

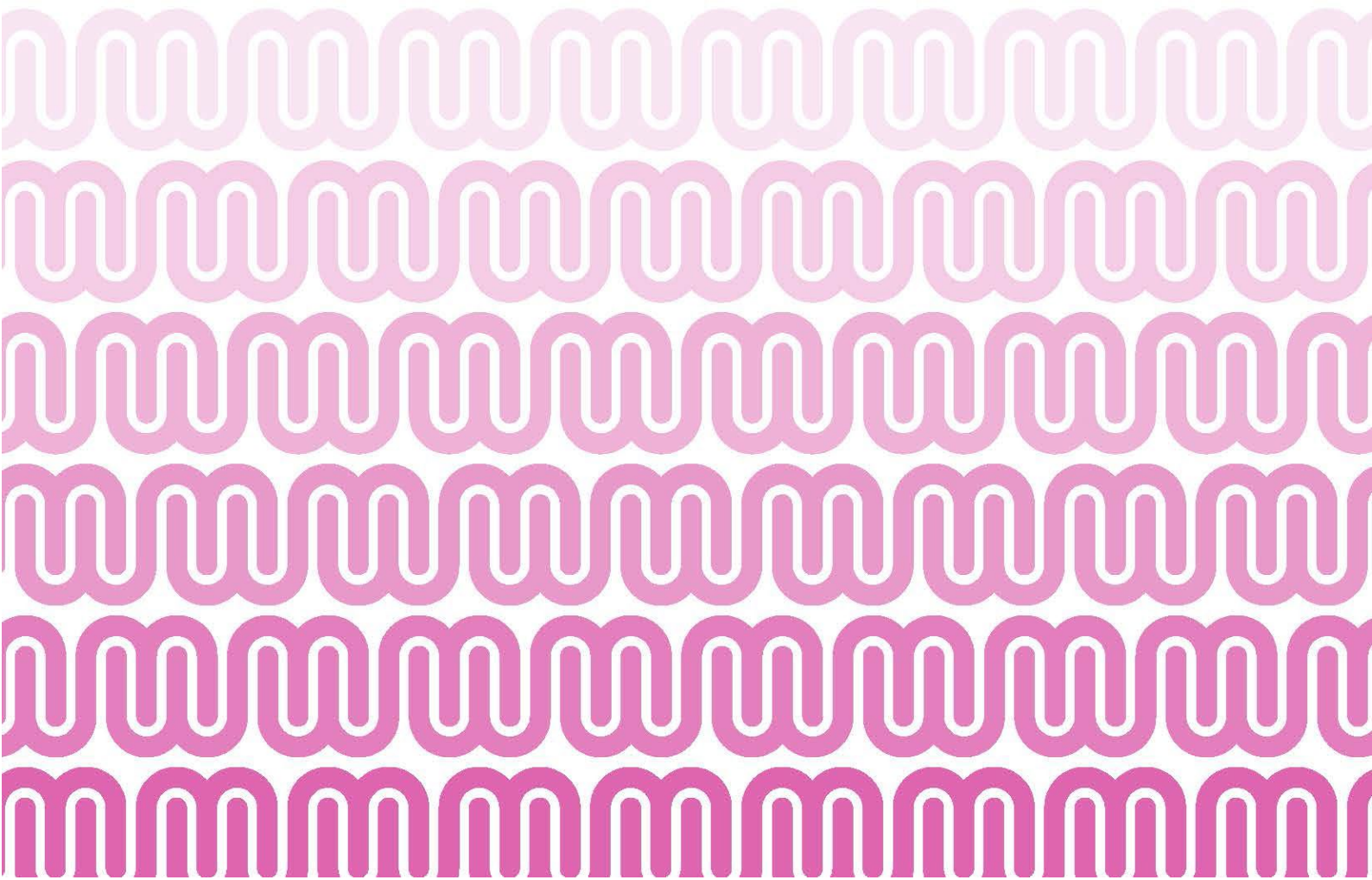


mental welfare
commission for scotland

Key responsibilities for registered mental health and learning disability nurses

Good practice guide

October 2026



Our mission and purpose

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 over the next three years we have identified four strategic priorities.

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

Our Activity

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

Contents

1. About this good practice guidance	4
2. Why the role of mental health and learning disability nurses is so important	5
3. Understanding the legal status of people in your care	6
3.1 Mental Health (Care and Treatment) Scotland Act 2003 (the Mental Health Act).....	7
3.2 Understanding the Mental Health Act and other safeguarding legislation.	13
3.2.1 Adults with Incapacity (Scotland) Act 2000 (AWI Act)	13
3.2.2 Adult Support and Protection (Scotland) Act 2007 (ASP).....	18
4. Conclusion	21
Appendix 1: good practice	23
Appendix 2: What key things we look for on our local visits.....	25
Appendix 3: Mental Welfare Commission good practice guides	27

1. About this good practice guidance

This guidance sets out the vital role and expectations of registered mental health and learning disability nurses when supporting people whose care and treatment is subject to mental health, incapacity or adult protection legislation in Scotland.

It describes key clinical, professional and rights-based responsibilities that align with the two national reviews for mental health and learning disability nursing: *Advancing our Commitment to Care, Compassion and Connection* (the Scottish Mental Health Nursing Review, 2025)¹ and *Strengthening the Commitment* (the Report of the UK Modernising Learning Disabilities Nursing Review, 2012)².

Both reviews emphasise the unique contribution of nurses who support participation and deliver compassionate, evidence-informed care across a range of settings. The Mental Welfare Commission routinely reviews individuals care and treatment through its visiting, monitoring and investigative functions, where the impact and influence of nurses can clearly be found.

This guidance aims to complement expectations in the Nursing and Midwifery Council's (NMC) professional code of conduct (the Code)³ which all registered nurses, midwives, and nursing associates in the UK must follow.

¹ [Scottish Mental Health Nursing Review - gov.scot](https://gov.scot)

² [Strengthening the commitment: The report of the UK Modernising Learning Disabilities Nursing Review](#)

³ [The Code](#)

2. Why the role of mental health and learning disability nurses is so important

The Mental Welfare Commission for Scotland (the Commission) has a statutory role in protecting and promoting the rights of people with mental illness, learning disability, dementia and related conditions.

Registered nurses are among the professional groups with whom we have the most regular contact across a wide range of settings. In these settings, we consistently see that nursing practice can have a profound influence on an individual's experience of care and treatment.

The Scottish Mental Health Nursing Review highlighted that nurses use highly developed communication skills to initiate and maintain helpful and impactful relationships with individuals, their families, and carers (VOX Scotland and Carers Trust Scotland reports, 2023). They collaborate to plan and deliver care, using professional judgement and decision making, working, and often leading wider multi-disciplinary and multi-agency teams, including peer support workers.

As such, mental health nurses form the essential core of the care team and are regularly rated by the public as the most trusted of healthcare professionals (IPSOS Veracity Index 2023).

High-quality nursing practice is closely associated with:

- stronger rights protection;
- greater participation in decision-making;
- improved care planning;
- more effective multidisciplinary working;
- better recovery outcomes;
- safer and more personalised care.

3. Understanding the legal status of people in your care

One of the most important responsibilities of a registered nurse is understanding the legal basis upon which care and treatment are being provided.

The Commission regularly reviews care records, risk assessments, care plans, detention paperwork, treatment authorisations and multidisciplinary records. We have found that the quality of nursing care is strongly linked to the nurse's understanding of the legal framework affecting the individual.

Before delivering care or treatment, registered nurses should be able to identify:

- whether care is being provided voluntarily;
- whether compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003⁴ are in place;
- whether measures under the Adults with Incapacity (Scotland) Act 2000⁵ apply;
- whether adult protection⁶ processes have been initiated;
- whether more than one legal framework is operating simultaneously.

Understanding legal status is not simply a legal requirement, it is central to providing person-centred, rights-based and recovery-focused care.

⁴ [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

⁵ [Adults with Incapacity \(Scotland\) Act 2000](#)

⁶ [Adult Support and Protection \(Scotland\) Act 2007](#)

3.1 Mental Health (Care and Treatment) Scotland Act 2003 (the Mental Health Act)

When people become unwell with mental ill health, some aspects of their care and treatment may need to be delivered against their will, to ensure their safety and wellbeing and sometimes the safety of others. All such use of compulsion must be done using the Mental Health Act, it should last for the shortest possible length of time and must be reported to the Mental Welfare Commission.

Explanation of some of the terminology relating to detention

Nurses Power to Detain (section 299): Only registered mental health or learning disability nurses have the power to detain voluntary patients and prevent them from leaving a ward. This can last for up to three hours to allow a medical examination to determine whether an emergency detention certificate or short-term detention certificate is necessary.

Emergency detention certificates (EDCs) (section 36): EDCs are designed to be used only in crisis situations to detain a person who requires urgent care and assessment for mental ill health. An EDC can be issued by any doctor, with the consent of a mental health officer (MHO, social worker trained in mental health), unless impracticable, which allows someone to be kept in hospital for assessment (not treatment) up to 72 hours.

Short-term detention certificates (STDCs) (section 44): The preferred route to compulsory treatment is through short-term detention orders. They should only take place if recommended by a psychiatrist and an MHO. A STDC can detain an individual in hospital for up to 28 days.

Compulsory treatment orders (CTOs) (section 63): An MHO can make an application for a CTO to the Mental Health Tribunal for Scotland. The application must include two medical reports, an MHO report and a proposed care plan. The tribunal panel decides the outcome of the application. The tribunal panel is made up of three people: a lawyer, a psychiatrist, and a general member. A general member may be a person with relevant skills and experience, for example, a person with a mental health condition and with experience of using services, a carer, nurse, social worker, psychologist, or occupational therapist. The CTO can last for up to six months. It can be extended for a further six months and subsequently for periods of 12 months at a time.

Apart from section 299, the nurses' power to detain, the registered nurse does not authorise detention under any other sections of the Mental Health Act.

That said:

"The mental health nurse is often the professional closest to the person receiving care and is therefore critical to ensuring that the rights, principles and safeguards of the Mental Health (Care and Treatment) (Scotland) Act 2003 are realised in everyday practice. The nurse acts as clinician, advocate, safeguard, therapeutic practitioner and facilitator of recovery."

(Scottish Government)

Many nursing responsibilities apply regardless of whether a person is subject to an emergency detention certificate (EDC), a short-term detention certificate (STDC), a compulsory treatment order (CTO) or receives care voluntarily.

The responsibilities of the registered mental health and learning disability nurse include:

1. Assessment and formulation (ongoing and dynamic)

- Complete (as far as possible) a comprehensive assessment of the person's mental state and response to treatment when/if this is initiated.
- Identify signs of acute mental disorder and/or a deterioration in mental state.
- Assess what the immediate and ongoing risks to the individual or others are.
- Evaluate the risk of suicide, self-harm, self-neglect and risks to others.
- Gather information from carers, family and other professionals.
- To support relationships between parents and their children (section 278 Mental Health Act) [when parents are detained](#).
- Assess physical health needs.
- Raise any concerns to medical staff and the MHO who are involved in the person's detention.
- Contribute to the multidisciplinary assessment.
- Contribute to discharge planning.

2. Explaining rights (review and repeat often)

At the time of a detention, registered mental health and learning disability nurses are often responsible for ensuring the person understands:

- Why they are being detained.
- What will happen next.
- Their right to independent advocacy and what this is. Remembering that people do not have to be detained to have the right to advocacy.
- Their right to legal advice.
- Their right to appeal detention (not an EDC).
- Informed of their right to make an advance statement. Nurses are key at promoting awareness (when the person is well enough), supporting the development of an advance statement or review if one is already in place.
- The role of the Mental Welfare Commission.
- The role of family, carers and, where applicable, the named person.
- The role of the Mental Health Tribunal, if the person is to attend, and how it works

3. Application of the Principles of the Act

- Ensure that the person's wishes and feelings are sought and documented wherever possible.
- Consider if there are any alternatives to detention.
- Ensure that any restriction is proportionate to the risks that have been assessed/observed.
- Make sure that the least restrictive option is applied.
- Any intervention should respect the individual's dignity and human rights.

4. Therapeutic engagement and recovery focused care

Mental health and learning disability nurses are skilled in building therapeutic relationships and trust with a focus on the person and what matters to them. This relationship is one of the most important interventions available to nurses. The aim is to:

- Focus on reducing distress and supporting emotional regulation.
- Build collaborative formulation.
- Assess, review and plan for psychological, psychosocial and psychoeducational interventions.
- Develop treatment plans that identify strengths and protective factors; consider the impact of trauma.
- Promote hope and recovery.
- Promote participation in care planning.
- Work collaboratively with families and carers and ensuring that they know their rights to adult support plan/young carers statement.

5. Treatment delivery and monitoring

Treatment safeguards are among the most important protections available under the Mental Health Act.

Mental health and learning disability nurses should understand both the clinical rationale for treatment and the legal authority supporting it.

The registered nurse is the key professional who explains the medication, the authority and the reason it is required and answers any questions the person may have at the point of administration.

The Commission's good practice guidance on [medical treatment under the Mental Health Act](#)⁷ provides more detail on T2 and T3 forms.

⁷ <https://www.mwcscot.org.uk/node/319>

Treatment monitoring

As with the RNs responsibilities for the delivery and monitoring of a STDC, for those on a CTO, RNs should be fully informed about what treatments require additional legal safeguards:

Medication that is prescribed and dispensed beyond two months must have valid authorisation in place for the RN to administer what has been prescribed. This can be either on a T2 or a T3 form.

Where an individual has the capacity to agree to the medication that is being proposed and where they provide signed, dated, written consent, to take the prescribed medication that has been agreed following a documented discussion with the responsible medical officer (RMO), then a correctly completed **T2 form** is put in place. This statutory form should be easily accessible to the RN – either in the inpatient or community setting – to ensure that at the time medication is required, the RN can cross check between what is prescribed and what should be dispensed/administered.

Where the individual does not consent to the medication that has been prescribed; and where they do not have capacity to give consent, then a **T3 form** is required. An independent Designated Medical Practitioner (DMP), appointed through the Mental Welfare Commission for Scotland must examine the person, review their clinical records and consult with relevant professionals involved in the person's care, including nursing staff. The DMP opinion is then given on this statutory form, the person's best interests. Again, a T3 form should be easily accessible to RNs when medication is being administered.

Nursing and Midwifery Council

Before administering medication, the nurse should be satisfied that:

- The medication is prescribed correctly and is clinically appropriate.
- The legal authority exists to administer it on each occasion and the person has consented, or the relevant Mental Health Act authority is in place.
- Administration is within the nurse's own competence and organisational policy.

Mental Health Act

The nurse should ensure that:

- A valid treatment authorisation is in place.
- Appropriate certificates (such as T2 or T3 documentation) are present when required.
- Treatment is not administered outside the legal authority provided by the Act.
- Concerns about missing or expired authorisations are escalated immediately.

6. Documentation and Accountability

An area where the Commission regularly makes recommendations after a visit to a local service is on the accuracy, detail and currency of information noted in the care plans and related documentation that registered nurses are integral and crucial to. For registered nurses, these documents should have:

- Ongoing assessment of the individual's mental state and physical health needs.
- Capacity-related observations.
- Care plans that evidence inclusion of the views of the person and those important to them; carers, relatives.
- Care plans that should explain not only what is being done, but why it is being done and how success will be measured.
- Discussions regarding rights e.g. advance statement, legal representation.
- Recording of the offer of independent advocacy and/or involvement.
- Risk assessments with evidence that these are dynamic and subject to continuous review.
- Risk management plans informed by risk assessments which support recovery rather than create unnecessary restriction.
- Evidence of adherence to the Act's principles.
- Evidence that efforts have been made to maintain family relationships.

3.2 Understanding the Mental Health Act and other safeguarding legislation.

Individuals may be affected simultaneously by:

- the Mental Health (Care and Treatment) (Scotland) Act 2003;
- the Adults with Incapacity (Scotland) Act 2000;
- the Adult Support and Protection (Scotland) Act 2007.

Understanding the purpose and limits of each Act is an essential registered nursing responsibility.

3.2.1 Adults with Incapacity (Scotland) Act 2000 (AWI Act)

The AWI Act provides a framework for safeguarding the welfare and managing the finance and property of adults (aged 16 years and over) who lack capacity to make some or all decisions due to mental illness, learning disability, dementia or related condition or an inability to communicate.

Principles of the AWI Act

Principle 1 – Benefit

Any action or decision taken must benefit the person and only be taken when that benefit cannot reasonably be achieved without it.

Principle 2 – Least restrictive options

Any action or decision taken should be the minimum necessary to achieve the purpose. It should be the option that restricts the person's freedom as little as possible.

Principle 3 – Take account of the wishes of the person

In deciding if an action or decision is to be made, and what that should be, account must be taken of the present and past wishes and feelings of the person as far as these may be understood.

Some adults will be able to express their wishes and feelings clearly, although they would not be capable of taking the action or decision which you are considering. For example, they may continue to have opinions about a particular item of household expenditure, without being able to carry out the transaction personally.

The person must be offered help to communicate their views. This might mean using memory aids, pictures, nonverbal communication, advice from a speech and language therapist, or support from an independent advocate.

Principle 4 – Consultation with relevant others

Take account of the views of others with an interest in the person's welfare. The AWI Act lists those who should be consulted whenever practicable and reasonable. It includes the person's primary carer, nearest relative, named person, attorney, or guardian, if there is one.

Principle 5 – Encourage the person to use existing skills and develop new skills

Encouraging and allowing the adult to make their own decisions and manage their own affairs and, as much as possible, to develop the skills needed to do so.

Compulsion under the Mental Health Act does not automatically mean a person lacks capacity, and incapacity under the AWI Act does not justify compulsion under the Mental Health Act; both must be considered separately.

As in the granting of an order under the Mental Health Act, mental health and learning disability nurses are not involved in the legal process where powers under the AWI Act are being granted, but similar to the Mental Health Act, ***nurses often have the professional responsibility for ensuring that interventions are lawful, necessary and conducted in accordance with the principles of the AWI Act for those under their care.***

Powers of attorney and guardians

The AWI Act introduced the roles of powers of attorney and guardians to support people to make some or all decisions for a person when they are unable to do so themselves. Decisions can be made about finance, property and welfare.

A power of attorney is a legal document completed when a person has the capacity to make decisions. The person nominates who they would like to manage their welfare and/or finance/property in the event of them losing capacity to do so in the future. We should all have a power of attorney in place; we don't have to wait until we are unwell.

If a person can no longer make some or all decisions, and they don't have a power of attorney in place, no one has an automatic right to make decisions on their behalf. This means that someone (the local authority or family members/friends of the person) will have to go to court for a guardianship or intervention order before they can act on the person's behalf.

It is important that mental health and learning disability nurses are aware of who the 'proxy' decision makers are for the people in their care and that files contain the evidence of these appointments of powers of attorney/guardians and the powers that have been granted. For example, some powers might include deciding who can or cannot visit the person in hospital.

Clinical Responsibilities (Mental Health Act and AWI)

- Ensure that where the person's key information is recorded – clinical record, care plan, whiteboard – that the **specific legal measure** under the Mental Health Act or AWI Act is noted, whether it is an EDC, STDC, CTO or whether there is a power of attorney (PoA), a guardianship order, a section 47 certificate, or a Do Not Attempt CardioPulmonary Resuscitation (DNACPR) form.
- Understand and apply the correct Act for each intervention. Detention under the Mental Health Act does not automatically authorise compulsory physical health care however a person who is detained can have capacity to consent to physical healthcare interventions.
- Capacity can fluctuate and is decision specific. Where consent cannot be given for treatment, then a section 47 certificate (AWI Act) should be considered. Treatment plans should accompany any interventions where the person has been assessed as lacking capacity.
- For those that lack capacity to consent to a decision, the nurse must ensure the legal authority is in place and be fully aware of any powers that have been granted. Consultation with the proxy decision-maker should be recorded, consideration of the past and present wishes of the patient should be taken into account and there should be a review of how an intervention will benefit the individual.

Rights-based responsibilities

- Registered nurses should presume that every adult has capacity unless demonstrated otherwise. Where there are concerns that capacity or decision-making is impaired, the registered nurse should identify those concerns, document their observations, ensure their findings are part of the wider multidisciplinary assessment and escalate any concerns to the responsible medical practitioner.
- To support rights-based practice and ensure that principles underpinning AWI are met, the registered nurse should wherever possible encourage the person to make their own decisions by explaining information in an accessible way, using communication aids, involving advocacy services where appropriate and maximising the person's ability to participate.
- The registered nurse has safeguarding responsibilities and should recognise when an adult with incapacity may be at risk of harm, neglect, exploitation or subject to inappropriate restrictions. If issues such as these arise, registered nurses must use local safeguarding systems through multidisciplinary process or the Adult Support and Protection route, as appropriate (further information below).

Treatment according to the AWI Act

When a person has been determined to lack capacity to consent to medical treatment, this treatment can be given under the authority of Part 5 of the AWI Act following the completion of a section 47 medical treatment certificate by a medical professional. This section 47 certificate includes a treatment plan which should be available to nurses to inform what treatment they are authorised to provide to someone who is not able to make the decision themselves. [Treatment under section 47 of the AWI](#)

A range of online learning tools for clinical staff can be found at [Adults With Incapacity \(AWI\) | Turas | Learn](#) (produced by the Commission in partnership with Public Services Delivery Scotland).

3.2.2 Adult Support and Protection (Scotland) Act 2007 (ASP)

The third of the three pieces of safeguarding legislation is the Adult Support and Protection (Scotland) Act 2007.

ASP (2007) focuses on protecting vulnerable adults from harm. It requires every local authority to set up a safeguarding committee responsible for helping to protect adults who may be at risk. It also requires local authorities and other public bodies to work together so they can identify harm, support the adult, and take action to prevent further risk.

Under ASP (2007), the mental health and learning disability nurse's role is to:

- be fully aware of the many forms that harm can take e.g. physical, psychological, emotional.
- identify where there may be/are identifiable risk(s),
- understand what 'undue pressure' may look like,
- safeguard the adult from harm,
- report concerns through locally agreed protocols,
- contribute to the assessment and sharing of information as part of the multi-agency protection processes, while upholding the rights and dignity of the adult at risk.

These requirements align with the NMC Code, particularly in relation to duties to preserve safety, practise effectively, and act without delay if a person's wellbeing is compromised.

NMC

Professional and ethical framework

- Prioritising people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Employer/Employee responsibilities

- Deliver safe and effective care
- Protect patient safety/raise concerns when necessary
- Maintain professional competence and work collaboratively
- Keep accurate records
- Act with honesty and integrity

Clinical Responsibilities (ASP 2007)

- The registered nurse should assess and consider whether the individual meets the ASP definition of **an adult at risk of harm**, from any signs and symptoms indicative of physical abuse, psychological or emotional abuse, sexual abuse, financial harm, neglect or self-neglect or harm related to exploitation or coercion.
- Where the registered nurse has a concern about any or multiple indicators that the person is at risk of harm, they have a professional responsibility to raise their concerns and consider the next step of a referral. In the process of this, the registered nurse should formally record the concerns, ensure that these are reported using the local referral procedures, and escalate any concerns if formal measures have not reduced the risk of harm.
- The registered nurse should contribute to the assessment of and be involved in any enquiries or investigations relating to the adult at risk of harm. This would include any risk assessments, reviews either through one-to-one or wider multidisciplinary meetings, or information about the impact of harm on the person's physical, mental/psychological and social needs, or with their decision-making ability.

It is important that registered mental health and learning disability nurses understand that adult protection concerns can arise in any setting, including in a hospital setting. If a registered nurse observes practice which may cause harm, this must be reported.

An individual who is receiving care and treatment under the Mental Health Act, support with decision making through the AWI Act may also be subject to the use of ASP (2007) at the same time. The Acts have different purposes and can be used separately and together to address different aspects of a person's circumstances to maximise their rights, promote their health and their safety.

The box below provides a brief summary of the key differences and for further information, the TURAS website has a number of resources on crossing the Acts, the introductory video can be found here:

[Introduction to Crossing the Acts Section 1 - Introduction | Turas | Learn](#)

Safeguarding: how the Acts differ

Mental Health Act 2003:

- Provides assessment, treatment, care, and compulsory powers for people with a mental disorder.
- Focuses on mental health treatment and protection of rights.

Adults with Incapacity Act 2000:

- Provides mechanisms for decision-making when an adult lacks capacity in relation to some or all decisions about their welfare, finances, or property.
- Includes powers such as guardianship, intervention orders, and powers of attorney.

Adult Support and Protection Act 2007:

- Protects adults who are unable to safeguard themselves from harm, abuse, neglect, or exploitation.
- Focuses on investigation, risk assessment, and protective measures. Referrals are made to the local authority who make enquiries/undertake investigations.

4. Conclusion

The Commission has produced this good practice guide in recognition of the central role that registered mental health and learning disability nurses play in ensuring that the rights, safeguards and principles of the legislation are realised in everyday practice.

The registered nurse is often the professional who has the greatest level of day-to-day contact with the individual. Nursing assessments, observations, care plans and therapeutic interventions frequently provide the most comprehensive picture of a person's experiences, progress and recovery.



This guide is by no means exhaustive (we have not focused here on responsibilities in relation to child protection or people with forensic needs for example) but aims to highlight the interconnected functions of the registered mental health and learning disability nurse, the value of which cannot be understated, that is registered nurse as:

- Clinician
- Therapeutic practitioner
- Advocate
- Safeguarder, and
- Facilitator of recovery.

We have attached some appendices which we hope will be useful to registered mental health and learning disability nurses in their day-to-day practice.

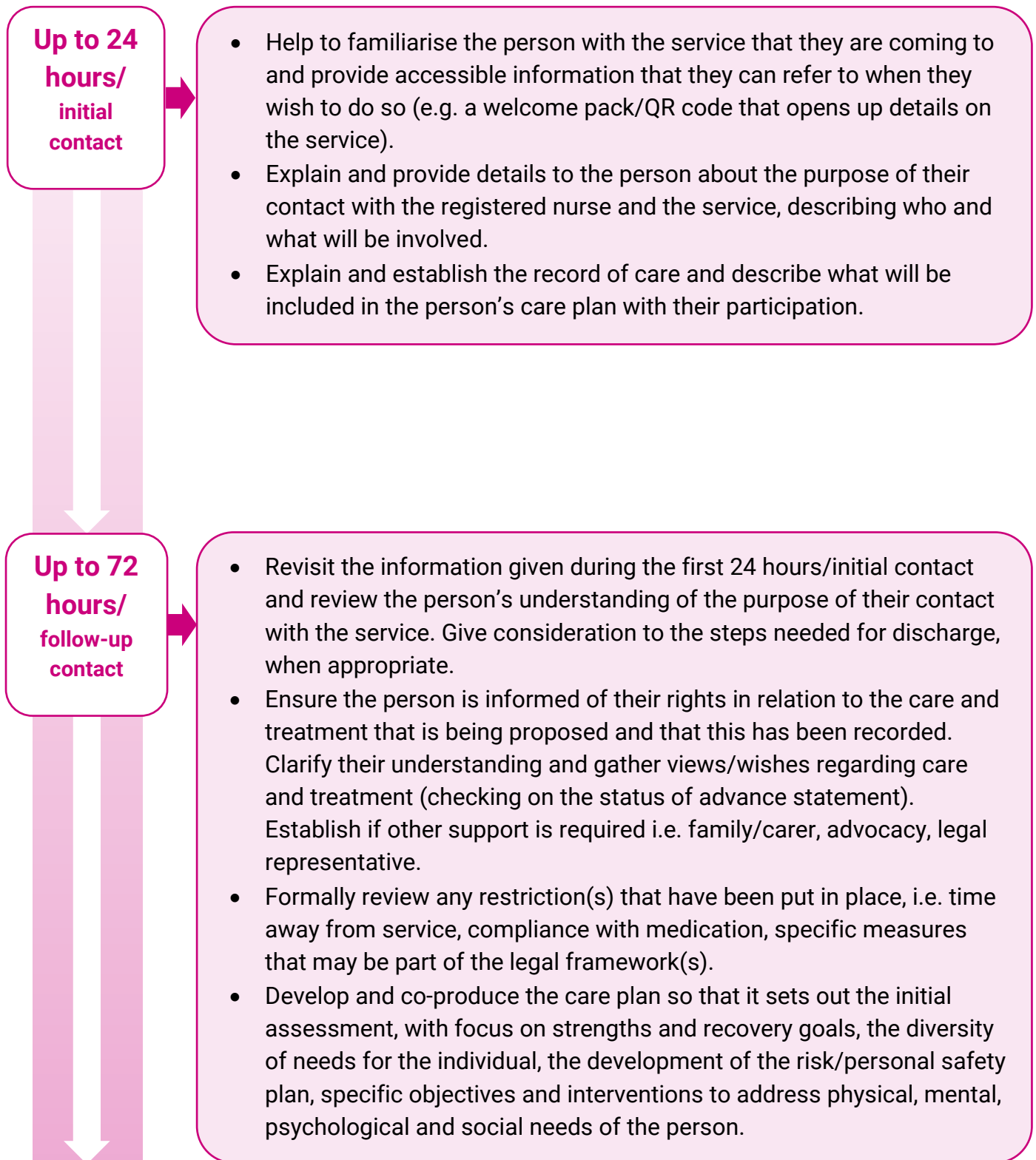
We close with a question about evidence of the nurse's key responsibilities:

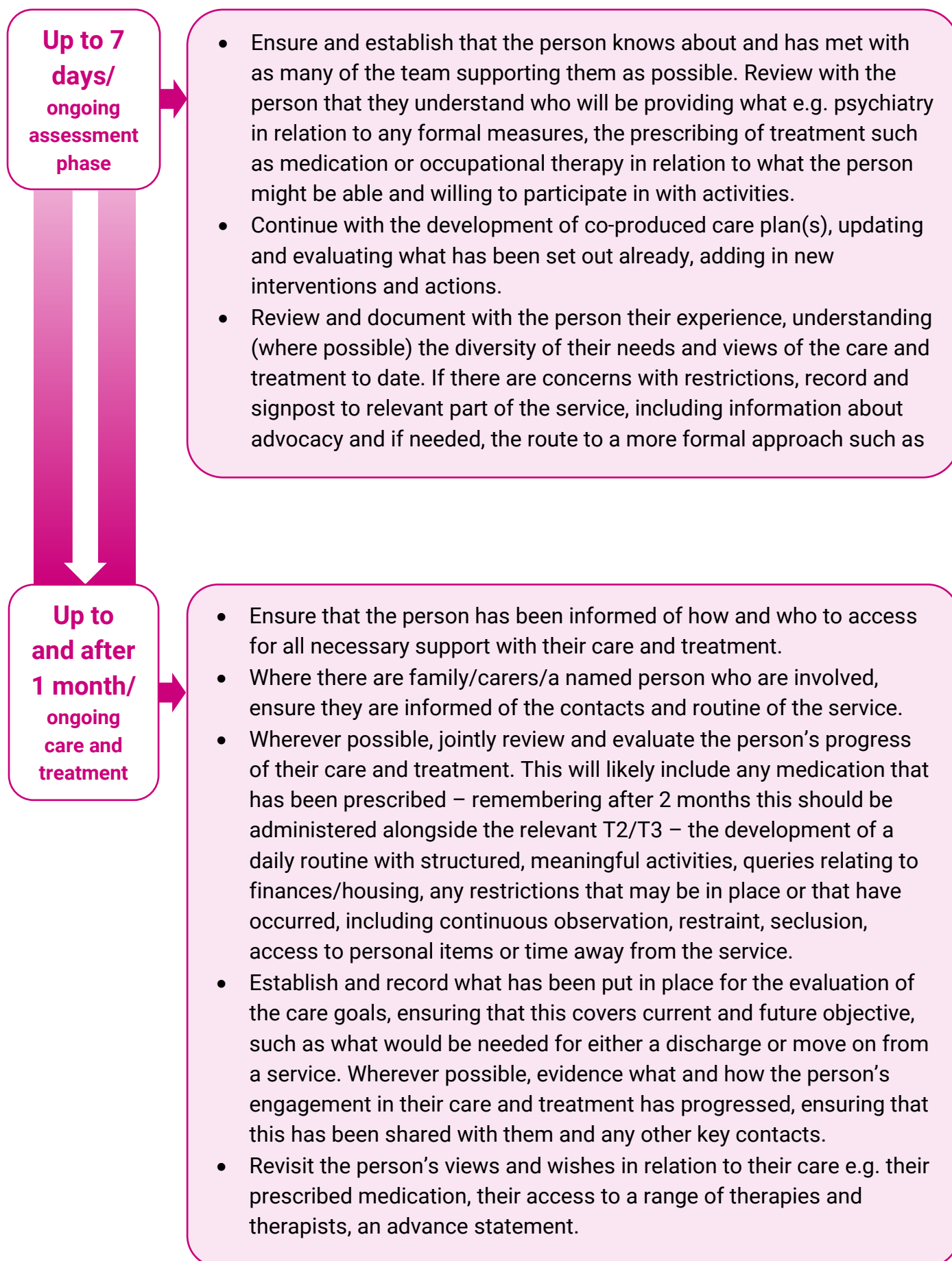
If the Commission met with an individual receiving care in the setting you were based in, and their family were involved, when we reviewed the care record, would it clearly demonstrate lawful, person-centred, rights-based and recovery-focused care?

If the answer is yes, the fundamentals of good practice are very likely to be in place.

Appendix 1: good practice

We share some good practice that we have seen during our visits and through investigations.





Appendix 2: What key things we look for on our local visits

When we visit, we look for evidence through the systems and processes below and we suggest that registered nurses review their practice regularly against each of the criteria:

Promoting a person's involvement

- Evidence of person's contribution in their care and the plan(s) that set this out (signature/their own words/person can tell the Commission about the care plan).
- Evidence of family/carer/NP involvement.
- Person's contribution noted through the MDT/care review meeting.
- Evidence of person having been informed of/exercising their rights (advocacy, legal, MHT, Advance Statement).

Rights-based care

- A rights-based approach, whether it's under the MHA, AWI or ASP requires nurses to ensure and evidence that the person's **dignity, participation, autonomy, diversity, equality and access to the least restrictive intervention** are actively considered.
- Records completed by nurses should demonstrate how human rights principles have informed assessment, care, and proposed treatment.

Accountability

- Comprehensive assessment that covers all key aspects – physical, mental/psychological, social (including family & carers) occupational & therapeutic, financial and environmental.
- Care that is defined in professional language, with an MDT approach to lawful treatment, engagement, activities and how progress will be achieved/evaluated.
- Recognising potential harm (decision-making, impact of restrictions, risk to self/others) and taking action.

Development of clinical practice

- Evidence that there is reflective practice, clinical supervision or peer discussion in relation to the lawful delivery of care and treatment.
- Knowledge and training in how to address the range of potential harm caused in mental health and learning disability settings such as incident reporting, significant adverse events.
- Evidence of skills, knowledge and training in the legislative/professional requirements.

Appendix 3: Mental Welfare Commission good practice guides

These can all be found in the [good practice section of our website](#).

In specific situations, it may be helpful to consult:

- [Medical Treatment Under Part 16 of the Mental Health Act](#)
- [Consent to treatment](#)
- [Right to treat](#)
- [Treatment under section 47 of the AWI](#)
- [AdvanceStatements-2024.pdf](#)
- [Rights, risks and limits to freedom](#)
- [Carers, consent, and confidentiality](#)



If you have any comments or feedback on this publication, please contact us:

Mental Welfare Commission for Scotland

Thistle House,

91 Haymarket Terrace,

Edinburgh,

EH12 5HE

Tel: 0131 313 8777

Fax: 0131 313 8778

Freephone: 0800 389 6809

mwc.enquiries@nhs.scot

www.mwcscot.org.uk