



Strategic plan 2026-29



mental welfare
commission for scotland

Mental Welfare Commission strategic plan 2026-29



Sandy Riddell
Chair of the Board



Julie Paterson
Chief Executive

At the Mental Welfare Commission, our purpose is clear: to protect and promote the human rights of people with mental illness, learning disability, dementia, and related conditions. We are the independent voice ensuring that human rights remain the foundation for care, treatment and support.

This 2026-29 strategic plan builds on the four priorities that have steered us since 2023: to challenge and promote change, to increase our impact, to improve our efficiency and effectiveness, and to focus on the most vulnerable. You told us these priorities remain relevant, but that we must strengthen them. You asked us to be bolder in our national leadership role. You told us the Commission is trusted because we are independent, because our staff are skilled and experienced, and because we speak plainly. We have listened to your feedback and are grateful for it.

The Scottish Mental Health Law Review (SMHLR) made far-reaching recommendations, including an expanded role for the Commission itself. While we await the Scottish Government's decisions, this strategy sets out our ambition to do all we can with the powers and resources we currently have.

A successful strategy will mean more people knowing who we are and what we do. It will mean our recommendations being acted upon and repeat concerns becoming a thing of the past. It will mean individuals and families feeling their rights are understood and upheld. It will mean our staff feeling supported, developed, and proud of the organisation they work for.

Once again, we thank everyone who took the time to inform our 2026-29 strategy and please be assured of our commitment to deliver.

Based on feedback, we have expanded on the explanation of our priorities for 2026-29

To lead, challenge and promote change

This means:

- Individuals will know their rights. They will be empowered to participate in decision making about their mental health care and treatment if and when they wish to and/or feel able to. They will be 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. Recommendations made by the Commission will be listened to and will effect positive change.
- Scotland's legislation relating to involuntary care and treatment will fully reflect international human rights best practice and 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.

To increase our impact

(in terms of both our national leadership role and the work that we do).

This means:

- Services will 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.

To improve our efficiency and effectiveness

This means:

- 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.

To focus on the most vulnerable

This means:

- We will work across hospital and community services for mental health, learning disability (including those with profound learning and multiple disabilities), 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 voices 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.

To embed our four strategic priorities we will:

- 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) recommendations 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 SMHLR 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.

We will continue to undertake five key activities to deliver on our strategic priorities throughout 2026-29. These activities are:

Influencing & empowering

Visiting individuals

Monitoring of the Acts

Investigations

Information & advice

Influencing & empowering

Short/medium term we will:

- Protect our integrity and independence.
- Improve our visibility and accessibility and ensure our uniqueness is understood, for example, roadshows and national engagement events.
- Work with other bodies, including the Scottish Human Rights Commission and Children and Young People's Commissioner, to develop an understanding of how mental health care and policies should change to reflect the requirements of the UN Convention of Rights of a Child (UNCRC).
- Act as a catalyst for change; we will
 1. Make a systemic effort to reduce the use of and need for coercion in mental health care.
 2. Take a lead role in co-ordinating the network of scrutiny agencies in mental health.
 3. 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 work/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 will 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 our 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 SMHLR recommendations to extend and strengthen our powers.

Medium term we will:

- Expand our visiting teams to include more professional disciplines, for example, 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 Mental Health Officer (MHO) consent rates, section 47 Adults with Incapacity (Scotland) Act 2000 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 (for example, restraint/seclusion, advocacy access, children & young people).
- Improve visibility of advocacy in monitoring, including uptake trends.
- Collaborate with partners (Public Health Scotland, Healthcare Improvement Scotland, Care Inspectorate, Scottish Social Services Council on shared datasets (for example, MHO workforce, therapy access).
- Launch an advance statements accelerator - working with advocacy organisations, third sector 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 Adults with Incapacity (Scotland) Act 2000 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 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 supported by the Commission's new Information Management System from 2026.

Longer term we will:

- Secure our powers as per Scottish Mental Health Law Review recommendations 11.12 and 11.15 explicitly stating our role in investigation of deaths in detention/homicides in legislation.

Information & 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 Monday to Friday telephone advice line.
- Create additional opportunities to seek feedback on our work, including direct feedback on the advice line.



Engagement & participation

Our five activities require that engagement and participation is embedded throughout the work of the Commission, therefore:

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 SMHLR recommendations.
- We will conclude the review of the membership of the Commission's advisory committee to ensure the sector is fully represented, e.g. stakeholders who represent people with lived experience, carers, marginalised groups including minority groups.
- 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 dates, for example, 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 transformation

Our effectiveness will be underpinned by digital transformation:

Short term we will:

- Complete the delivery of our new information management project new in 2026. We will embed the system, digitalisation and enhancements and realise the benefits through supplier relationship/contractual performance management.
- Our processes will be streamlined, efficient and become 'business as usual'.

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 the new information system, to include if/how Artificial Intelligence can be used to bring further efficiencies.



Workforce

To deliver on our strategic priorities and associated activities, we must be able to continue to rely on our greatest asset, our 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, for example, published reports, Adults with Incapacity (Scotland) 2000 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.
- Review our first internal communications plan which was published in 2025. We will review this to ensure our people continue to be updated on significant developments, internally and externally.
- Continue to promote staff wellbeing through the development of HR policies and by refreshing 1:1 processes and documentation.

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 throughout 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.
- Develop an updated Organisational Development Plan, which will include exploring Investors in People or similar accreditations.
- Review and update our Wellbeing Framework (due in 2028).

Measures of success



Strategic priorities

There will be:

- A reworked explanation of our strategic priorities to reflect stakeholder feedback.
- Consistent and clear communication and profiling of the role of the Commission's leadership role in relation to human rights, 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 SMHLR recommendations.



Influencing & empowering

There will be:

- High profile communications: various approaches and mediums (in a range of community languages) 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.
- Delivery on various recommendations made by the SMHLR noting that some do not require legislative change.
- A stronger focus on human rights in practice. The outcome will be that practitioners and individuals both understand what human rights realisation means in practice, for example, right not be institutionalised; right to work; right to a reasonable standard of living; right to health and so on.

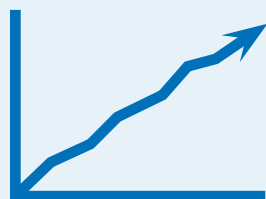


Visiting individuals

We will:

- Undertake up to 50% of visits on an unannounced basis.
- Receive action plans from services which will be quality assured and will deliver on Commission recommendations timeously. Repeat recommendations will reduce in number and where they do happen, they will be highlighted as a concern and escalated.
- Develop an expanded visiting team to include the full range of professionals (peer support, allied health professionals (AHPs), psychologists) required for the visit based on the setting visited.
- Embrace the implementation of recommendations made by the SMHLR to extend and strengthen the Commission's role and powers thus improving our influence, impact and outcomes for individuals.

Measures of success



Monitoring of the Acts

There will be:

- Analysis of report feedback aiming for high rates ($\geq 80\%$) 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 on (e.g. % MHO consent; % SCR completion within 21 days) and trends improving.
- Designated medical practitioners (second opinion doctors) demand met with timely allocation and quality assurance.



Investigations

There will be:

- Agreed and resourced Commission led investigations with focus on deaths in detention and homicides as per the SMHLR recommendations.
- A fully operational and functioning Commission investigation unit with the requisite statutory powers.
- Accessible investigation reports for a variety of audiences.
- Close monitoring and reporting on mental health related deaths.
- Established ways of working with key partners in terms of investigations, specifically with the Scottish Human Rights Commission/Children & Young People's Commissioner Scotland/Crown Office and Procurator Fiscal Service.
- Statutory powers in place to cement the Commission's investigatory status.



Information & advice

We will:

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

Measures of success



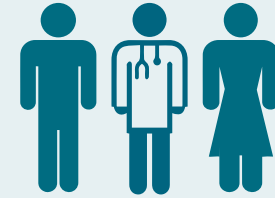
Engagement & participation

- There will be additional paid roles at the Commission for carers and people with experience of using services.
- 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, for example, independent collective advocacy.



Digital transformation

- Our new information management system will be efficient and effective and in place in 2026.
- The supplier of our new information management system will meet key performance indicators and service levels.
- We will publish our digital transformation strategy.



Workforce

- We will publish a new Organisational Development Plan in 2028.
- We will have reviewed our internal communications plan and responded to feedback from internal staff via our annual 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.