Item 7.4

Mental Welfare Commission for Scotland: Stakeholder Research

FINAL REPORT

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EXECUTIVE SUMMARY

INTRODUCTION

In January 2020, the Mental Welfare Commission for Scotland (the Commission) undertook stakeholder feedback research. The aim of the research was to explore perceptions of the Commission and its impact, to understand what the Commission is doing well and to identify any areas for improvements.

A mixed methodology was developed to ensure that feedback was gathered from a wide range of stakeholders, including professional groups and organisations involved in providing services and support to those with mental illness, learning disabilities, autism, dementia and other related conditions (and covered public, private and third sector providers), as well as carers and those with lived experience of the above conditions. Data collection tools included an online survey, face-to-face and telephone interviews, a national event, and round table discussions at the Commission's Advisory Committee Meeting.

In total, 342 people responded to the main online survey, including 248 (73%) who responded from a professional perspective and 94 (27%) who responded from a personal perspective. A further seven people completed an easy read version, consisting of two professionals and five individuals with lived experience or carers. Interviews were completed with 14 respondents, including eight professionals, five non-professionals, and one respondent who covered both perspectives. Across the national event and Advisory Committee Meeting a total of 26 respondents provided feedback (including one who provided a written response as they could not attend on the day), again, covering both professionals and those with a personal interest.

KEY FINDINGS

Most respondents (n=289, 84%) were aware of the Commission, although professionals were more likely to have heard of the Commission compared to non-professionals (n=232, 94% of professionals and n=57, 61% of non-professionals). Of those who had heard of the Commission, 84% suggested that the Commission's role was clear.

Most respondents also rated the Commission favourably in relation to trustworthiness, approachability, efficiency, effectiveness, and overall impact, while two thirds (67%) were satisfied overall with their experience of the Commission.

Few non-professional respondents had direct experience of visits, and qualitative feedback was mixed. However, over half (59%) of the professional respondents had experienced a visit from the Commission, with nearly two thirds (64%) indicating that this had been useful. Again, over half (57%) of those visited had seen the visit report, with 77% of these respondents suggesting this had been helpful and 80% indicating that any recommendations had been at least partially implemented. Around two thirds of all respondents knew how to access local visit reports (69%) and had read these (66%), while over half (58%) had read themed visit reports. Most respondents (83%) stated that they had found the visit reports useful.

Half of all survey respondents were aware and had used the Commission's advice line, of which, between 71% and 96% agreed with positive statements in relation to this. The only area which was not regarded so highly was the advice line's ability to solve problems, where 55% of respondents agreed their problem had been solved by using the advice line - however professionals were significantly more positive than non-professionals in this regards, with 63% of professionals compared to 21% of non-professionals either agreeing or strongly agreeing with this statement. Despite this, 72% of all those who used the advice line were either very or fairly satisfied with how their enquiry had been dealt with. Where respondents had to be called back, most (82%) were satisfied with the time taken for this.

Over three quarters (78%) of respondents had used the Commission's website, with most also agreeing with the range of positive statements around their experience (ranging from 77% to 89%). Only 25% of respondents had watched any of the videos available on the website, however, most (89%) of these respondents had found them useful.

Just over two thirds (69%) had seen the Commission's good practice guides, and again, most (between 83% and 95%) had found those they had read to be useful.

Less than half (45%) of all respondents had seen the Commission's statistical monitoring reports, although 80% of those who had, said they were useful.

Low numbers of non-professional and professional respondents had any direct experience of an investigation. However, greater numbers were aware of the Commission's investigation reports. Of these respondents, most (91%) stated these were useful. In addition, 83% of professional respondents indicated that the recommendations had been helpful, and 35% had implemented some of the recommendations, even although they were not the subject of the investigation.

Around two thirds (63%) felt that the Commission was influential in relation to national policy and legislation, and 40% had seen the Commission speaking out in the press.

Around three quarters (74%) of all respondents felt that the Commission provided a clear human rights focus, both within its own work, and in helping to ensure that human rights are respected by service providers.

Around two thirds to three quarters of all respondents felt it was easy to make contact with the Commission (73%), get information (76%) and advice (65%) from them. Around half were also aware of some of the accessibility measures that have been introduced, although awareness was lower in relation to the use of the Contact Scotland online interpretation service and the Commission's engagement officers.

Whilst overall the survey results are encouraging, it would appear that service users with lived experience, families and carers, however, are both less aware and less satisfied with the Commission, its work, role and responsibilities compared to professionals working in the area. Across almost all questions they provided less satisfied and more negative results than professionals.

The feedback provided via the interviews and events was largely consistent with the findings of the survey. The key areas of feedback from the qualitative work suggest that awareness of the Commission was much lower among service users, their families and carers, and that they had less understanding of the role of the Commission compared to professionals working in the field. It was also suggested that there was a general perception that the Commission is more focused on assisting service providers/professionals rather than service users, families and carers, and that the Commission was somewhat powerless to address issues with service providers due to its lack of enforcement powers. Non-professional respondents highlighted that services users, families and carers often felt there was little practical support available, from the Commission or elsewhere, when there was an issue over a person's care/treatment and/or perceived infringement of their human rights.

Key suggestions for the Commission, as identified by respondents included:

- Extensive awareness raising to be undertaken;
- The need for the Commission to engage more with service users, carers and families, to be seen to promote their rights over the challenges faced by professionals/services, and to be more proactively involved in cases;
- To challenge service providers more;
- To be seen to take a firmer and bolder stance both in reports and in their dealings with service providers/professionals where an issue has been identified; and
- To undertake greater levels of follow-up and apply more pressure on services to implement recommendations, and/or to be granted additional powers to enforce change.

1 INTRODUCTION

1.1 THE MENTAL WELFARE COMMISSION FOR SCOTLAND

1.1.1 The Mental Welfare Commission for Scotland (henceforth referred to as the Commission) is an independent organisation set up under Scottish mental health legislation. Its powers and duties are outlined primarily within two pieces of legislation, namely the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.

1.1.2 The Commission's ambition is to be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia, and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice. To achieve this, the Commission identified four priorities in their current strategic plan[1]:

1. To challenge and to promote change;
2. Focus on the most vulnerable;
3. Increase their impact (in the work that they do); and
4. Improve their efficiency and effectiveness.

1.1.3 In order to achieve these priorities the Commission's work focuses on five key areas:

1. Influencing and empowering;
2. Visiting individuals;
3. Monitoring the law;
4. Investigation and casework; and
5. Information and advice.

1.1.4 The Commission's work involves various stakeholder groups, including individuals, professionals and organisational stakeholders as follows:

- People who have lived experience of mental illness, learning disability, dementia or related conditions, including those not yet aware of the Commission;
- Carers, friends or family members of individuals with a mental illness, learning disability, dementia or related condition;
- Providers of mental health, learning disability and dementia services (including both practitioners and managers);
- Policy-makers and legislators on mental health, learning disability and dementia issues;

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[1] Strategic Plan 2017-2020 https://www.mwcscot.org.uk/sites/default/files/2019-06/strategic_plan_2017-20.pdf

- Organisations seeking to influence public policy in mental health, learning disability and dementia; and
- Professional organisations.

1.1.5 The Commission last undertook stakeholder feedback research with service users and carers in 2010[2] and with practitioners and other professional stakeholders in 2007[3], although surveys which focused on specific work areas were also conducted in 2014[4][5] and 2009[6]. Due to the historic nature of these previous feedback surveys, and the changes within the Commission and its work, stakeholder feedback research was commissioned in January 2020. This report outlines the findings from that research.

1.2 RESEARCH AIMS

1.2.1 The main aim of the research was to undertake an evaluation of the perception of the Commission and its impact, to understand what the Commission is doing well and to identify any areas for improvements.

1.2.2 To achieve this, the research sought views on:

- The level of awareness of the Commission;
- Understanding of the Commission's role;
- Attitudes to and opinions of the Commission; for example, in relation to trust, overall impact, efficiency, and approachability;
- The value given by stakeholders to the 5 priority areas of the Commission's work;
- The equality, diversity and accessibility of the Commission;
- The Commission's human rights focus; and
- The Commission's strategic outcomes.

1.3 METHODOLOGY AND RESPONDENT PROFILE

1.3.1 The research adopted a mixed method approach, utilising both quantitative and qualitative methods in order to reach as wide a range of stakeholders as possible.

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[2] Scottish Development Centre for Mental Health (2010) *Service Users' and Carers' Views of the Mental Welfare Commission for Scotland*

[3] Scottish Development Centre for Mental Health (2007) *Practitioners' Views of the Mental Welfare Commission for Scotland*

[4] Animate (2014) *Peer Support Worker and Carer views on the Mental Welfare Commission for Scotland's good practice guidance (Study B)*

[5] Griesbach, D. and Platts, A. (2014) *Practitioner views on the Mental Welfare Commission's good practice guides*

[6] Mental Welfare Commission for Scotland (2009) *Service User and Carer Feedback on the Commission's Telephone Advice and Information Service*

Quantitative Questionnaire

1.3.2 An online survey was designed and circulated to a wide range of stakeholders. This included various professional groups and organisations involved in providing services and support to those with mental illness, learning disabilities, autism, dementia and other related conditions (and covered public, private and third sector providers), as well as carers and those with lived experience of the above conditions.

1.3.3 The questionnaire included questions on:

- Awareness of the Commission;
- Opinions of the Commission;
- Overall satisfaction with the Commission;
- Experiences of visits and visit reports;
- Experiences of the advice line, website and Good Practice Guides;
- Experiences of the Commission's Annual Monitoring Reports;
- Experiences of investigations and casework, including Investigation Reports;
- Perceptions of the Commission's effectiveness to influence;
- Interest in alternative methods for disseminating information;
- Human rights;
- Equality, diversity and accessibility; and
- The Commission's strategic outcomes.

1.3.4 While the questionnaire was largely aimed at those who had had previous interaction with the Commission, two questions were also asked around preferences for information provision of those who had not previously heard of the Commission.

1.3.5 An easy read version of the survey was also made available and advertised both via the main survey and to relevant organisations.

1.3.6 Overall, 342 people responded to the main survey. Of these, 248 (73%) responded from a professional perspective and 94 (27%) responded from a personal perspective. A further seven people completed the easy read version, consisting of two professionals and five individuals with lived experience or carers.

1.3.7 A wide range of professionals responded to the main survey, however, the largest groups of respondents included mental health nurses (n=51, 21%), psychiatrists (n=36, 15%), mental health officers (n=35, 14%), and managers of services (n=29, 12%). Just over half worked for the NHS (n=132, 54%), 20% (n=48) worked for the voluntary sector, 19% (n=47) worked for a local authority, and 4% (n=11) worked in the private sector. Professionals were also asked which group(s) they worked with, with some respondents indicating they worked with more than one group. Most worked with adults with a mental illness (n=194, 79%), while around a third worked with adults with learning disabilities (n=95, 38%), people with dementia (n=84, 34%), and people with autism (n=79, 32%), and fewer worked with children and young people with mental illness (n=43, 17%) and/or a learning disability (n=26, 11%).

1.3.8 Of the non-professionals who responded to the main survey, 40% (n=37) were a family member/partner/friend or carer for someone who has a mental illness, and 29% (n=27) were individuals who had a mental illness. The next largest group of respondents was family members/partners/friends or carers for someone who has autism (n=26, 28%), and individuals who had autism (n=18, 19%).

1.3.9 Full details of the respondent profiles are included at Appendix A.

Qualitative Methods

1.3.10 In addition to the survey, a series of semi-structured interviews was undertaken in order to elicit more depth and detail in responses than was possible via the survey. The interviews included both professionals working in the field and individuals and carers. Mixed approaches were used to suit the preferences of the respondents, including one-to-one and mini-group interviews, using face-to-face and telephone approaches. Interviews typically lasted between 30 minutes to 1.5 hours (depending upon the number of attendees and the level of contact respondents had had with the Commission).

1.3.11 The interview topic guide was designed to elicit views on respondents' awareness of the Commission's role and responsibilities, perceptions of their five key areas of work and the strategic objectives, as well as consideration of equality, diversity and accessibility of the Commission and their focus on human rights.

1.3.12 In total, 14 respondents participated in an interview, including:

- seven professionals (with some covering several relevant roles);
- five individuals with lived experience and/or carers;
- one representative from a carers organisation; and
- one respondent who was a professional, had lived experience and was also a carer.

1.3.13 A two hour event was also arranged for the later stages of the fieldwork, with round table discussions focusing on understanding of the Commission's roles and responsibilities, which elements of the Commission's work, role and responsibilities works well and where there could be improvement or expansion of its work, as well as considering accessibility of the Commission and its strategic outcomes. Overall, 70 invitations were circulated, and 16 people attended on the day, including five professionals, four individuals with lived experience and seven carers. One additional participant who could not attend on the day submitted written comments which were included within the analysis. The event took place at the early stages of the COVID-19 pandemic in the UK, and was held one week before the national lockdown was initiated and so invitees ability and/or willingness to attend was impacted.

1.3.14 The researchers also attended the Commission's Advisory Committee Meeting in March and facilitated round table discussion with attendees. Again, discussions focused on which elements of the Commission's role works well and what could be improved, as well as consideration of its strategic outcomes. In total, nine respondents took part in these discussions, including both professional groups and those representing individuals with lived experience and carers.

1.4 REPORTING CONVENTIONS AND CAVEATS

1.4.1 Throughout the report reference is made to 'carers'. This term has been used to encompass a range of individuals, including family members, partners, friends, etc., who currently provide care/support on an unpaid basis and those who fulfilled these roles previously. It should be noted that some interview respondents straddled two or three categories of professionals, carers and people with lived experience.

1.4.2 It should also be noted that more professionals took part in the online survey than individuals with lived experience and carers. As such, many of the results detailed below reflect the views of professionals. Where views differed between professional and non-professional respondents this has been highlighted.

1.4.3 The easy read survey asked fewer questions than the main survey, and often required different question wording to ensure the questionnaire was accessible. The results from the easy read survey have been reported alongside the findings from the main survey at the relevant sections.

1.4.4 It should be noted that respondents were able to participate in both the survey specifically, and in the research more generally, more than once. Where relevant, survey respondents were invited to complete two versions of the survey should they wish to respond from both a personal and a professional perspective. In order to facilitate this however, it was not possible to limit survey responses to just one per person so it was possible that a respondent could have submitted more than one response within any respondent category. The data were examined and no evidence of invalid multiple responses was detected however. Further, many of those invited to the events and to take part in the interviews were selected from the survey respondents who had expressed interest in these elements. This offered respondents the opportunity to expand on their survey responses and provide more detailed feedback. A few event and interview respondents were also recruited independently of the survey, these largely consisted of professionals.

1.4.5 Total percentages within the quantitative tables may not add to 100% due to rounding.

1.4.6 The results from the interviews and events have been reported within the relevant sections alongside the survey results.

2 AWARENESS OF THE COMMISSION

2.1 LEVELS OF AWARENESS

Survey Results

2.1.1 Most respondents to the main online survey (n=289, 84%) had heard of the Commission before receiving the survey. Professionals were more likely to have heard of the Commission, with 94% (n=232) of professionals and 61% (n=57) of non-professionals stating they had heard of the Commission before receiving the survey.

2.1.2 Those who had not heard of the Commission previously or who were unsure were routed to the end of the survey where two questions were asked in relation to information provision, while those who had heard of the Commission continued through the main questionnaire.

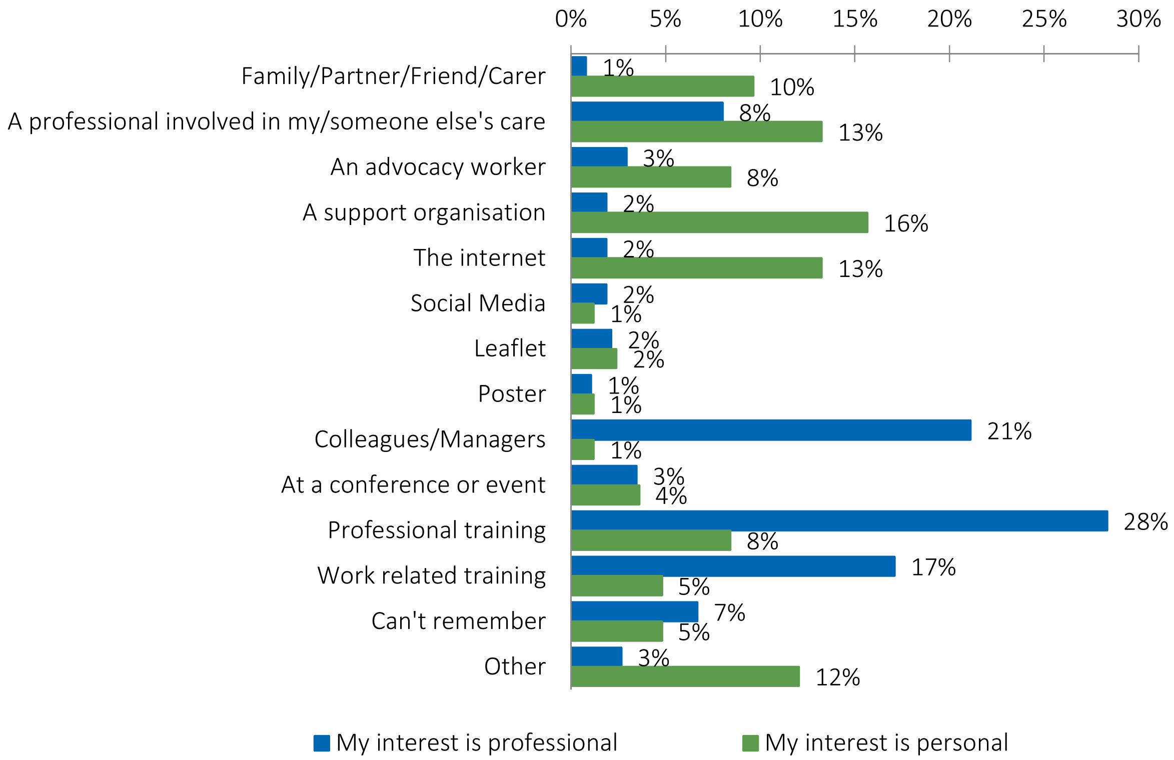
2.1.3 Table 1 below shows that over two thirds (n=200, 69%) of respondents had heard of the Commission 10 or more years ago. This also shows that, while most professional respondents had been aware of the Commission for many years, the timescales were more variable for non-professional respondents, with 45% (n=26) of non-professionals having become aware of the Commission within the last five years.

Table 1 When did you first hear of the Commission?

Timescale	Professionals		Non-Professionals		Total Sample	
	Number	%	Number	%	Number	%
Within the last year	11	5%	3	5%	14	5%
1-2 years ago	5	2%	11	19%	16	6%
3-5 years ago	15	6%	12	21%	27	9%
6-9 years ago	15	6%	5	9%	20	7%
10+ years ago	177	76%	23	40%	200	69%
Don’t know/Can’t remember	9	4%	3	5%	12	4%
Total	**232**	100%	**57**	100%	**289**	100%

2.1.4 Figure 1 below shows that most professionals first heard about the Commission via their professional training (n=106, 28%), from their colleagues or managers (n=79, 21%), and from work related training (n=64, 17%). Meanwhile, non-professional respondents were more likely to have heard of the Commission from a support organisation (n=13, 16%), a professional involved in their/someone else's care (n=11, 13%), and the internet (n=11, 13%).

Figure 1 How did you first hear of the Commission?*



* Multiple responses were possible at this question.

2.1.5 The respondents to the easy read survey were also asked if they had heard of the Commission before and to detail how they had heard about them. All seven respondents had heard of the Commission, with five stating that they had heard about them via their work, two heard about them from their family, partner, friend or carer, one via the internet, one via social media, and one via a leaflet or poster[7].

2.1.6 Most professionals who responded to the main survey (n=195, 84%) felt that the Commission's role was either very or fairly clear, while only 9% (n=22) felt it was very or fairly unclear. Again, responses were more mixed from non-professionals however, with around half (n=28, 49%) indicating they felt it was clear to some extent and 37% (n=21) suggesting it was unclear to some extent. Figure 2 below details the full breakdown at this question.

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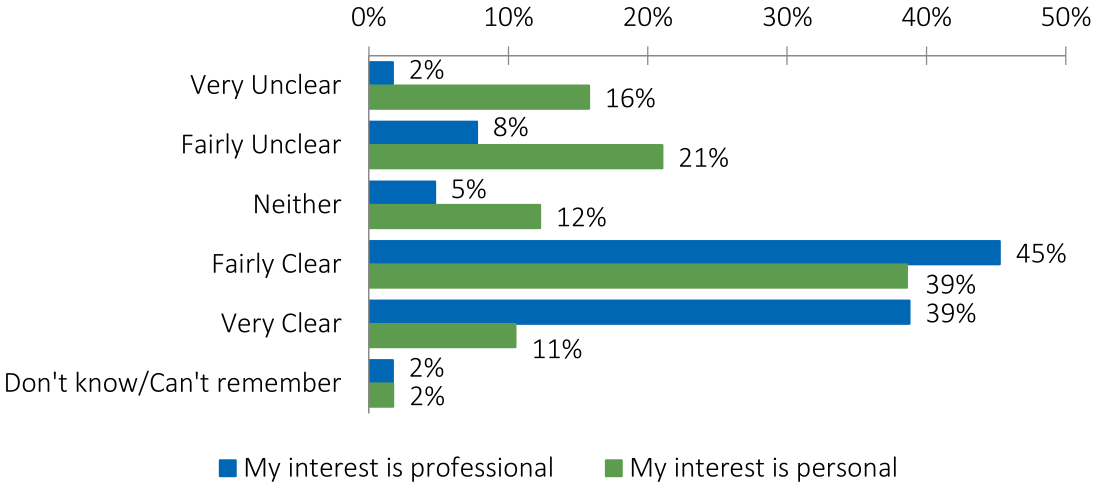
[7] Respondents provided multiple responses regarding how they had heard of the Commission.

Figure 2 How clear do you think the Commission's role is?



2.2 OPPORTUNITIES FOR AWARENESS RAISING

2.2.1 While the online survey did not specifically ask for comments on respondents' awareness of the Commission, several were provided via other questions. Similarly, those who completed an interview and those who attended one of the events were asked to comment on levels of awareness and how this could be improved.

2.2.2 Generally, across all research methods, most professionals felt they had a good level of awareness of the Commission:

> *"It is very clear and visible… it is clearly seen as a stakeholder in the delivery of appropriate mental health services for the public… A stakeholder by way of overseeing the Act is being used as it should be… The Commission is very visible in Scotland." (Interview, Professional)*

2.2.3 However, a few did feel that the Commission's role had become less clear over time, with them suggesting its role had been clearer before the 2003 Act, and before the introduction of the Tribunal system. It was suggested that the Commission's role appeared to have become somewhat diluted and the split between the roles of the Commission, the Tribunal system, and other inspectorate bodies had become somewhat 'muddied':

> *"I used to have a clearer view of the Commissions role but it appears to have changed over the years and I am unsure of how it plays into the Tribunal system and the regulating of detentions. I saw them as an organisation that ensures the quality of care and pursuit of the legal system but I don't feel their role is so robust in that as it was." (Main Survey, Professional)*

> *"Tribunals are good, but it means the Commission has lost its visibility." (Event, Professional).*

2.2.4 One professional who attended the events also spoke of hearing/seeing reference to the work of the Commission in various places but noted that they did not have a sense of its overall role or how each of its services 'joined up'.

2.2.5 Some respondents (across all research methods) also suggested that the Commission has a higher profile amongst professionals than non-professionals, and also amongst inpatients compared to outpatients. It was felt this was partly because of its focus on the Mental Health Act and detained patients, rather than on other legislation relating to those in the community:

> *"They don't seem to have much of a role for outpatients unless the Mental Health Act or Adults with Incapacity Act [are involved]…. In practice it's mainly hospitalised [patients]…" (Interview, Professional)*

> *"I think they're getting better at looking outwith hospitals... [but] they are still focused on inpatient care…" (Interview, Professional)*

2.2.6 Similarly, non-professional respondents from across all research methods suggested that there was not a high level of awareness among individuals with lived experience and carers regarding both the existence of the Commission and its work, or its roles and responsibilities. Some felt that the Commission focused more on servicing the professionals rather than those with lived experience and their carers/families, and many suggested that the Commission needed to be better advertised to patients and their carers, and that awareness raising was required:

> *"They lean towards more professionals… it's mostly for organisations … They could promote it more for individuals". (Interview, Carer)*

> *"[There is] very much an 'us and them' environment… The ranks are closed when questions are being asked about professionalism… people are protected over and above the patients… I think their role SHOULD BE protecting the patient, but I think their role IS protecting the services". (Interview, Carer)*

2.2.7 Suggestions for increasing awareness included:

- That doctors should signpost or provide a leaflet to patients when providing a diagnosis;
- That information about the Commission should be available within doctors' surgeries, hospitals, libraries, and general waiting rooms;
- That the Commission should hold talks with/in partnership with various relevant support organisations and in schools; and
- That the Commission should hold Roadshows and workshops (although one respondent felt that awareness raising would be better undertaken via patient councils and support organisations rather than Roadshows);
- Increase the number of visits to services/individuals;
- Offer training and presentations on Commission matters;

- Provide a short advert or statement that sums up the Commission's function and their unique selling point (USP);
- Encourage greater signposting by service providers and other agencies, such as DWP;
- Advertise via other leaflets and information provided by other services, such as advocacy leaflets; and
- Follow-up with intermittent reminder leaflets/information to refresh services and individuals memory of the Commission and their role/work.

2.2.8 It was also suggested at the events that, even when patients had been visited by the Commission, they often did not realise where the staff were from/which organisation they represented (even though Commission staff would always introduce themselves). This might suggest that being able to provide a leaflet or other information for patients during visits may be helpful in raising awareness/ensuring the Commission is more memorable to patients and carers.

2.3 GENERAL OPINIONS OF THE COMMISSION

2.3.1 Respondents were asked to rate their opinions of the Commission generally against five key elements, including trustworthiness, approachability, efficiency, effectiveness and overall impact. Table 2 below details the results, and shows that most respondents reported favourably in relation to all measures. However, respondents were less likely to rate the Commission as excellent for efficiency (20%), effectiveness (19%) and overall impact (21%) compared to trustworthiness (41%) and approachability (37%).

Table 2 Ratings in Relation to the Commission Generally

	Trustworthiness	Approachability	Efficiency	Effectiveness	Overall Impact
Very Poor	5 (2%)	7 (2%)	5 (2%)	17 (6%)	14 (5%)
Not Good	12 (4%)	16 (6%)	24 (8%)	29 (10%)	32 (11%)
Neither	23 (8%)	29 (10%)	40 (14%)	41 (14%)	40 (14%)
Good	100 (35%)	104 (36%)	118 (41%)	115 (40%)	110 (38%)
Excellent	118 (41%)	106 (37%)	58 (20%)	56 (19%)	60 (21%)
Don't know	31 (11%)	27 (9%)	44 (15%)	31 (11%)	33 (11%)
Total Respondents	289	289	289	289	289

2.3.2 Table 3 below provides the full breakdown of responses by professional and non-professional respondents.

Table 3 Ratings in Relation to the Commission Generally (Professionals vs Non-Professionals)

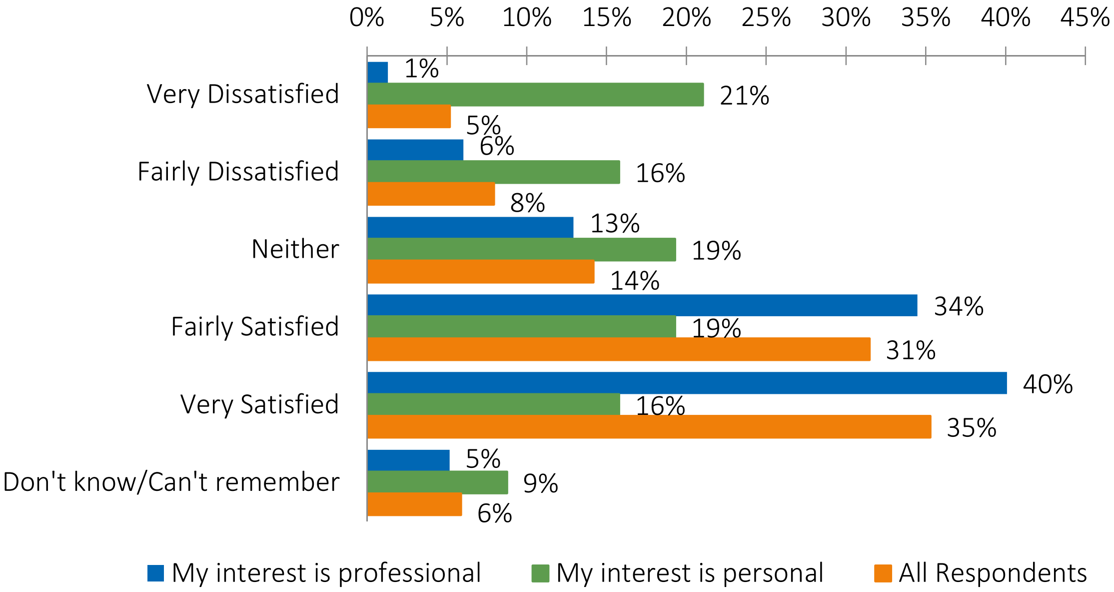
	Trustworthiness		Approachability		Efficiency		Effectiveness		Overall Impact	
	Professionals	Non-Professionals	Professionals	Non-Professionals	Professionals	Non-Professionals	Professionals	Non-Professionals	Professionals	Non-Professionals
Very Poor	1 (<1%)	4 (7%)	1 (<1%)	6 (11%)	2 (1%)	3 (5%)	6 (3%)	11 (19%)	3 (1%)	11 (19%)
Not Good	3 (1%)	9 (16%)	9 (4%)	7 (12%)	9 (4%)	15 (26%)	16 (7%)	13 (23%)	18 (8%)	14 (25%)
Neither	14 (6%)	9 (16%)	20 (9%)	9 (16%)	31 (13%)	9 (16%)	35 (15%)	6 (11%)	34 (15%)	6 (11%)
Good	86 (37%)	14 (24%)	88 (38%)	16 (28%)	108 (47%)	10 (18%)	106 (46%)	9 (16%)	102 (44%)	8 (14%)
Excellent	109 (47%)	9 (16%)	95 (41%)	11 (19%)	52 (22%)	6 (10%)	49 (21%)	7 (12%)	54 (23%)	6 (11%)
Don’t know	19 (8%)	12 (21%)	19 (8%)	8 (14%)	30 (13%)	14 (25%)	20 (9%)	11 (19%)	21 (9%)	12 (21%)
Total Respondents	**232**	**57**	**232**	**57**	**232**	**57**	**232**	**57**	**232**	**57**

2.3.3 Table 3 shows that non-professionals were more likely to rate the Commission as not good or very poor for efficiency (32%), effectiveness (42%) and overall impact (44%) than they were to give positive ratings, and compared to professional respondents (where 5%, 9% and 9% gave negative ratings respectively).

Overall Satisfaction

2.3.4 Respondents were also asked to rate their experience of the Commission overall. Across all respondents, two thirds (n=193, 67%) were either very or fairly satisfied, and 13% (n=38) were dissatisfied to any extent. Again, however, there were differences between the professional and non-professional respondents. Three quarters (n=173, 75%) of professional respondents were either very or fairly satisfied, compared to just over a third (n=20, 35%) of non-professionals. Conversely, over a third (n=21, 37%) of non-professionals were either very or fairly dissatisfied, while only 7% (n=17) of professional respondents were dissatisfied to any extent. Figure 3 below details the full breakdown of responses.

Figure 3 How would you rate your experience of the Commission overall?



2.3.5 Respondents to the easy read survey were also asked whether they were happy with the Commission in general. Two respondents said they were happy overall, one was not, and four were not sure.

3 VISITS

3.1 NON-PROFESSIONALS' EXPERIENCES OF VISITS

3.1.1 Non-professionals (who were aware of the Commission) were asked if they, or the person they support had ever been visited by the Commission. Just over one third (n=21, 37%) had been visited, with 11 respondents having been visited in hospital, five having been visited at home, and four who were visited at another location (including one who was visited at hospital and home, two who were visited at support services offices, and one who simply indicated it was at a neutral venue). One other respondent did not specify where the visit had occurred.

3.1.2 Seventeen respondents also provided qualitative comments about the visit, with mixed views being expressed. Several respondents felt the visit had been timely, helpful, and a positive experience with respondents feeling they had been listened to. Others, however, felt the visit was ineffective, failed to offer practical advice or support, and felt as though it was tailored towards support for the practitioners rather than the service user. A key issue for non-professional stakeholders was a lack of feedback regarding the outcomes from the visit and/or lack of any changes as a result of the visit:

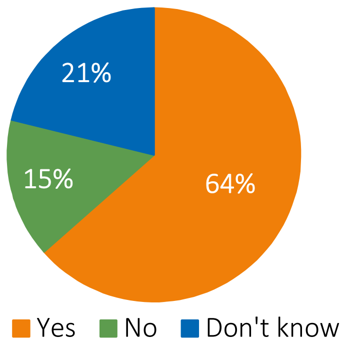
> *"The visit went very well and we felt that we were listened to. However, we really don't know what outcomes there were, as nothing in particular changed." (Main Survey, Carer).*

3.1.3 Respondents to the easy read questionnaire were also asked if someone from the Mental Welfare Commission had ever come to visit them, and what was good or bad about the visit. Three respondents indicated that they had been visited by the Commission, with one indicating that they had found this a positive experience and another suggesting it had felt pointless, the third respondent did not comment.

3.2 PROFESSIONALS' EXPERIENCES OF VISITS

3.2.1 Similarly, professionals who responded to the main survey (and who were aware of the Commission) were asked if the Commission had ever conducted any visits to individuals in their ward or service. Over half (n=136, 59%) of the respondents indicated that the Commission had conducted such a visit, with just under two thirds of these (n=87, 64%) respondents stating that they had found the visit useful (see figure 4).

Figure 4 Thinking about the most recent visit, did you find this useful?



3.2.2 Those who had found the visit useful typically stated that this had been a helpful experience. In particular, respondents (across both the survey and interviews) highlighted that Commission staff had been friendly, supportive, knowledgeable, open, honest, able to offer advice, and that feedback had been helpful, fair/realistic and constructive. The external and independent nature of the Commission was also seen as important and helpful when considering services:

> *"Good to have independent person have view on work undertaken and able to make constructive feedback." (Main Survey, Professional)*

> *"My experience of visits is that they've been helpful, and they've been conducted professionally and effectively." (Interview, Professional)*

> *"Great as opportunity to say how services were…" (Easy Read Survey, Professional)*

3.2.3 Several also commented on the benefit of shared learning, and some noted that the visit helped to identify both positive elements and any issues within a service or the care being provided, and that the feedback/recommendations empowered services/practitioners to make changes:

> *"They give recommendations and then this is supported by managers to improve patient care." (Main Survey, Professional)*

> *"Helps to inform future care and ensure we are working for the best interest of the patient using the most person centred, evidenced based methods." (Main Survey, Professional)*

3.2.4 It was also noted that the visits were helpful for patients and carers, both to allow them to identify issues of importance to them, and to ensure that they feel their voice is heard. A few also suggested it was a good opportunity for staff to ask questions and seek advice:

> *"It was helpful for service users to be able to give feedback on their experience of services - this facilitates feelings of being heard, and highlights issues such as long waiting times." (Main Survey, Professional)*

> *"Could ask direct questions that I had but wouldn't have contacted directly for." (Main Survey, Professional)*

3.2.5 The patient centred approach was also seen as a valuable aspect/approach, and the visits were seen as a way to maintain or improve standards and the care delivered to patients.

3.2.6 Those who did not find the visit useful indicated this was either due to the circumstances of the visit itself, which a few felt focused on the wrong aspects, or because the feedback/recommendations were not circulated widely enough and/or were nor implemented by the service provider:

> *"The visit focussed on completion of paperwork and administration tasks, rather than commenting on the real issues with the patient journey." (Main Survey, Professional)*

> *"There is very little change following their inspection findings as they are toothless when it comes to cost implications." (Main Survey, Professional)*

3.2.7 This issue of the Commission seeming somewhat 'toothless' in respect of its recommendations was reiterated at interview amongst both professionals and non-professionals, with some suggesting that limited service resources and wider austerity created a potential barrier to proactive change:

> *"The bottom line is I'm not really sure the Commission has the teeth to really have their opinions respected." (Interview, Carer)*

> *"'Having some form of clout in terms of ensuring that those recommendations are carried out and carried through is the bit that's missing." (Interview, Professional)*

3.2.8 It was also felt by one survey respondent that visits may not fully promote the rights of those with learning disabilities, while another felt that patients see visits as an opportunity to contest their care plans and can be disappointed when there is no change.

3.2.9 A few interview and event respondents indicated that they did not know the selection criteria for visits and felt it would be useful to know how representative those chosen cases were of the general population and how applicable they are to other sectors. Several also suggested that more visits should be undertaken and that visits to those receiving care/treatment in the community should be facilitated.

3.3 VISIT REPORTS

3.3.1 Professional respondents were also asked if they had seen the anonymised visit report published by the Commission for their most recent visit. Just over half of those subject to a visit (n=77, 57%) had seen the visit report. Table 4 below shows that three quarters (n=59, 77%) of the respondents found the recommendations in the visit report to be either very or fairly helpful.

Table 4 Helpfulness of Visit Report Recommendations

	Number	%
Very Unhelpful	5	7%
Fairly Unhelpful	4	5%
Neither	0	0%
Fairly Helpful	23	30%
Very Helpful	36	47%
Don’t know/Can’t remember	5	7%
N/A (there were no recommendations)	3	4%
Total Respondents	76	100%

3.3.2 Despite a concern among non-professional survey respondents that the visits resulted in little change for service users (noted above), and despite concerns amongst interview respondents about the Commission’s capacity to see through recommendations, where such recommendations were made by the Commission, 44% (n=31) of professionals in the survey stated that these had been implemented in full, and a further 36% (n=25) indicated they were partially implemented. Only 3% (n=2) of professional respondents in the survey stated that recommendations were not implemented, while the remaining 17% (n=12) either did not know or could not remember.

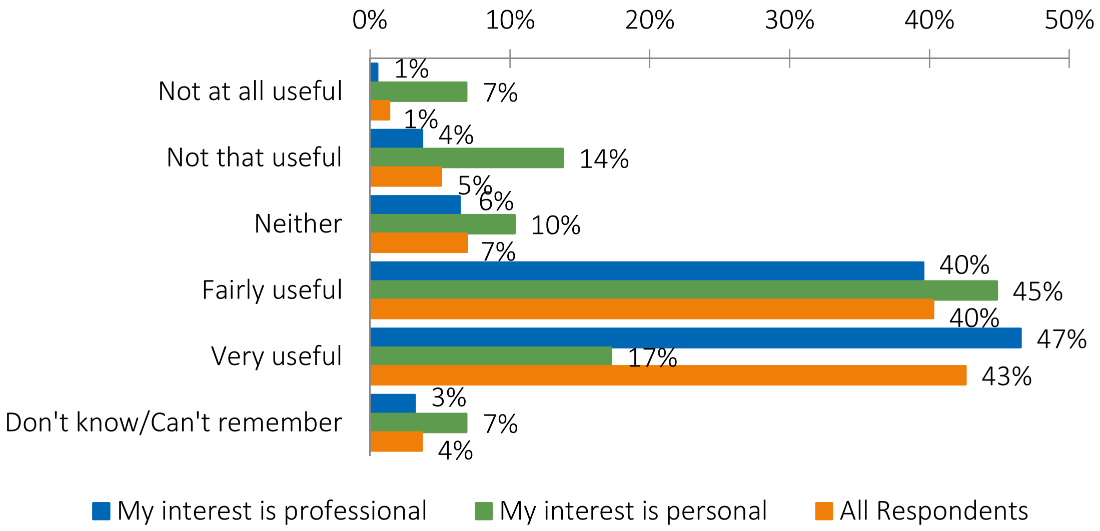
3.3.3 All respondents (including both professionals and non-professionals), regardless of whether they had been visited or not, were asked if they knew how to access local visit reports online, if they had read any of the Commission’s local visit reports, and if they had read any of the Commission’s themed visit reports. Table 5 below details those who did know how to access these and had read any such reports. This shows that between two thirds and three quarters of professional respondents knew how to access these reports and that they had read both local and themed visit reports, while less than half of all non-professional respondents had accessed or read these.

Table 5 Access and Use of Visit Reports

	Professionals		Non-Professionals		Total Sample	
	Number	%	Number	%	Number	%
Know how to access local visit reports online	172	75%	25	45%	197	69%
Have read any of the Commission’s local visit reports	166	72%	24	42%	190	66%
Have read any of the Commission’s themed visit reports	147	64%	17	31%	164	58%

3.3.4 Most respondents (n=179, 83%) who had read the visit reports felt these were either very or fairly useful, although professionals were more likely to say this than non-professionals (n=161, 86% and n=18, 62% respectively). Figure 5 below outlines the full breakdown of responses at this question.

Figure 5 Usefulness of Visit Reports



3.3.5 Some professional respondents indicated that the visit reports were helpful for benchmarking their own service against others and/or to ensure that their service is adopting best practice/meeting expectations:

> *"They are useful for comparing services in different areas. It is helpful to see good practice." (Main Survey, Professional)*

3.3.6 As noted above, other professionals however, felt that the recommendations were too often not implemented. Some suggested this was a limitation of the Commission's powers and felt that this was an area to be addressed by them, while others felt this was a problem for/reflection of practitioners themselves:

> *"It is not the Commission's responsibility - but it is disappointing how similar the issues seem to be over time - we do not learn or change easily in our responses to people in crisis." (Main Survey, Professional)*

3.3.7 One interview respondent also felt that there was not enough visible follow-up after an initial visit report was published to assess whether recommendations have been implemented, monitor any changes and measure effectiveness. Whilst the respondent acknowledged that the Commission may have access to this, it was felt that this information should be published/shared as it would be useful for stakeholders and the public to know how well things were working:

> *"A couple of years ago there was a themed visit report on secure services in Scotland… and there was a number of recommendations… at the time it was quite a hot topic… however, since then it's now a forgotten aspect… What would have been nicer is if at a specific interval… to see where and what*

> *stages of these recommendations have now been implemented or not, just to see whether it was in any way effective or not.” (Interview, Professional)*

3.3.8 It was also suggested by survey and event respondents that the reports often appear to have been ‘sanitised’ and do not get to the underlying or bigger picture issues:

> *“Visit reports rarely engage with bigger issues such as availability of appropriate accommodation, availability of therapies, etc. They appear to concentrate on low hanging fruit such as advising us to complete T2 forms. Whilst it is of course important that proper paperwork is completed sometimes this feels like the Commission can't see the wood for the trees.” (Main Survey, Professional)*

> *“It also worries me that some reports do not seem to be able to get under the surface enough.” (Main Survey, Professional)*

3.3.9 A lack of consistency re the details/issues considered was also noted, with a few highlighting access to advocacy as an area which is not included consistently but which perhaps should be:

> *“The focus often appears to depend on the particular individuals involved. Much will be made of a particular issue that wasn't the previous year and isn't the following year.” (Main Survey, Professional)*

3.3.10 A few non-professional respondents also felt that the visit reports were bland, not detailed enough, and that they did not tackle some key issues (including the ill-treatment of some patients and the lack of risk assessments for forced treatment). It was also felt that the reports often appeared to focus on the staff rather than the patient, that recommendations were not ambitious enough and that the Commission did not have the power to force service providers to implement their recommendations:

> *“Commission do highlight things that do need to improve, but in general nothing much does. Commission seem to step in when a severe failing in care has happened, but when forewarned, do not want to know, making carers feel helpless and hopeless with nowhere to turn.” (Main Survey, Carer)*

3.3.11 One respondent also felt the Commission should focus more on whether the principles of the Act are being applied as the Commission's advice says it should, and whether the spirit of the principles are being applied in individual cases:

> *“…the Commission focuses on whether wards record patients' life stories… rather than whether and how that information is being made use of in individual cases and whether the patients themselves feel that their preferences are being respected.” (Main Survey, Carer)*

3.3.12 Others, however, felt the visit reports were useful. One respondent suggested these were helpful in making the Commission more open and accessible (particularly to non-professionals), while a few indicated that the visit reports can help to set expectations and empower non-professionals during discussions about patient care:

> *"I have referred to them when discussing my father's care - this has been helpful particularly in relation to getting personalised care rather than one size fits all."* *(Main Survey, Carer)*

3.3.13 Other issues in relation to the visits raised by event participants included a query regarding whether visits can be made to named persons. It was felt that this was not clear, but suggested this would be a useful additional role if it was possible. Another also suggested that letters sent to guardians in relation to visits should stress that the visit is being conducted as a routine part of the Commission's work and not due to any concerns regarding the service or patients care/treatment. They noted that it can be very concerning for individuals to receive notification of such visits as they assume this is being undertaken due to some issue/problem/failing.

4 INFORMATION AND ADVICE

4.1 THE ADVICE LINE

4.1.1 The Commission provides an advice line during office hours, open to professionals and individuals. The advice line uses a callback system where one person takes brief details of the query, and a specialist member of staff then calls the enquirer back.

4.1.2 All respondents to the main survey were asked if they were aware of the Commission's advice line. Over three quarters (n=224, 78%) had heard of this, and half (n=144, 50%) had used it. This consisted of 83% (n=120) professionals and 17% (n=24) non-professionals. Data collated by the Commission in relation to the type of callers to the advice line show that 42% of calls in 2018-19 originated from service users/carers/family/private guardians/named persons suggesting the survey results under-represent the views and experiences of this group in this regard. Due to the small number of non-professional respondents in this section the results below are provided at the aggregate level, however, it should be noted that they largely represent the views of professional respondents.

4.1.3 Based on their last use of the advice line, respondents were asked to rate the extent to which they agreed/disagreed with a series of statements, with the results detailed in Table 6 below. This shows that over 70% of respondents agreed or strongly agreed with most of the statements. The only element where fewer respondents agreed was in relation to whether their problem had been solved by the advice line, just over half (55%) of all respondents agreed with this statement to some extent.

Table 6 Experiences of the Advice Line (All Respondents)

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Total (n)
The staff member(s) was/were polite	0 (0%)	3 (2%)	2 (1%)	44 (31%)	92 (65%)	141
Staff had a good understanding of my enquiry	3 (2%)	12 (9%)	9 (6%)	51 (36%)	66 (47%)	141
I was given an explanation of what would happen next	3 (2%)	8 (6%)	18 (13%)	53 (38%)	56 (41%)	138
They gave me the information I needed	6 (4%)	20 (14%)	13 (9%)	53 (37%)	50 (35%)	142
My problem was solved	16 (11%)	25 (18%)	22 (15%)	40 (28%)	39 (27%)	142
I found the discussion helpful	11 (8%)	14 (10%)	17 (12%)	41 (29%)	59 (42%)	142
I feel I had been listened to	7 (5%)	6 (4%)	13 (9%)	52 (37%)	64 (45%)	142

Table 7 Experiences of the Advice Line (Professionals vs Non-Professionals)

		Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Total (n)
The staff member(s) was/were polite	Professionals	0 (0%)	2 (2%)	1 (1%)	36 (31%)	79 (67%)	118
	Non-Professionals	0 (0%)	1 (4%)	1 (4%)	8 (35%)	13 (57%)	23
Staff had a good understanding of my enquiry	Professionals	2 (2%)	7 (6%)	7 (6%)	42 (36%)	59 (50%)	117
	Non-Professionals	1 (4%)	5 (21%)	2 (8%)	9 (38%)	7 (29%)	24
I was given an explanation of what would happen next	Professionals	1 (1%)	3 (3%)	12 (13%)	47 (41%)	50 (43%)	116
	Non-Professionals	2 (9%)	5 (23%)	3 (14%)	6 (27%)	6 (27%)	22
They gave me the information I needed	Professionals	3 (3%)	14 (12%)	11 (9%)	45 (38%)	45 (38%)	118
	Non-Professionals	3 (13%)	6 (25%)	2 (8%)	8 (33%)	5 (21%)	24
My problem was solved	Professionals	6 (5%)	19 (16%)	19 (16%)	37 (31%)	37 (31%)	118
	Non-Professionals	10 (42%)	6 (25%)	3 (13%)	3 (13%)	2 (8%)	24
I found the discussion helpful	Professionals	5 (4%)	9 (8%)	14 (12%)	36 (31%)	54 (46%)	118
	Non-Professionals	6 (25%)	5 (21%)	3 (13%)	5 (21%)	5 (21%)	24
I feel I had been listened to	Professionals	1 (1%)	3 (3%)	12 (10%)	44 (37%)	58 (49%)	118
	Non-Professionals	6 (25%)	3 (13%)	1 (4%)	8 (33%)	6 (25%)	24

4.1.4 Table 7 details the breakdown of responses by professional and non-professional respondents. While the number of responses from non-professionals was small, it should be noted that professional respondents were more likely to agree with the various statements compared to non-professionals. In particular, non-professionals were significantly less likely to report that their problem had been solved by using the Advice Line - 63% of professionals vs 21% of non-professionals either agreed or strongly agreed with this statement.

4.1.5 Respondents were also asked how satisfied they were with how quickly they were called back (if relevant), and how satisfied they were with how their enquiry was dealt with (see Table 8). Of those who were called back, most (n=96, 82%) indicated they were either very or fairly satisfied with how quickly this happened, while 72% (n=104) were either very or fairly satisfied with how the enquiry was dealt with. It should be noted that most of those who were very dissatisfied with the way their enquiry was dealt with were non-professionals (n=10).

Table 8 Satisfaction with Call Back and How Enquiry was Dealt With

	How Quickly Respondents were Called Back		Way their Enquiry was Dealt With	
	Number	%	Number	%
Very Dissatisfied	3	3%	14	10%
Fairly Dissatisfied	6	5%	13	9%
Neither	2	2%	10	7%
Fairly Satisfied	38	32%	41	28%
Very Satisfied	58	50%	63	44%
Don’t know/Can’t remember	10	9%	3	2%
Total Respondents	117	100%	144	100%

Qualitative Feedback on the Advice Line

4.1.6 Qualitative feedback provided via the survey, interviews and events was mixed. Many noted that it was helpful and reliable, that the staff were professional, polite and understanding, and that the information and/or advice was prompt and clear:

> *“The advice line has always been helpful even when I've made quite complex enquiries. Responses have been quick and easy to understand.” (Main Survey, Professional)*
>
> *“Even if somebody can’t answer your question immediately, they will always phone back within a couple of hours.” (Event, Carer)*

4.1.7 Professionals in particular suggested that it was helpful to be able to discuss issues with impartial people, both to get information and advice, and as a ‘sense check’ or to reflect on the situation. It was suggested this service can help to ‘clarify thinking’ and was described as ‘helpful back-up’, it was also considered helpful for signposting:

> *"I'm not necessarily looking for a definitive answer… but it's almost always been useful to have a helpful two way discussion with an entirely independent person about… issues with a patient." (Interview, Professional)*

4.1.8 Some, however, noted issues with the advice line, including:

- A lack of awareness of this facility;
- Delays in being called back;
- A lack of clarity and/or consistency in the advice provided;
- A lack of more practical/supportive/proactive assistance (for both professionals and non-professionals);
- A perception that it was available/tailored more for professionals;
- Advice can be too generic and not case specific enough to be of use; and
- It can feel too remote and administrative.

> *"Advice seems to depend on who one speaks to and can be inconsistent. Often I feel I have as much knowledge and understanding as those providing advice. Sometimes advice seems woolly." (Main Survey, Professional)*

> *"I was looking for advice about poor treatment and care my daughter was receiving and I got a very generic response which was not what I needed or was looking for." (Main Survey, Carer)*

4.1.9 Practical suggestions for assisting with or supplementing the advice line were provided by only a few respondents, and included employing more people with lived experience, and providing dementia awareness training for staff.

Easy Read Survey

4.1.10 Respondents to the easy read survey were also asked if they had heard of the Commission's Advice Line before and whether they had used it. Three respondents had used the advice line, three respondents had heard of it but had not used it, and one respondent had not heard of it.

4.1.11 Those who had used the advice line were also asked if it had helped them, with two respondents saying it did, and one respondent saying it did not. Only two provided additional comments, both primarily negative. One felt the experience had been frustrating with no follow-up and the other felt there had been no point to it.

4.2 WEBSITE

4.2.1 All survey respondents were asked if they had used the Commission's website. Most (n=227, 78%) indicated that they had, of which 84% (n=190) were professionals and 16% (n=37) were non-professionals. Again, the following results are provided at the aggregate level due to the small number of non-professional respondents at this section, and these results will thus largely reflect professional views.

4.2.2 Table 9 below details the extent to which respondents agreed/disagreed with statements in relation to their last use of the Commission's website. This shows that the majority of respondents either agreed or agreed strongly with each statement, ranging from 77% (n=170) who felt that the website felt welcoming, to 89% (n=202) who felt that the information on the website was helpful. Both professionals and non-professionals held similar views across these statements.

Table 9 Experiences of the Website

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	Total
The website was easy to use	2 (1%)	7 (3%)	24 (11%)	134 (60%)	55 (25%)	222
I found the information I needed	2 (1%)	9 (4%)	25 (11%)	127 (57%)	61 (27%)	224
The information on the website was helpful	1 (<1%)	7 (3%)	15 (7%)	138 (61%)	64 (28%)	225
The website felt welcoming	1 (<1%)	10 (5%)	40 (18%)	121 (55%)	49 (22%)	221

4.2.3 Respondents were also asked if they were aware that the Commission's website includes videos. Two thirds (n=150, 66%) were aware of this, while a quarter (n=56, 25%) had watched one/some. Only seven non-professional respondents were aware of the videos and had watched one/some, compared to 49 professionals.

4.2.4 Of those who had watched the videos, most (n=50, 89%) indicated they had found this/these either very or fairly useful, while only three respondents (5%) had found this/them either not that useful or not at all useful. One respondent said it/they were neither useful nor not useful and two did not know/could not remember.

4.2.5 Several respondents suggested that the website was difficult to navigate and that it was difficult to find the forms or information they were looking for:

> *"I feel that it is a difficult site to navigate, seems to take a long time to access what I am looking for." (Main Survey, Professional)*
>
> *"The sub divisions between information is MOST unhelpful because you have to know how it is broken down before you can find what you want." (Main Survey, Carer)*

4.2.6 Similarly, one respondent attending the events felt that the search function on the website was not as accurate as it should be. They stated that they had searched for known documents and reports recently but the search function did not retrieve them. Rather they resorted to searching and finding these via Google. They noted that, while this was an inconvenience for them, others who are searching for more general information on a topic may never find the relevant information and assume nothing is available.

4.2.7 A few also suggested that the language used needed to be simplified and avoid the use of jargon. Others suggested that the information on the website was targeted more towards professionals:

> *"The advice also seems to be overwhelmingly for professionals rather than service users and carers. Professionals get advice about how they can defend their decisions by making sure they consider all relevant factors and follow correct procedures. Patients and carers get information about the Mental Health Act and what rights they have under it, but not how to enforce their rights and how to get help from the Commission when their rights are under attack." (Main Survey, Carer)*

4.2.8 Several practical suggestions were made (typically by one or two respondents each across survey, interview and event respondents), including:

- Offering more links/signposting to other organisations and/or professional bodies who can provide information, advice and support;
- Providing a section on patient deaths, including advice for families, what procedures will be followed and what families should expect as a minimum;
- Providing a separate tag for 'working with us';
- Providing more information for those receiving treatment in the community;
- Providing information about benefits;
- Sharing FAQs in relation to common issues;
- Providing information/guidance on mental health assessments, orders, and the roles and responsibilities of community teams;
- Providing an app and a web-chat facility for advice;
- Providing information in BSL for Deaf and Deafblind BSL users; and
- Giving greater prominence to the Commission's purpose, mission and remit.

Easy Read Survey

4.2.9 Those responding to the easy read survey were also asked whether they had used the Commission's website before, and whether they had found it helpful. Four respondents had used the website, of which, two said this had helped them, one said it did not help them, and one was not sure if it had helped.

4.2.10 Again, respondents were asked if they had any comments about the website, and two provided an answer. One suggested that was no point in it while the other suggested the website had been clear regarding the Commission's role and responsibilities:

> *"From my recollection it was able to explain clearly to me the roles and responsibilities of the commission." (Easy Read Survey, Lived Experience)*

4.3 GOOD PRACTICE GUIDES

4.3.1 Just over two thirds (n=201, 69%) of all respondents had seen one or more of the Commission's Good Practice Guides, this included 76% (n=176) of all professional respondents and 44% (n=25) of all non-professional respondents.

4.3.2 Respondents who had seen the Good Practice Guides were asked to rate how useful they had found the ones they had read. Table 10 below highlights the number of respondents who had read (and rated) some of the more recent guides, and details how useful they had found these. Consent to Treatment guide was the most commonly read guide, followed by Advance Statements, Person Centred Care Plans, Power of Attorney, and Carers and Confidentiality. Most respondents who had read any of the listed guides had also found them to be either very or fairly helpful, ranging from 88% (n=120) for Person Centred Care Plans to 95% (n=161) for Consent to Treatment.

Table 10 Usefulness of Good Practice Guides

	Not at all useful	Not that useful	Neither	Fairly useful	Very useful	Total (n)
Consent to Treatment	2 (1%)	4 (2%)	3 (2%)	47 (28%)	114 (67%)	170
Advance Statements	2 (1%)	5 (3%)	6 (4%)	47 (31%)	92 (61%)	152
Person Centred Care Plans	2 (1%)	5 (4%)	9 (7%)	52 (38%)	68 (50%)	136
Power of Attorney	3 (2%)	1 (1%)	5 (4%)	41 (32%)	78 (61%)	128
Carers and Confidentiality	1 (1%)	1 (1%)	7 (5%)	39 (31%)	79 (62%)	127
Use of Seclusion	3 (3%)	3 (3%)	4 (3%)	39 (33%)	69 (58%)	118
Rights in Mind	2 (2%)	1 (1%)	5 (4%)	30 (27%)	75 (66%)	113
Capacity, Consent and Compulsion for Young People with Borderline Personality Disorder	2 (2%)	2 (2%)	2 (2%)	28 (34%)	48 (59%)	82
Alcohol-Related Brain Damage (ARBD)	0 (0%)	3 (4%)	4 (5%)	30 (37%)	43 (54%)	80
Working with an Interpreter	0 (0%)	1 (2%)	6 (9%)	26 (40%)	32 (49%)	65
Other	4 (10%)	0 (0%)	3 (7%)	8 (20%)	25 (63%)	40

4.3.3 The list of other guides that had been read was varied, but those identified by more than one respondent included:

- Guides focused on guardians and guardianship (n=3);
- Rights, Risks and Limits to Freedom (n=3);
- Right to Treat (n=3);
- Money Matters (n=3);
- Covert medication (n=3); and
- Restraint (n=2).

4.3.4 Some respondents also offered comments on the good practice guides they had read. This was largely positive, with respondents stating they found them helpful:

> *"These are superb - readable and accessible with very useful information pared down to what is needed and easily understandable." (Main Survey, Professional).*

4.3.5 Only one comment offered negative feedback. This was specifically about the guide in relation to LGBT, which they felt was misleading, didn't provide definitions for lesbian, gay or bi people, and didn't talk about lesbians. It was suggested this guide felt out of date, over simplified, and not gender or trauma informed.

4.3.6 Positive comments were received from professionals via the interviews and events in relation to the good practice guides. They suggested that these were used often, gave good information, provided definitive statements of good practice, were clear regarding the rules, and offered alternative suggestions where appropriate.

Easy Read Survey

4.3.7 Respondents to the easy read survey were asked what information they had seen from the Commission[8]. Three had seen reports, three had seen posters, two had seen leaflets, and two had seen information that gives staff and other people advice about how to do something in the best way. Two others had not seen any of these.

4.3.8 Three respondents also provided further comments about the information they had seen. One suggested this had been 'propaganda' and another suggested that no more was required as they could access information on the website. One suggested that greater visibility would be useful, and that more information on confidentiality would also be helpful:

> *"Would be good if more posters about and info as part of patient information booklets. More encouragement needed about confidentially highlighting unprofessional practice and poor care." (Easy Read Survey, Professional)*

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[8] Multiple responses were possible at this question.

5 MONITORING THE LAW

5.1 ANNUAL MONITORING REPORTS

5.1.1 All respondents were asked if they had seen any of the Commission's Statistical Monitoring Reports on the use of the Mental Health Act or Adults with Incapacity Act. Fewer than half (n=130, 45%) indicated that they had seen such reports, with most of these respondents being professionals (n=116 compared to n=14 non-professionals).

5.1.2 Those who had seen the Commission's Monitoring Reports were asked how useful they had found them. As above, due to the small number of non-professionals who had seen these reports, the results are presented at the aggregate level only, and will thus largely reflect the views of professional respondents. Over three quarters (n=104, 80%) of respondents indicated they had found the monitoring reports either very or fairly useful, compared to 7% (n=9) who stated they were either not that useful or not at all useful. A further 12 respondents (9%) said the reports were neither helpful nor not helpful, and five respondents (4%) did not know/could not remember.

5.1.3 Those who found the annual monitoring reports useful suggested that it was helpful to monitor the use of the law, local and national situations/progress, and to identify/follow trends. Professionals also indicated that these reports help to inform local governance and practice, plan service development and can be useful for benchmarking both against other areas and national practice:

> *"I feel that stats are relevant to track trends and increases in different areas including reasons why. It is very important to be aware of practice going on in other areas." (Main Survey, Professional)*

> *"Helps us track and plan services. Use services effectively with indications of increased demand in certain areas." (Main Survey, Professional)*

5.1.4 Those few respondents who did not find the annual monitoring reports useful gave various reasons, including that the reports make no difference to practice, that the reports did not take account of the issues/situation behind the statistics or provide any explanation as to why the statistics might show what they do, and that the reports were not directly relevant to their situation:

> *"In the absence of analysis for regional variations/low use of powers, etc. it seems just like statistics without any further consideration of the reasons for those statistics." (Main Survey, Professional)*

5.1.5 Respondents who attended the events felt that the Commission's role in monitoring the law was a strength/something that worked well, with some citing visible impacts:

> *"Monitoring the law has been quite good because the Commission has been instrumental in getting this review of the Mental Health Act and Adults with Incapacity Act." (Event, Carer)*

5.1.6 The reports were also seen as a strength, although one participant asked for these to cover even more subjects, especially around the law/tribunals, etc., while another suggested the Commission should publish figures regarding the number of deaths in detention or forced treatment. One interview respondent also suggested that more could/should be done for non-detained patients in this respect.

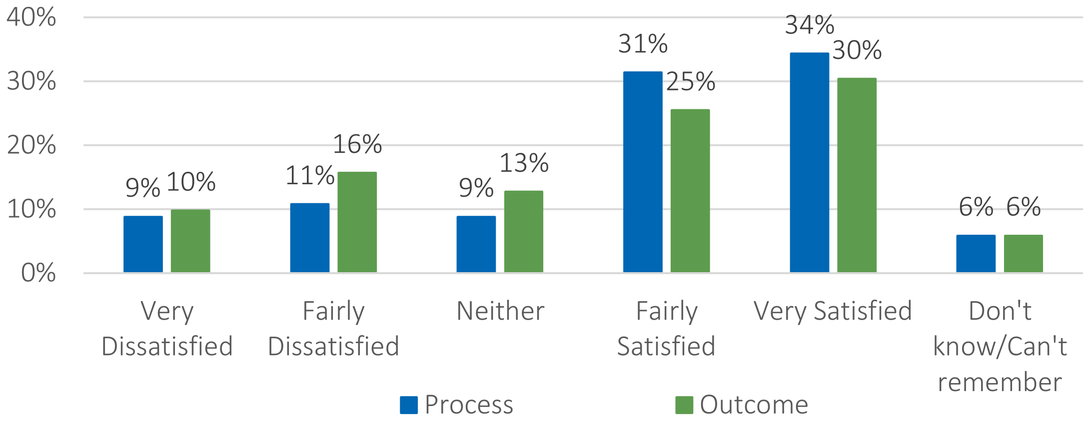
6 INVESTIGATIONS AND CASEWORK

6.1 EXPERIENCE OF INVESTIGATIONS

6.1.1 All respondents were asked if the Commission had ever followed up on a situation they were involved with. This included the Commission writing or speaking with the professionals involved in an individual's care and treatment. Just over a third (n=102, 35%) said that they had, most of which (n=85) were professional respondents and fewer (n=17) were non-professional respondents.

6.1.2 Those who had been involved in such follow-ups (n=102) were asked to rate their levels of satisfaction with both the process and the outcome of this. Figure 6 below details the responses to each of these elements at the aggregate level, and shows that, while over half of the respondents were generally either very or fairly satisfied with both elements, there was a greater level of satisfaction in relation to the process compared to the outcome (n=67, 65% were either very or fairly satisfied with the process compared to n=57, 55% in relation to the outcome).

Figure 6 Satisfaction with Investigation Process and Outcome



6.1.3 While the numbers of non-professional respondents are low, they were generally less satisfied with both elements compared to the aggregate results and the professional respondents. In relation to the process, non-professional respondents were relatively evenly split between those who were satisfied (n=9) and those who were dissatisfied (n=8), while non-professionals were more likely to be dissatisfied (n=11) than satisfied (n=5) with the outcome (one other non-professional was neither satisfied nor dissatisfied).

6.1.4 Positive and negative comments in relation to the process and outcomes of the Commission's investigations were largely consistent across both professional and non-professional respondents.

6.1.5 Those who provided positive comments typically felt the process was straightforward, clear, helpful, timely, and allowed the patients/families voice to be heard, or they had supported the need for an investigation and that the outcome supported their views:

> *"The process was straightforward - the information required from me was set out clearly and with reasonable timescales - and I was updated with the outcome." (Main Survey, Professional)*

> *"They attended problem promptly and made orders prohibiting the hospital's harsh and oppressive behaviours." (Main Survey, Carer)*

6.1.6 A few professionals also felt that it was helpful to have independent consideration of cases in order to help progress situations and to find a solution:

> *"We received balanced advice and made changes to help meet the parent when we may have become a bit entrenched in our thinking before the advice." (Main Survey, Professional)*

6.1.7 Those who expressed negative comments, however, noted issues in the practical arrangements for the investigation, including delays between contacts, failing to keep those involved updated and informed, and a lack of clear/definitive/practical advice. A few professionals also described the Commission as 'sitting on the fence':

> *"No practical advice given, only generalised statements by the commission." (Main Survey, Professional)*

> *"Nothing was given in writing after the investigation. Many families will also not know if the MWC make AUTOMATIC referrals to either Scottish Public Service Ombudsman, or professional bodies such as the GMC or NMC, when poor neglectful practice is found." (Main Survey, Carer)*

6.1.8 Several professionals and non-professionals expressed frustration that their views appeared not to have been fully considered, while a few professionals felt that the Commission had not fully understood the situation/issue and background to the case.

6.1.9 Again, several professionals and non-professionals alike noted the lack of any changes as a result of an investigation and/or the lack of power the Commission has to enforce recommendations/changes, while a few perceived that the Commission favoured the views of professionals involved (or one group of professionals over another) rather than the patient and carers:

> *"As a family member, I feel really out on my own. I read one of your reports on the [facility name] and none of the things you asked to happen had happened." (Event, Carer)*

> *"There has to be a place to go where the buck stops, but at the moment there isn't… it feels like running on a treadmill and going nowhere". (Interview, Carer)*

> *"The MWC has been excellent, tenacious and very supportive in its attempt to hold the board to account. However, the board have either submitted unsatisfactory responses or failed to respond to the MWC's request for action planning to address patient safety issues. It is unclear what powers the MWC has to hold the board to account."* (Main Survey, Carer)
>
> *"It often felt as though a phone call to the MHO or psychiatrist was taken more seriously than what the person themselves was saying and the opinion of the professional was seen as the final word on the matter."* (Main Survey, Professional)

6.1.10 A few also felt that there was a lack of pro-active action taken by the Commission when initial concerns were raised regarding poor practice and issues, but rather they only became involved following an incident:

> *"I forewarned [the] MWC about serious concerns I had in relation to my son's care and treatment, and it was all ignored. This resulted in an assault on my son, and two staff members being sacked. This left me feeling helpless and stressed."* (Main Survey, Carer)
>
> *"I felt the cases I have read and the outcomes and conclusions were on point, just a pity that at times it takes a tragedy before bad practice comes to light."* (Main Survey, Professional)

6.2 INVESTIGATION REPORTS

6.2.1 Once a year the Commission publishes a full investigation report, anonymising the case, but with recommendations for local services and wider services (usually health boards and local authorities) around Scotland.

Professionals Subject to Investigations

6.2.2 Professional respondents who had previously indicated that the Commission had followed up on a situation they were involved with were asked, if their organisation had been subject to an investigation, whether they found the recommendations in the Investigation Report helpful. Most (n=52, 61%) respondents indicated that their organisation had not been the subject of an investigation. Of those remaining, 20% (n=17) indicated the recommendations had been helpful compared to only 2% (n=2) who said they were not, 12% (n=10) who did not know, and 5% (n=4) who said this was not applicable as there had been no recommendations.

6.2.3 Respondents who stated that the recommendations had been helpful or not were asked to provide additional comments on why they said this, with 14 providing such information. Again, some noted that the report and recommendations had helped to highlight issues to practitioners and management, and had identified/resulted in positive changes:

> *“The recommendations were very helpful at that time and focused the minds of the Board to address issues the team had been speaking about for a long time.” (Main Survey, Professional)*

6.2.4 Others again commented on the benefit of having an independent perspective, that it provided an opportunity to reflect and learn from practices, and clarified some practitioners’ roles/responsibilities. A few also felt that the reports could have reflected the fact that recommendations were already being taken forward, should have reflected the various professionals involved in the case, and in one case it was felt that the recommendations reflected a pre-existing agenda rather than being specific to the case in question.

6.2.5 The 19 professional respondents who indicated that the recommendations were or were not helpful were also asked to what extent the recommendations had been implemented. Six respondents (32%) stated they had been implemented in full, five (26%) said they had been partially implemented, one respondent (5%) said they had not been implemented, and a further six respondents (32%) did not know. One other respondent (5%) said this was not applicable as no recommendations were made.

General Usefulness of the Investigation Reports

6.2.6 Professionals subject to investigations were also asked if they had seen any other investigation reports (i.e. where their organisation was not the subject of the investigation). Professionals who had not been investigated and non-professional respondents were also asked if they had ever seen any of the annual investigation reports.

6.2.7 Overall, 142 respondents had seen investigation reports, consisting of 46 (32%) professional respondents who had been subject to an investigation within their own services, 81 (57%) other professionals, and 15 (11%) non-professionals.

6.2.8 At the aggregate level, over half (n=75, 53%) of all respondents had heard about the investigation reports on the Commission’s website (see Table 11).

Table 11 How Respondents Heard About Investigation Reports

	Number	Percentage (%)
On the Commission's website	75	53%
Sent to me/us by the Commission	47	33%
In the press	23	16%
Other	32	23%
Don't know/Can't remember	8	6%
Total Respondents[1]	141	

[1] Multiple responses were possible at this question.

6.2.9 Other common ways that respondents heard about the investigation reports included being circulated by organisations (both employers and membership organisations), and via colleagues and committees.

6.2.10 Most (n=129, 91%) respondents also found the investigation reports either very or fairly useful, compared to only five (4%) respondents who found them either not that useful or not at all useful. A further seven (5%) respondents indicated they had found them neither useful nor not useful.

Helpfulness of Recommendations to Professionals

6.2.11 Professional respondents were asked whether the recommendations within investigation reports generally (i.e. where their organisation was not the subject of the investigation) were helpful in any way. Most (n=105, 83%) respondents indicated these were helpful, while only six (5%) respondents said they were not, and 12 (9%) respondents did not know. A further four (3%) respondents said this was not applicable as the reports had not contained recommendations.

6.2.12 Those who had found these recommendations helpful or not helpful were asked to explain why. Again, they were considered to provide shared learning, and were seen as helpful in raising awareness of issues, ensuring practitioners and services comply with best practice, and empowering staff to raise issues/suggested changes with management. It was also noted that these assisted in changing policy, guidance and practice, discussions with other professionals, and where respondents/services faced similar issues. Further, several respondents indicated these were a good assessment or learning tool:

> *"One in particular informed my thinking about a similar sort of issue we had - and significantly informed how we dealt with it." (Main Survey, Professional)*

> *"It makes us think about our service and what we are actually doing. It can prompt change and helps to prevent situations before they arise, as far as we possibly can." (Main Survey, Professional)*

6.2.13 The reasons why a few respondents did not find the recommendations helpful were, again, a perception that this would not lead to change, concerns over the methodology and generalisability of the findings, and a lack of relevance to them:

> *"They might affect small local change but have no real impact on important wider policy change." (Main Survey, Professional)*

6.2.14 Those who had commented on the helpfulness of the recommendations (n=123) were also asked about the extent to which these were implemented, where these were relevant to their own organisation. Just over a third (n=45, 37%) of these respondents indicated the recommendations had not been relevant to their organisation, 10% (n=12) stated that the recommendations had been implemented in full, and 25% (n=31) stated these had been partially implemented. Only six (5%)

respondents stated the recommendations had not been implemented, and 24% (n=29) did not know.

6.3 COMMENTS ABOUT THE COMMISSION'S INVESTIGATIONS AND INVESTIGATION REPORTS

6.3.1 All survey respondents were asked if they had any comments about the Commission's investigation role or reports. Overall, 66 respondents provided a substantive response, consisting of 44 professional and 22 non-professional respondents.

6.3.2 Some professionals again indicated that they found the investigations and reports helpful, and a useful way to highlight problems/issues. It was also suggested that they were helpful in safeguarding service users:

> *"I think it's really important that a body such as the MWC performs an investigative role to make sure the best possible practice is maintained and to identify cases where good practice has not been upheld." (Main Survey, Professional)*

6.3.3 Event participants generally felt that the MWC had good status, despite not having the same powers as an investigatory body like the Care Inspectorate:

> *"If people know that the Commission has an eye on them that would make them pay attention." (Event, Professional)*

6.3.4 Indeed, one professional highlighted that both the investigation and visit reports were useful, and confirmed that they tended to check the recommendations to ensure their service was compliant and that this had led to changes in their policies/practices, even when the report had not been specifically directed at them. Another professional suggested that the visit and investigation reports were also very helpful for staff training, both for trainees/new staff and for the ongoing training and development of existing staff.

6.3.5 Again, however, it was suggested that the Commission needs to consider how best to follow-up its recommendations and ensure that change is implemented, or that it needs additional powers to be able to do this. While this was discussed by both professional and non-professional respondents, this was particularly important to non-professionals:

> *"It is unfortunate that when a report identifies failings and makes recommendations that there is no consequence to the service if not implemented." (Main Survey, Carer)*

6.3.6 A few event respondents were, however, concerned that the Commission did not tend to investigate individual cases where the patient had not died. They noted that this limited/excluded learning from such cases, meant that necessary changes would not be highlighted/made, and left patients and families in this situation powerless. They suggested that it was important for the Commission to conduct a larger number of investigations and to investigate the cases of live patients, as well as giving patients and carers more of a voice. One interview respondent also suggested that more investigations (particularly in-depth investigations) should be conducted each year.

6.3.7 Other issues discussed included:

- A lack of clarity around how cases are identified for investigation;
- A desire for the Commission to investigate wider situations, including complaints of offences specified in the 2003 Mental Health Act, 'near miss' cases, where misdiagnosis or misconduct has led to significant harm or physical disability but the patient's death was averted, and issues which happen earlier but may allow serious incidents to be averted;
- That not all professionals involved in a person’s care are reflected in the reports;
- A desire for more unannounced visits and investigations; and
- That the Commission needs to take the lead with actively progressing an improvement in mental health services.

6.3.8 One professional also highlighted possible duplication of effort between the Commission and other bodies:

> *“It can be difficult to see where this sits at times, with other processes from FAIs, SCIs and HIS reports. There can be duplication of work…” (Main Survey, Professional)*

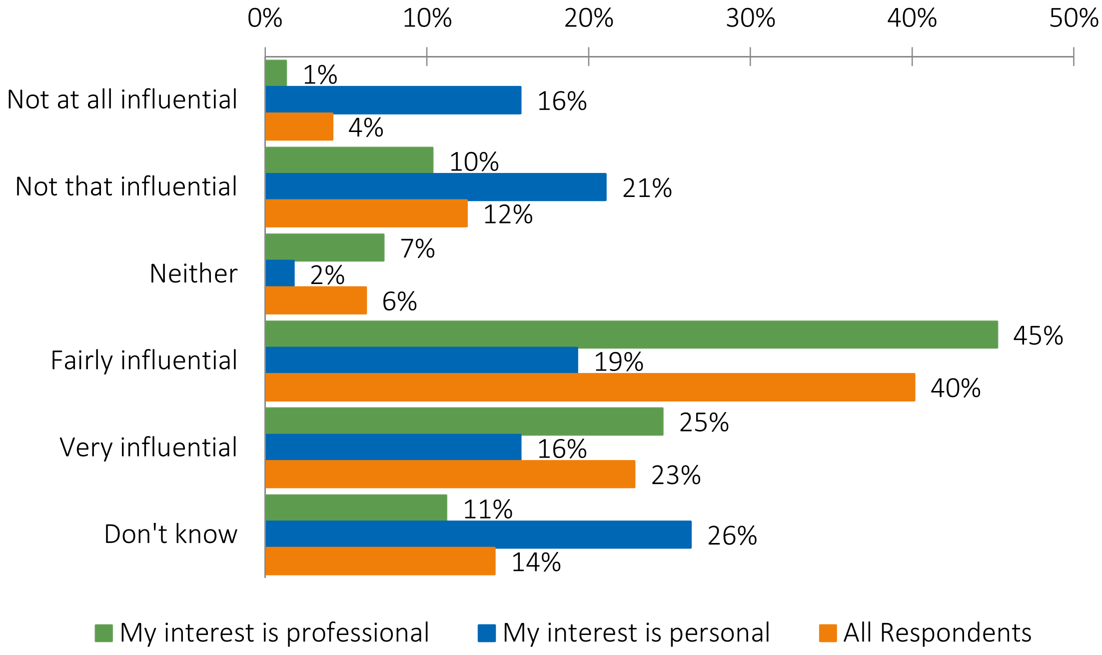
7 INFLUENCING AND EMPOWERING

7.1 INFLUENCING POLICY AND LEGISLATION

7.1.1 The Commission uses the information it gathers through its engagement work, visits and monitoring to influence national policy and legislation.

7.1.2 All respondents were asked how influential they thought the Commission was in this regard, with a split in views between professionals and non-professionals being prevalent. Professional respondents were more likely to feel the Commission was influential (n=162, 70%) compared to non-professional respondents who were more evenly split between those who thought they were influential (n=20, 35%) and those who thought they were not (n=21, 37%). Figure 7 details the full breakdown of results at this question.

Figure 7 Influence of the Commission



7.1.3 Respondents were also asked if they had any comments on the Commission's influencing work. In total, 85 respondents provided a substantive response, including 60 comments from professional respondents and 25 comments from non-professionals. Interview respondents and those attending the event were also asked to comment on the Commission's influencing work.

7.1.4 Some professionals felt that the Commission have been successful in terms of being influential, with several identifying areas where they felt this was the case. This included generating policy and/or practice changes within specific services, influencing debates around reform of mental health and incapacity legislation, in raising human rights implications, and ensuring better outcomes for service users and their families. Several noted that the Commission was generally well respected within the sector:

> *"There's a gravitas and formality to the Commission as far as the hospitals are concerned". (Interview, Professional)*

> *"I think the level of respect out there for the Commission is really high." (Interview, Professional)*

> *"I found that the Commission has a very strong and respected voice in relation to mental health capacity and, in recent years, particularly around human rights. And, I think it's an essential voice that needs to be maintained." (Event, Professional)*

7.1.5 However, areas where professional respondents felt there could be improvements, or provided constructive criticism of the Commission's influencing role included:

- The Commission appears to do little influencing publicly themselves, they are not influential enough, need to do more/be more vocal in this area;
- The Commission's influence appears to have lessened in recent years while other regulatory bodies and tribunals are more involved;
- Need for greater powers to assist it to ensure recommendations are implemented and that required changes are made;
- Does not feel like a truly independent body;
- Greater and wider promotion of its role in order to raise awareness;
- Greater presence and influence needed in community based services; and
- Engage with and contribute more to partners' work, including third sector organisations.

7.1.6 A few professionals also discussed specific issues that they felt the Commission should help influence, including promoting the Adults with Incapacity (Scotland) Act 2000 in schools looking after young people with learning disabilities, and protecting the rights of those with a learning disability and influencing the associated legislation; reducing the timescale for guardianships; highlighting the importance of psychological skills across practitioners; focusing on psychological and social aspects of care which were considered to be given little attention; and highlighting issues for patients such as access to housing, support in the community, etc.

7.1.7 Non-professionals raised similar points, including the need for greater awareness raising; being more proactive in ensuring changes to front-line services or having a requirement for service providers to implement the Commission's recommendations; to have more involvement in community based services; and a need for the Commission to challenge professionals more and focus more on the service users and carers.

7.2 SPEAKING OUT IN THE MEDIA

7.2.1 Survey respondents were also asked if they had seen the Commission speaking out in the media. Overall, 40% (n=114) of respondents stated they had, while 51% (n=145) said they had not and 9% (25) did not know. The proportions of professional and non-professional respondents who had seen the Commission speaking out in the media were largely comparable, with 41% (n=94) of professionals and 36% (n=20) of non-professionals having seen this.

7.2.2 Again, respondents were asked if they had any comments on the Commission speaking out in the media.

7.2.3 Professionals noted that they would generally like to see much more of this, that the Commission should be 'fearless' in this regard and not seen to be 'sitting on the fence', but that they must ensure that reporting is accurate and fair. It was felt this would be a useful way to raise awareness, both of the Commission generally, and of the issues and challenges within the sector/for patients:

> *"I believe they need to do it more. They tend to sit on the fence when an opinion is being sought, which reinforces the perception that they have very little influence to change the things in Mental Health that need changing." (Main Survey, Professional)*

7.2.4 Non-professionals generally agreed that the Commission should speak out in the media more often:

> *"I'd like to see this happening on a regular, if not daily, basis. You have the power to highlight to the nation the dreadful inadequacies of the current system of treatment... Only by doing this on a regular basis can we build up the feeling needed to change the system. You need to raise public awareness of the existence of the Commission as well as of the scope of the work it does." (Main Survey, Lived Experience)*

7.2.5 Individuals also suggested that it would be helpful for the Commission to share platforms with other stakeholder and support groups, and to provide media that can be used in schools and with the general public.

7.2.6 Professional interview respondents also perceived that the Commission had been less prevalent in the media/press over the last few years. It was generally agreed that the Commission should engage more with the media and develop more of a media profile.

7.3 EMPOWERING

7.3.1 While no questions were asked in the survey in relation to empowering, discussions in the interviews and at the events did cover this issue. Event participants tended to feel that the MWC was less effective at 'empowering', especially in the context of individuals, and suggested that this was an area where the Commission could/should be stronger. In particular, carers often felt that their experiences and voices were not always heard, and that they can sometime be left feeling powerless when services take decisions out of their hands:

> *"Through the visit, I expected the Commission to see that the carer was being shut out of the process, shut out of decision making... It was just an exercise of asking the hospital "Do you feel you are engaging sufficiently with the carer?" and they [the hospital] presumably said yes… and so nobody asked me." (Event, Carer)*

7.3.2 While most felt that the Commission should empower patients and their carers, as well as professionals, it was often felt that, at present, the Commission appeared to be more focussed on influencing and empowering government, legislation, and professionals. As such, empowering patients and carers more was something that participants wanted to see the Commission play a more noticeable role in, although it was also suggested that specific carers' advocacy agencies could also fulfil this role.

7.3.3 Similarly, a few interview respondents suggested that there were gaps in relation to who the Commission reaches/represents and therefore limitations to the extent in which they empower such groups. Again, this included individuals who receive treatment/care in the community, as well as those with certain conditions which make them either more suspicious of organisations, who have difficulty relating to others, or who may not have a collective or recognised voice within the system:

> *"I feel like there's a very high volume of people in the community who are on almost perpetual community based treatment orders… so there's a potential group of people out there who I feel don't necessarily have a collective voice and… there's a danger that their voice isn't quite getting heard as much as it could." (Interview, Professional)*

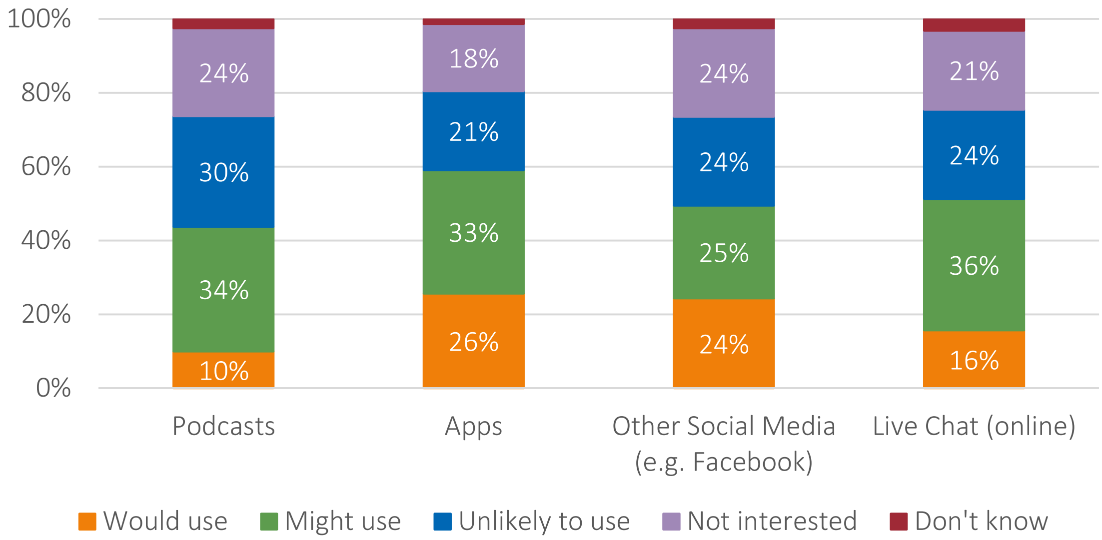
8 DISSEMINATING INFORMATION

8.1 ADDITIONAL FORMATS FOR DISSEMINATING INFORMATION

8.1.1 The Commission publishes information online and uses the media and social media (namely Twitter) to communicate more widely.

8.1.2 Respondents were asked if they would be interested in a range of additional formats for the dissemination of the Commission's information. The results are outlined in Figure 8 below.

Figure 8 Additional Formats for Information Dissemination



8.1.3 The options which respondents were most interested in included Apps and other social media options, with n=72, 26% and n=68, 24% stating they would use these options respectively.

8.1.4 Responses between professionals and non-professionals were not dissimilar in relation to which options they indicated they would use, although greater proportions of non-professionals felt they would use other social media (such as Facebook) compared to professionals:

- Podcasts: 11% of professionals and 7% of non-professionals would use;
- Apps: 26% of professionals and 22% of non-professionals would use;
- Other social media: 23% of professionals and 31% on non-professionals would use; and
- Live chat: 16% of professionals and 15% of non-professionals would use.

8.1.5 Eight respondents also suggested other formats which they would or might use, including six with a preference for written materials, while skype, visits and television were also mentioned by one respondent each.

8.1.6 A few also cautioned against the use of online and social media however, suggesting that not all stakeholders would be able to access these and highlighting data protection concerns.

8.1.7 Some respondents attending the events suggested that the guides and reports can often be too long to be accessible for practitioners and patients/carers, and suggested that perhaps some form of 'bitesize' product which can share the latest advice and headline information as well as provide links to resources, support, documents, reports, etc. may be helpful. Suggested examples included more social media circulation of key headlines and/or a bulletin/e-bulletin. It was felt this would be more accessible for professional and non-professional stakeholders, and could also be further distributed by partner agencies to achieve a wider circulation.

8.2 INFORMATION PROVISION FOR THOSE NOT AWARE OF THE COMMISSION

8.2.1 Respondents who had not heard of the Commission before receiving the survey were routed past most other questions included in the questionnaire, but were asked two questions related to information requirements in order to assist the Commission to target any future awareness raising activities in the future.

8.2.2 These respondents were asked where they currently got information and support regarding their rights or the rights of someone they care for/in their care. Table 12 outlines the responses, with the most common options being the internet and a support organisation.

Table 12 Current Information Sources

	Number	Percentage (%)
The internet	31	58%
A support organisation (e.g. those supporting individuals or carers)	22	42%
Social Media (e.g. Twitter, Facebook, etc.)	15	28%
Work related training	12	23%
Colleagues/Managers	9	17%
A professional involved in my/someone else's care	9	17%
Advocacy worker	8	15%
Professional training	8	15%
Family/Partner/Friend/Carer	5	9%
Other	5	9%
Don't know	7	13%
Never needed advice/support	2	4%
Total Respondents[1]	**53**	

[1] Multiple responses were allowed at this question.

8.2.3 Other sources of advice and support detailed included an employee union and two specific support/campaign organisations, while two others highlighted a lack of information and support from any sources.

8.2.4 Respondents were also asked where they might want to see information about the Commission and its services. Table 13 outlines the responses, and shows that the most common suggestion was at doctors' surgeries.

Table 13 Options for Information Dissemination

	Number	Percentage (%)
Doctor's Surgery	43	81%
The internet	38	72%
Social Media (e.g. Twitter, Facebook, etc.)	35	66%
Leaflet/Poster in support services	27	51%
National Press/TV	26	49%
Hospital ward	25	47%
At work	22	42%
Local Press	19	36%
Radio	15	28%
Other (please specify):	2	4%
Total Respondents[1]	53	

[1] Multiple responses were allowed at this question.

8.2.5 The two other suggestions were direct mailing which should be triggered by receiving a diagnosis and for information to be provided within community hubs/groups.

8.2.6 Similarly, all respondents to the easy read survey were asked to identify where they would like to see information about the Commission[9]. Suggestions included:

- The internet: n=6;
- Doctors' surgeries: n=5;
- Newspapers and magazines: n=5;
- Leaflets or posters at the places where I get support: n=5;
- Radio: n=5;
- In hospitals: n=5;
- At work: n=4;
- Social media: n=3;
- Via human rights lawyers: n=1; and
- Public transport hubs, such as ferry terminals, bus stations and airports: n=1.

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[9] Multiple responses were possible at this question.

9 HUMAN RIGHTS

9.1 PERCEPTIONS OF THE COMMISSION'S PROMOTION OF HUMAN RIGHTS

9.1.1 The Commission seeks to provide a clear human rights focus in its own work and to ensure that human rights are respected in the care and support provided for those with mental illness, learning disabilities, dementia, autism and related conditions.

9.1.2 All survey respondents were asked whether they felt that the Commission provided this focus, both in their own work and by ensuring this is respected by service providers. Around three quarters (n=212, 74%) of all respondents felt that they did, compared to 13% (n=37) who felt they did not and 13% (n=36) who did not know. Views between professional and non-professional respondents, however, were not consistent. Most professionals tended to agree that the Commission did provide a human rights focus (n=188, 82%), however, non-professionals were more evenly split between those who agreed (n=24, 43%) and those who felt they did not (n=21, 38%).

Perceptions that the Commission Does Provide a Human Rights Focus

9.1.3 Typically, professionals who felt that the Commission's work promotes a clear human rights focus and helps to ensure that service providers also respect these, suggested the Commission provides a focus on the rights of the patient, that they ensure that service providers adhere to the legislation/encourage service providers to be cognisant of their patients human rights when delivering care/treatment. Several felt that this focus was clear during discussions with the Commission as well as during visits and investigations, and within the Commission's reports/publications, their general information, and their recommendations:

> *"For me the MWC represents the rights of people many of whom are vulnerable. I would look to the MWC for advice about best practice in relation to people's rights." (Main Survey, Professional)*

> *"The Commission's shift to a human rights focus in recent years has helped contribute to wider understanding and implementation of human rights… Adding in reflections and recommendations on human rights implications to reports and guidance has strengthened these." (Main Survey, Professional)*

9.1.4 A few (including both survey and interview respondents) suggested, however, that while the Commission may successfully provide this focus within their own work, the impact on service delivery depends on the service provider and whether they chose to implement the recommendations/changes. One suggested that penalties needed to be imposed where rights are not adhered to:

> *"If people follow the guidance, however sometimes depending on agencies agendas this does not always happen." (Main Survey, Professional)*

> *"I think the ethos is clear; however, more could be done to ensure that these elements are put into practice…" (Main Survey, Professional)*

> *"The role the Commission plays, it couldn't be seen as anything more than a shining light of good example and a lever towards that. But organisations themselves need to have the rigour and the level of structure that allows it to ensure they are taking a human rights based approach… so I think it helps, but I wouldn't lay that responsibility on the Commission." (Interview, Professional)*

9.1.5 Similarly, non-professionals felt that the Commission placed the patient at the centre of its work, advocated for their human rights, and ensured that this was highlighted throughout their communications, reports and recommendations. A few also felt that the Commission helped to inform and empower individuals and their families about their rights and the level of care they should expect:

> *"The MWC have believed and examined evidence from the patient's perspective, when many people seek to discredit legitimate complaints as 'symptoms' of mental illness." (Main Survey, Carer)*

> *"MWC work all seems to stem from putting service users at the centre, balanced with giving carers due importance too." (Main Survey, Lived Experience)*

9.1.6 Again however, a few non-professionals felt that service providers did not always uphold patients' rights, and so they felt that more work was needed to ensure the practical application of human rights by services.

Perceptions that the Commission Does Not Provide a Human Rights Focus

9.1.7 Professionals who felt that the Commission does not promote a human rights focus suggested that the Commission was not independent enough, did not effectively challenge services, and did not effectively represent the rights of the patient/the most vulnerable. It was felt that the Commission did not take a strong enough stance on this, and that much more could be done to promote human rights:

> *"In my opinion, there are a lot of issues regarding human rights that the MWC does not pick up." (Main Survey, Professional)*

> *"It feels like a fence sitter and unlikely to rock the boat with NHS/LAs." (Main Survey, Professional)*

9.1.8 Non-professionals typically noted perceived failings either in their own cases or for those they care for, with several indicating that it was very difficult for service users and carers to access practical support and action from the Commission:

> *"They have failed to protect our son's human rights... It misleads on how it can protect vulnerable peoples human rights." (Main Survey, Carer)*

> *"The Commission is good at issuing publications telling people what their rights are and what they mean, but almost useless in helping them enforce their rights." (Main Survey, Carer)*

9.1.9 It was again also suggested that the work of the Commission was too easily ignored by service providers, meaning that the issues and recommendations from the Commission were not translating into real changes for patients:

> *"…phrases like 'human rights', 'person-centred', 'involvement'… 'right to choice', 'patients' rights' are bandied around in the literature - but in reality are ignored by staff." (Main Survey, Lived Experience)*

9.1.10 As a result, it was suggested by a few interview and event respondents that the Commission's efforts to raise individuals awareness of their human rights enabled them to more readily identify when these were being breached or infringed, however, there was little advice or support available to seek any correction or recourse for this. It was felt that this created a 'double edged sword' in this respect:

> *"The problem is not about knowing what your rights are, it's about feeling powerless to achieve them". (Event, Carer)*

9.2 CHILDREN'S RIGHTS

9.2.1 At interview, one carer and one professional stressed the importance of including children and young people within a human rights framework, although both felt that other organisations were likely to be more relevant to children and young people than the Mental Welfare Commission:

> *"[The Commission] was very much orientated towards adults not children… a young person with mental health issues would never think to go to the [Commission]… I don't think families would ever go to the Mental Welfare Commission". (Interview, Carer)*

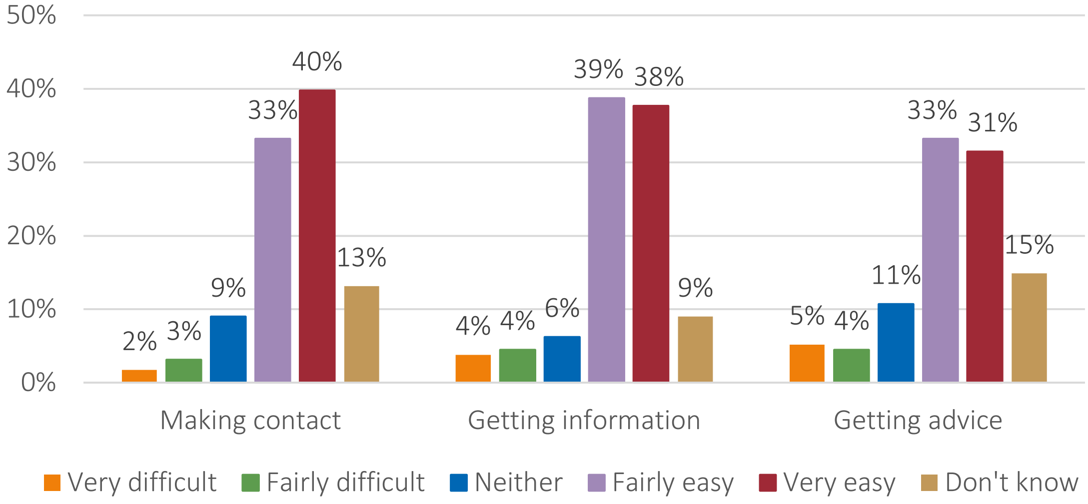
> *"They wouldn't be the first port of call [for children's rights]… that would be the Children's Commissioner." (Interview, Professional)*

10 EQUALITY, DIVERSITY AND ACCESSIBILITY

10.1 RATING THE COMMISSION

10.1.1 All survey respondents (n=289) were asked to rate their interaction with the Commission in relation to making contact, getting information and getting advice. Around two thirds to three quarters of all respondents felt each of these elements had been either very or fairly easy, with 65% (n=187) finding getting advice very or fairly easy, 73% (n=211) finding making contact very or fairly easy, and 76% (n=221) finding getting information very or fairly easy.

Figure 9 Ease of Making Contact, Getting Information and Getting Advice



10.1.2 Across all three measures however, a higher proportion of non-professionals provided ratings of very or fairly difficult compared to professionals.

- 18% (n=10) of non-professionals vs 2% (n=4) of professionals found it very or fairly difficult to make contact;
- 26% (n=15) of non-professionals vs 4% (n=9) of professionals found it very or fairly difficult to get information; and
- 33% (n=19) of non-professionals vs 4% (n=9) of professionals found it very or fairly difficult to get advice.

10.2 AWARENESS OF ACCESSIBILITY EFFORTS

10.2.1 Respondents were also asked if they were aware of the various elements the Commission have implemented to improve accessibility, Table 14 below outlines the responses for each element. This shows that, while there was reasonably low use of each element (with the most used facility being the two engagement and participation officers with lived and caring experience who meet groups of people who use services and carers across Scotland which was used by 14% of respondents), around half were aware of the provision of published guidance for services on working with an interpreter, the use of local interpreter services when needed on its visits, and published guidance on LGBT inclusive mental health services. There was however, lower overall awareness of the two engagement and participation officers with lived and caring experience, and the use of the Contact Scotland online interpretation service to allow British Sign Language users to access the Advice Line, where 43% (=123) and 31% (n=88) of respondents respectively were aware of these.

Table 14 Awareness of Accessibility Measures

	Aware and used	Aware but not used	Not aware	Total (n)
Has published guidance for services on working with an interpreter	31 (11%)	114 (39%)	143 (50%)	288
Uses local interpreter services when needed on its visits	15 (5%)	125 (43%)	149 (52%)	289
Publishes guidance on LGBT inclusive mental health services	20 (7%)	116 (40%)	153 (53%)	289
Has two engagement and participation officers with lived and caring experience who meet groups of people who use services and carers across Scotland	40 (14%)	83 (29%)	165 (57%)	288
Offers the Contact Scotland online interpretation service to allow British Sign Language users to access the Advice Line	3 (1%)	85 (30%)	197 (69%)	285

10.2.2 Across all elements non-professionals were more likely to state they were not aware of these:

- Has published guidance for services on working with an interpreter - 74% (n=42) of non-professionals were not aware compared to 46% (n=107) of professionals;
- Uses local interpreter services when needed on its visits - 79% (n=45) of non-professionals were not aware compared to 42% (n=98) of professionals;
- Publishes guidance on LGBT inclusive mental health services - 77% (n=44) of non-professionals were not aware compared to 47% (n=109) of professionals;
- Has two engagement and participation officers with lived and caring experience who meet groups of people who use services and carers across Scotland - 63% (n=36) of non-professionals were not aware compared to 56% (n=129) of professionals; and
- Offers the Contact Scotland online interpretation service to allow British Sign Language users to access the Advice Line - 84% (n=46) of non-professionals were not aware compared to 66% (n=151) of professionals.

10.2.3 Despite not being asked for comments on these accessibility measures specifically, a few respondents, both in the survey and across the qualitative work provided positive feedback in relation to the engagement and participation officers. It was felt these officers were accessible, allowed people's voices to be heard and helped to empower people, and brought a different perspective to the Commission:

> *"Lived experience officers are the best things to happen within MWC for years, easy to talk with and get in touch with." (Main Survey, Professional)*

> *"Both engagement and participation officers with lived experience do an outstanding job." (Main Survey, Non-Professional)*

10.2.4 It was suggested that these roles should continue and that a greater number of such roles/more people with lived experience should be employed by the Commission.

10.3 ENSURING EQUALITY OF ACCESS

10.3.1 Survey respondents were also asked if there was anything more the Commission could/should be doing to remove barriers and ensure equality of access. In total, 68 respondents provided suggestions.

10.3.2 Again, several respondents suggested the need for awareness raising so that more people were aware of the Commission and its role (including for professionals in training, patients and families, and the general public), a need for more proactive support for patients and carers, and that the Commission should have more people with lived experience and carers within their staff and Board to ensure the organisation better represents them.

10.3.3 Similarly, it was again suggested that the Commission needs to be seen as an independent organisation for patients and carers rather than an organisation primarily for service providers and practitioners, and that they needed to either be more proactive in ensuring service providers make changes when necessary, or be allocated additional powers in this respect:

> *"Actually make an effort to provide services to those that are detained whereas the clear perception is that they are more willing to offer advice to RMOs and MHOs." (Main Survey, Professional)*

10.3.4 Practical suggestions included:

- A live-chat option for accessing the advice line;
- More information available in BSL;
- LGBT awareness/training;
- Providing guidance on how services can be more inclusive of BAME people;
- Hold satellite clinics or drop-in information sessions;
- Provide guidelines for employers on supporting workers with mental health issues in relation to the law;

- Greater focus on care in the community and on community based services;
- Visit local communities, health centres and support organisations more; and
- Increased visibility and availability of printed information in health settings.

10.3.5 Specific groups were also seen as requiring more information or support, including:

- Late diagnosis autism;
- Young people in care;
- Those with learning disabilities;
- Students at university; and
- Those who have been detained.

10.3.6 Several also suggested that the Commission needed to reflect a wider range of backgrounds among their staff group and the Board.

Easy Read Survey

10.3.7 Respondents to the easy read survey were also asked how the Commission can make it easy for people to get in touch with them. Four respondents provided an answer, of which three suggested emails, one suggested a helpline, and another suggested holding meetings.

10.3.8 Other comments elsewhere in the responses also suggested that drop-in surgeries could be a useful way to make the Commission accessible.

10.4 GAPS IN GROUPS REACHED

10.4.1 Professional survey respondents were asked if they were aware of any groups not currently being reached by the Commission. Most respondents said no (n=115, 51%) or don’t know (n=89, 39%), while 10% (n=22) said yes.

10.4.2 A wide range of groups were identified by respondents as potentially not being reached by the Commission, which included:

- Those in community care/services;
- Detained patients and those in specific services (including those in private hospitals outwith Scotland but funded by NHS in Scotland);
- Those with learning disabilities, autism and dementia;
- Veterans;
- Homeless people;
- Deaf, Deafblind, BSL users and Deafened people;
- People who have not reached the threshold for legal intervention;
- Those in the criminal justice system;

- Those without computer access;
- Those from black and minority ethnic backgrounds;
- Families and those on CAMHS waiting lists; and
- Various professions including maternity services, psychology, psychiatry and AHP, and learning disability nursing.

10.4.3 Again, interview and event respondents largely identified those receiving care/treatment in the community as a group perhaps not sufficiently targeted or reached by the Commission currently. Other groups who the interview and event participants felt the Commission may not be reaching effectively included those living in poverty, those living in remote/rural areas, and older adults. Men were also seen as a group who may be less likely to access the Commission due to stigma, compared to women. Those with particular conditions that make them suspicious of organisations may also be difficult to reach, it was felt.

10.4.4 It was also suggested that the Commission does not have the required reach across the social care sector and so those living within care homes could also not be sufficiently well represented by the Commission:

> *"The Commission's less well known when you move into social care provision… As we've integrated health and social care, and as the system becomes more homogenous it's probably important for the Commission's reach into social care to be a little bit stronger with these provider organisations." (Interview, Professional)*

11 STRATEGIC OUTCOMES

11.1 PERCEPTIONS OF THE COMMISSION'S STRATEGIC OUTCOMES

11.1.1 The Commission's work is guided by a set of strategic outcomes which it aspires to work towards. Survey respondents were asked to comment on outcomes one to four, while event and interview respondents were also asked to comment on a fifth outcome.

Outcome 1

Individuals know their rights, are empowered to participate in decision making about their care and treatment and are supported to choose the lives they want to live

11.1.2 A total of 176 respondents provided a substantive comment in relation to this outcome.

11.1.3 Most (n=130, 74%) felt this was a good outcome and were supportive of it:

> *"I agree with this and would not advocate for changing it. It is easily understood by all and a positive message to convey." (Main Survey, Professional)*

11.1.4 Some (including both survey and event respondents) however, felt that the Commission would be limited in their ability to achieve this as they have to rely on the voluntary compliance of and/or resources available to other services. Others (again including both survey and event respondents) suggested that it may be setting unrealistic expectations to suggest that all service users would be able to 'choose the lives they want to live' (particularly as the legislation compels some patients to accept treatment), and/or that this could result in choices that are detrimental to the individual or their carers:

> *"A good outcome - but given your focus is on compulsion etc. the wider "are supported to choose the lives they want to live" isn't really in your power." (Main Survey, Professional)*

> *"Patients are offered treatment in a "take it or leave it" way and then told they are non-compliant if they ask for something else! This is not upheld." (Main Survey, Lived Experience and Carer)*

11.1.5 Others suggested there was little evidence as to how the Commission would/could achieve this in practice, and highlighted that many individuals do not know their rights, and that this does not reflect current practice:

> *"Rhetoric and reality need to match. Noble goals but will it be achievable? Our experience has been that decisions have been made and presented as a fait accompli. We have resisted but have been met with a concerted professional effort to bend us to their will." (Main Survey, Carer)*

11.1.6 A few survey, interview and event respondents provided practical suggestions/ changes, which included:

- That the outcome should include reference to inclusive communication, as they noted that, without this, many would not know their rights or be able to participate;
- To add after 'care and treatment' "if and when they wish to and/or feel able to";
- That this should also be in agreement with carer/family member who gives care/support;
- Patients and their families should have a welcome pack from MWC given to them when admitted to hospital or attend outpatients, with this information;
- That the outcome should include that this is still the case for people who lack capacity; and
- The outcome should refer specifically to 'mental health care and treatment' to make it more focused, and could reference incapacity.

11.1.7 One person from the events suggested that more joined up working, along with advocating for users and carers with other organisations could support this outcome, while another felt that this outcome would be difficult to measure and assess the level to which this has been achieved.

Outcome 2

The Commission is known by policy makers, service providers, patients/service users and family/partners/friends/carers as an authoritative voice on mental health and incapacity legislation and human rights

11.1.8 A total of 171 respondents provided a substantive comment in relation to outcome two.

11.1.9 Again, many (n=116, 68%) indicated that they agreed with this outcome:

> *"I agree with this statement and still believe the commission is required to be authoritative voice to ensure patients' rights are respected and upheld. It is too easy for professionals to forget to always include patients in decisions and to consider the patients views." (Main Survey, Professional)*

11.1.10 Others however, (including survey, interview and event respondents) felt that the Commission would have to undertake significant levels of work to achieve this, particularly as awareness of the Commission was low in certain areas/for certain groups. A few noted that they had received conflicting/contradictory advice from the Commission and so questioned whether they could be considered as an authoritative voice. Several also highlighted that the Commission was not currently considered in such a way within their professional group/service or by patients and carers:

> *"I don't think it is known as an authoritative voice with carers. It is seen mainly as a place for professionals." (Main Survey, Professional)*
>
> *"The commission is known by people working in mental health but not all patients/service users, family or friends know what their role is." (Main Survey, Professional)*

11.1.11 Again, it was suggested (by survey, interview and event respondents) that the Commission would need additional powers to effect change in order to be able to fulfil this outcome, and that they would need to more effectively be seen to challenge poor practice, with one respondent suggesting the Commission needs to support prosecutions where necessary.

11.1.12 Practical changes were again suggested by a few survey and event respondents, including:

- A dislike of the term 'authoritative voice', with one suggesting this could be changed to 'trusted voice';
- Should state more explicitly that it is 'an authoritative voice on human rights in relation to mental health legislation and incapacity legislation' as at present the outcome may read that they are an authoritative voice on human rights *per se;*
- To reorder the list of those involved, in particular to place the patient/service user and family/carers first (or remove this list);
- Changing 'known' to 'recognised';
- Be written more clearly to explain that the Commission are the 'go to' people in relation to both legislation and human rights; and
- Add certain categories with power and influence on adults' and young peoples' lives e.g. school staff/police.

11.1.13 One interview respondent also suggested this outcome needed to refer to the application of mental health and incapacity legislation and human rights, and noted that the Commission should be fighting for these. They felt the outcome should mention the need to highlight any issues and right them.

Outcome 3

Focus on the most vulnerable – Across services for mental health, learning disability, dementia, autism and related conditions, there are robust plans to identify and respond to the needs of people most at risk of marginalisation and where their rights are not being upheld

11.1.14 A total of 172 respondents provided a substantive comment in relation to outcome three.

11.1.15 As above, many survey respondents (n=119, 69%) and interviewees agreed with this outcome:

> *"Agree - core to a human rights based approach." (Main Survey, Professional)*

> *"This should remain their focus - all too often it is the most vulnerable whose rights can be dispensed with, particularly at a time of cuts to service/financing of services/austerity." (Main Survey, Carer)*

11.1.16 Again, several (including survey and interview respondents) questioned how the Commission would achieve this and measure progress, and indicated that this is often not visible in/does not reflect current practice or the situation for some patients. Indeed, a few suggested that the Commission had not intervened when asked/required, or had failed to address issues in this respect. It was also suggested that appropriate services/support was not always available, and that this would require additional funding and/or the support of local service providers (who often already have resource issues), which would make achieving this outcome challenging:

> *"Would be fantastic to see this outcome achieved. It is not visible throughout all services at the moment." (Main Survey, Professional)*

> *"This sounds great but often the most marginalised in society are also the least likely to be able to access help and advice and be unaware of their rights or that they are not being upheld." (Main Survey, Carer)*

11.1.17 A few suggested that this outcome was not as clear as outcomes one and two, with it being suggested that it was 'very wordy' and needed to be simplified. Respondents also questioned who would determine who the 'most vulnerable' are or felt that the rights of all service users should be upheld:

> *"I think everyone in mental health services is potentially vulnerable and it's difficult to rate degrees of vulnerability." (Main Survey, Professional)*

11.1.18 Similarly, those who attended the events felt this outcome may be trying to cover too many groups of 'vulnerable' people. Rather, they suggested that the outcome could focus on individuals rather than groups, and also recognise that people have different levels of vulnerability at different times. It was also suggested that perhaps other specialist organisations are better equipped to work with some of these groups.

11.1.19 Further, interview and event participants highlighted that the Commission can only influence and recommend, they cannot enforce - which was noted to create challenges and frustration. As such, it was considered that this outcome may suggest the Commission has more power than it has. It was also suggested that the Commission's current focus is limited in relation to learning disabilities and autism.

11.1.20 Practical changes were again suggested by a few respondents, including:

- Refer specifically to ‘human rights’ rather than just ‘rights’;
- Refer to following ‘best practice’ and ‘quality of life’;
- Clarity required around what ‘robust plans’ refer to, e.g. individual care plans/ resources/strategies/the Commission’s plans or services plans, etc.;
- ‘Marginalisation’ was not considered to be an accessible word while others felt that ‘vulnerable’ was not a preferred term for some stakeholders;
- Change the focus from ‘mental health’ to ‘mental illness services’;
- Widening this outcome to include elderly groups, self-carers, and those in remote and rural areas;
- Ensure people with communication support needs are able to access information and services;
- Change/add to the outcome 'focus on those areas of policy and practice that, if not properly implemented, lead to greatest risk of vulnerability’;
- Adding parity of esteem in context of commitment to physical health care;
- Emphasising the role in addressing inequalities more explicitly;
- Reword the outcome to 'there are robust plans to identify and respond to the needs of people most at risk of marginalisation and where their rights are not being upheld' in order to avoid the use of ‘labels’;
- Add ‘At the same time, those with arguably more fluctuating mental health diagnoses & issues, when their conditions & symptoms are at their worst/most acute, e.g. schizophrenia, bipolar, clinical depression, also become extremely vulnerable, so when this is the case, we ensure these people are also guaranteed the same attention & protection when they are at risk of marginalisation, and their rights are not being upheld’; and
- Acknowledge that there are limited services and resources in some areas, including few secure services to help those with severe and enduring mental illness when aging issues compound the mental health issues.

Outcome 4

Increase our impact so that:

- Services respect our recommendations and implement them;
- We are the go to place for advice on areas where care and treatment, ethics and the law intersect; and
- Our monitoring of mental health and incapacity legislation informs legislative and policy changes.

11.1.21 A total of 163 respondents provided a substantive comment in relation to outcome four.

11.1.22 As with the other outcomes, most respondents (n=118, 72%) agreed that this was important and appropriate:

> *"This sounds like becoming a Centre for Excellence and I certainly hope this will be the case." (Main Survey, Carer)*

> *"This sounds very good and necessary to have as part of our system." (Main Survey, Professional)*

11.1.23 Again, however, some felt that this was an aspirational outcome as it did not reflect the current situation. Others again suggested that the Commission needed to be more 'visible' as a source of information, and that it would need to monitor whether recommendations have been implemented and/or would require greater enforcement powers in order to achieve this outcome. Similarly, some event participants considered the first bullet point weak as there was no pressure or requirement to make changes:

> *"What you need is a legal requirement to implement recommendations - otherwise, in many cases, they will be simply ignored as they so often are now." (Main Survey, Carer)*

> *"Could be more 'visible' as a place to go to get advice. Closer monitoring may be needed to bring practice in line with these outcomes." (Main Survey, Professional)*

11.1.24 Local budgets and resources were also seen as important factors in the delivery of this outcome, so again, it was felt that the success of this outcome was not solely in the hands of the Commission (this was mentioned by both survey and event respondents):

> *"The reality we found… was not unkind individuals but a disastrous lack of funding and services... It is pointless to talk about standards when basic care is not possible." (Main Survey, Carer)*

> *"Services respect the MWC only so far as their budgets will allow them to." (Main Survey, Professional)*

11.1.25 It was also suggested that the Commission can be reluctant to offer clear advice when approached in regards to 'grey areas' of practice, or can fail to take a firm/strong position. Similarly, it was felt that the Commission needed to be more proactive and become involved in more cases, and be more willing to challenge practitioners over failings/poor practice. As such, a few respondents stated that respect (as referenced in the first element of this outcome) needed to be earned.

11.1.26 Some event participants felt this outcome was a 'bit woolly'/too broad and suggested that the Commission needed to be more 'authoritative'. Others suggested some practical ways for the Commission to achieve this outcome, including greater follow-up from the Commission and/or the Government to assess why changes have not been made, and highlight general issues in the press. They also suggested that the relationships between the Commission and services needed to be strengthened in order to have an impact, although it was stressed that the nature of the relationships should vary by organisation/area.

11.1.27 Again, a few survey respondents suggested changes which could be made to the outcome, including:

- One respondent felt that this should be the first outcome;
- 'Increase our impact' was considered to be vague;
- Add 'we will visit hard to reach people to ensure that they can be involved';
- Add a review process for the implementation of recommendations;
- Ensure the support is also available to organisations who support individuals; and
- Connect with groups so they can give constructive feedback regarding what is working well/not working well.

11.1.28 Interview respondents also noted that this outcome largely summarised the other earlier outcomes rather than presented anything new, while one suggested that a definition regarding the timescale involved should be provided and felt that the outcome should seek to measure the impact over this timescale.

Outcome 5

11.1.29 A final outcome was explored in the interviews and events, where possible. This was:

Scotland's legislation relating to non-consensual care and treatment fully reflects international human rights norms, in its wording and implementation

11.1.30 It was suggested that this outcome was highly specialised and therefore may not be very accessible to many professionals or service users/carers.

11.1.31 One interview respondent suggested that the wording needed to be clearer to ensure readers interpret the meaning in the same way/accurately - i.e. they considered it was unclear whether the Commission were seeking to influence the legislation itself or to clarify/interpret the legislation for services.

11.1.32 Event participants felt that the term 'norms' was not aspirational enough and could be considered to water-down/lower expectations around what is required. Rather, it was suggested this term could be changed to ''practice', 'best practice' or 'standards'.

General Perceptions of the Outcomes

11.1.33 One person who attended the events suggested that there is a time lag required in order for change to be embraced and implemented across frontline services. They noted that there needed to be a culture change within the sector more generally in order to achieve the Commission's strategic outcomes, but that mention of this was missing from the stated outcomes.

11.1.34 Other event participants suggested that the outcomes should have more of an 'individual' focus on service users and carers, while others felt they should reference families rather than just individuals. It was also felt that the outcomes should recognise that people's conditions can fluctuate:

> *"I would like to add that people have fluctuating conditions. At the moment, I am not particularly vulnerable, but I can be!" (Event, Lived Experience)*

11.1.35 Other cross-cutting suggestions for or comments about the outcomes included:

- 'Incapacity' and 'welfare' should be reflected more across the outcomes (rather than focusing only on mental health);
- Operational definitions of the terms 'care' and 'treatment' are necessary;
- Accountability principles are not reflected clearly enough throughout;
- Outcomes should be SMART (i.e. specific, measurable, achievable, realistic, time bound); and
- Objectively measuring success against outcomes will be challenging.

11.1.36 Overall, it was generally felt that the focus of the outcomes was correct and all outcomes were largely considered to be appropriate, but changes to the wording to provide greater clarification and measurability may be beneficial.

12 OTHER COMMENTS

12.1.1 All survey respondents (including to both the main survey and the easy read survey) were also provided with the opportunity to detail any other comments they had in relation to the Commission, and in particular, if there is anything which the Commission could be doing which it currently does not do, and anything that could be done differently. A total of 87 respondents provided a substantive response in the main survey version and five respondents provided comments in the easy read version. Interview and event respondents also discussed additional issues.

12.2 SUPPORTIVE COMMENTS

12.2.1 Encouragingly, some respondents (largely professionals) provided positive and supportive comments regarding their use and value of the Commission:

> *"MWC is a very supportive organisation and the first one I would go to in the event of ethical or rights-based queries." (Main Survey, Professional)*
>
> *"I would like to see the Commission keep up the good work and maintain a human rights focus…" (Main Survey, Professional)*
>
> *"I have found the Commission to be invaluable to me as a practitioner and also to patients and their carers. I believe they do a great job in representing the minority and those most vulnerable. They also make great strides in trying to eradicate the hostile discrimination often directed at service users. I am so glad that the Commission is around to protect our service users but also provide great support and advice to professionals like me." (Main Survey, Professional)*
>
> *"Good work on behalf of vulnerable and often neglected people." (Easy Read Survey, Carer)*
>
> *"They have a long track record of doing the job well." (Interview, Professional)*
>
> *"I think their influence is great, they do very well, and I think it's very well respected the Commission." (Interview, Professional)*
>
> *"They were absolutely brilliant… fierce lions defending innocent, vulnerable people within a legal framework." (Interview, Carer)*

12.3 ADDITIONAL AREAS OF WORK

12.3.1 Within the main survey, many respondents suggested additional areas where the provision of information or the Commission's input/advice/support could be useful. Those who participated in an interview or the events also provided suggestions.

Each issue was typically mentioned by just a few/one respondent, with these including:

- Consideration of those receiving care/treatment in the community (as well as other partner department's policies, such as housing, which have an impact on community based care);
- Consideration and focus on young people with mental health challenges;
- Consideration of wider human rights, e.g. the right to adequate standard of living, and the right to a family life, as well as consideration of carers rights;
- Consideration of benefits, universal credit and PIP;
- Provide more scrutiny of prison mental health services and the reported inequalities within the prison system;
- Provide help to move people on quicker, especially from secure services;
- More work with individuals subject to Power of Attorney; and
- Influence/tackle public opinion around stigma.

12.3.2 Other practical suggestions, again provided by survey, interview and event respondents, for changes and/or new areas of work that the Commission could undertake (again typically mentioned by a few/one respondent each) included:

- The provision of timely and efficient follow-up as well as communication and feedback to all professionals, service users and carers;
- The Commission could offer training events for professionals - the purpose of this being twofold, firstly to raise awareness of the Commission and secondly, to promote good practice;
- Conduct more unannounced visits and investigations;
- Social workers and MHOs could be useful contributors to visits;
- The Commission's influence could be increased by adopting a more assertive approach;
- There needed to be greater consistency in the advice being delivered;
- Be more involved with learning disabilities in schools;
- Provide examples of positive implementation of recommendations;
- Undertake more campaigns to promote the rights of people and best practice approaches to delivering on the legislation;
- Take a proactive approach to realising rights;
- Develop a more holistic view of all organisations who provide services;
- Provide more of an interface between service users and organisations/ government and/or support service users and carers to approach or interact with other organisations/government;

- Provide a higher profile for anticipatory care and greater emphasis on preventative planning;
- Lobbying for realistic funding for mental health services and for support across rural areas;
- Investigating the use of medications which have no research proven benefits and yet multiple side effects;
- Promote research across the profession;
- Offer accreditation to services in relation to certain standards;
- Gather data on the changes the Commission have effected; and
- Provide trauma informed practice training for all Commission staff.

12.3.3 Those who attended the events also suggested that the Commission needed to be stronger in relation to engagement. While the Engagement Officers were praised as central to the Commission's visibility - with one professional interviewee also describing an Engagement Officer as 'phenomenal' - participants wanted to see even more engagement, and suggested that promoting this as a separate function would be beneficial, rather than it being subsumed under 'visits'. It was also suggested that the Commission should visit people when making decisions about them.

12.3.4 Further, event attendees suggested that the legislation needs to be clearer and more accessible for the lay person and professionals. As such, it was recommended that the Commission could assist in this respect, both in relation to influencing legislation and policy, and by providing more accessible versions for stakeholders.

12.4 MORE FOCUS ON PATIENTS/CARERS

12.4.1 A key area for some non-professional respondents across all research methods (although this was also discussed by some professional respondents) was for the Commission to be able/willing to offer more practical support/help to patients, carers, and families, as well as professionals concerned about the care/treatment of individuals. It was also felt that the Commission needed to listen more to the patients, carers, and families, be proactive in individual cases, and should support patients/families/ the police in pursuing a prosecution where necessary:

> *"Be more assertive, more effort to meet detained patients, make an actual impact and request answers and offer support where patients ask. Make an effort not to be seen as a tool used by medics to support their decisions rather than supporting the patient." (Main Survey, Professional)*
>
> *"I feel that they could be more proactive in the areas I have seen them intervene in." (Easy Read Survey, Lived Experience)*

12.4.2 It was again felt that the Commission needed to be stronger in challenging professionals/service providers, and be more focused on the rights (and in particular, the human rights) of the service user:

> *"Commission must remain independent and have the ability to challenge services/organisations to ensure the most vulnerable have a voice and are protected."* (Main Survey, Carer)

> *"The reputation of the MWC is that it offers little in a practical sense and in my experience does not understand or empathise with service providers and the people they support."* (Main Survey, Professional)

12.4.3 Similarly, respondents reiterated the need for the Commission to intervene earlier in cases, rather than waiting until there has been a death or other crisis:

> *"It ought to be carrying out investigations BEFORE disputes have been resolved, BEFORE people have died, in order to help resolve them and improve outcomes, instead of waiting until the worst has happened."* (Main Survey, Carer)

12.5 GREATER POWERS

12.5.1 Again, consistent with earlier comments, some respondents throughout the survey and qualitative work suggested the Commission needed to provide greater follow-up with services to assess/monitor the extent to which recommendations have been implemented, and/or called for the Commission to be given greater powers in order to compel service providers to make the necessary changes:

> *"The follow up has been poor in my experience. Feel that as with other parts of the MH [mental health] system it is the parent or carer who has to do all the chasing. Also found responses very clinical and lacking compassion."* (Easy Read Survey, Carer)

> *"Revisit the legislation to allow the MWC to have a more effective inspection role so that they can sanction health boards in a particular that are not performing."* (Main Survey, Professional)

12.5.2 Event participants highlighted that the Commission's only recourse is currently via the courts which is a costly and undesirable course of action, but it was suggested that some form of statutory enforcement power would seem sensible, and/or for there to be reputational damage for service providers should they fail to meet the Commission's requirements/standards.

12.5.3 A few professional interview respondents however felt that the Commission's current design was the most appropriate model, stressing that its strength lay in its approachability. They felt that it would change the nature of the Commission and its relationships with professionals/service providers if they became more of an enforcement body.

12.6 GREATER DIVERSITY IN STAFF AND BOARD MEMBERS

12.6.1 At several points throughout the survey, a few respondents also suggested that greater diversity was needed within the Commission's staff and Board. This view was also supported in the interviews and events. It was suggested that a greater range of professional groups should be represented and that more people with lived experience and carers should be employed to ensure that the Commission's work was more reflective of service users and carers:

> *"The Commission would benefit from having greater representation from… different disciplines, e.g. psychology and OT [occupational therapy]. It is too heavily dominated by staff with a background/training embedded in the medical model."* *(Main Survey, Professional)*

> *"I think the MWC only employs two people with lived experience, that definitely needs to change."* *(Main Survey, Lived Experience and Carer)*

13 CONCLUSION

13.1.1 The survey attracted a good response rate overall and from professionals working in the field. However, a greater response from service users with lived experience, carers and families would have provided more robust and reliable results for this respondent cohort.

13.1.2 The inclusion of the interviews and two events that were arranged/attended in relation to this research however, provided valuable alternative methods for individuals to participate, and allowed the research to explore some of the issues and topics in more detail than was possible using an online survey approach alone.

13.1.3 While the results provide a largely positive picture of stakeholders overall satisfaction with the Commission, the different areas of their work, role and responsibilities, it should be noted that non-professional respondents were less aware of the Commission and less satisfied both with the specific aspects of its work, and with their overall experiences of the Commission. This is an area where the Commission might want to focus its attentions in the future.

13.1.4 The research also provides useful suggestions and constructive comments on areas which could be improved and how this could best be achieved. This includes both practical suggestions for visible frontline work as well as for the Commission's strategic planning and outcomes.

13.1.5 Key suggestions for the Commission, as identified by respondents included:

- Extensive awareness raising to be undertaken;
- The need for the Commission to engage more with service users, carers and families, to be seen to promote their rights over the challenges faced by professionals/services, and to be more proactively involved in cases;
- To challenge service providers more;
- To be seen to take a firmer and bolder stance both in reports and in their dealings with service providers/professionals where an issue has been identified; and
- To undertake greater levels of follow-up and apply more pressure on services to implement recommendations, and/or to be granted additional powers to enforce change.

13.1.6 Addressing these issues, it was felt, would assist the Commission in making improvements to its services, ensuring more people are aware of the Commission and making it more effective in the future.

APPENDIX A SURVEY RESPONDENT DEMOGRAPHICS

Professionals Role

Profession/Role	Number	Percentage (%)
Mental Health Nurse	51	21%
Psychiatrist	36	15%
Mental Health Officer	35	14%
Manager of Services (NHS, Local Authority, Voluntary Sector)	29	12%
Advocacy Worker	20	8%
Learning Disability Nurse	12	5%
Other Social Worker	12	5%
Clinical Psychologist	13	5%
Support Worker	11	4%
Service Planner/Commissioner	6	2%
Counsellor	3	1%
Solicitor	3	1%
Allied Health Professional	2	1%
Other	38	15%
Total Respondents[1]	248	

[1] Multiple responses were possible at this question.

Non-Professional Respondents

Respondent Type	Number	Percentage
I am a family member/partner/friend or carer for someone who has a mental illness	37	40%
I have a mental illness	27	29%
I am a family member/partner/friend or carer for someone who has autism	26	28%
I have autism	18	19%
I am a family member/partner/friend or carer for someone who has a learning disability	8	9%
I am a family member/partner/friend or carer for someone who has dementia	8	9%
I have a learning disability	3	3%
I have dementia	1	1%
Other	15	16%
Total Respondents[1]	93	

[1] Multiple responses were possible at this question.

Geographic Area of Work/Residence

Geographic Area	Professionals		Non-Professionals		Total Sample	
	Number	%	Number	%	Number	%
Ayrshire and Arran	17	6.9%	6	6.4%	23	7%
Dumfries and Galloway	11	4.4%	3	3.2%	14	4%
Fife	28	11.3%	5	5.3%	33	10%
Forth Valley	17	6.9%	10	10.6%	27	8%
Grampian	29	11.7%	7	7.4%	36	11%
Greater Glasgow and Clyde	64	25.8%	15	16.0%	79	23%
Highland	24	9.7%	4	4.3%	28	8%
Lanarkshire	29	11.7%	7	7.4%	36	11%
Lothian	37	14.9%	17	18.1%	54	16%
Orkney	8	3.2%	0	0.0%	8	2%
Scottish Borders	12	4.8%	1	1.1%	13	4%
Shetland	3	1.2%	0	0.0%	3	1%
Tayside	35	14.1%	15	16.0%	50	15%
Western Isles	5	2.0%	1	1.1%	6	2%
Other part of the UK	5	2.0%	3	3.2%	8	2%
Rest of the World	2	0.8%	0	0.0%	2	1%
Total Respondents	**248**[1]		**94**	**100%**	**342**[1]	

[1] Multiple responses were possible at this question.

Groups that Professionals Work With

Group	Number	Percentage
Adults with a mental illness	194	79%
Adult with a learning disability	95	38%
People with dementia	84	34%
People with autism	79	32%
Children and young people with a mental illness	43	17%
Children with a learning disability	26	11%
Other	31	13%
Total Respondents[1]	**247**	

[1] Multiple responses were possible at this question.

Type of Organisation Professionals Work For

Organisation Type	Number	Percentage
NHS	132	54%
Voluntary Sector	48	20%
Local Authority	47	19%
Private Sector	11	4%
Other	24	10%
Total Respondents[1]	246	

[1] Multiple responses were possible at this question.