peer support.
- Improve ways to engage with those we visit including use of technology, questionnaires and working with collective advocacy groups to do so.
- Incorporate action plans received from the service onto the Commission website.
- Further develop our intelligence gathering to inform our visit programme and regularity of contact and status of visits (announced/unannounced).

Long term we will:

- Develop a more summarised format for the local visit report so that services can pick up the key high level information points quickly (alongside the more detailed report).

Monitoring of the Acts

Short term we will:

- Publish each monitoring report in complementary formats so different audiences can use the same evidence in ways that suit them. For example, every report will include a short plain-English summary highlighting the key findings and actions, a visual/data pack with clear charts and "at a glance" messages, and there will also be a full technical report with detailed tables and methods.
- Further develop an annual dashboard to Health and Social Care Partnerships at end of year meetings.
- Publish spotlight reports on specific areas highlighted by the monitoring reports, for example on MHO consent rates, section 47 AWI certificates in practice and social circumstances report (SCR) timeliness/quality.

Medium term we will:

- Develop a monitoring data strategy with consistent metric headings year-on-year in response to the implementation of our new information management system which will allow for more granularity of data scrutiny.
- Produce thematic reports (e.g. restraint/seclusion, advocacy access, children & young people).
- Improve visibility of advocacy in monitoring, including uptake trends.
- Collaborate with partners (Public Health Scotland (PHS), Healthcare Improvement Scotland (HIS), Care Inspectorate (CI), Scottish Social Services Council (SSSC) on shared datasets (e.g. MHO workforce, therapy access).
- Launch an advance statements accelerator - work with advocacy organisations and lived experience groups, we will promote advance statements through campaigns and workshops, develop short guides and training for professionals, and explore digital tools to make statements easier to create and access. By treating advance statements as a rights safeguard rather than an optional extra, the intention will be to drive a step change from the current low baseline.
- Add focused monitoring on the AWI Act in relation to deprivation of liberty and guardianship powers specificity.

Long term we will:

- Maintain consistent year-on-year metrics for comparability while being transparent about limitations.
- Secure ethical data-sharing with scrutiny partners to improve content.

- Promote the Commission's unique statutory safeguards, including the Designated Medical Practitioner (DMP) work, as part of our distinctive contribution.

Investigations

Short term we will:

- Strengthen our internal understanding of investigation activity across the health and social care landscape (learning reviews/significant adverse event reviews).
- Progress death in detention/homicide (DID/H) work with Scottish Government using evidence of the four pilot investigations.
- Clearly align our investigation functions with partners with similar powers (scoping where we stop and where others start).
- Be more explicit about human rights in our investigations and embed this, working with key partners, including the Scottish Human Rights Commission to do so.
- Follow published investigations with high profile webinars/communication strategy and closure reports.
- Align our investigation reports with education resources/partners to maximise impact.

Medium term we will:

- If Scottish Government agree work beyond the deaths in detention/homicide pilots we will embed an integrated investigatory function covering all the Commission's investigation work. (This will include the inclusion of a family liaison officer and input from lay Commission visitors).
- Include mental health related deaths and any human rights breaches into our monitoring activities.
- Produce a Lesson Learned Report, highlighting the lower-level investigation tiers within the Commission (Information Management System (IMS)will greatly assist with this).

Longer term we will:

- Secure our powers as per Scottish Mental Health Law Review recommendations 11.12 and 11.15

Information and advice

Short term we will:

- Develop "bite size"/time-limited (7-minute briefings have been suggested) podcast-type videos based on our key good practice guides and use this model moving forward on Commission publications too.
- Improve our social media profile with shorter, more interactive updates on our work including the visits we do, our investigations/lessons learned and the use of mental health and incapacity laws.
- Look to promote and publish more in relation to our advice line to both increase take up but also provide clarity on what we do and do not offer.

Medium/long term we will:

- Build on accessible versions of communication like posters, QR codes, leaflets and look at increasing effectiveness of distribution of these.
- Conduct a review of options to enhance our website.
- Consider a bi-annual in-person event with a focus on our good practice/advice/key activities including intelligence from visits and enquiries/investigations.
- Review our report formatting to capture interest and ensure audiences are targeted and what we produce is accessible for those audiences.
- Review our telephone advice line.
- Create additional opportunities to seek feedback on our work, including direct feedback on the advice line.

Engagement & participation

Short term we will:

- Collaborate with partners to ensure we learn from their expertise and build on this at the Commission e.g. VOX, advocacy services and also extend this learning to Health and Social Care Partnerships/Local Authorities/Health Boards.
- Work with advocacy partners to consider how best to jointly deliver related Scottish Mental Health Law review recommendations.
- Review the membership of the Commission's advisory committee to ensure the sector is fully represented.
- Consider the impact of the Commission's advisory committee and how the work/activities of this group can be disseminated more broadly through the different networks established by the Commission's engagement and participation team.
- Review the events that the Commission has attended and develop a timetable that aligns with the communications strategic plan for key date e.g. carers week/mental health week etc to ensure there is Commission presence, either jointly or by the Commission with their own materials

Medium term we will:

- Ensure a rolling training programme for Commission staff around positive engagement with people with lived experience and carers and embedding across all aspects of the Commission's planning and delivery of work.
- Further develop paid opportunities to work with the Commission.

Digital and transformation

Short term we will:

- Complete the delivery of the IMS Project in 2026, transition to 'business as usual', embed the system and enhancements and realise the benefits through supplier relationship/contractual performance management.

Medium term we will:

- Prepare a digital transformation strategy, to develop a longer-term view of direction of travel and digital solutions for the Commission on the back of IMS, to include if/how AI can be used to bring efficiencies.

Workforce

Short term we will:

- Continue to support Commission staff to be the best that they can be and provide training opportunities enabling their professional development.
- Lead and deliver high-quality learning opportunities linked to our work e.g. published reports, AWI project with NHS Education for Scotland to support continuous training and development across all staff groups and other parties interested in mental health law, care and treatment.
- The Commission's first internal communications plan was published in 2025. We will review this to ensure our people are updated on significant developments, internally and externally.

Medium term we will:

- Review the needs of our communications function to put the Commission in the best position to support the commitments set out elsewhere in this Strategic Plan.
- The Commission's workforce strategy is set out in our Organisational Development Plan, published in April 2025. It consists of a series of people activities phased over three years to 2028, delivery of which will (a) drive cultural change and (b) attract, retain, support and develop a talented workforce. We will continue to deliver on those actions and report to the Board six monthly on progress.

Long term we will:

- Continue to hold an in person staff event each year and carry out an annual staff survey, to identify areas for improvement and areas where we can celebrate success.
- We will develop an updated Organisational Development Plan

Influencing and empowering

Introduction

We are often described as a mental health 'watchdog' or a 'critical friend'. We provide honest and constructive feedback to raise awareness of rights and support the delivery of quality, lawful care. It is true that we look into situations where something has gone wrong in mental health and learning disability services, we highlight learning and also work to improve policy to help safeguard people and prevent things going wrong.

Our stakeholders are clear that our trust and integrity derive from our independence from NHS, local authorities and Scottish Government. This trust is enhanced by our staff being mental health trained and qualified with experience of implementing law into practice. Based on the feedback from stakeholders as part of the engagement relating to our strategic plan for 2026-2029 our commitments are as follows:

Our commitments

Short/medium term we will:

- Protect our integrity and independence.
- Improve our visibility and accessibility and ensure our uniqueness is understood e.g. roadshows, national events.
- Work with other bodies, including the Scottish Human Rights Commission and Children and Young Persons Commissioner, to develop an understanding of how mental health care and policies should change to reflect the requirements of the UNCRC.
- Act as a catalyst for change

  ii) Make a systemic effort to reduce the use of and need for coercion in mental health care.

  iii) Take a lead role in co-ordinating the network of scrutiny agencies in mental health.

  iv) Develop greater understanding of how human rights enablement (including economic, social and cultural rights) can be given effect in mental health care.

Long term we will:

- Explore early intervention that is community based and social care driven instead of continual crisis management. This requires a seismic shift in thinking that stakeholders believe the Commission is in a unique position to influence.
- Raise awareness, and reassurance, of anonymity being guaranteed where patients, residents, their families and unpaid carers, and health and social care staff raise issues of concern, either in the course of our visits, investigations or at other times. Where this is not possible or appropriate for an effective outcome then the Commission should

provide oversight to reduce the risk of adverse consequences for patients, family members and staff who raise concerns.

What will success look like?

- High profile communications; various approaches and mediums to ensure visibility and clarity regarding what we do and what we do not do. Creative opportunities to share our work in accessible formats locally and nationally. Key stakeholders will have full understanding of our roles and responsibilities.
- We will deliver on various recommendations made by the Scottish Mental Health Law Review noting that some do not require legislative change.
- Strengthen our focus on human rights in practice. Outcome will be that practitioners and individuals both understand what human rights realisation means in practice e.g. right not be institutionalised; right to work; right to a reasonable standard of living; right to health and so on.

Visiting individuals

Introduction

Section 13 of the Mental Health (Care and Treatment) (Scotland) Act 2003 describes the visits that the Commission is authorised to undertake. Our engagement and participation officers (people with lived experience), mental health nurses, social workers (mental health officers) and psychiatrists visit and speak to people who use services, their carers, their families, their advocacy supporters and their mental health officers so that we can understand what their experience of care is like. We aim to identify good experiences but also areas of care, treatment and law which are not respecting the rights of the person being cared for. We also speak with staff and managers to understand what they are doing to provide the highest quality care, treatment and support according to mental health and incapacity legislation.

We produce reports on all of our visits to people using services, so that services can hear good feedback, learn from any feedback and improve the care and treatment they provide.

We visit people in hospital but also in their own home or in registered community settings, including secure accommodation, or in any other setting where they are receiving care and treatment. Stakeholders told us that the Commission needs to do more in the community and more of our visits need to be undertaken on an unannounced basis. There is also a desire for the Commission to extend its visiting team to include professions and people with experience beyond those currently employed.

There is frustration that the Commission's recommendations are not always respected and followed, and the Commission has no powers in law to address this.

Our commitments

Short term we will:

- Increase the number/percentage of unannounced visits that we undertake (up to 50%).
- Increase the number of community visits.
- Increase the number of enhanced visits; that is, we will spend longer than one day in a setting where concerns suggest we need to understand more detail.
- Continue to express our support for the Scottish Mental Health Law Review recommendations to extend and strengthen our powers.

Medium term we will:

- Expand our visiting teams to include more professional disciplines e.g. psychology, mental health allied health professionals, peer support.
- Improve ways to engage with those we visit including use of technology, questionnaires and working with collective advocacy groups to do so.
- Incorporate action plans received from the service onto the Commission website.

- Further develop our intelligence gathering to inform our visit programme and regularity of contact and status of visits (announced/unannounced).

Long term we will:

- Develop a more summarised format for the local visit report so that services can pick up the key high level information points quickly (alongside the more detailed report).

What will success look like?

- The Commission will undertake up to 50% of visits on an unannounced basis.
- Action plans from services will be quality assured and will deliver on Commission recommendations timeously. Repeat recommendations will reduce in number and where they do happen will be highlighted as a concern and escalated.
- The Commission's visiting team will expand to include the full range of professionals (peer support, allied health professionals (AHPs) required for the visit based on the setting visited.
- Recommendations made by the Scottish Mental Health Law Review to extend and strengthen the Commission's role and powers will be implemented thus improving influence, impact and outcomes for individuals.

Monitoring of the Acts

Introduction

The Commission has a statutory duty to monitor the use of the Mental Health (Care and Treatment) (Scotland) Act 2003. We do this by collating and analysing data compiled from the relevant paperwork sent to us and by publishing monitoring reports with comment and analysis of trends in the use of the Act.

The Commission is also part of the Adults with Incapacity (Scotland) Act 2000 (AWI Act) framework of legal safeguards in place to protect the rights of people subject to welfare guardianship orders, intervention orders and powers of attorney (POA). We monitor the use of the welfare provisions and the use of Part 5 of the AWI Act relating to consent to medical treatment and research.

Stakeholders who responded as part of our engagement process strongly valued the Commission's independent role in monitoring use of the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. We heard that monitoring reports are widely used to understand national trends, benchmark practice and provide an evidence base for reform. However, several themes recurred: the need for clearer, more accessible presentation (summaries, infographics, easy-read, translations); deeper analysis of causes and impacts beyond headline numbers; and clearer outcomes on how the information we provide is used. Particular areas highlighted included provision of social circumstances reports, consent to emergency detentions, take up of advance statements.

There was also a call for the Commission to monitor the use of restraint and seclusion, post-discharge risk/readmissions, and deprivation of liberty under the AWI Act (recommendations made by the Scottish Mental Health Law Review). Stakeholders also sought more systematic reporting on advocacy access, equality and intersectionality.

Internally, staff highlighted the success and workload of Designated Medical Practitioner (DMP) administration as a unique statutory safeguard that should feature prominently in the strategy.

Our commitments

Short term we will:

- Publish each monitoring report in complementary formats so different audiences can use the same evidence in ways that suit them. For example, every report will include a short plain-English summary highlighting the key findings and actions, a visual/data pack with clear charts and "at a glance" messages, and there will also be a full technical report with detailed tables and methods.
- Further develop an annual dashboard to Health and Social Care Partnerships at end of year meetings.
- Publish spotlight reports on specific areas highlighted by the monitoring reports, for example on MHO consent rates, section 47 AWI certificates in practice and social circumstances report (SCR) timeliness/quality.

Medium term we will:

- Develop a monitoring data strategy with consistent metric headings year-on-year in response to the implementation of our new information management system which will allow for more granularity of data scrutiny.
- Produce thematic reports (e.g. restraint/seclusion, advocacy access, children & young people).
- Improve visibility of advocacy in monitoring, including uptake trends.
- Collaborate with partners (Public Health Scotland (PHS), Healthcare Improvement Scotland (HIS), Care Inspectorate (CI), Scottish Social Services Council (SSSC) on shared datasets (e.g. MHO workforce, therapy access).
- Launch an advance statements accelerator - work with advocacy organisations and lived experience groups, we will promote advance statements through campaigns and workshops, develop short guides and training for professionals, and explore digital tools to make statements easier to create and access. By treating advance statements as a rights safeguard rather than an optional extra, the intention will be to drive a step change from the current low baseline.
- Add focused monitoring on the AWI Act in relation to deprivation of liberty and guardianship powers specificity.

Long term we will:

- Maintain consistent year-on-year metrics for comparability while being transparent about limitations.
- Secure ethical data-sharing with scrutiny partners to improve content.
- Promote the Commission's unique statutory safeguards, including the Designated Medical Practitioner (DMP) work, as part of our distinctive contribution.

What will success look like?

- Analysis of report feedback aiming for high rates (≥80%) of mixed-background readers (professionals, lived experience, carers) rating monitoring outputs as clear/useful.
- Well-developed annual dashboards provided to Health and Social Care Partnerships for discussion and improvement planning published with trends and outliers highlighted.
- Advocacy, equality and advance statement data visible with improving trends.
- Benchmarks consulted and agreed (e.g. % MHO consent; % SCR completion within 28 days) and trends improving.
- DMP demand met with timely allocation and quality assurance.

Investigations

Introduction

Section 11 of the Mental Health (Care and Treatment) Act 2003 gives the Commission the authority to carry out investigations and make recommendations as it considers appropriate, including where an individual with mental illness, learning disability, personality disorder, dementia or related condition may be, or may have been, subject to ill treatment, neglect or some other deficiency in care and treatment.

Investigations seek to identify what lessons can be learned from the experience of the individual and their family, not only for the service concerned but for services across Scotland.

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

Feedback suggests that our investigation work is highly regarded and shared widely for learning. For some, this area of work of the Commission is the most impactful. Questions therefore raised related to the fact that the Commission has not progressed investigation work in relation to deaths in detention/mental health homicides beyond the four 'pilot' investigations. There is an expectation that the Commission should pursue this vigorously particularly given this work relates to a further recommendation of the Scottish Mental Health Law Review.

Our commitments

Short term we will:

- Strengthen our internal understanding of investigation activity across the health and social care landscape (learning reviews/significant adverse event reviews).
- Progress death in detention/homicide (DID/H) work with Scottish Government using evidence of the four pilot investigations.
- Clearly align our investigation functions with partners with similar powers (scoping where we stop and where others start).
- Be more explicit about human rights in our investigations and embed this, working with key partners, including the Scottish Human Rights Commission to do so.
- Follow published investigations with high profile webinars/communication strategy and closure reports.
- Align our investigation reports with education resources/partners to maximise impact.

Medium term we will:

- If Scottish Government agree work beyond the deaths in detention/homicide pilots embed an integrated investigatory function covering all the Commission's investigation work. (This will include the inclusion of a family liaison officer and input from lay Commission visitors).

- Include mental health related deaths and any human rights breaches into our monitoring activities.
- Produce a Lesson Learned Report, highlighting the lower-level investigation tiers within the Commission (Information Management System (IMS)will greatly assist with this).

Longer term we will:

- Secure our powers as per Scottish Mental Health Law Review recommendations 11.12 and 11.15

What will success look like?

- Scottish Mental Health Law Review investigation related recommendations will be agreed and resourced.
- We will have a fully operational and functioning investigation unit with the requisite statutory powers.
- We will produce accessible reports for a variety of audiences.
- We will closely monitor and report on mental health related deaths.
- We will have established ways of working with key partners in terms of investigations, specifically with the Scottish Human Rights Commission (SHRC)/Children & Young People's Commissioner Scotland (CYPCS).
- We will have statutory powers to cement our investigatory status.

Information and advice

Introduction

The Commission's advice line is a critically important service evidencing our desire to be a centre of expertise fulfilling our role as per legislation.

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

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

Mental health legislation is extensive and can be complicated. There are many aspects of care and treatment that may need advice from a source outside of that providing the care and treatment.

Stakeholders told us they value our advice line. Only a little over 50% of our respondents had actually used our advice line though and they suggested we need to promote it more. We are said to be the go-to place for advice on areas where care and treatment, ethics and the law intersect and our advice notes and good practice guides are used widely.

There was mixed feedback on our website and how easy it is to navigate and find answers to questions or access to good practice guides and reports. We heard that whilst our information is detailed and thorough, people do not always have the time to scrutinise the detail and would welcome 'high level summaries'.

Our commitments

Short term we will:

- Develop "bite size"/time-limited (7-minute briefings have been suggested) podcast-type videos based on our key good practice guides and use this model moving forward on Commission publications too.
- Improve our social media profile with shorter, more interactive updates on our work including the visits we do, our investigations/lessons learned and the use of mental health and incapacity laws.
- Look to promote and publish more in relation to our advice line to both increase take up but also provide clarity on what we do and do not offer.

Medium/long term we will:

- Build on accessible versions of communication like posters, QR codes, leaflets and look at increasing effectiveness of distribution of these.
- Conduct a review of options to enhance our website.
- Consider a bi-annual in-person event with a focus on our good practice/advice/key activities including intelligence from visits and enquiries/investigations.

- Review our report formatting to capture interest and ensure audiences are targeted and what we produce is accessible for those audiences.
- Review our telephone advice line.
- Create additional opportunities to seek feedback on our work, including direct feedback on the advice line.

What will success look like?

- We will have a range of sources of feedback on our work which will shape our work and ensure continuous improvement across all the Commission's activities.
- Commission roadshows, events, webinars will be well attended by audiences who have clarity on the purpose and knowledge of the Commission's roles and responsibilities.
- Our telephone advice line will have increased contacts (3500+ per year) and will reshape or otherwise based on consistent opportunities to receive feedback from those who use it.
- More people will know who the Mental Welfare Commission is and what we do.

Engagement and participation

Introduction

The Commission's engagement and participation strategy 2023-2026 is currently being evaluated. The next iteration will be informed by this strategic plan feedback and wider feedback from people with experience of care and treatment and their carers and important people to them.

We are also currently in the process of piloting paid peer support additions to our visiting model and will then be considering how best to extend to other professions too as noted earlier. The support for this work is evidenced by the feedback given as part of the engagement on our 2026-2029 strategic plan so this is good to see.

It is clear from the feedback received that there is a strong desire for the Commission to work more closely with partners to highlight the lack of expertise in engagement in the public sector and to advocate for different ways of working, including the creation of paid lived experience and carer lived experience leadership roles in Health and Social Care Partnerships/Health Boards/Local Authorities and in services. There was also a call to support the same bodies to develop their understanding of collective advocacy and its role in participation, supported decision making and systems change. As stated previously, the Commission is very keen to develop its relationship with collective advocacy as recommended by the Scottish Mental Health Review, recognising the need for this service to flourish in order to deliver on the review's intentions for reform.

Our commitments

Short term we will:

- Collaborate with partners to ensure we learn from their expertise and build on this at the Commission e.g. VOX, advocacy services and also extend this learning to Health and Social Care Partnerships/Local Authorities/Health Boards.
- Work with advocacy partners to consider how best to jointly deliver related Scottish Mental Health Law review recommendations.
- Review the membership of the Commission's advisory committee to ensure the sector is fully represented.
- Consider the impact of the Commission's advisory committee and how the work/activities of this group can be disseminated more broadly through the different networks established by the Commission's engagement and participation team.
- Review the events that the Commission has attended and develop a timetable that aligns with the communications strategic plan for key date e.g. carers week/mental health week etc to ensure there is Commission presence, either jointly or by the Commission with their own materials

Medium term we will:

- Ensure a rolling training programme for Commission staff around positive engagement with people with lived experience and carers and embedding across all aspects of the Commission's planning and delivery of work.
- Further develop paid opportunities to work with the Commission.

What will success look like?

- There will be additional paid roles at the Commission for people with experience of use of services/their carers.
- The Commission's Advisory Committee, a formal committee of the Commission's board, will have representation across the sector.
- Collaboration with key partners will ensure the voices of people with experience and those who are underrepresented are strengthened and the roles of key services are understood and valued e.g. independent collective advocacy.

Digital Transformation

Introduction

The Commission is committed to improving and developing digital capabilities as evidenced through the current Information Management System project (IMS), which is in progress to ensure the current system is replaced with a transformational IMS system offering enhanced capabilities through improved recording, monitoring and reporting to inform both internal and external activities.

The intention is to have an improved IMS system with cloud based solution which offers Application Programming Interface (API) which means two programmes/applications can speak to each other and allow access to our system. This will enable remote device capability which is a key desire of staff within the Commission arising from the Art of the Possible IMS feedback exercise.

The responses from stakeholders focussed on the delivery of the new information management system (IMS) scheduled in 2026. This is several years in the making and a significant undertaking for the Commission, which is intended to be transformational.

Other responses mentioned reviewing what data we collect and whether we can do more, and how we can harness AI.

Our commitments

Short term we will:

- Complete the delivery of the IMS Project in 2026, transition to 'business as usual', embed the system and enhancements and realise the benefits through supplier relationship/contractual performance management.

Medium term we will:

- Prepare a digital transformation strategy, to develop a longer-term view of direction of travel and digital solutions for the Commission on the back of IMS, to include if/how AI can be used to bring efficiencies.

What will success look like?

- Delivery of IMS Project in 2026.
- IMS supplier will meet key performance indicators (KPIs) and service levels.
- We will publish our digital transformation strategy.

Workforce

Introduction

We are committed to a culture where our people are invested in, valued, listened to and represented across the organisation.

In 2025, all of our staff groups worked together with an external organisation to review and update our values. We now collectively 'own' the agreed values defining who we are:

- Respectful
- People of integrity
- Compassionate
- Positive
- Knowledgeable

We will ensure that our values are embedded and the Commission is an attractive and inclusive place to work. We want our staff across the organisation to feel heard, connected and energised to deliver on our vision.

It is encouraging to see so many valuable contributions as part of the strategic plan engagement process, particularly from our own workforce, identifying a number of areas where the Commission excels and is called out as a supportive environment in which to work.

The range of responses highlight some real strengths around:

- Expertise/knowledge
- Our reach and extent of activity for such a small organisation
- Approachable and supportive culture/colleagues
- Feedback and continuous improvement
- Staff engagement and consultation

This is a good foundation on which to build.

There appears to be a theme around needing to improve internal communications, to ensure our front facing colleagues are more informed about Commission business, upcoming publications and external activity.

Also of note are comments from external stakeholders around ensuring the Commission's externally facing workforce remains reflective of the modern Scotland health and social care workforce, in terms of roles that form part of our visiting teams, for example (as noted previously).

Our commitments

Short term we will:

- Continue to support Commission staff to be the best that they can be and provide training opportunities enabling their professional development.

- Lead and deliver high-quality learning opportunities linked to our work e.g. published reports, AWI project with NHS Education for Scotland to support continuous training and development across all staff groups and other parties interested in mental health law, care and treatment.
- The Commission's first internal communications plan was published in 2025. We will review this to ensure our people are updated on significant developments, internally and externally.

Medium term we will:

- Review the needs of our communications function to put the Commission in the best position to support the commitments set out elsewhere in this Strategic Plan.
- The Commission's workforce strategy is set out in our Organisational Development Plan, published in April 2025. It consists of a series of people activities phased over three years to 2028, delivery of which will (a) drive cultural change and (b) attract, retain, support and develop a talented workforce. We will continue to deliver on those actions and report to the Board six monthly on progress.

Long term we will:

- Continue to hold an in person staff event each year and carry out an annual staff survey, to identify areas for improvement and areas where we can celebrate success.
- We will develop an updated Organisational Development Plan

What will success look like?

- Publication of a new Organisational Development Plan in 2028.
- Review of internal communications plan and improved feedback from internal staff via staff survey.
- 70%+ of our staff will engage in our annual staff survey.
- 95% of our staff will complete all core training.
- Staff turnover % will be low for substantive staff.

Appendix 1: National policy and strategy

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have "mental disorder" – this is defined under the Act and includes any mental illness, personality disorder or learning disability (as per s328)

Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finance of adults (people aged 16 or over) who lack capacity due to mental illness, learning disability or a related condition, on an inability to communicate.

Children and Young Peoples' Act 2014 places a number of requirements and duties on both services and professionals who work with children and young people to make provision about the rights of children and young people; to make provision about investigations by the Commissioner for Children and Young People in Scotland; to make provision for and about the provision of services and support for or in relation to children and young people; to make provision for an adoption register; to make provision about children's hearings, detention in secure accommodation and consultation on certain proposals in relation to schools; and for connected purposes.

The UNCRC (Incorporation) (Scotland) Act 2024 incorporates the United Nations Convention on the Rights of the Child into Scottish law, enhancing the legal framework for children's rights in Scotland.

Scotland's National Performance Framework is a framework for all of Scotland and aims to create a more successful country; give opportunities to all people living in Scotland; increase the wellbeing of people living in Scotland; create sustainable and inclusive growth; reduce inequalities and give equal importance to economic, environmental and social progress.

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• create a more successful country

• give opportunities to all people living in Scotland

• increase the wellbeing of people living in Scotland

• create sustainable and inclusive growth

• reduce inequalities and give equal importance to economic, environmental and social progress

NHS Recovery Plan 2021 to 2026 aim of this plan is to drive the recovery of our NHS, not just to its pre-pandemic level but beyond. This recovery plan with targeted investment will increase NHS capacity, deliver reforms in the delivery of care, and get everyone the treatment they need as quickly as possible.

Public Bodies (Joint Working) (Scotland) Act 2014 sets out the legislative requirements for health and social care integration. The overall aim is to improve the outcomes of people who use support and service by integrating health and social care in Scotland, underpinned by national health and wellbeing outcomes.

Mental Health Scotland's Transition & Recovery the plan outlines the Scottish Governments response to the mental health impacts of Covid-19. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health.

Mental Health & Wellbeing Strategy aims to improve mental health for everyone, focusing on prevention, early intervention, and addressing inequalities.

Keys to life implementation and priorities framework 2019-2021 improving quality of life for people affected by learning disabilities.

Scottish Government Dementia Strategy 2024-2026 which sets out a shared vision of a Scotland where people living with dementia have their strengths recognised, their rights upheld and where they, their families and care partners/unpaid carers are supported to live an independent life, free from stigma. The strategy embraces a person-centred approach to providing support, treatment and care, when and where it is needed.

A Stronger & More Resilient Scotland: The Programme for Government 2025-2026 it is a programme that is focused on delivery and hope. Delivery in response to the challenges we know people are facing in their everyday lives. Hope because we are making the most of Scotland's vast resources to deliver higher standards of living and an improved quality of life for people in all corners of this land.

Scotland's National Strategy for Economic Transformation: Delivering Economic Prosperity the ambition of this strategy is not just to grow our economy but, in doing so, to transform our country's economic model so that we build an economy that celebrates success in terms of economic growth, environment sustainability, quality of life and equality of opportunity and reward.

Best Value in Public Services outlines the importance of the duty and to better reflect the context of public services working in partnership to deliver improved outcomes for the people of Scotland.

Other strategy documents

National Carers (Scotland) Act 2016

Getting it right for every child (GIRFEC) (2006)

Social Care (Self Directed Support) (Scotland) Act 2013

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

Human Rights Act 1998

Adult Support and Protection (Scotland) Act 2007

Patient Rights (Scotland) Act 2011

National Health & Wellbeing Outcomes 2014

Criminal Procedure (Scotland) Act 1995

Digital Strategy for Scotland, “A Changing Nation: How Scotland Will Thrive In A Digital World” (March 2021)

The Autism and Learning Disability Towards Transformation Plan 2021

Scotland’s Public Service Reform Strategy — Delivering for Scotland June 2025

Service Renewal Framework / Population Health Framework / Health and Social Care Service Renewal Framework

Consumer Duty Scotland Act 2020

Appendix 2: References

Mental Welfare Commission monitoring reports (detentions, CTOs, advance statements, guardianship)

Mental Welfare Commission themed visit report: Out of Area Placements (2023)

Mental Welfare Commission themed visit report: Hospital is Not Home (2025)

Scottish Mental Health Law Review (SMHLR) Final Report (2022)

Scotland's Mental Health and Wellbeing Strategy

Mental Health (Care & Treatment) (Scotland) Act 2003

Adults with Incapacity (Scotland) Act 2000

Adult Support & Protection (Scotland) Act 2007

Criminal Procedure (Scotland) Act 1995

UN Convention on Rights of a Child (UNCRC)

Human Rights Act 1998