

Minute of Service Users', Carers' and Advocacy Workers' Forum

13 April 2026 – 12:00 – 13:00 via Webex video-conference
Chaired by Jane Patrick, In-house Convener

Attendees

MHTS

Jane Patrick (JP) In-house convener and Chair
Laura Dunlop (LD) President
Kirsty Watson (KW) Legal Secretary
Lesley Sylvester (LS) CORO Team Leader
Scott Graham (SG) Deputy Team Leader
Jenna Swan (JS) PO secretary – Note taker
Scott Blythe (SB) Tribunal Liaison Officer and Meeting facilitator
and
12 attendees from outwith MHTS
(Total attending - 19)

1. Welcome and Introductions

JP welcomed everyone to the Forum and introduced all MHTS attendees.

2. Update from the President, Laura Dunlop KC

LD welcomed everyone to the Forum and addressed some specific topics, as below:

(i) Statistics

The President presented the 2026 end of year statistics. A total of 5,728 applications were received between April 2025 and the end of March 2026, representing an increase of 5 from the previous year. The number of hearings held over the same period was 6,236, reflecting a small decline of 64 hearings from last year.

(ii) Hearing types

The latest hearings graph was shown to all attendees. Since February 2025, there have consistently been more visual hearings, i.e. in-person ('IP') and video-conference ('VC') hearings, than telephone-conference ('TC') hearings. Last month the Tribunal held the highest percentage of visual hearings since March 2020 – 59.9%. It is hoped that this upward trend will continue.

(iii) New MHTS Website

The President provided an update on the development of the MHTS website. It consists of 2 parts – the part which is available to the public, containing information and guidance, and the secure area for tribunal members where tribunal papers are uploaded. The public section is expected to be ready within the next few months,

with the secure area for members and administrative staff to follow later. Some information in the public section has been updated and there will also be some new guidance, including one for service users explaining what happens at hearings.

3. Interpreters and translation of documents

JP delivered a short presentation on interpreters and the translation of documents, providing attendees with insight into the legal framework underpinning this area. SG gave some information on what the caseworkers do in advance of a hearing to ensure that an interpreter will attend.

One of the attendees noted that they have had better experiences recently with arranging interpreters in the Aberdeen area.

There was some discussion about the use of telephone interpreters and if this still occurs. It was confirmed that they are still used and are more common in some areas than others. It was agreed that an interpreter attending in person is preferable for the patient.

For hearings involving an interpreter, the Tribunal tries to ensure that these are in-person, single hearings.

4. Matters raised:

(i) Attendance of advocacy workers at hearings (a) if patient has failed to engage with advocacy or (b) when patient is not permitted to attend the hearing

(a) An attendee sought clarification on what to do about attending a hearing if the patient had failed to engage with advocacy. LD confirmed that the advocacy worker can email the Tribunal before the hearing to advise of this and it will be relayed to the tribunal members: there is no need to attend in person in this situation.

(b) It is a more difficult issue if, on the day of the hearing, the RMO says the patient is too unwell to attend the hearing or the risk is too high. Since Covid, there has been an increase in RMOs/MHOs saying before a hearing is scheduled that a TC hearing should be fixed as the patient is likely to be too unwell to attend an IP one. In these circumstances, if the hearing is at a default IP venue or the patient's preference for a visual hearing has been expressed, the Tribunal will still fix an IP hearing and ask the RMO to decide on the day of the hearing whether the patient is well enough to attend it. It is a big step for the RMO to say they should not. The Tribunal has to accept the RMO's position on this. In some cases, an advocacy statement may be provided or the patient may attend by telephone.

An attendee shared an example where a patient was not permitted to attend a hearing due to nurse staffing issues. LD noted that the Memorandum of Understanding the Tribunal has with the Health Boards requires that nursing staff will be provided to escort patients to hearings. Obviously there can be practical difficulties on the day. An attendee from Aberdeen commended the clerks there for their work in trying to resolve such situations.

Another attendee noted that where a patient is unable to attend for security reasons, an advocacy worker may attend in a separate room with the patient. Concerns were raised that some rooms are not suitable for this purpose, and the advocacy worker confirmed they would raise this issue with the hospital.

(ii) Tribunals ascertaining and recording the involvement of advocacy

An advocacy worker reported that in a few instances they were either not invited to a hearing or were unaware that one had been scheduled. Also on one occasion the advocacy worker has been asked why they had not attended a hearing, when they did not know there was one. KW noted that for MHO, RMO, solicitor, and patient-initiated applications, it is necessary for the applicant to inform the Tribunal if an advocacy worker is involved, enabling an invitation to be issued. JP explained that usually at the start of hearings the issue of patient participation is explored, which includes the involvement of advocacy. Tribunal members are expected to record this information at the start of the written decision.

(iii) Feeding back tribunal decisions to the patient

An attendee reported that a tribunal had asked them to feedback the tribunal's decision to the patient. They considered this is the applicant's responsibility. LD agreed with this; there is no expectation that an advocacy worker will do this if they do not wish to. The matter will be raised at the upcoming MHO/RMO forum.

5. AOB - There was none.

6. Close and thanks

The next meeting will take place in the Autumn of 2026 with the date confirmed nearer the time.