



mental welfare
commission for scotland

Annual report 2025-26

Our mission, purpose, and values

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.

Our purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia, and related conditions.

Our priorities

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

- Challenge and to promote change
- Focus on the most vulnerable
- Increase the impact of our work
- Improve our efficiency and effectiveness

Our activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Our values

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

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The Mental Welfare Commission for Scotland was originally constituted under the Mental Health Act of 1960, replacing a body that can be traced back to 1857.

The current duties of the Commission are embodied in the Mental Health (Care & Treatment) (Scotland) Act 2003 (Mental Health Act) as amended by the Public Services Reform (Scotland) Act 2010 and the Mental Health (Scotland) Act 2015; and the Adults with Incapacity (Scotland) Act 2000 (AWI Act).

During 2025-26, we delivered on the third and final year of our strategic plan for 2023 to 2026, originally approved by our Board in February 2023.

At the same time, we engaged and consulted extensively in relation to our new strategic plan for 2026-29.

Throughout this annual report, we provide some feedback received as part of our new strategic plan consultation process.

Laid before the Scottish Parliament by the Scottish Ministers
under Section 18 (2) of the Mental Health (Care and Treatment) (Scotland) Act 2003.

SG/2026/124

Who we are and what we do

Foreword



Sandy Riddell,
chair



Julie Paterson,
chief executive

This annual report sets out the Mental Welfare Commission for Scotland's delivery against the third year of our [strategic plan 2023-26](#).

Across Scotland, mental health, social work, and social care systems continue to face sustained pressure from staffing shortages, rising demand, and fragmented resources. Yet within these constraints, transformative practices are emerging across health boards, local authorities, and communities.

Our continued partnership with NHS Education for Scotland to deliver online training on the AWI Act 2000, accessed by more than 6,506 professionals this year confirms that when frontline staff in inpatient and community settings are empowered with knowledge and tools, whole systems benefit.

This annual report outlines the impact of our work in protecting and promoting the rights of those we serve. We highlight our role in visiting and hearing the voices of individuals, our statutory duty to monitor the use of mental health and incapacity legislation, our role to make enquiries and investigate where there are deficiencies in care, and our commitment to provide advice and guidance to ensure best practice.

Much of our work is at the complex interface between the individual's rights, the law and ethics, and the care the person is receiving. Given the fiscal challenges, competing national priorities, the Scottish Mental Health Law Review's call for reform back in 2022, the Commission's role in advocating for the human rights of individuals with mental illness, learning disability, dementia, and related conditions is more critical than ever. While challenges remain and the pace of legislative reform is slow, the progress documented here shows that meaningful change is achievable through sustained effort and partnership.

Underpinning all our work during 2025-26 is the commitment, dedication, and expertise of our staff. We are also hugely grateful to the people who use mental health services, the people who work in mental health services, the carers of those in receipt of mental health services, and all others with an interest, for trusting us enough to engage with us and tell us their experiences.

We are proud to present this annual report and remain steadfast in our mission to continue to safeguard the welfare and rights of children, young people, adults, and older people made vulnerable by incapacity or mental illness, learning disability, dementia, and related conditions.

Influencing and empowering

Our partners

Throughout 2025-26, we continued to influence and promote the rights, safeguards and welfare of people with mental illness, learning disabilities, dementia and other related conditions.

We remained actively involved in working in partnership to advance human rights and progress the transformation that the Scottish Mental Health Law Review (SMHLR) evidenced is needed in Scotland now and in the future.

We welcome the fact that we are now members of the Scottish Government's Expert Reference Group and Ministerial Oversight Group, both of which are aiming to drive forward adults with incapacity reform in Scotland.

Feedback received when consulting on our new strategic plan:

"Because the Commission is separate from NHS and social services, it can speak up about problems without any conflict of interest. This makes it a trusted voice for patients and families."

Sharing Health and Care Intelligence Group

We continue to contribute to the Sharing Health and Care Intelligence Group which aims to improve the quality of health and social care by allowing members to share and learn from existing data, knowledge and intelligence.

The Commission is one of seven national organisations that make up the group, along with Audit Scotland, the Care Inspectorate, Healthcare Improvement Scotland, NHS National Services Scotland, NHS Education for Scotland and the Scottish Public Services Ombudsman.

National Mental Health and Learning Disability Coordination Group

The National Mental Health and Learning Disability Coordination Group is chaired by the Commission.

The group is beginning to come together to understand roles and responsibilities with a commitment to avoid duplication and ensure enhanced collaboration to support robust processes.

National Preventive Mechanism

We remain an active member of the [National Preventive Mechanism](#) (NPM).

We were appointed as Scotland's representative on the UK NPM Steering Group (initial three-year term from 22 September 2025), and we are a continuing member of the NPM Scotland Subgroup.

This provides a direct route to UK-wide OPCAT oversight discussions and strengthens our justice-system links.



Consultations

We have completed consultations and provided written submissions, including in relation to the Commissioner for Older People (Scotland) Bill, the Mental Health (Care and Treatment) (Scotland) Act Remedial Order 2026 and the Supreme Court Hearing in relation to the Attorney General for Northern Ireland, a devolution matter.

For the first time, the Commission's work was subject to scrutiny by the Scottish Parliament's Health, Social Care and Sport Committee convened by Claire Haughey in June 2025 and we gave evidence at the SPCB Supported Bodies Landscape Review Committee in May 2025.

Adults with Incapacity

Following our *Authority to Discharge* report published in May 2021 and our closure report published in May 2022, we have continued to collaborate with NHS Education for Scotland as part of a project (funded by Scottish Government) to support a national approach to learning and applying the principles and requirements of the AWI Act in practice. This project was originally funded for 16 months but will now extend further until March 2027, such is the evidence base of the impact of this work. We are delighted that this work has been recognised and that we have been invited to present at the World Congress on Adult Capacity in Amsterdam in 2026.

Feedback provided to our staff has included:

"Fascinating – and really enjoyed the historical discussion of the development of the law."

"Very learned and helpful...superb."

Other forums

We also continue to participate in professional networks including the Mental Health Nursing Forum, the Royal College of Psychiatrists' Scottish Committee and Social Work Scotland.

We have continued to contribute to training and learning across a range of forums, for example, we joined the plenary panel at the UK and Ireland Mental Diversity Law Conference in July 2025 and we spoke at the Forensic Pathologists' Conference in November 2025, contributing to cross-disciplinary discussion on mental disorder, risk and forensic practice.

We have also presented to the National Adult Support and Protection Committee Learning and Development Network in relation to use of the three safeguarding pieces of legislation, contributed to podcasts and a webinar on section 47 authorisation and deprivation of liberty.



Effective and targeted visiting

Our visits

We were able to plan a full programme of local visits throughout the year, both announced and unannounced (28% of our visits were undertaken on an unannounced basis this year and this will increase to up to 50% in 2026-27).

About our visits

We visit people who are being treated under mental health and incapacity law or who are otherwise receiving care and treatment in hospital, in the community and other settings.

When we visit an individual we find out their views of their care and treatment.

We also check that their care and treatment is in line with the Mental Health Act, the AWI Act, or any other relevant legislation.

We make an assessment of the facilities available for the person's care and we expect to find that the individual's needs and outcomes are met and their rights respected.

If not we make recommendations for improvement and follow up to ensure agreed actions are progressing.

Our visits are divided into:



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



Themed visits – for people with similar health-related issues or situations affecting people nationally.



Welfare guardianship visits – where we visit people who have a court-appointed welfare guardian. The guardian may be a family member, friend, carer, or chief social work officer.

Feedback received when consulting on our new strategic plan:

“By showing up at all of the various wards and units you make a difference with your presence.”

For each local visit during 2025-26 we provided feedback and recommendations for improvement to the services involved (where indicated). The local visit reports are published on our website.

Joint enhanced visits

The agility of the Commission was evidenced when undertaking joint enhanced visits with Healthcare Improvement Scotland to the four children and young people units in Scotland (Skye House, Dudhope, Melville and the National Children's Inpatient Unit) during 2025-26. This work was not planned for but undertaken at the request of the Minister for Social Care, Mental Wellbeing and Sport. The fifth and final summary report can be found on our [website](#).

Not on the radar: carers report

This publication is a result of listening to over 370 carers and 109 services. *Not on the radar* showed that unpaid carers across the country are often excluded from key decisions about the care and treatment of their relatives, despite years of legislation, strategies and recommendations designed to improve their rights and support. We continue to follow up on our sole recommendation: for carers to be respected as true partners in care.

Effective and targeted visiting 2025-26



We visited 139 services including the island communities of Western Isles, Orkney and Shetland.



We visited 38 services (28%) without providing any notice of our intention to visit.



We met with 808 people during our visits to hear their views on their care and treatment.



We reviewed 894 care records during our local visits.



We spoke with 213 family members and/or carers during our visits.



We visited 356 people who have a court-appointed welfare guardian.



We published the report of our themed visit on carers, *Not on the radar*.



We undertook a programme of joint unannounced visits and inspections with Healthcare Improvement Scotland.



Together, we went to all four of Scotland's Tier 4 children and young people's inpatient mental health units.



Monitoring and safeguarding care & treatment

Our duty

We have a statutory duty to monitor the use of the Mental Health Act in Scotland and the Adults with Incapacity Act in Scotland. We also promote the principles underpinning the legislation.

How we monitor the Acts

Our monitoring work involves both checking the paperwork and records of people who are being cared for or treated under mental health or incapacity law and analysing and reporting on trends and differences in the way the law is being used across the country.

We publish reports on our findings every year. This helps us and our wider audience to understand how the law is being used across Scotland, and how it is being adhered to.

Our monitoring reports are divided into:



Mental Health Act – this report covers how many people are detained each year under the Mental Health and the Criminal Procedures Acts; and the safeguards they receive.



AWI Act – this report looks at guardianship orders, who is affected by them, and the nature of the visits we make to those affected.



Children and Young People – this report describes the admissions of children and young people under the age of 18, for treatment of mental ill health, to non-specialist wards.

Designated medical practitioners (DMPs)

Under section 233 of the Mental Health Act, the Commission is responsible for appointing DMPs.

Their function is to provide an independent second medical opinion when medical treatments are prescribed under Part 16 of the Mental Health Act (and section 48 of the AWI Act).

As of 15 March 2026, 2951 contacts were made during 2025-26.

These are important safeguards and are high priority for recovery under our business continuity plans. We therefore continue to prioritise recruitment, training and refresher training and attracted 15 new DMPs in the last year (compared to six in the previous year).

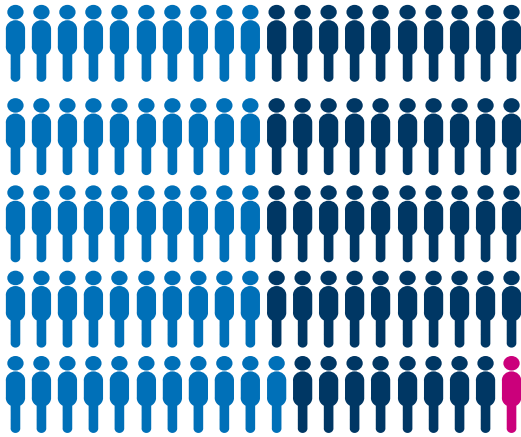


Mental Health Act: monitoring report summary 2024-25

How the detentions began

7449 ↑ **3.3%**

7,449 detention episodes began in 2024-25, 3.3% more episodes than 2023-24.



51.3%
emergency
detention
certificates



47.4%
short-term
detention
certificates



1.4%
compulsory
treatment
orders



In 2024-25 short-term detention certificates accounted for **49.7%** of new orders. Emergency detention certificates accounted for **33.2%** and compulsory treatment orders accounted for **17.1%**

Safeguards

Consent of a mental health officer (MHO) is an important safeguard.



For detention under an EDC, MHO consent has been falling over the years.



We are concerned at the low rate of **38.6%**.

38.6%

This is a slight increase from the low point in 2023-24, of **35.7%**.



In mainland health boards this ranged from **27.0%** in Greater Glasgow and Clyde to **81.4%** in Dumfries and Galloway.



In 2024-25 there were 187 detentions under section 299 (nurse's power to detain pending a medical examination).



This is a **10.1%** decrease compared with 2023-24.



Detentions under the Criminal Procedures Act

There were 315 orders under the Criminal Procedure Act in 2024-25



This is the lowest figure we have recorded in the last 10 years.



For more information you can access the full report on the [Commission website](#).

Adults With Incapacity Act: monitoring report summary 2024-25

Guardianship orders

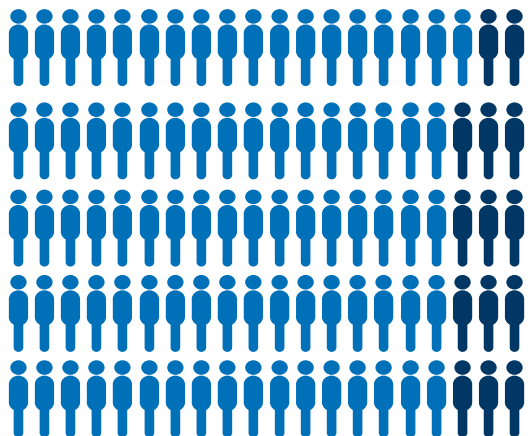
20,125 ↑ 5.6%

There were 20,152 individuals subject to a guardianship order in 2024-25, 5.6% more than in 2023-24.

4,300



4,300 of these guardianship orders were granted in 2024-25.



85.9%
new orders

14.1%
renewals



89.1%
to last up
to 5 years

9.9%
to last 6 or
more years

1%
to last
indefinitely

Who is affected?

70.5% of all guardianships granted were private guardianship orders.



Learning disability was **49.4%** of primary diagnoses.



Dementia was the second largest category, at **32.3%**.



Our guardianship visits

In 2024-25 we visited 351 adults subject to welfare guardianship orders.

351

96.6% of our visits were undertaken 'in person'.



87.2% were routine visits and **9.7%** were due to concerns that had been raised.



In **50.0%** of our visits, we provided advice and undertook further actions in **34.8%**.



184 individuals we visited were on a private guardianship order.



67.9% had a local authority supervising officer allocated at the time we visited.



Children and young people in non-specialist wards

This report describes the admissions of children and young people under the age of 18 to non-specialist wards in Scotland.

under 18



57

children and young people were involved



This is slightly fewer than the previous year (59 involved).



71

admissions to non-specialist (adult) wards



This is slightly more than the previous year (67 admissions).



50%

admissions lasted up to 1 week



37%

admissions lasted 1-5 weeks



13%

admissions lasted over 5 weeks

What we found in non-specialist wards

The Commission received further information about non-specialist admissions in **76%** of cases.



In these cases, we found **76%** of the doctors in charge of care or the responsible medical officers were specialists in child psychiatry.



22% of the children and young people admitted to non-specialist wards were care experienced.



They were being looked after and accommodated by a local authority.



We were disappointed to find that access to specialist advocacy remains limited.



69% of young people were said to have access to advocacy.



Less than 13% had access to advocacy that specialised in the needs and rights of children and young people.



Investigations and inquiries

Our reports

We carry out an investigation when we believe something may have gone seriously wrong with an individual's care and treatment. Investigations are at many levels, from a telephone call to a service to a more in-depth investigation where we might interview individuals and staff involved. We cannot formally investigate every case of potentially poor treatment, so for the major investigations we publish, we choose cases which have implications for services across Scotland.

We also completed a closure report in relation to [Mrs F Closure report - investigation into the death of Mrs F](#). Mrs F's case had been referred to the Commission by her family following concerns they had about her care, treatment and assessment in a Mental Health Assessment Unit (MHAU). This investigation into the care, treatment and support provided identified lessons to be learned from the experience of Mrs F and her family for health boards and health and social care partnerships across Scotland, as well as those organisations directly involved in Mrs F's care.

Publishing closure reports for our investigations is relatively new to the Commission, our first was published in January 2025 [Closure report - Investigation into the care and treatment of Mr E \(2024\)](#). The aim is to evidence the action taken in response to the recommendations we have made.

We tested out a proposed process to ensure appropriate levels of review when a person dies whilst subject to an order of the Mental Health Act and also where someone who is receiving, or has received within the last year, mental health services, commits homicide.

The four pilot investigations were published during 2023-24, recommendations followed up and closure reports for all were published by the end of 2025 (Mr TU and GH (homicide related) and AB and Mr D (deaths in detention)).

The Commission will build on this specific investigation work again from 2026; this is good news as it absolutely fits with the Commission's overall investigation function.

Over and above our publications, our staff make further enquiries into areas of concern on a regular basis; the aim is to reach resolution for all parties.

Feedback from one family noted:

"I am writing to say a heartfelt thank you... professional, no nonsense, straight talker with a wealth of knowledge all tempered with compassion and empathy, not only invested in ensuring X is receiving the support and encouragement to be as independent, happy and thriving as possible, but also recognising that parents need support and assurances that we are doing our best and guiding us in best practice to differentiate between our parental responsibility and that of a Guardian.

Through [Commission practitioner] enquiries and guidance, the lines of communication have opened and hope for a future of happiness, fulfilment and exciting life opportunities is back on the cards for X".

Example: Miss A

Miss A was brought to the Commission's attention through our local visit programme. Miss A was a young adult diagnosed with a significant learning disability and living in the community, prior to being detained under the Mental Health Act.

The concerns were raised through third party services and advised of significant concerns in relation to the family's ability to care appropriately for Miss A, citing possible neglect and a lack of an appropriate response by services to act to protect Miss A.

The Commission intervened and undertook multiple actions to support Miss A, which included discussions with the responsible medical officer, written and in person contact with social work, case file review and an escalation within the Commission to the senior leadership team, which resulted in contact with the service senior leadership team.

The service responded to the Commission by undertaking a full review of Miss A's circumstances, both currently and historically and concluded that delays by services were evident, which impacted directly on Miss A.

Following improvement planning by the service, which included revised protocols to establish a holistic approach and joined up services to support young adults in the community, the outcome for Miss A led to an appropriate community support arrangement.



Providing information and advice

Our voice

From Mondays to Fridays, we run an advice line staffed by mental health and learning disability nurses, social workers (mental health officers) and psychiatrists. Our team offers advice to a wide range of callers seeking advice, including health and care professionals, people with mental ill health or learning disability and families and carers.

Our advice line

With the implementation of our new information management system, we are only able to report on data up to and including 13 March 2026 at this stage.

From 3197 logged calls, there is a slight shift this year with more of our total calls coming from relatives/carers/guardians/people with experience (54%, with 46% of calls from people working across health, social work and social care).

Most calls received related to the Mental Health Act (1680 calls), 676 calls related to the Adults with Incapacity Act and we categorised 692 calls this year as 'other'. These figures are broadly similar to last year.

Once again, the breadth of calls is often difficult to capture: the 'other' category might include discussions about medicines; about care packages; about relationships; good practice guides and so on.

Much of our work is at the complex interface between the individual's rights, the law and ethics and the care the person is receiving.

We work across the continuum of health, social work and social care and are the only organisation to do so hence the importance of the advice line.

Feedback received when consulting on our new strategic plan:

"Prompt when returning calls, sending resources which have been useful which equipped us (advocacy workers) with the knowledge we need to promote our partners' rights."

Good practice guides

We also reviewed ten existing good practice guides and completed seven new advice notes in response to practice issues arising throughout 2025-26.

One of our new advice notes was requested by sheriff colleagues: *Completion and return of Form 22 to Sheriff Clerks* (the legal form used for guardianship court processes).

Feedback received in relation to our *Decisions about technology* good practice guide:

A lecturer praised the guide, stating that she:

"...uses and refers to it regularly as it perfectly breaks down many of the issues which she and students experience."

Other feedback:

"Your links and explanations were very helpful and appreciated. You have made the process much less stressful, thank you very much for this."

Engagement and participation

Our engagement and participation (E&P) officers continue to build their networks across Scotland, meeting carers and people with lived experience both virtually and face to face.

They meet with individuals, groups and staff members to gather information and concerns that can be fed into the Commission to inform our work.

E&P officers have ongoing involvement with young carer groups; they attended the young carers festival in summer 2025 and collaborated with young carers to design a young person's information leaflet around the activities of the Commission.

This was used when undertaking our visits to children and young people units during 2025-26 with positive feedback received.

Other events our team attended during 2025 include:

Oban Pride (August)

Alzheimer Scotland (September)

Glasgow ADHD peer support (September)

BiPolar Scotland (October)

Carers Parliament (October)

We also continue to embed engagement across our work, for example during the 2025-26 children and young people enhanced visits we offered to engage with all and eventually met with 75% of children and young people and 77% of relatives/carers of the children and young people.

"Great balance between informative and emotionally moving way of explaining the experience of mental illness, left me with a much deeper understanding."

Social worker

Digital transformation

Our new intranet is now live and the first stage implementation of our new information management system is also live.

Our new information management system was delayed until March 2026 to ensure the integrity of the data within the system and this delay was understood to be within the normal parameters of an IT system go live.

Those providing external assurance of this project have given significant praise and support to our project team. The new system, as voted by Commission staff, is named LEO (Local Evidence Operations).



Providing information and advice 2025-26

Our advice line

Number of contacts we received during the year:

3197

(compared with 3683 last year)

A sample audit of advice given showed an accuracy rate of 98.8%, against a target of 98%.

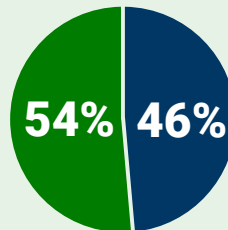


Theme of contacts



Who contacted our advice line

People with experience of using services, their relatives, carers or guardians.



People working in the mental health and learning disability field.

Publications and advice

This year we published a wide range of information and advice aimed at professionals, people with lived experience, and relatives, carers or guardians.



Seven advice notes



Six podcasts



Four Easy Reads



One e-Learning module



Ten good practice guides

How we share our work

We use a variety of ways to keep people up-to-date with our work, including:



Face to face at engagement events and meetings



The media, through online, tv, radio, and print



Our website



Our email newsletter



Our social media channels

Improving our practice

Ourselves

Our chair and board members

Our Board continue to set our strategic direction and ensure efficient, effective, and accountable governance.

We extend our thanks to Mary Twaddle and Gordon Johnstone, who stepped down from the board in 2025 following the successful completion of their terms. Their dedication, insight, and significant contributions over many years have left a lasting impact on the Commission, and we wish them well in their future endeavours.

We are equally delighted to welcome Beth-Anne McDowall and Alan Wright to the board. Beth-Anne brings a passionate commitment to championing the rights of care-experienced people, while Alan offers extensive senior leadership and governance expertise. We look forward to their valuable perspectives as we continue our work to protect and promote the rights of people with mental illness, learning disabilities, and related conditions.



Sandy Riddell (chair)



Nichola Brown



David Hall



Kathy Henwood



Beth-Anne McDowall



Cindy Mackie



Alison White



Alan Wright

Advisory committee

The Mental Health Act states that the Commission must establish at least one committee (an 'advisory committee') for the purpose of giving advice about matters connected to our functions. The Commission's advisory committee is a standing committee of our Board.

Our advisory committee currently consists of representatives of 31 organisations from across Scotland. They are key partners whose breadth of expertise informs the Commission's work. The committee meets twice a year and at times holds ad-hoc meetings to inform the Commission's priorities regarding issues that are time-sensitive.



Equality outcomes

Our commitment to equality

Under the specific duties, the Commission is required to:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

Additionally, there is a requirement for the Commission, as a listed authority, to consider other matters which may be specified by the Scottish Ministers and a duty for the Scottish Ministers to publish proposals for activity to enable listed authorities to better perform the general equality duty.

We published our equality outcomes and mainstreaming progress report for 2025 in November 2025 and our gender pay gap report in August 2025.

We are currently finalising our next four-year plan for 2026-30 which will be presented to our Board in June 2026.

Financial resources

Our revenue budget for the year was £9.153 million.

This included £5.832 million for the Commission core budget and the remainder for two specific projects - £0.233m for the joint adults with incapacity project with NHS Education for Scotland and £3.088m for the Commission's new information management system project.

We are funded through the Scottish Government and met all the financial targets set by them. Our audited annual accounts will be available on our website.

Supporting our workforce

We continued to progress various workstreams throughout 2025-26, including:



Completed a third annual staff survey based on the iMatter model used in many health and social care settings.



There was a 80% response rate (up from 68% the previous year) with improvement on the previous year's results.



The results highlighted areas of strength and areas for development, which were reviewed in staff focus groups in January 2026.



Published our first organisational development plan, with a three-year programme of people and workforce actions.



Engaged and consulted with staff to review and publish new organisational values and behaviours.



Developed and published internal whistleblowing arrangements, including the appointment of a board member whistleblowing champion and confidential contacts from out with the management structure.



Published a health promotion and wellbeing framework and expanded the scope of our Health and Safety Group to include formal oversight of wellbeing.



Continued to provide learning opportunities for all colleagues, including a management training programme.



We held an all-staff event on 1 April 2026 centred on embedding our new organisational values and making positive connections through change.



We migrated our Intranet to Sharepoint, making it more up-to-date, safe and in compliance with accessibility standards.



We published a three-year accessible communications strategy and started its implementation.



Plain English training was provided by the communications team for practitioners, and accessible writing templates for different report types are now available for staff.

Learning lessons

We seek to learn and improve as a result of the complaints we receive. In 2025-26, we received and responded to 16 complaints.

Seven complaints were received and dealt with at stage 1 (frontline). Nine complaints were investigated at stage 2.

As a result of all complaints received this year, we have:

- Reminded practitioners to follow up queries robustly, to ensure we are satisfied that health, social care and social work services are doing all we expect of them with regards to exercising their duties and responsibilities to those in their care and, in particular, to those subject to any of the three Acts.
- Advised practitioners on how to manage expectations on what the Commission can and cannot do in relation to the appropriateness/legality/adequacy (or otherwise) of a mental health detention.
- We were notified of one complaint escalated to the Scottish Public Services Ombudsman (SPSO). SPSO did not consider there were grounds for further action or investigation.

Consumer duty

The Commission is considered a relevant public authority per the Consumer Scotland Act 2020 (relevant public authorities) regulations 2024. This means that we must meet the four requirements of the Consumer Scotland Act 2020:

- When making decisions of a strategic nature, have regard to the impact those decisions have on consumers.
- When making decisions of a strategic nature, have regard to the desirability of reducing harm to consumers.
- Publication of information about the steps taken to meet the duty.
- Having regard to the Consumer Scotland guidance on how to meet the consumer duty.

Throughout 2025-26 we considered action required to comply with the Consumer Duty effective from 1 April 2025 and following board approval, we have an implementation plan to address.



Looking ahead

Following extensive engagement and consultation we now have a new ambitious [strategic plan](#) to deliver over the next three years.

We are ready to continue to deliver as the 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.

Feedback on our new strategic plan includes:

"It looks clear, concise and very informative."
Member of the public

"An excellent plan."
Director of
Health and Social Care

"Have just received this and wanted to say how much I like the presentation and overall layout. Your purpose is clear, concise, and effectively communicated. Although it has 15 pages, lots of content is presented in visually attractive ways spaciouly and it avoids the trap of lots of plans and strategies by not going into unnecessary and often laborious detail, which is fantastic."
Chief Social Work Officer





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commission for scotland

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