

# Experiences complaining about Mental Health Services in Scotland

Lived Experience Report

November 2025

***“People complain because they haven't been heard. They persist because the problem hasn't been fixed. To stigmatise their persistence is to weaponise bureaucracy against the people it is meant to serve.”***

*(Listen.to.us.too [www.truthsin.org](http://www.truthsin.org))*

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# Executive Summary

VOX Scotland heard member feedback about difficulties accessing and going through the process of making a complaint against a mental health service, and dissatisfaction with responses and outcomes thereafter. To investigate this in a way that allowed us to recommend improvements, we co-designed a research questionnaire with Ailsa Lindsay, one of our VOX Scotland members who drew our attention to this important issue. We found a lack of other existing research on experiences of making complaints about health services, especially in Scotland and the UK as a whole. There is even less available on this subject relating specifically to mental health services.

Participants were asked quantitative and qualitative questions through an online questionnaire covering their experiences and views on accessing and going through the NHS Scotland complaints process in a mental health context, and their suggestions on how the system could be improved.

86 individuals took part, with 54 having completed their complaint, and 32 reporting on their experience of wanting to make a complaint, where they could not / did not pursue it. Responses came from people across 12 of the 14 territorial health boards, with no responses from the Western Isles and Orkney. Greater Glasgow and Clyde accounted for 22% of the responses, with Lothian at 19% and Highland and Lanarkshire each accounting for 10%. 58% of people had made or wanted to make their complaint within the last 2 years and 84% of responses concerned complaints regarding outpatient or community settings, with 16% relating to inpatient settings.

The most common subject for people's complaints or would-be complaints was not receiving the care and treatment they are entitled to (64%) and not receiving the care and dignity they are entitled to (57%). A third of people reported 'gaslighting' (where their mental health condition or diagnosis was used or blamed as the reason people were experiencing difficulties). 31% cited a lack of reasonable adjustments and 31% cited

inaccuracies in medical notes as reasons for complaints. Lack of transparency was cited by 28% of respondents, while issues with communication and misdiagnosis were each reported by 26%. Discriminatory behaviour (for example homophobia) was reported by 20% and mental health stigma by 19%.

In cases where complaints were about particular health professionals, complaints about psychiatrists were most common, followed by psychiatric nurses, with GPs, managers and psychologists being reported less and those who chose 'other' mainly detailing the 'whole Community Mental Health Team' or a combination of different professions as who they had complained / wanted to complain about.

For those who wanted to complain but did or could not, the majority (56%) said that they felt complaining would not make a difference or they would not be listened to. Over a quarter (28%) did not continue to pursue their complaints because the process caused personal stress. 69% felt that their mental health had been impacted negatively by their experience of not being able to make or continue a complaint.

Those who did complain reported *who* they complained to and what method they used. The health board's complaints team accounted for 31%, followed by more direct or within-service complaints to ward or service managers (12%). Nearly a third reported writing a physical letter to complain and 28% used an NHS online complaint form, with paper-based forms and writing an email, each accounting for 13%. Less people complained by phone (9%) or in-person (2%).

Half of respondents who made a complaint reported finding it 'very difficult' or 'quite difficult' to find and access the way to make a complaint. 67% reported finding the complaints process itself 'very difficult' or 'quite difficult' to go through. 83% of participants reported that making their complaint had impacted them or their mental health **negatively**, with 2% reporting it had impacted them or their mental health positively and 4% saying it had not impacted them or their mental health in any way.

15% of people had received their initial response within the 5-day timeframe, with another 31% receiving it within 20 days and a further 20% within 3 months. For final decisions, 20% received these within the 20-day timeframe, with another 20% receiving them within 3 months and 22% receiving their final decision between 3 months and 1 year. In terms of support to make their complaint 26% of respondents reported they had wanted support, but they had been unable to get any, with 22% saying they did not need support to make their complaint. Just under a quarter received support from a family member or friend, 19% reported having the support of an independent advocate, and 11% had support from Citizen's Advice.

In terms of final decisions received on complaints, 22% were not upheld and 17% were upheld. 17% reported that the decision was inconclusive and 28% answered that they not yet received a final decision. 70% of respondents felt they had not received an adequate explanation or reasoning for the final decision they received and just 4% said they had received an adequate explanation. When asked about satisfaction with the whole complaint response, 91% reported they were 'very dissatisfied' or 'dissatisfied'. Only 2% said they were 'satisfied', with another 2% being 'very satisfied'.

Over half (54%) of respondents reported no apology, action or change resulting from their complaint to their knowledge, which in part may reflect complaints which were not upheld or were inconclusive. 20% reported receiving an apology, 4% reported being invited to be involved in making / monitoring changes to be made and 4% reported being given feedback on the changes the service was making because of their complaint. Over 6 in 10 people said they would likely complain about services in the future if needed. Just over 1 in 10 people said they would not do so in the future, with a quarter of respondents being unsure whether they would or not.

On asking all participants what their ideal outcome would have been, many respondents said that a genuine apology from someone involved, improvement in services, disciplinary action, an explanation or changes to their individual care (different psychiatrist

/CPN) was what they had wanted. Participants contributed their thoughts on what a good complaints process for mental health services would look like, with an overwhelming number arguing that an independent body / panel should conduct the complaints process, with most advocating for this to be outside the NHS. Reasons for this included the need for fairness, thoroughness, trust and a lack of bias, to avoid services 'marking their own homework' or 'covering for colleagues'. Participants reported on the issue of being 'gaslit' due to their mental health condition, not being taken seriously, and the power imbalances and fear of repercussions on their care if they make complaints.

Respondents explained the need for a clearer and more accessible system for making complaints, with a wide range of methods available which are promoted well and are treated equally. They wanted the process to be laid out simply, with transparent and frequent communication and updates given on progress. Respondents also highlighted the need for better practical and emotional support for people making complaints, and better availability of information on this. Respondents also reported on accessibility issues and the distress caused by time limits and argued for removing time limits to enable those with mental ill health, difficult experiences and neurodivergence the opportunity to complain when they are able to. In terms of outcomes, it was clear that people wanted action to make changes, rather than only an apology, and for there to be authentic involvement from those who make complaints, being able to suggest, help make and monitor changes and improvements to services. Along with this, a more open culture of being receptive to both complaints and more general feedback, as a way to improve services and outcomes for people receiving care is an important ask, rather than seeing complaints as negative, unhelpful and responding to them in a defensive or risk-averse way. The majority of these asks echo what is outlined in the [Core Mental Health Standards](#) in terms of expectations and delivery on governance and accountability (5.1-5.8).

# Who we are

Voices of Experience (VOX) Scotland is a national membership-led collective advocacy organisation run *by* people with lived experience, *for* people with lived experience of mental ill health and mental illness. We represent our members' views to Scotland's politicians, health professionals and other bodies to try to ensure the laws and services provided reflect our members' needs and interests.

## Background

VOX Scotland has heard from our members about difficulties experienced accessing, understanding and going through complaints processes regarding mental health services. We have also heard from members about their dissatisfaction with responses and outcomes following a complaint, with many feeling frustrated about a lack of action taken to remedy individual concerns but also to learn from and improve services more widely based on complaints.

One of our members, Ailsa Lindsay, explained the difficulties she had experienced complaining about mental health services and the negative impact this had had on her. Ailsa is passionate about voices being heard and responded to, and having an effective fair complaints process for people using mental health services. We agreed to explore members' experiences, good practice and ideas for improvement. Ailsa co-designed the research questions with VOX Scotland staff to ensure we could capture the experiences and insights of people with lived experience of making or trying to make complaints about mental health services they have received.

## Purpose of research and what we wanted to achieve

The purpose of our research questionnaire was to explore:

- How people have experienced access, processes and outcomes of complaints related to mental health services
- People's examples of good practice and suggestions for improvements to the complaints system in relation to mental health services

What we wanted to achieve through this work was:

- To identify the main issues and areas of difficulty experienced, including the impact of making complaints on someone's mental health and recovery
- To identify and explore barriers to access or during the process
- To identify and explore any good practice experienced
- To identify what could improve access, process and outcomes in the complaints procedure regarding mental health services
- To provide findings and recommendations to our members, the wider public, the NHS and Scottish Government
- To advocate for any changes or extensions of good practice based on our findings

## Who we engaged with

We wanted to hear experiences on complaints relating to mental health services across Scotland. We promoted the opportunity to participate through our weekly membership newsletter, social media and emails. We had 86 complete responses across 12 health boards in Scotland, the only two health boards not represented were Orkney and the Western Isles.

## Research Methods

We used mixed methods for this piece of research with both quantitative and qualitative questions in an online questionnaire (through the Typeform platform). The online questionnaire medium was chosen to allow participants to be anonymous, so they would feel safe in sharing

information honestly and fully. To reduce barriers to participation, we did provide support to a small number of participants who requested this due to circumstances or accessibility issues.

The questions were developed through a co-design process with VOX Scotland member, Ailsa Lindsay, who initiated this project and who has lived experience of making complaints regarding mental health services.

As well as questions to ascertain eligibility for taking part and consent, we asked demographic questions to understand our representation. The other questions consisted of mainly quantitative multiple-choice and ratings-based questions. These were worded to be unbiased in content and allow choice for participants, but also to give a good measure of people's experiences. The survey was structured to include logical routes to take respondents through relevant questions depending on certain answers they gave. This included a section appropriate only for those who had wanted to make a complaint but did not or could not, and a section of questions appropriate only for those who had carried out their complaint. Participants had the option to choose 'other' in many questions and were able to explain their answer qualitatively. There were also three qualitative questions for all participants at the end of the questionnaire focusing on individual's ideal outcomes, thoughts on a good complaints process and space for any additional comments people had. All information pertinent to consent and data protection was provided to participants. (Participant Consent and Information Sheet)

## **Context for this Research**

In order to understand the context for this research, we have looked at the complaints handling procedure at NHS Scotland, the role of the Patient Advice and Support Service and the complaint handling procedure of the Scottish Public Services Ombudsman. We have also explored available relevant complaints data in Scotland and looked more widely at what existing research there is on experiences of complaints regarding mental health services.

### **NHS Scotland Complaints Handling**

There is a common, consistent approach to complaints across all Scottish health boards. All health boards follow the [NHS Scotland Complaints Handling Procedure](#), which was co-created by the Scottish Government and Scottish Public Services Ombudsman (SPSO). This procedure is intended to meet the requirements of the Patient Rights (Scotland) Act 2011. Although each health board publishes its own policy, the substance is the same in every board, and all policies are derived from the SPSO's model procedure.

There is a shared definition of 'complaint':

***'Any expression of dissatisfaction about our action or lack of action, or about the standard of service provided by us or on our behalf'***

Across Scotland, there is a common staged process for complaints:

Stage 1 – local resolution (within five working days)

Stage 2 – investigation (no longer than 20 working days)

Stage 3 – referral to the Scottish Public Services Ombudsman (SPSO).

The Procedure also details the circumstances in which patients can and cannot complain and time limits on making complaints. It states that patients can complain about the following:

- NHS Scotland treatment, staff and services
- NHS Scotland funded services received in a private hospital
- NHS Scotland failure to follow appropriate process

- dissatisfaction with NHS policy
- an issue within the last 6 months
- an issue the patient found out about within the last 6 months, to a maximum of 12 months since it occurred

Patients cannot make complaints about the following:

- private healthcare
- an issue that occurred in England, Wales or Northern Ireland
- other services not provided by or funded by the NHS
- a routine first-time request for a service – for example, an appointment
- treatment in order to get a second opinion
- something the patient has known about for over 6 months, or that happened over 12 months ago\*
- an issue that has already been raised with the NHS, or with the Scottish Public Services Ombudsman (SPSO)
- a complaint arising from a suggested failure to comply with a request for information under the Freedom of Information Act
- any complaint already the subject of medical negligence or legal action
- any complaint where the patient stated in writing that they intend to take legal action
- pursuing financial compensation
- disciplinary action against a member of staff, although this may happen separately through the appropriate professional body

\*The Health Board or Practice etc may consider the complaint if there are special circumstances, but they are not required to.

### **Role of Patient Advice and Support Service Scotland**

[PASS | Patient Advice and Support Service Scotland](#) is the primary advice and support service for those making complaints about NHS services. The service is delivered by the Citizens Advice network in Scotland, independent of the NHS.

When a complainant receives their acknowledgement letter from the relevant health board, this should include information on available support, including PASS.

In their most recent [annual report](#), PASS notes that they supported 4543 clients in 2023-24. In the majority of cases (56%), PASS was able to close the case when the client was enabled to take their own action. From our desk-based research and member feedback we found that independent advocacy services do not undertake work supporting people to make NHS complaints.

### **Scottish Public Services Ombudsman Complaints Handling**

The final stage for complaints about all public services including the NHS in Scotland is referral to the [Scottish Public Services Ombudsman \(SPSO\)](#). [Decision reports on individual cases](#) are available on the SPSO website and many of these refer to complaints relating to healthcare, including the care of people experiencing mental ill health.

The SPSO released an updated '[Statement of Complaints Handling Principles](#)' which was approved by the Scottish Parliament in June 2025. The principles underpin the [NHS Model Complaints Handling Procedure](#) and apply to all organisations within SPSO's jurisdiction. Those who do not comply will be "held to account through SPSO casework".

The new version of the principles updates the language used in the 2011 and 2018 versions. Most notably, 'person-centred' replaces 'user-focused'. This change places greater emphasis on rights, dignity and service users' varying needs. 'Learn and improve' has also been added, placing greater emphasis on using complaints to improve outcomes. Similarly, 'effective' has

been added to 'thorough, proportionate and consistent'. 'Simple and timely', 'objective, impartial and fair' and 'accessible' have not been changed.



Patients can submit a complaint to the SPSO directly if they meet the following criteria:

- have completed the organisation's own complaints procedure
- have not been considered in court
- the person complaining knew about the issue less than 12 months ago\*

\*The SPSO may, however, consider that in certain cases there are 'special circumstances' that mean that we should take a complaint even although it has breached the time limit.

At the time of writing, the SPSO states on its website that due to an increase in the volume of cases there is a [16 week delay](#) in allocating complaints to a Complaints Reviewer.

### Numbers of Complaints Received by Scottish Health Boards

We were unable to find data on complaints specifically relating to mental health services but can observe the total number of complaints received by NHS Scotland health boards. The number of complaints received remains relatively stable from year to year. [According to Public Health Scotland](#) (page 1), NHS Scotland received 33,273 complaints in 2023/24, 7% fewer than 2022/23.

A further 2088 complaints were made to the eight special health boards, including 95 to the State Hospitals Board for Scotland. General Practitioner services provided by independent contractors attracted the largest number of complaints (6949), followed by pharmacy services provided by independent contractors (1406).

37% of complaints to health boards were upheld at stage 1 and 25% were upheld at stage 2. Far fewer complaints reached stage 3, referral to the ombudsman. [The SPSO reports that they received 1544 complaints relating to health boards in 2023-24](#) (page 4).

Clinical treatment/diagnosis accounted for the majority of complaints received by SPSO, at just under 64%. The second highest proportion – 12% - related to communication, attitude, dignity and confidentiality. From the data available, it is not possible to determine how many complaints related to mental health treatment and services.

### Core Mental Health Standards

The [Core Mental Health Standards](#) which VOX Scotland members were involved in creating set out expectations for individuals when something is not working well in their care. Those receiving services can expect **“to easily find clear information on what actions I can take if these standards are not being met or I do not feel satisfied with my experience”** and **“to be**

***signposted to independent advocacy services for support, ...be supported to make a formal complaint***". They can also expect to ***"be asked about my experiences and this feedback will be used to improve services."*** Services are expected to ***"ensure that processes are in place to learn from feedback and complaints and use this information to improve services"*** (Section 5.1-5.8)

## **Social Care Complaints in Scotland Policy Lab**

The [Complaints Policy Lab](#) is a collaborative project led by the University of Glasgow and University of Stirling in partnership with stakeholders from across the Scottish social care system. It is currently working to enhancing policy and practice in relation to social care complaint handling in Scotland, developing guidance aimed at helping social care service providers evaluate and improve their complaint handling. While this project is not about complaints regarding mental health services, many of the issues and themes it will address in its guidance will be relevant to improvements needed in complaints handling in the mental health service context.

## **Existing Research on NHS Complaints**

Research from other nations in the UK suggests some common issues affecting those who complain to the NHS. [According to Healthwatch](#) (page 10), under half (48%) of respondents in England felt confident about making a complaint and only 9% of those who had experienced poor care made a formal complaint.

19% of Healthwatch's respondents did not know who to contact to make a complaint, and only 21% of those who sought help with their complaint received that help from an independent advocacy service. Over half (56%) of Healthwatch's respondents who had made a complaint were dissatisfied with the outcome and felt those who received complaints were defensive and dismissive. Moreover, 20% of Healthwatch's respondents reported that they did not make a complaint because of fear that 'complaining would affect their ongoing treatment from the NHS'.

VOX Scotland's feedback from members echoes some of the findings from Healthwatch in England, particularly in relation to a fear of care being adversely affected and a lack of confidence in the complaints process. These themes are also identified in our research findings.

In the academic literature, a discourse analysis by McCreddie, Benwell and Gritti (2021) conducted in Scotland found that the NHS's responses to complaints rarely acknowledge the amount of detail or 'work' involved in complaining. Responses were also found to include 'fauxpologies' which "impute the cause of distress to the subjective (and possibly misguided) impressions of the complainant" (McCreddie, Benwell and Gritti, 2021: 1). This issue, identified as 'gaslighting' by VOX Scotland members, has also been highlighted in our findings.

The authors have also noted in their UK-wide study that complainants experience "cumulative distress" during the complaints process (McCreddie, Benwell and Gritti (2021: 8) and found that many complex complaints appear to "evidence psychological distress" (McCreddie, Benwell and Gritti, 2018: 1). Their 2018 study also found that complainants feel a need to "establish legitimacy" and "convince the reader of grievance" (McCreddie, Benwell and Gritti, 2018: 8) because they expect not to be taken seriously. Similarly, in their study of NHS complaints in Northern Ireland, Rhys et al (2024) emphasised the need for a person-centred approach to complaints and noted that complainants have a strong desire to be perceived as reasonable.

Antonopoulou et al (2024) echoed some of these findings in their UK-wide research. They found that a service provider's response to a complaint is largely dependent on the organisational culture engendered by its leaders. They also noted that complaints can compete against other priorities for clinicians' time, and that other priorities win out because they

are seen as “more central to [clinicians’] professional identity” (Antonopoulou et al, 2024: 24). This can limit the extent to which complaints lead to improvements in practice.

A qualitative study by Martin, Chew, Dixon-Woods of staff, patients and families in NHS England organisations demonstrated the gap between what complainants want in terms of resolution or change, and how complaints are categorised and ‘resolved’ by the organisation. “Organisational systems for processing concerns and complaints may parse, repackage and process them in ways that achieve formal objectives but leave those who have sought to give voice feeling unheard and dissatisfied—all without necessarily involving ill-intent on the part of those who design and operate systems.” (Martin, Chew, Dixon-Woods, 2021, Page 7) They conclude that systems need to change to allow for “communicative action” not only to resolve complaints satisfactorily for the individuals but crucially, to enable organisational learning.

A 2022 study in Sweden focused on complaints relating to mental healthcare and found that complaints centred on a lack of access to services, feeling that their needs were not met and difficulties in their interactions with staff (Sundler et al, 2022).

Sundler et al also note that their study is one of the first to “explore the nature of formal patient complaints about mental healthcare services” (Sundler et al, 2022: 355). Despite the significant number of people who have lived experience of mental ill health, there is a lack of recent research into their experience of complaining about services in Scotland, the UK, or Europe. Therefore, this research from VOX Scotland helps to address a gap in the literature and sheds valuable light on the complaints process experienced by people living with mental ill health.

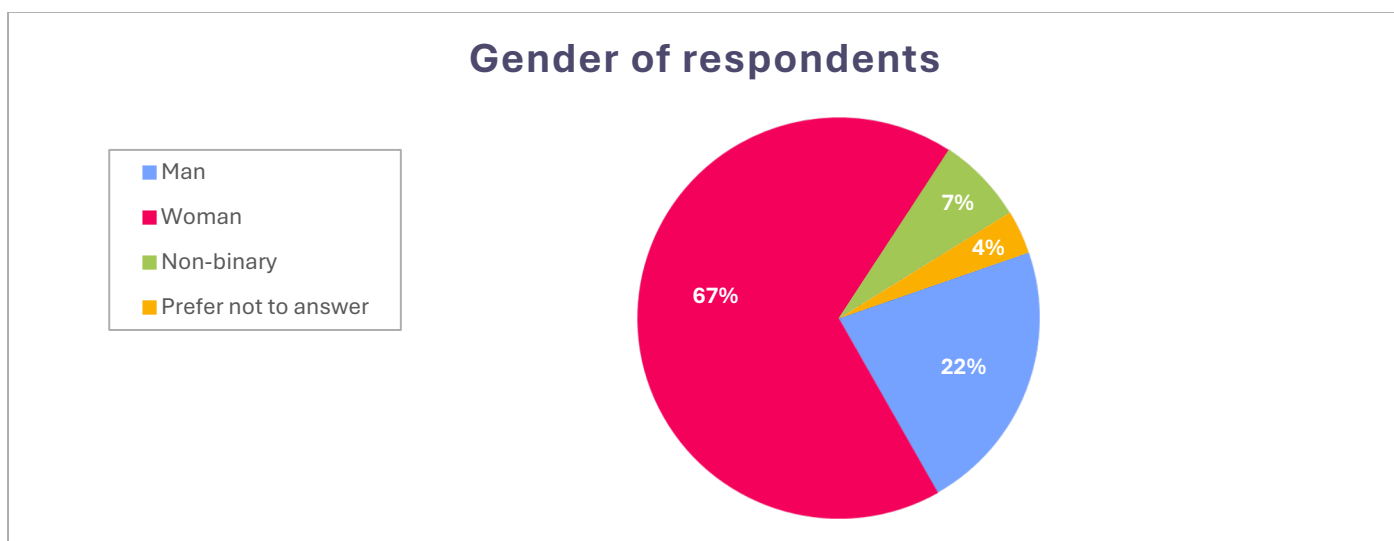
# Our Research Findings

## Demographics and Equalities

We asked our 86 participants about their gender, age and ethnicity to ascertain the representativeness of our results. They were able to choose not to answer and where appropriate could choose the 'other' category and explain their answer qualitatively.

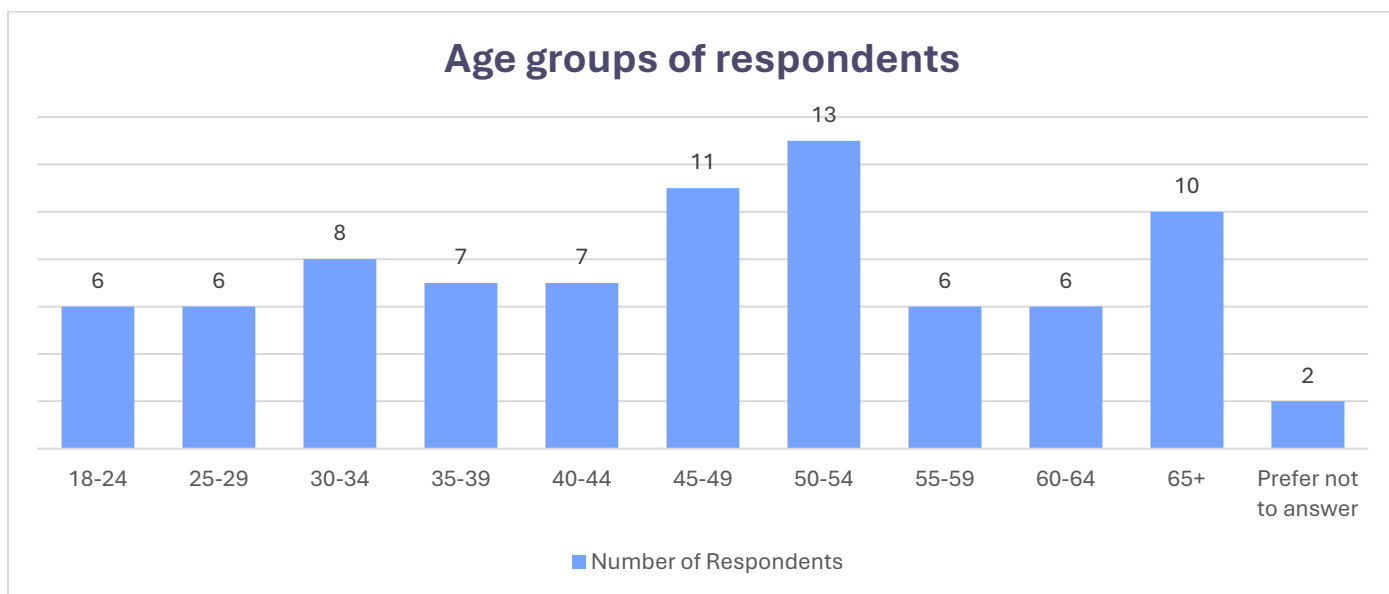
### Gender of Respondents

As seen in previous VOX Scotland research, there was a much larger proportion of women participants, at 67%, compared to men at 22% and non-binary making up 7%. No participants chose 'other'.



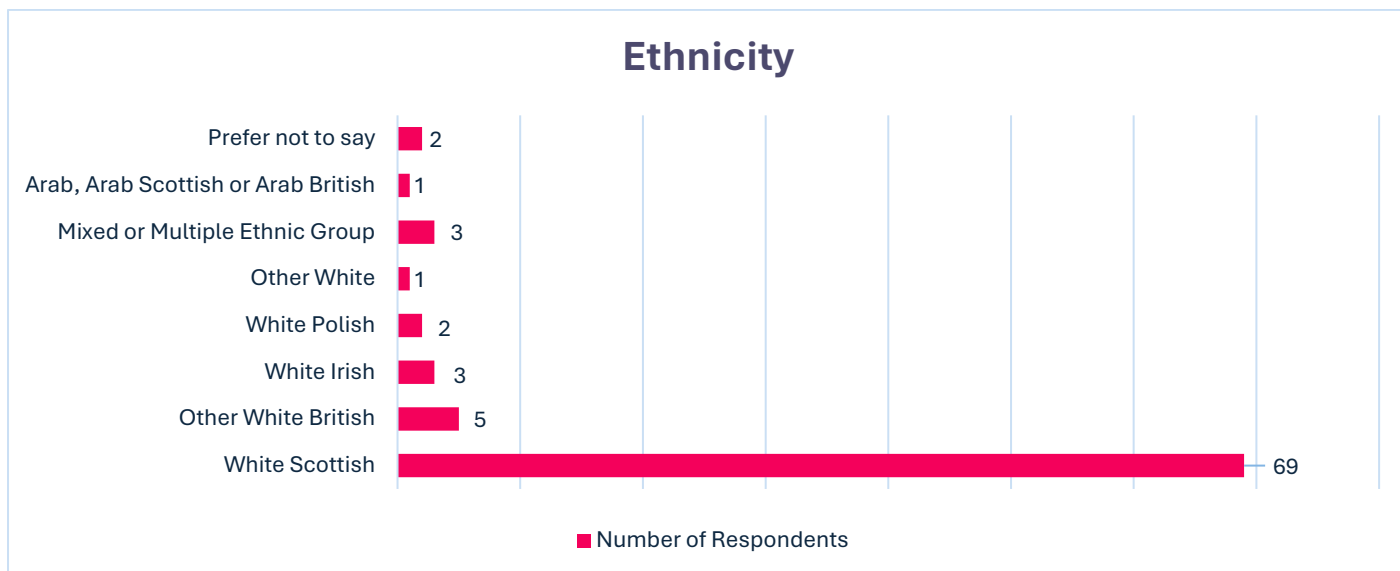
### Age of Respondents

The largest proportion of respondents were in the 50-54 years of age category followed closely by the 45-49 age group and the over 65 age category. Respondents were quite evenly distributed among the remaining age groups.



## Ethnicity of Respondents

The chart below does not include the ethnicities which were not selected by any respondents. We can see clearly that respondents were mainly White Scottish. Although there were some respondents from other ethnicities the numbers are not as high, and the diversity of respondents is not as wide, as we would like in order to represent different communities and experiences across Scotland. This may be in part be a reflection of language translation limitations on the online platform and limited outreach to different communities within and outwith our membership during promotion.



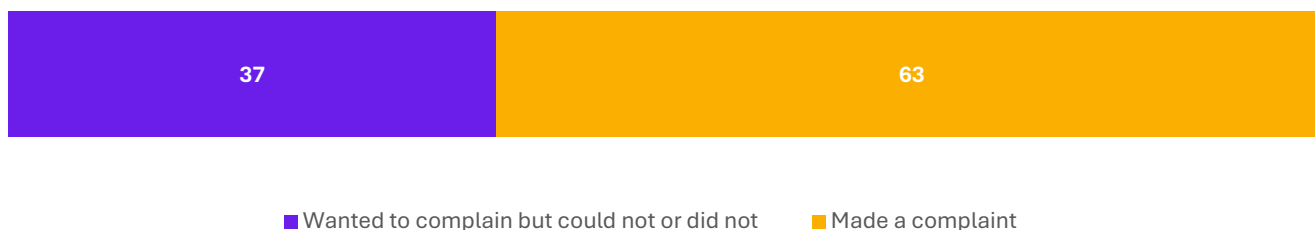
## Participant Numbers and Complaint Status

86 people completed the questionnaire about complaints regarding mental health services in Scotland.

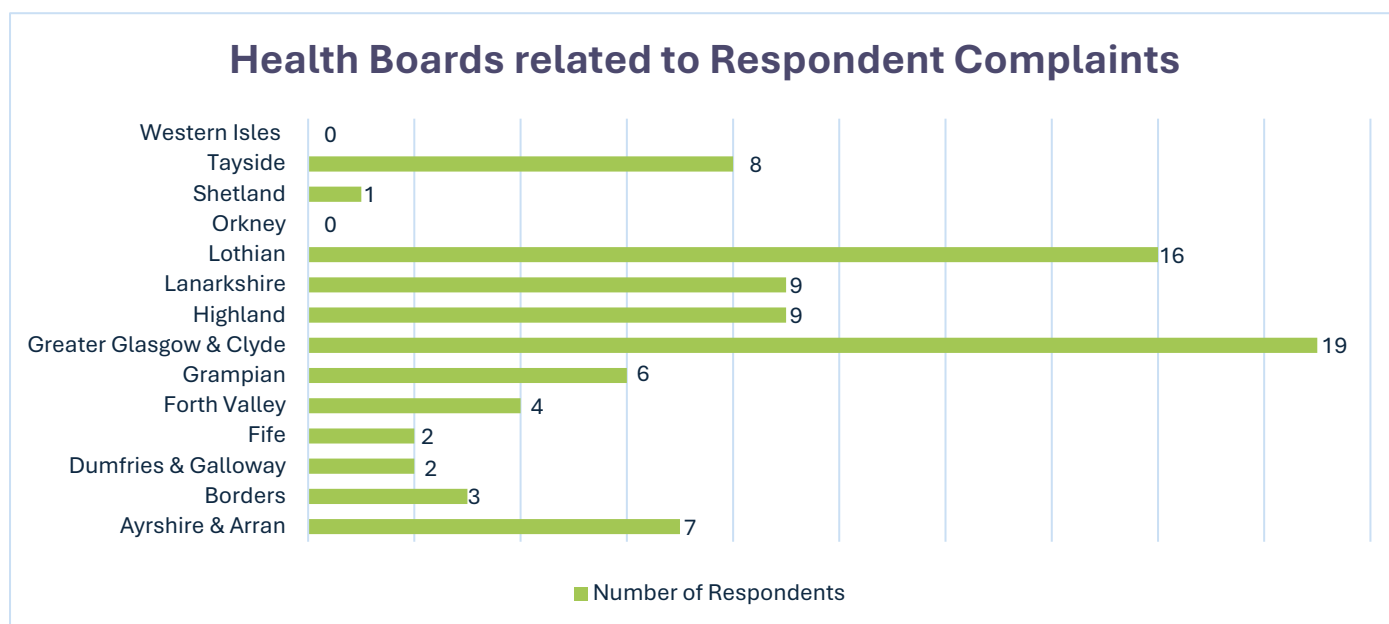
37% (nearly 4 in 10) of those participants said they had *wanted* to make a complaint but could not or did not, and 63% (more than 6 in 10) of participants reported they had *made a complaint*.

Please note participants were asked to think about one instance in which they had complained or wanted to complain regarding a mental health service they had received. They were able to complete the survey again if they had another instance (with a different complaint/different health board) they thought it was important to report on but from the data it does not appear that this occurred.

## Percentage of respondents who did / did not make a complaint

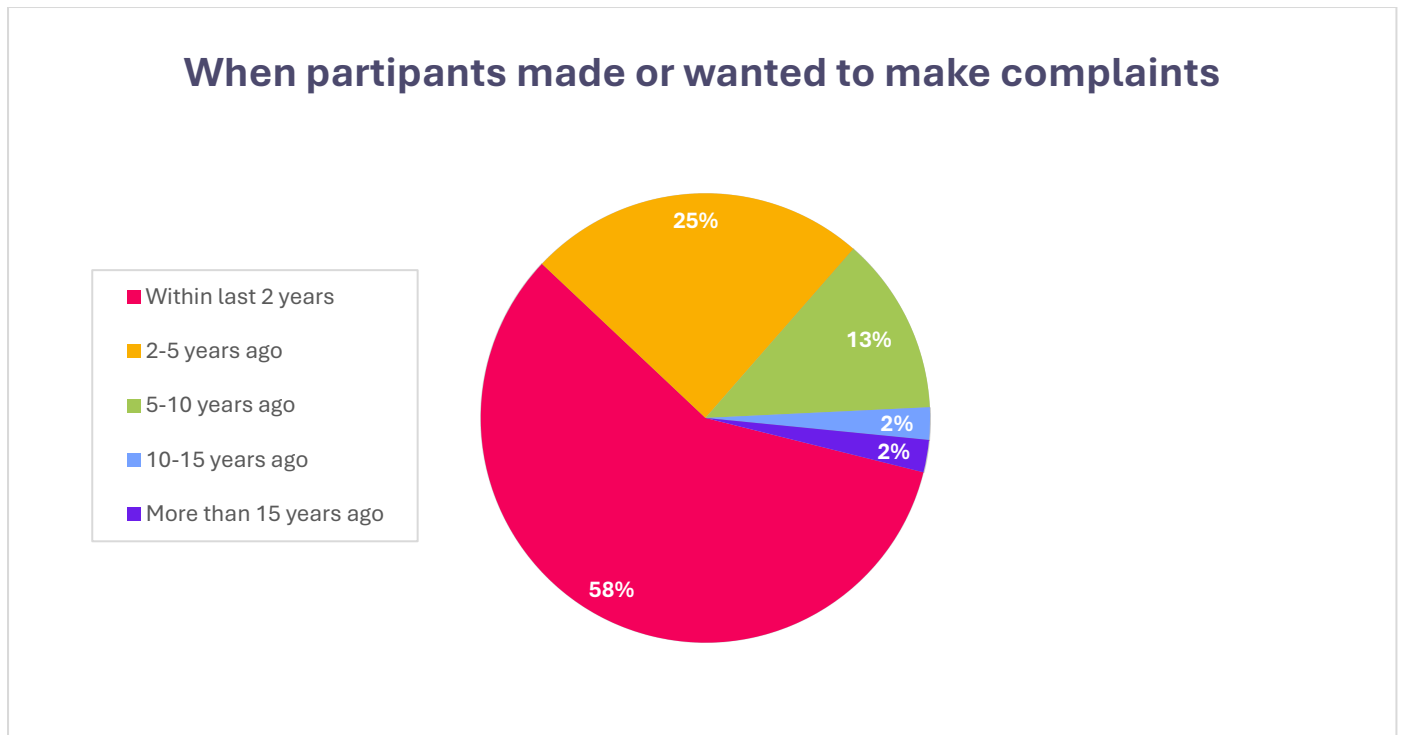


## Health Boards in which Respondents Made or Wanted to Make Complaints



The two health boards with the highest number of respondents reporting their experiences of making or wanting to make complaints, are the largest health boards – Greater Glasgow and Clyde and Lothian. We had a good number of respondents across the other health boards, relative to their size, but did not have any responses from Orkney or the Western Isles for this research. This may be due to lack of targeted marketing of the questionnaire in those communities. While we are pleased with the representation across most health boards, we are aware of the small numbers responding in some. For this reason, we felt it would not be useful to analyse results at health board level. We have analysed all responses together, with specific analysis of the group who wanted to complain but did not, and the group who carried out their complaint.

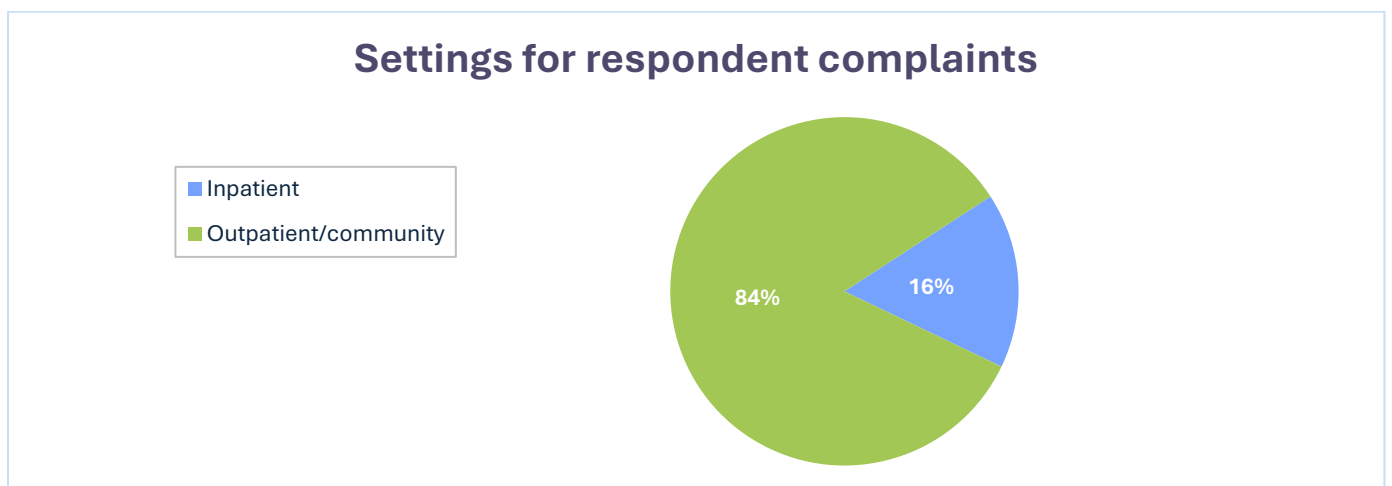
## When Respondents Made or Wanted to Make Complaints



All participants were asked when they had made or wanted to make their complaint about mental health services. As can be seen, the majority responded that this had been within the last two years, with a quarter reporting they had made or wanted to make a complaint within the last 2-5 years.

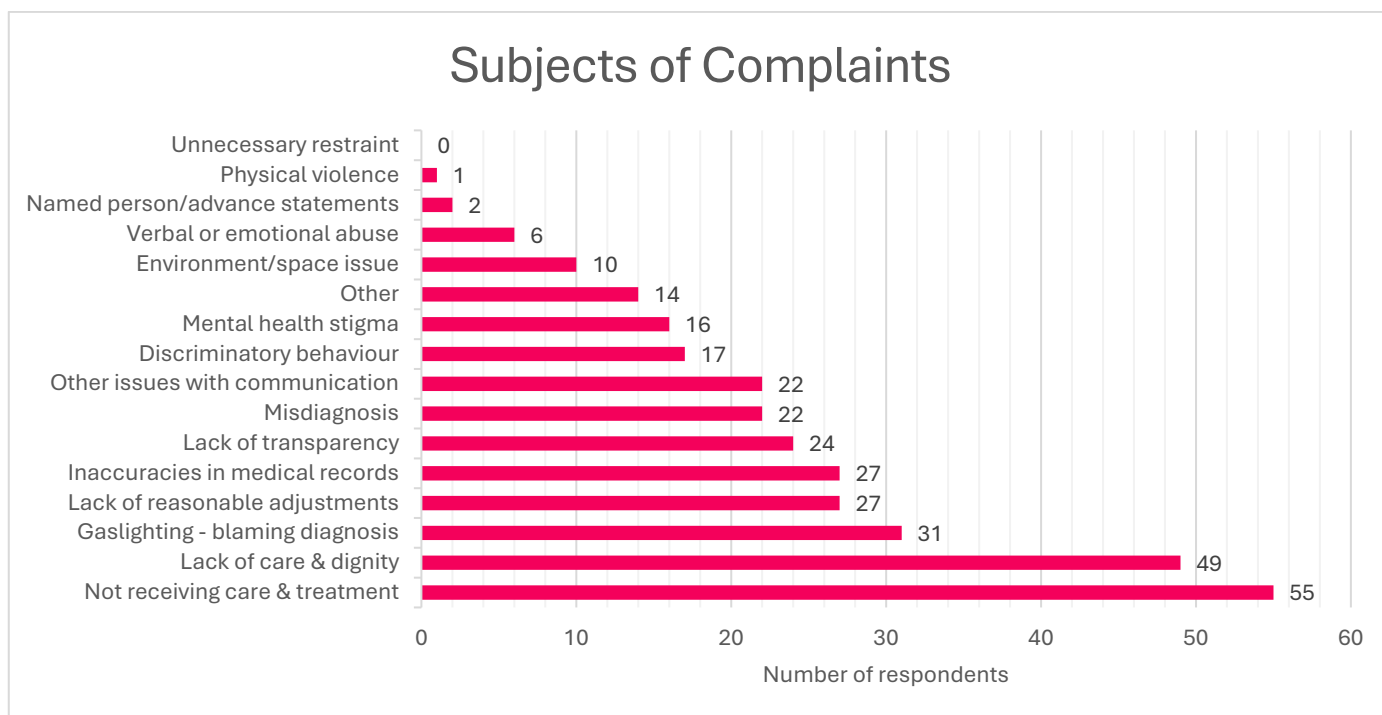
## Settings for Participants' Complaints

The majority of people who responded had made (or wanted to make) their complaint regarding mental health services in an outpatient/community setting (72 people). However, there were 14 respondents reporting on complaints regarding an inpatient setting they had experienced.



## Reasons for Complaints Respondents Made or Wanted to Make

Participants were asked to choose from a list of potential subjects their complaint (or would-be complaint) had been about. They were advised to choose the answer which most closely matched their reason for complaining and they were able to choose more than one if more applied in their situation, up to a maximum of three. They were also given the option of choosing 'other' and explaining what their complaint (or would-be complaint) had been regarding. Because respondents were able to choose more than one reason where applicable, the totals will exceed 86 (100%).



The most common subject for people's complaints or would-be complaints was not receiving the care and treatment they are entitled to (64%), followed closely by not receiving the care and dignity they are entitled to (57%). Interestingly, 'gaslighting' (mental health condition or diagnosis used or blamed as the reason people were experiencing difficulties and therefore are not listened to) was the next most common subject, with over a third (31) of respondents citing that as a reason for their complaint. A lack of reasonable adjustments being made for people's needs and inaccuracies in people's medical records/notes were each reported as reasons for complaints by nearly a third of respondents (31%).

Though these issues were highlighted as the most common causes of individuals' complaints, it is important to recognise the other difficulties people have experienced; with lack of transparency (28%), issues with communication and misdiagnosis featuring prominently (both 26%). Discriminatory behaviour and mental health stigma as reasons were less reported by respondents, at 20% and 19% respectively but this still represents many people's experiences taking part in this study. Those who chose 'discriminatory behaviour' were prompted to go into more detail about the type of discrimination if they wanted to. Only one member did so, reporting that they had experienced homophobia and this had been a reason for their complaint.

A not insignificant 12% of respondents cited the environment or space the service takes place in as a reason for complaining, while 7% reported verbal or emotional abuse as a reason for their complaint. Only two people reported issues with their named person or advance statement as a reason and one participant reported physical violence as the subject of their complaint, which is very concerning in any number. It is interesting that no participants involved in this research reported unnecessary restraint as a reason for complaining but we are mindful that the

participants included fewer people reporting complaints in inpatient environments where the use of restraint may be more likely.

Those who had not been able to pursue/complete their complaint followed the same pattern and ordering of answers as those who did make a complaint.

Some respondents explained the nature of their complaint in the ‘other’ option. These included a lack of awareness of the trauma caused by historic adoption practices, inappropriate comments made to patients, the side effects of medication, and failure to act when a patient’s condition worsens. Other respondents reported property being stolen from them in an in-patient setting, being **‘forced to consume medications against my will’**, wanting to ask for a different psychiatrist, and incomplete information on frequently received appointment letters. Participants also referred to difficulties accessing assessments and psychiatry, lack of trauma-informed care and threats of support being withdrawn as reasons behind their complaints. Two participants also cited the circumstances around their loved ones taking their own lives.

***“Delay in assessment of ADHD and lack of psychiatry and medication support.”***

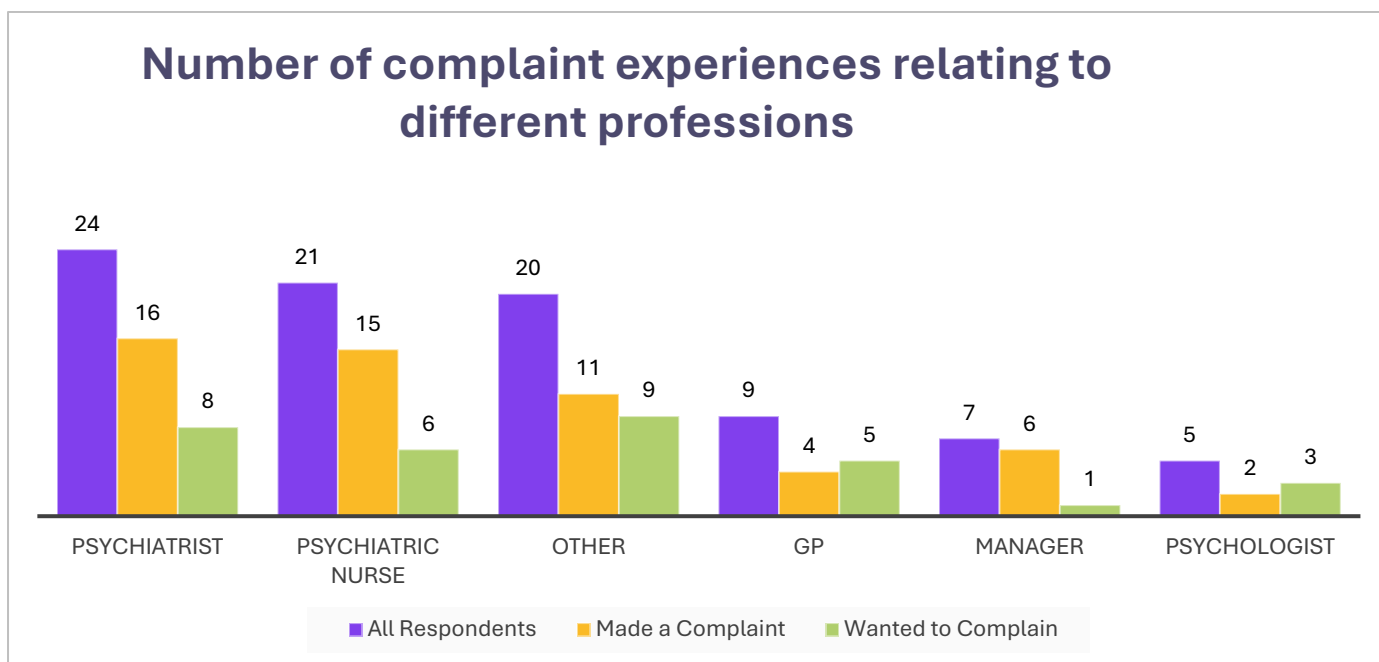
***“Being threatened with withdrawal of treatment due to (my) supposed “lack of compliance” when, in fact, the practitioner knew absolutely nothing about trauma relating to family and childhood and was frustrated that I would not agree with their preferred diagnosis.”***

***“On behalf of my daughter: waiting times for referrals, also if CPN on long term sick no person to take caseload over. She completed suicide last year.”***

***“My son’s death by suicide.”***

### Professions Complaints (or would-be complaints) Related To

Respondents were asked to specify which profession their complaint (or would-be complaint) related to, if relevant. All respondents answered this question.



Overall, complaints about psychiatrists were most common, followed by psychiatric nurses, while people choosing the ‘other’ category far exceeded those whose complaints related to GPs,

managers or psychologists (in that order). When looking just at the cohort who *did* make a complaint, the pattern is the same as overall, except that there are slightly more people complaining about a manager, than a GP. There is a slightly different pattern when we concentrate on those who *wanted* to complain but did not or could not. The highest proportion of this cohort chose 'other', followed by psychiatrist then psychiatric nurse, then GP, psychologist and finally just one person said their would-be complaint related to a manager.

Examining the 'other' category we can see that 8 of the 20 people overall who selected this category did so because their complaint relates to the Community Mental Health Team as a whole, and many of them specify that this included psychiatrists, psychiatric nurses, psychologists and managers, while one also added to this their mental health officer.

***“The whole CMHT (including psychiatrist).”***

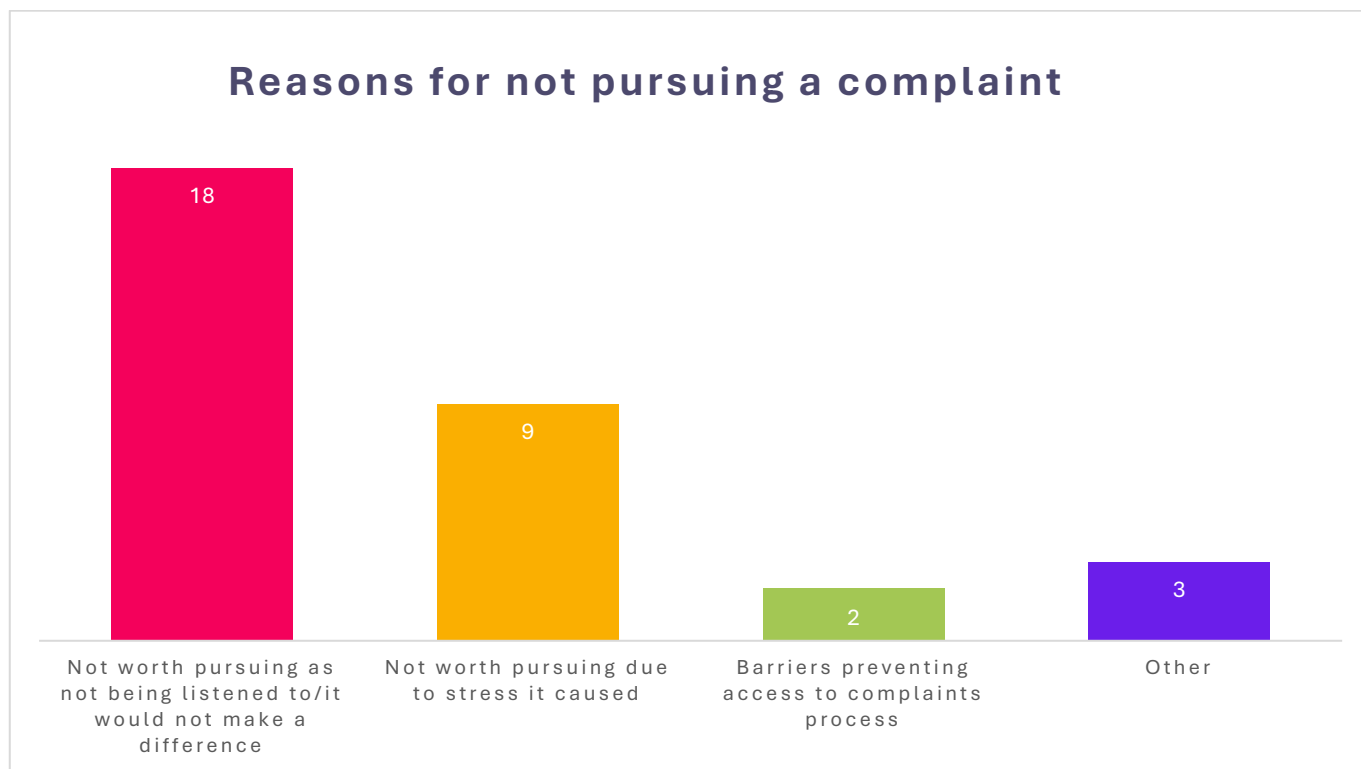
Other responses specified the combination of a GP and a psychiatrist, and one response detailed their complaint had been about a ***‘GP and the GP practice mental health team’***. One participant specified the Neurodevelopment Assessment Service (NDAS) panel members along with psychiatrists. Other respondents specified the ***‘adult autism assessment service’***, a Children & Adolescent Mental Health Service (CAMHS) counsellor and NHS 24 staff, where they were unaware of the person’s specific role.

A respondent who had made a complaint about the service their young person had received was unsure who had been responsible for their care and discharge, which is the subject their complaint related to.

***“I don't know, whoever is responsible for keeping her and making sure she's ok before discharging her.”***

## Respondents Who Wanted to Complain but Could Not or Did Not – Reasons and Impact

37% of participants (32 people) reported that they had an issue related to mental health services which they *wanted* to complain about, but they did not or could not pursue their complaint. They were asked why they had not pursued their complaint.



The majority (56%) said that they felt complaining would not make a difference or they would not be listened to. Over a quarter (28%) did not continue to pursue their complaints because the complaints process caused personal stress, while two respondents encountered barriers which stopped them from accessing the complaints process. No respondents selected ‘I started to make a complaint, but someone put me off continuing’.

When asked to further explain their reasons for not pursuing their complaint, many respondents described feeling ‘*dismissed*’ by services. They felt that services were very unlikely to be receptive to their complaints and as a result, respondents had no faith in the process and either withdrew or decided not to start the process.

***‘Tried but got nowhere, they don't care so I probably won't bother.’***

***‘... it seems it's their culture to disregard people...’***

Another notable barrier was a lack of knowledge of *how to make* a complaint. Several respondents said they did not know ***‘the correct procedure’*** indicating that information may not be clear or accessible enough.

***‘Information about rights and what to expect is very hard to find. Even if you do find info about complaints processes, I know from experience of completing a public service complaint form you are likely to receive a dismissal and useless response.’***

A concerning theme emerged around reprisals. Several respondents decided not to make or continue with a complaint because they feared that doing so would negatively affect the standard of care they receive. This concern applied primarily to respondents who wanted to complain about a service from which they receive ongoing treatment.

***‘Fear of how you will be treated by an organisation after you’ve complained.’***

***‘Fear it would negatively affect my healthcare as I was still receiving treatment from that team.’***

***‘I felt like complaining would make me seem like an uncooperative patient and that this could potentially delay or stop my access to further care/treatment.’***

Others noted that the nature of mental ill health and the difficulties it can cause can make it difficult to pursue a complaint, which it was acknowledged would be a very taxing process.

***‘Most people seeking mental health support are doing so because they are struggling. Therefore, many people, when they are already struggling to get through each day and feeling vulnerable, are not in a position to summon up the reserves of courage, determination and assertiveness which would be necessary to pursue a complaint.’***

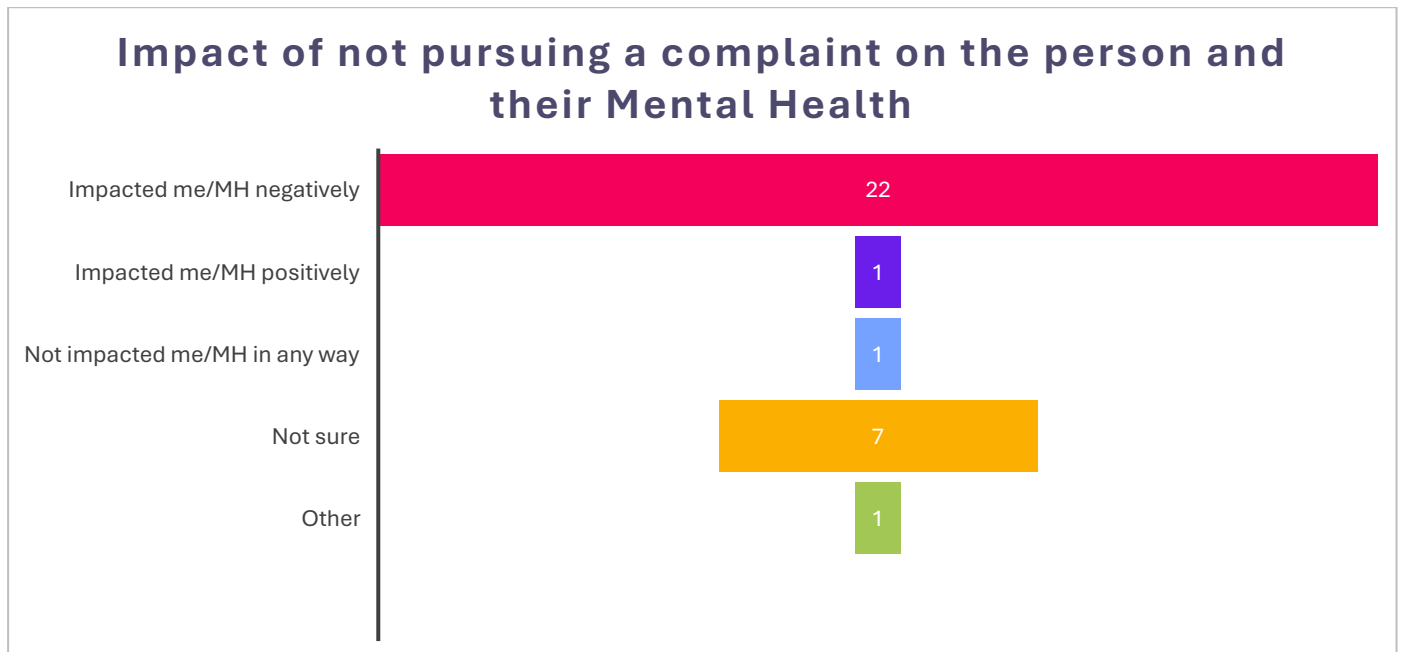
***‘I had a great deal of debilitating anxiety at the time and was struggling to get my thoughts in order, and I also believed that I would be faced with more dismissiveness which would make everything worse.’***

***‘... don’t have the mental space to write the complaint.’***

In the further comments section, a respondent explained barriers that had stopped them from being able to complain on other occasions in the past, highlighting issues such as being put off by members of staff or not accepting legitimate methods for complaining which suited their needs.

***“There are several occasions where I’ve wanted to complain but have been unable to or have been persuaded not to by members of staff... On one occasion, I was verbally harassed by an HCA (health care assistant) in an inpatient unit ... and wished to make a complaint about her behaviour - when I raised this with a nurse, she said that I couldn’t because I didn’t know the name of the HCA, and that it wouldn’t be worth it. On other occasions, I have given written feedback, but been told that to make a formal complaint, I must phone the team. I am autistic and also partially deaf, both of which mean that phone calls are inaccessible to me, and I require support in order to make them. This means that I wasn’t able to take my complaint any further.”***

Participants were asked whether not pursuing their complaint had made any impact on them or their mental health. Over two thirds (69%) of this cohort felt that they/their mental health had been impacted negatively by their experience of not being able to make or continue a complaint.



One respondent felt that not continuing the complaint affected their mental health in a positive way; abandoning the complaint meant freedom from a burden. However, in most cases, being unable to make their complaint was harmful to respondents' mental health.

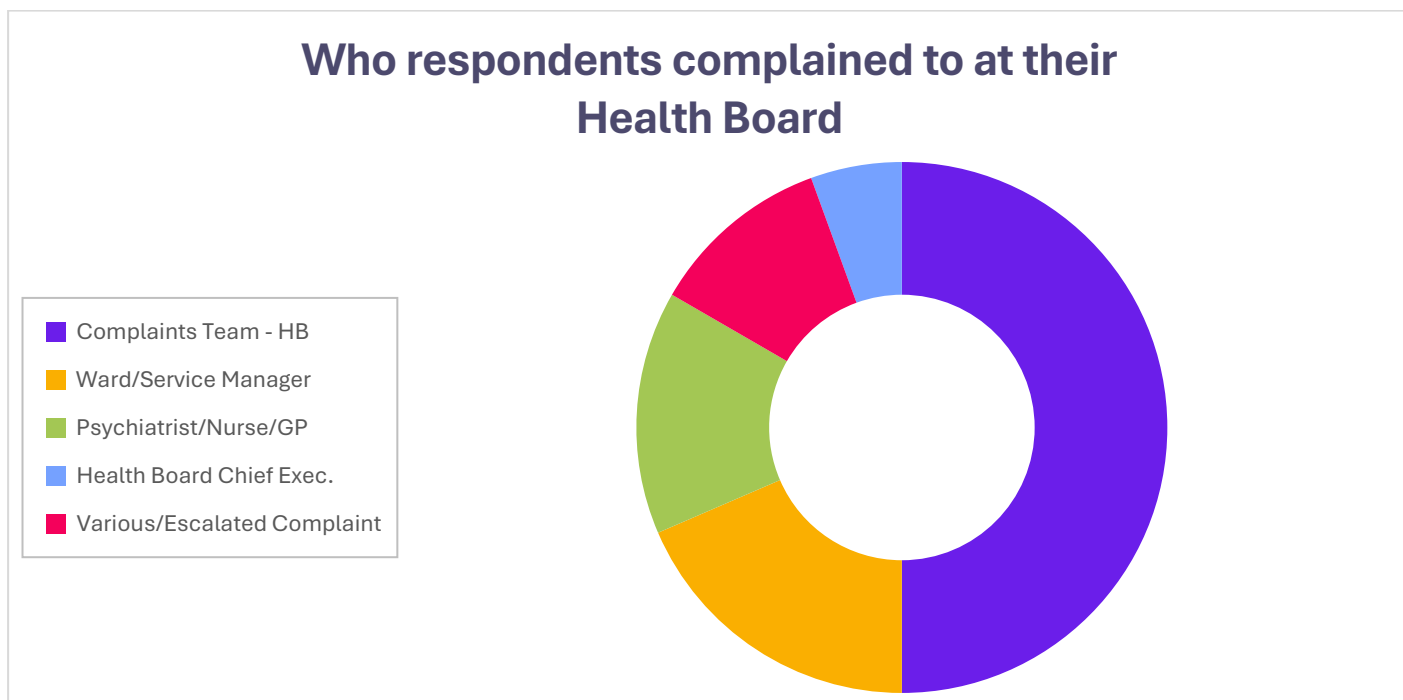
One respondent selected 'other' and described their experience of living with PTSD while caring for family members who had suicidal ideation. This comment highlights how an onerous complaints process can be unmanageable and inaccessible for people facing adverse circumstances relating to mental ill health.

## Participants Who Made A Complaint

There were specific questions asked only of those respondents who had gone through with making a complaint, exploring ease of access to the process, who they complained to, what method they used to complain, how long the process took and examining what support they had to make the complaint. We asked how easy they found the process itself, what the outcome was and how satisfied they were with the response and the process overall.

### Who Respondents Complained To

Those who had made a complaint were asked to explain who they had made their complaint to. This was left as an open question, but the answers have been categorised into different groups. All respondents who had made a complaint answered this question.



The health board’s complaints team accounted for the largest proportion (31%), followed by more direct/within-service complaints to ward/service managers (12%) or health care professionals (9%). A smaller number had made their complaint to the Chief Executive of the health board concerned (3%). Those who complained to several people or escalated their complaint (6%) explained the order in which this happened and the reasons behind it.

***“Ward manager then Service Director of hospital. And escalated to the Patient Experience Team - centralised office when nothing had happened to resolve or compensate.”***

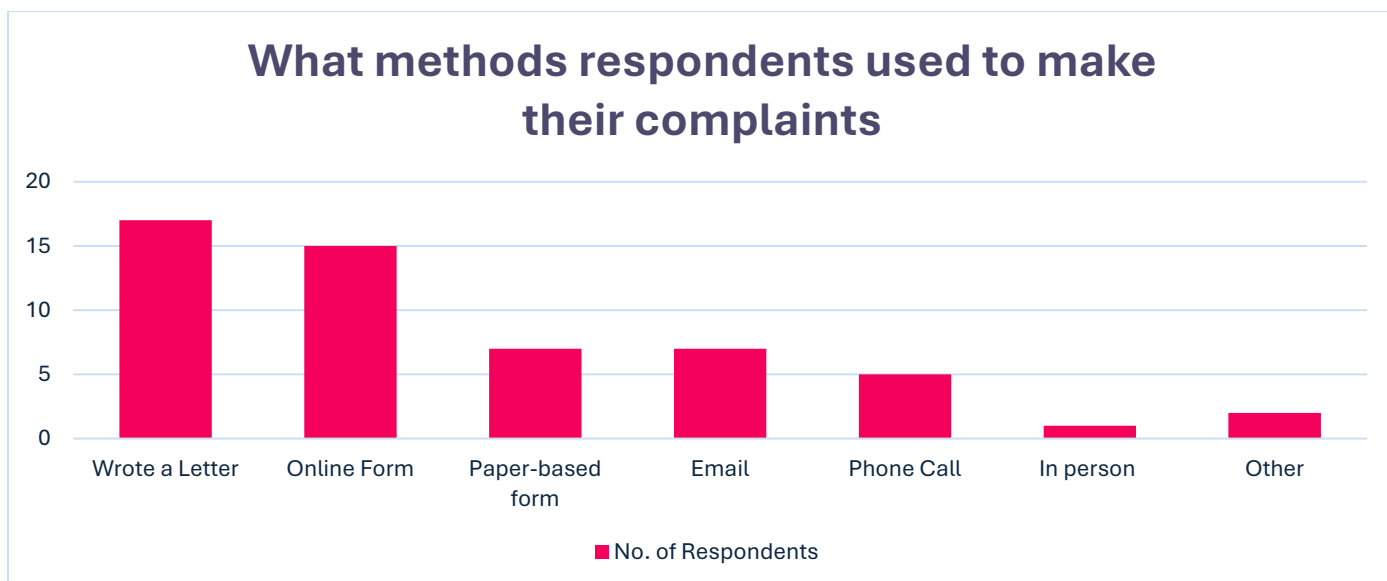
***“Firstly, I complained to the Department of General Adult Psychiatry, then to the Chief Officer.”***

***“The ‘team lead of CPNs’ and the CMHT itself, Head of mental health and learning difficulties, as well.”***

***“NHS health board complaints services, the lead of the CMHT, local MP and MSP.”***

## Methods People Used to Make Their Complaints

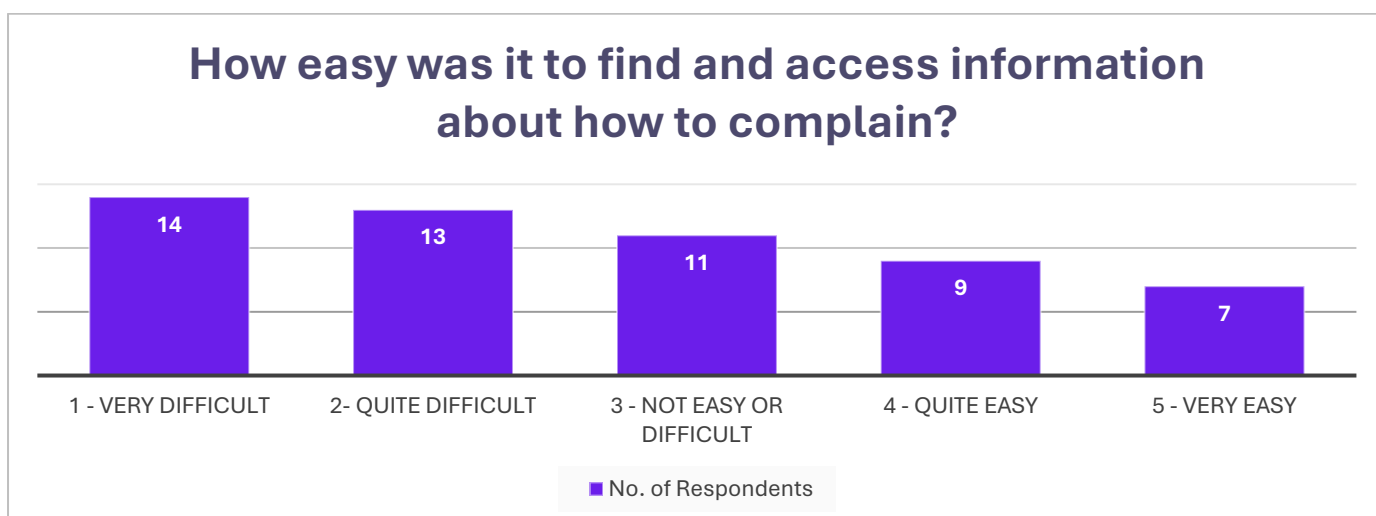
All respondents who had made a complaint answered this multiple-choice question on the method they used to make their complaint.



The highest proportion of members reported writing a physical letter to complain (31%), with the next highest proportion filling in online complaint forms through the NHS (28%). The next highest proportions were filling out a paper-based form and writing an email, each accounting for 13% of the respondents. Less people complained by phone (9%) or in-person (2%). Two people chose the 'other' option where one member explained that they had made a phone call and then followed up with a letter. Another member wrote that they had ***'used an advocacy service online because it was during covid, which meant it took a very long time to compile.'***

## Ease of Access to Making Complaints

Due to the importance of accessibility, clarity and awareness of complaints processes in ensuring people have easy and equitable access, we asked those respondents who had made a complaint to reflect on how easy it had been to find and access the way(s) to complain, rating on a scale of 1-5.

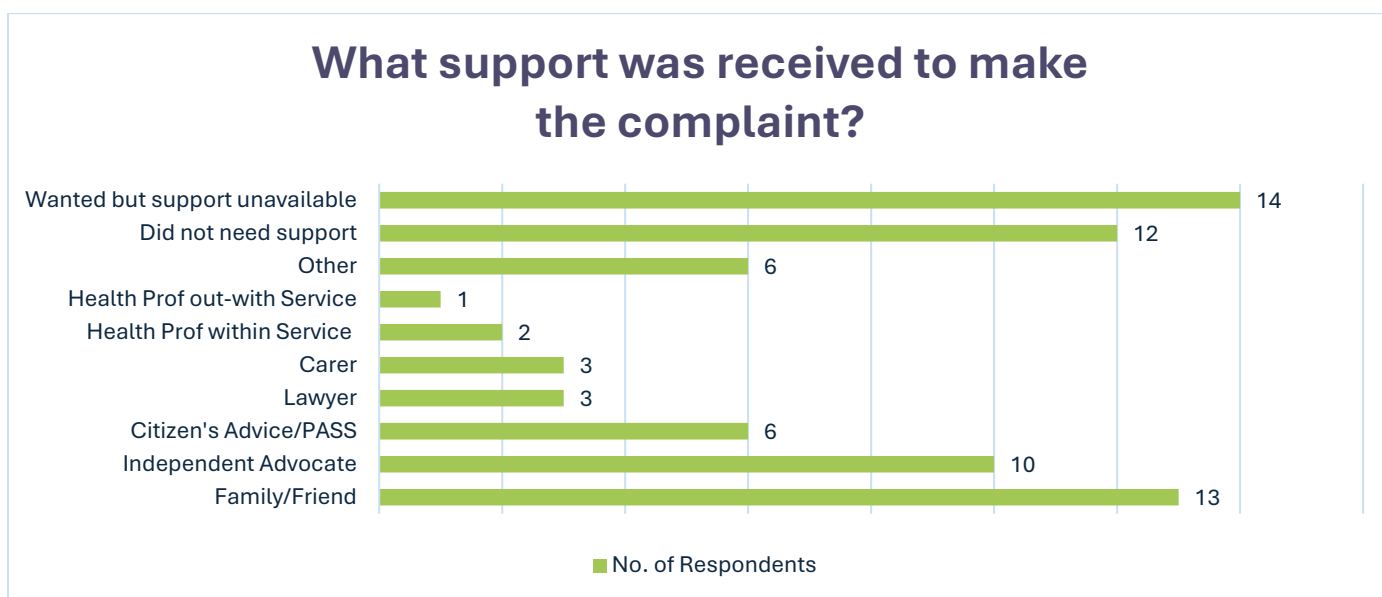


Over a quarter of respondents (26%) reported finding it very difficult to find and access the way to make a complaint, while the nearly a quarter (24%) found it difficult to find and access the complaints process. These are significant proportions of the respondents who struggled to find

out how and who to complain to, signalling that there needs to be better and wider access to clear information and guidance to make it easier for people who want to make a complaint. A fifth of respondents said they neither found it difficult or easy to find and access the complaints process, with 17% reporting they found it quite easy and 13% saying they found it very easy.

### Support Received to Make Complaints

Given the number of people who found it difficult to find and access the way to complain in the first place, and the likely stress of making complaints regarding care (which may be particularly difficult when concerning mental health), support being provided to help someone navigate this process is very important. Respondents were asked whether they had received any support to make their complaint. People who had received support from more than one source were able to choose more than one multiple choice option.



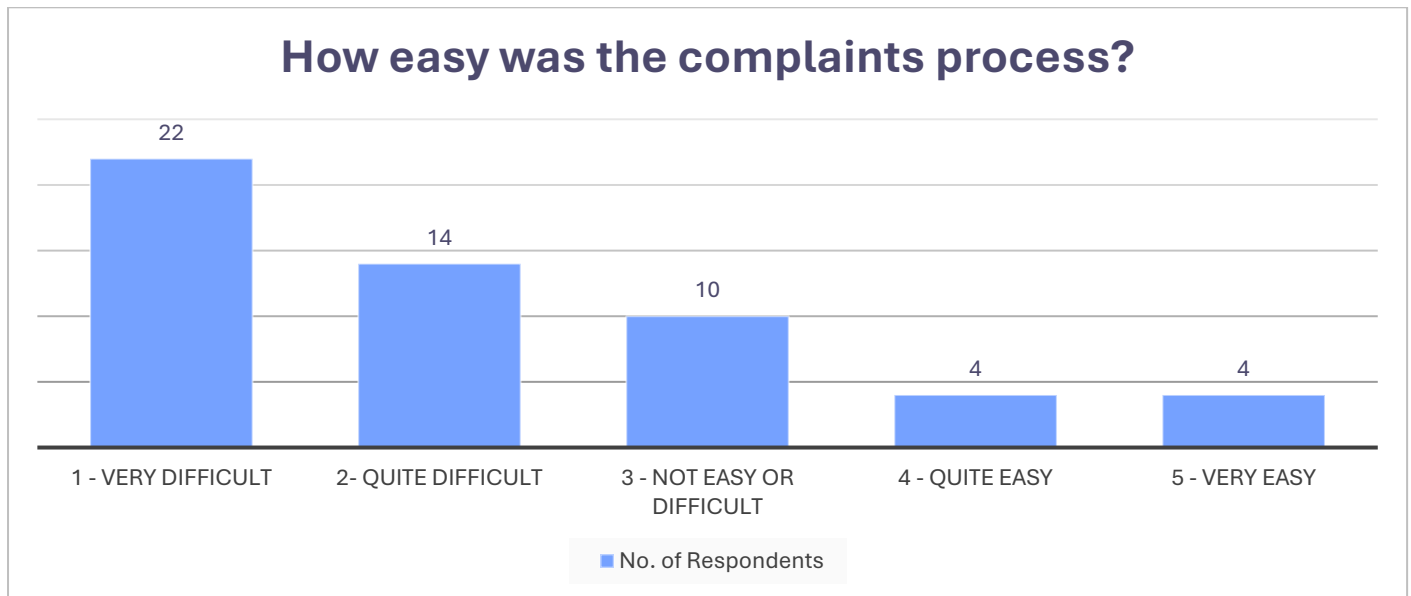
More than one in four respondents (26%) reported that they had wanted support with their complaint, but they had been unable to get any, which is concerning in terms of awareness, access and availability of support to people, and the possible impact on those living with mental ill health going through the complaints process without support where it is needed. Over a fifth of respondents (22%) said they did not need support with making their complaint.

For those who did receive support the highest proportion got this from a family member or friend, at just under a quarter of respondents. 19% reported having the support of an independent advocate, while 11% had support from Citizen’s Advice. We might have expected this proportion to be higher, given that the Patient Advice & Support Service (PASS) delivered by the Citizen’s Advice Network is the independent service responsible for supporting NHS patients to understand their rights and responsibilities, raise concerns, give feedback or make a complaint.

Proportions who received support from lawyers, carers or health professionals within or outside the service the complaint was about were much lower but were often chosen in combination with other options, such as support from family or friends. Those who selected ‘other’ did so in addition to choosing other options to explain which advocacy service they had used, or as is the case for one respondent, that they had written the complaint on behalf of someone else who was unable to do so due to ‘incapacity (AWI)’. Another respondent explained that they had enlisted an Artificial Intelligence chat function to help them write their complaint.

## Ease of Complaints Process to go Through

We wanted to find out how easy people found the actual complaints process itself. Respondents were asked to rate the 'easiness' of the complaints process to go through on a scale of 1-5, with 1 being 'very difficult' and 5 being 'very easy'.

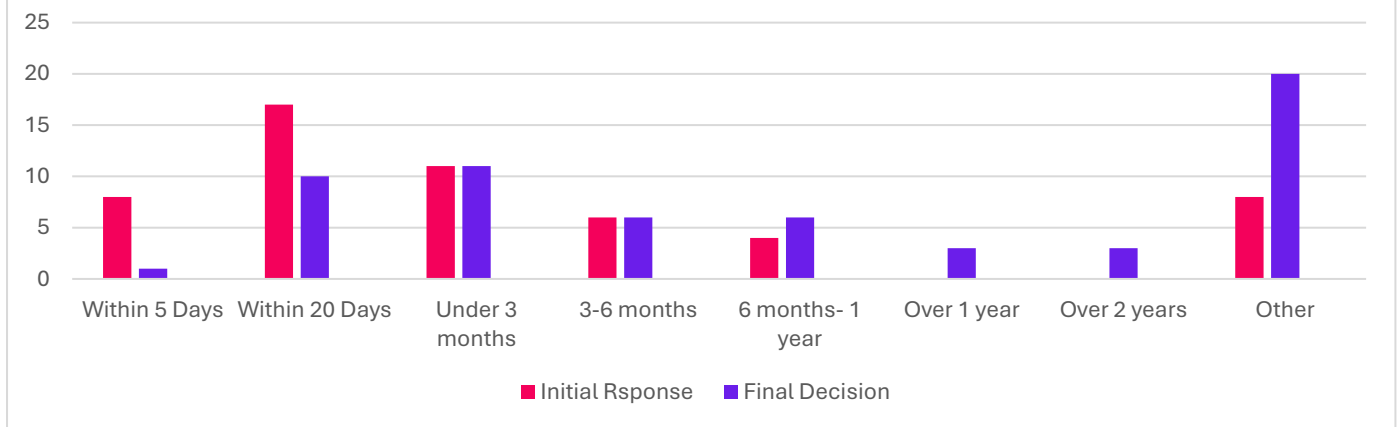


Two in five people who responded (41%) reported finding the complaints process 'very difficult' to go through, while another quarter of respondents (26%) found it 'quite difficult'. While we may expect that people will not enjoy the process of making a complaint about a mental health service, even when they have support to do so, a total of 67% finding the process 'difficult' or 'very difficult' is very high and demonstrates the need for improvement to make the process easier with more support. While those who reported it being 'difficult' or 'very difficult' included respondents who had wanted support and had not received it, it also included many respondents who had received support, potentially indicating that there are issues within the actual process and how it functions, and that some people could have benefited from better tailored support throughout. 19% gave a neutral response on this question, while 7% reported the complaints process had been 'quite easy', and 7% said it had been 'very easy'.

## Time Waiting for Initial Responses and Final Decisions

Given the guidelines for when individuals should expect to receive responses to their complaints, we wanted to get a sense of how long it had taken for complainants to receive initial responses. As the amount of time spent 'in' the complaints process is likely to have an impact on how arduous a person finds it, we also wanted to find out how long members have waited for a final decision, if they had received this by the time they answered the questionnaire.

## How long was the wait for an initial response and final decision?



15% of people had received their initial response within the 5-day timeframe, with another 31% receiving it within 20 days and a further 20% within 3 months. A smaller 19% waited between 3 months and a year, with none reporting waits over year for an initial response. Looking at those who chose 'other' for the time waited for an initial response, two people explained they were still waiting for an initial response, and it had been **'28 days so far'** for one person and **'a month so far'** for the other. Two people explained that they had received immediate initial and final responses during a phone call and a face-to-face meeting.

For final decisions we can see 20% received these within the 20-day timeframe, with another 20% receiving them within 3 months. 22% got their final decision between 3 months and 1 year, with 6% waiting over a year and another 6% waiting over 2 years for this.

Looking at the 37% who selected 'other' for the time waited for a final decision, seven explained they are still waiting for a final decision so could not allocate a timeframe, with one detailing how long they have waited: **'2 months so far'**. Two people explained that they had received their 'final decision' very quickly, with one saying, **'during call of complaint'** and the other saying that it was given **'within 5 minutes during a face-to-face meeting'**.

Six other respondents explained that they never received a final decision, with two of these reporting that they were told their complaint had been time-barred.

***"I didn't get one as my complaint was time-barred: 11 months vs the 6 they allow - with no reasonable adjustments made for mental illness nor my disability- severe depression and anxiety. I took a lot of effort online in covid with an advocate to write it and they wouldn't make any time adjustments at all. I have 0 faith in any form of NHS staff as a result."***

***"Time barred so never got final response."***

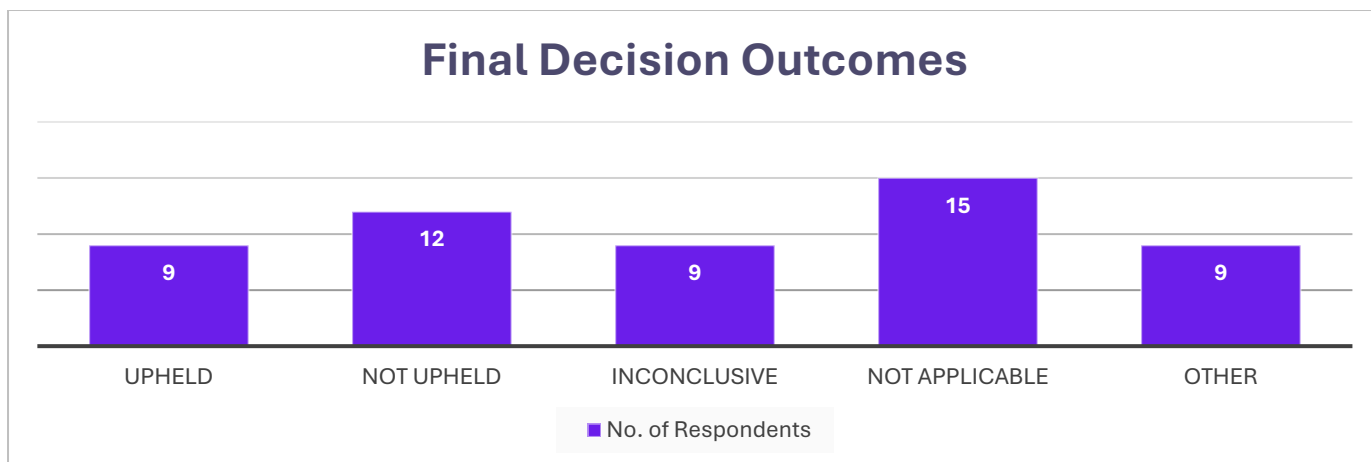
***"I received a couple of emails to apologise that the complaints procedure was taking longer than it should then didn't receive what I'd call a follow-up. I was unable to follow up on how appalling patient relations are because of ill health and because it seemed from the previous attempts that they try to deal with complaints by ignoring them."***

One respondent explained how she had just received a standard letter even though the complaint was around the circumstances in which her daughter had taken her own life.

***"Because she completed suicide, as a mother that did not matter, got standard letter."***

## Final Decision Outcomes for Complaints

Respondents were asked what the final decision on their complaint had been.



We can see that over a fifth of complaints were not upheld (22%), while 17% of complaints were upheld. 17% of respondents reported that the decision was inconclusive. 28% answered that the question was not applicable to them as they had still not received a final decision. The 17% who selected 'other' explained what had happened in their situation.

One person explained that their complaint was ***“partially upheld”***. Another was unsure whether it had been upheld but had seen some action taken.

***“I don’t remember if my actual complaint was upheld but they did agree to the actions I wanted taken... Like they didn’t say what the doctor did/said was wrong as far as I remember.”***

Two respondents were told that their complaint could not be pursued, for one person this was due to no longer being an inpatient and for the other because another person involved did not consent to be included.

***“I was discharged, so they were not able to accept my complaint as I was no longer a patient.”***

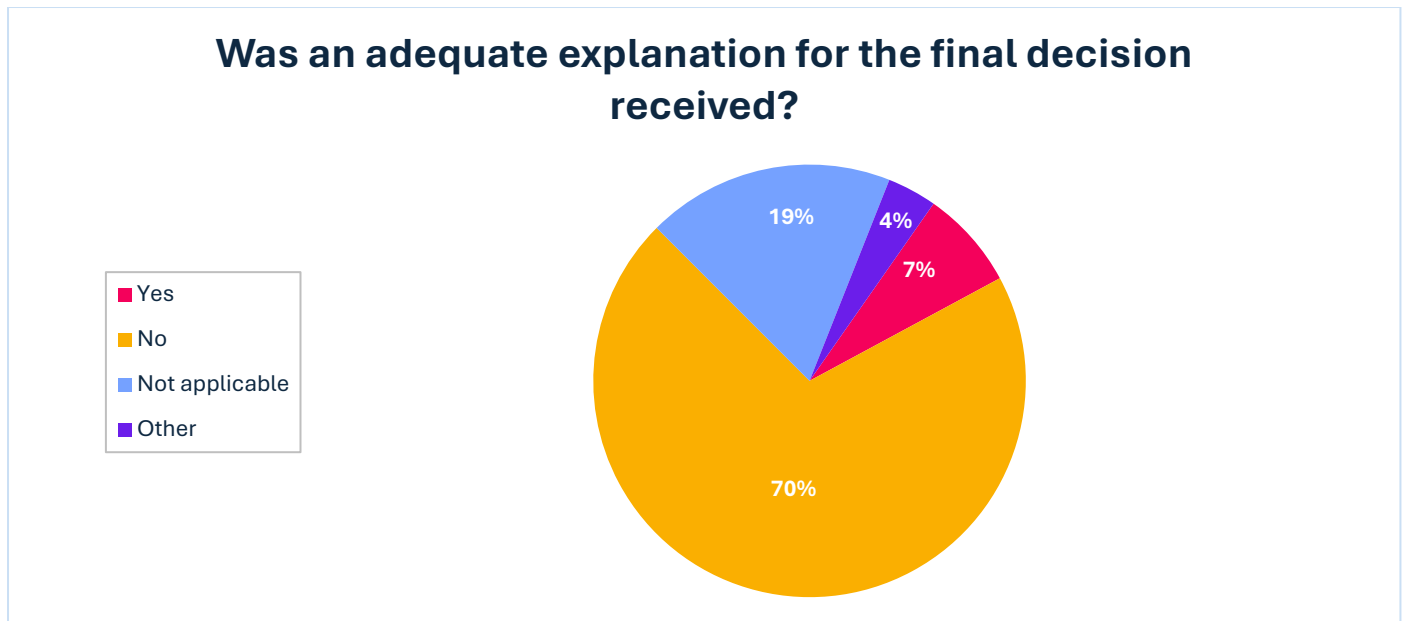
***“Refused to even investigate as it involved another patient who did not give written permission to be included.”***

Another respondent did not remember being given a decision but was given reasons for the issues in the complaint.

***“I was just given a list of reasons why things did not happen i.e. it is a large institution.”***

Others spoke about not receiving a final decision and the difficulty encountered of being ‘time-barred’.

## Adequate Explanations for Final Decisions and Satisfaction with Whole Response

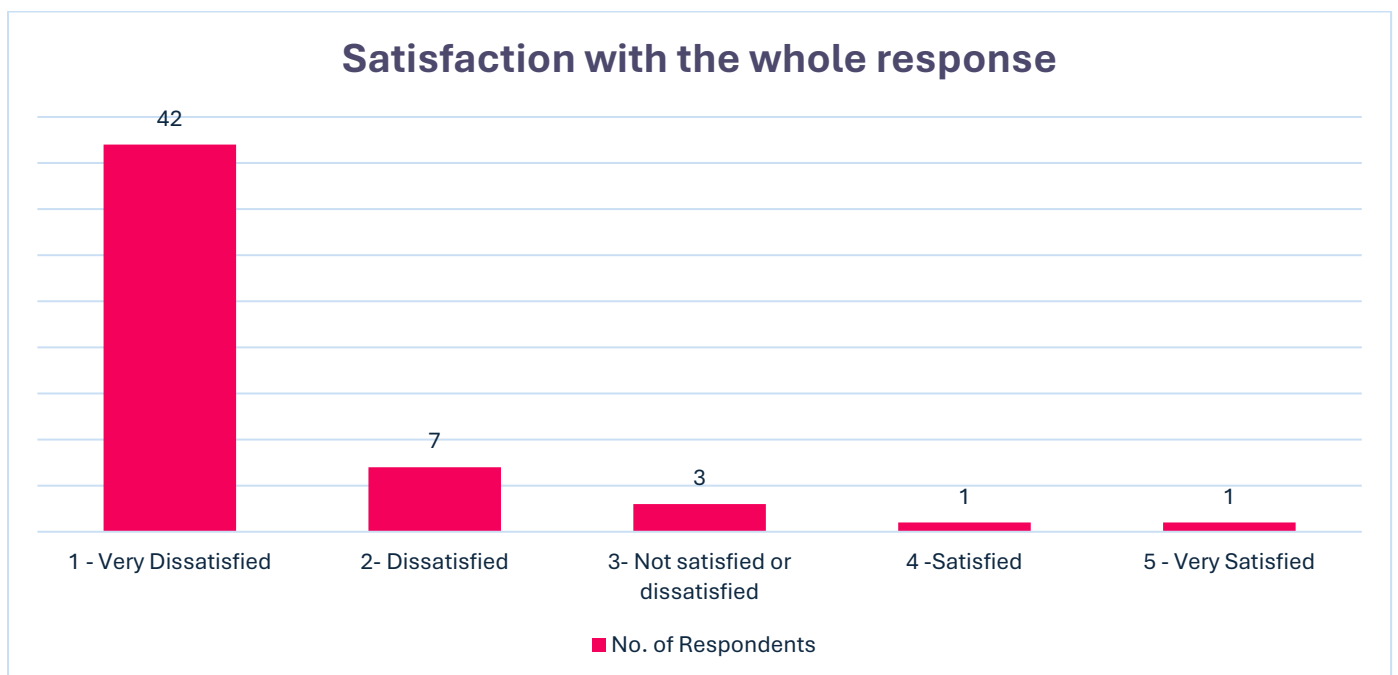


Respondents were asked if they felt they had received adequate explanations or reasoning for the final decisions they had received. We can see an overwhelming majority of 70% felt they had not received an adequate explanation or reasoning for the final decision they received. Just 4% said they had received an adequate explanation, with 19% saying this question was not applicable to them and two selecting 'other. Those who chose 'other' explained their thoughts.

***“Was not happy with it but they did not have enough evidence.”***

***“I was pleased with the results, though wished they had explicitly said that the doctor’s actions/words were wrong.”***

People were also asked how satisfied they were with the whole response they had received.



Respondents demonstrated their dissatisfaction with the overall response they had received regarding their complaint, with 78% saying they were 'very dissatisfied' and 13% reporting they were 'dissatisfied' (91% in total). 6% gave a neutral answer and only 2% said they were 'satisfied', with another 2% being 'very satisfied'.

### **Complaints Made to Ombudsman Thereafter**

Individuals who had made a complaint were asked whether they went on to make a complaint about their case to the Scottish Public Services Ombudsman (SPSO). 31% (15 respondents) reported that they took their complaint to the Ombudsman, while 59% (29 respondents) did not. Others answered that their original NHS complaint is still ongoing and that they cannot complain to the SPSO until they receive a full final decision. Some reported that they intend to complain to the SPSO once they get their decision.

***“I couldn't- because I didn't get a final decision and without that you can't.”***

***“I will once final decision received.”***

Others said they had not taken their complaint to the SPSO because of the energy it would take, or because of the impact on their mental health and fear of reprisal/repercussions for their care, or because they did not think it would achieve anything.

***“No, I won't, as the whole process was impacting my mental health and I feared that I wouldn't be treated well if I made further complaints.”***

***“I didn't have the energy to escalate but I did respond to the outcome and asked them not to contact me again and to update my records with the correct information.”***

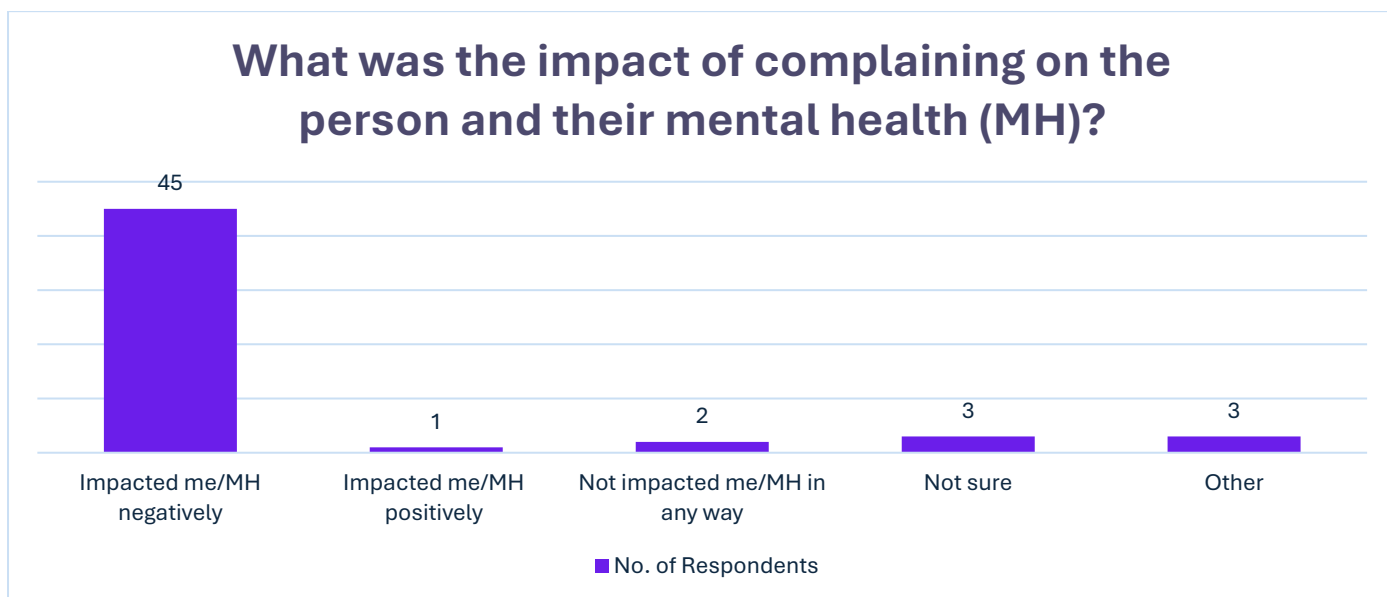
***“I wasn't sure this would achieve anything.”***

Another respondent explained that they have submitted a complaint to the SPSO but have been informed that there is a delay due to caseloads (at time research carried out - July/Aug 2025). As noted in the background section of this report, the current wait time is now even longer than the quote below.

***“The questions I asked were denied an answer so I submitted my complaint to the spso but I have been informed that there is currently a delay of 12 weeks before an investigator can be allocated to my case.”***

## Impact of Making a Complaint on Mental Health and the Individual

Participants were asked whether making their complaint had impacted on them or their mental health in any way.



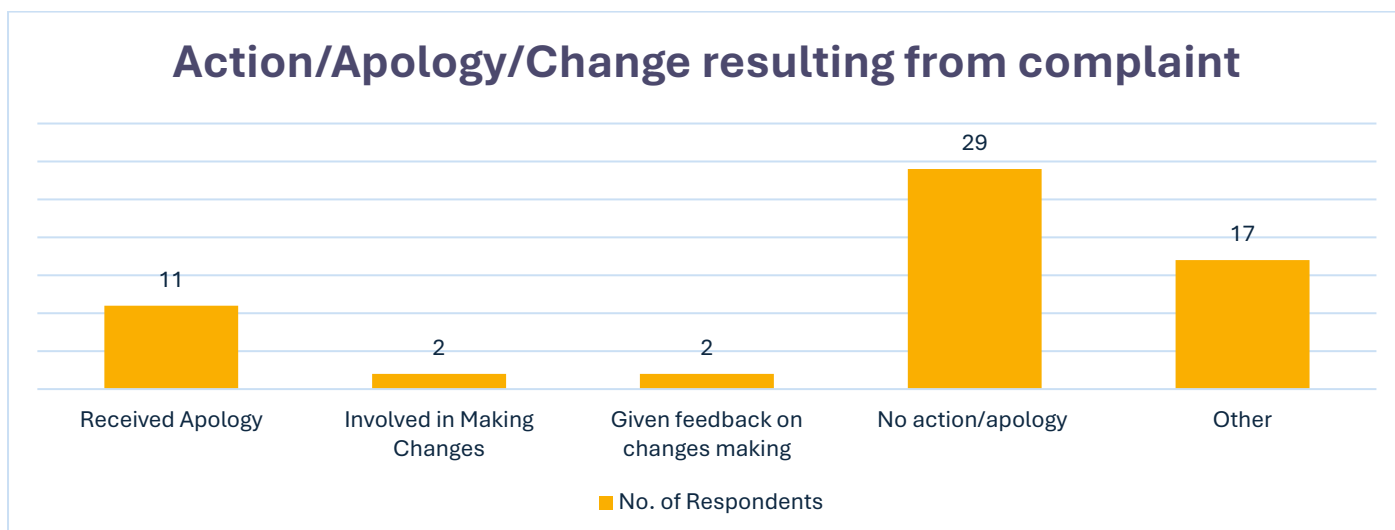
More than 8 in 10 (83%) of people responding reported that making their complaint regarding mental health services had impacted them or their mental health **negatively**. 2% reported that making the complaint impacted them or their mental health positively, while 4% said it had not impacted them or their mental health in any way. 6% of respondents said they were not sure if it had or not and 6% chose the ‘other’ option and explained what impact they thought making a complaint had on them and how they feel about the system.

***“My next of kin dealt with everything so it had no impact on me.”***

***“It was both beneficial but also extremely challenging and ultimately I’m glad I went through with it, but it also had a big toll on my mental health to go through with the process.”***

***“Sceptical about the complaint process and lack of transparency. Complaints are used to protect the system, not to improve it.”***

Respondents were asked whether, to their knowledge, any action, apology or change had taken place as a result of their complaint. They were able to choose more than one answer.



Over half (54%) of respondents reported no apology, action or change resulting from their complaint to their knowledge which may in part reflect complaints which were not upheld or were inconclusive. 20% reported receiving an apology. 4% reported being invited to be involved in suggesting/making/monitoring changes to be made and 4% reported being given feedback on the changes the service was making because of their complaint. 32% chose 'other' either as their only answer or in addition to explain in more detail. A few respondents explained some things that had changed for them, or more widely, following their complaint. Others talked about the apology they received being more like a 'fake apology' or 'gaslighting' because of a lack of admission of wrongdoing or accountability and a lack of genuine care for what the person had been through. Participants also mentioned frustration at no actions being taken or improvements being made, where there could be learning even in cases where the complaint was not upheld, or was partially upheld.

***“Yes, letter with mild apology (but inaccurate) and invited to meeting with 3 senior people. Problems (including some not in original complaint but related to response letter and notes discovered before meeting) taken seriously and invited to provide staff training.”***

***“I was allowed to change health boards as a result of complaining.”***

***“I was given apologies for some of the more minor aspects of my complaint, and I understand that actions are being taken to address some parts of my complaint, though I have never received confirmation that that was directly a response of my complaint. Most parts of my complaint were not upheld.”***

***“I received an apology for having felt unsatisfied by my experience but not for the actions of the doctor. I also received additional care that I had requested.”***

***“They were sorry I was upset, which is not an apology.”***

***“I got an apology which basically said, 'We're sorry you're upset, we didn't intend to upset you' then mostly just defence of my points, false and contradictory information.”***

***“The apology did not grasp the seriousness of my complaint. I felt that I had not been understood.”***

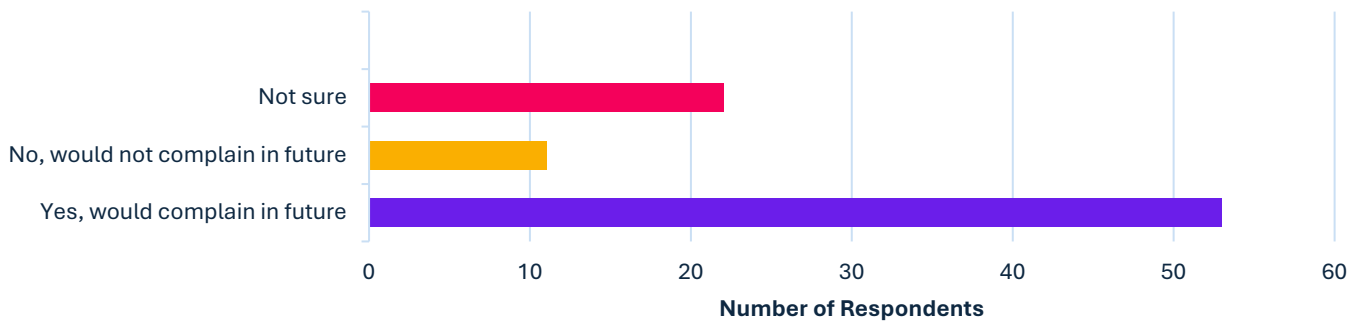
***“Got an unofficial ‘we got it wrong, but you can live on with your life now.’”***

***“They promised to action multiple points, but failed to action the points, which then I had to make a further complaint about.”***

### **All Respondents - Likelihood that Respondents would Complain in the Future**

Interestingly, despite the high proportion of people who were dissatisfied with the whole response and the number of people who felt complaining had negatively affected their mental health, over 6 in 10 people said they would likely still complain about services in the future if needed. Just over 1 in 10 people said they would not do so in the future, with a quarter of respondents being unsure whether they would or not.

## Likelihood of Respondents Making Complaints in the Future



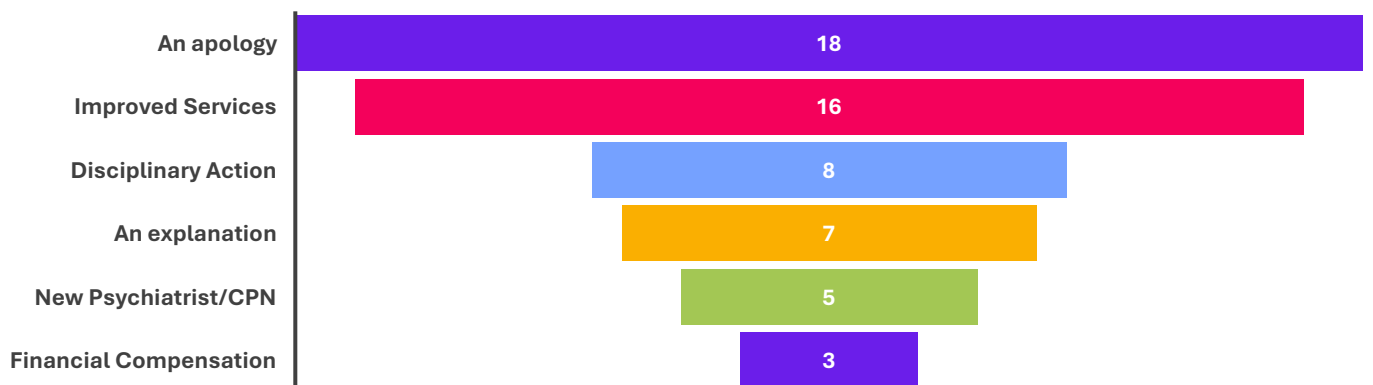
Just over half of respondents who wanted to complain but could not or did not, said that they would complain about mental health services, where needed, in the future. This is lower than the proportion of those who completed their complaint, of whom two thirds (67%) said they would complain in future. 38% of those who did not pursue their complaint did not know whether they would complain in future compared to 19% who had completed their complaint.

This is further evidence that a frustrated attempt can be off-putting, leading some to continue to avoid or be wary of the complaints process in future even if they have an issue.

### What Respondents Would Ideally have liked to Happen

Those who had wanted to or had made a complaint about a service were asked to reflect on what they would have ideally liked to happen out of complaining in their particular situation. All respondents answered this open question, explaining what would have been an ideal outcome in their situation and sometimes explaining further about their experience itself. Though there were various themes and insights highlighted by respondents, six ‘ideal outcomes’ were identified, representing the majority of responses.

## Respondents' Ideal Outcomes from Complaints



Many respondents expressed a strong desire for an apology as one of the ideal outcomes they would have liked. In some instances, respondents indicated that they would have liked an apology directly from the relevant staff rather than from members of a senior management team, reflecting the desire to see personal accountability and acknowledgement from people directly involved in an individual’s care.

***“Apology from the people directly involved not management.”***

In addition to apologies, seven respondents expressed a desire for an explanation of what had happened and why.

***“I would have liked to ask the locum why he came to his decision and then for him to admit culpability and apologise.”***

Respondents were also eager to see changes to practice as a result of their complaint, and crucially, that they should be informed about any changes made. Many explicitly connected the complaints process to service improvement and some also talked about being involved in changes being implemented, including conducting or being part of staff training.

***“I would wish changes in all aspects of mental health services.”***

***“[To be made] aware of what action had been taken locally regarding the complaint... How would they reflect... and put actions plans in place so doesn’t happen again.”***

***“The offer to provide training was probably an ideal as well as real outcome, and after that, I would love to keep up involvement in service improvement.”***

***“I trust that the NHS Mental Health Department will take my feedback into account to improve services for everyone.”***

Some went on to describe specific changes they would like to see or noted issues that they think should be addressed to improve services. This included: the need for adult ADHD services; more patient involvement in decision-making about their care; an expanded permanent psychiatrist workforce; and a more person-centred approach to discharge, so people receive the care they need before being discharged. These are all important issues which we have consistently heard from VOX Scotland members in recent years.

***“I would like a service in my area for adult ADHD.”***

***“An improved triage system in which the patient [is] given the opportunity to suggest the service/type of therapy they want to engage in... for the patient to co-produce a detailed description of the mental health issues they experience with a practitioner as part of that triage system...”***

***“I would like changes to how quickly someone can be discharged.”***

***“There’s still only one locum psychiatrist for a huge area.”***

A respondent explained how important it was that the NHS should implement a regulated system to ensure that Community Psychiatric Nurses check on any patients on Community Treatment Orders (CTO’s) who miss appointments. They explained that if this had been done it may have saved the life of their loved one and referred to prior recommendations around this which they felt had not been implemented.

***“I wanted to make sure that CPNs had a duty to check on patients who were under CTOs in the community when they missed appointments. The SPSO had previously handled a similar case and their recommendations were ignored.”***

Respondents also talked about specific parts of their complaints where they would like to see improvement in the relevant service. In this respondent's situation it related to their advance statement which is a significant issue for many VOX Scotland members. He explained that while action was not taken straight away, it has now been.

***“I would have liked my advance statement to have been treated with more respect. That has now happened over the past few years, I'm very pleased to report.”***

Some respondents combined several of the 'ideal outcomes', looking for accountability, reasoning and a commitment to and explanation of changes that would occur as a result.

***“I would have liked to receive a full apology, an explanation for what went wrong and a list of actions to be taken to ensure that it does not happen again.”***

Eight respondents called for disciplinary action against staff involved in their care, including for psychiatrists to be 'sacked' or struck off. This is related to broader references to accountability and culpability.

***“I would like the people involved to be held to account and for there to be higher standards for them to understand the people they're dealing with, and the conditions involved.”***

Five respondents would have ideally wanted to be transferred to a different psychiatrist or Community Psychiatric Nurse as they were not receiving the care needed. Another two respondents would have wanted better continuity of care, with a consistent Community Psychiatric Nurse, which is another theme we have heard from VOX Scotland members, particularly in the [VOX Scotland Response to the Scottish Mental Health Nursing Review](#).

Three respondents felt the ideal outcome would have been to receive financial compensation from the NHS to recognise and ameliorate the harm they had suffered. While one of those respondents calling for this explained why this would be appropriate, they also expressed their desire for other non-financial compensation that would help them.

***“Financial compensation for tangible harms (costs incurred due to delayed treatment or misdiagnosis). Non-financial compensation, such as free access to support groups or wellness programmes.”***

An additional theme which was discussed earlier was highlighted in respondents' answers here. This was about the need to be taken seriously, be believed and listened to. Fifteen respondents alluded to this, describing instances in which they were “gaslit”, “belittled” or stigmatised. Many respondents described difficult experiences in which they felt that services did not take them seriously, at least in part because of their mental ill health.

***“I want to be treated LIKE A PERSON, not a burden or a problem.”***

***“I'd have liked to have been taken seriously, listened to as a distressed Autistic patient, staff to be aware their comments can have a huge impact on someone's health, especially when they're not listened to or believed.”***

***“An apology from the staff nurse for making me feel so small after my attempt and making out I was a liar.”***

***“Stigma and othering should be removed as you... have been called continuously ‘complainer’ which doesn’t do your confidence much good when all you are trying to do is make a system better.”***

It is also notable that respondents who were unable to complete their complaint were the most likely to comment on not having been taken seriously and/or listened to with over two fifths of this group reporting not being listened to. One respondent in this group called for **‘acknowledgement’**, while another wanted services to listen **‘rather than making assumptions’**.

***“I should have liked my daughter to have been listened to and not treated as a tick-box exercise”.***

***“I was made to feel insecure.”***

***“I felt no one cared.”***

There was also a key difference between this group, and those who had completed a complaint. 39% of those who had completed a complaint called for an apology being part of an ideal response, compared to only 6% of those unable to complete a complaint.

Overall, some respondents noted the way in which they were spoken to by staff in the services they attended. In some cases, a “nasty” or dismissive attitude was a contributing factor to their complaint and as we saw in the reasons for people’s complaints, discriminatory behaviour or language was also highlighted. There was a desire to see how these issues were being addressed through feedback and training, acknowledging the impact on individuals and their ability to trust professionals responsible for their care.

***“I also wanted an explanation as to why the doctor felt comfortable expressing extremely discriminatory, incorrect and harmful comments, as it made me question the integrity of the care at that clinic, as well as what the general attitude was towards people with my condition. I wanted to know what was being done to challenge that attitude especially as it made me extremely distrustful of doctors for a very long time.”***

# What A Good Complaints Process Would Look Like

## Who Should Administer Complaints System?

We asked what participants thought a good complaints system would look like, including *who* would be best to administer it. All respondents answered the overarching question and the majority gave their view on *who* would be best to run the system. Seven respondents (8%) thought this should be a practice manager or clinical lead for the service concerned, while six (7%) said they were not sure *who* would be best and 2% said it did not matter *who* it was, just that they have the skills and empathy needed and that action is taken.

***“It doesn’t really matter who as long as they care and can actually take action to improve with the feedback given.”***

***“As long as they actually invite me in to talk about it and to acknowledge the distress caused.”***

***“Staff with excellent customer service skills, also knowledgeable about mental health conditions being designated to manage a complaint through to a useful outcome.”***

Thirty-eight respondents (44%) said that they thought it was important the complaints process was run by an independent body of some sort. People had different ideas on *who* this could be, with many feeling very strongly that they must be completely separate from the NHS. Some respondents spoke about an advocacy service or panel of lay people being involved, while others suggested the Mental Welfare Commission or a legally trained body should lead a good complaints process. The main point that came across was the need for them to have independence from the service being complained about. It was felt this was important to maintain neutrality, and a fair non-biased approach toward the complainant and their complaint.

***“Independent of the directorate you are complaining about - I say that, because if***

***you are being treated by the clinical director, a complaint will just go back to them, so they are marking their own homework! Whomever is handling the complaints should be trained in professional courtesy and have tools available to help solve things quickly - without merely taking the health board’s side.”***

***“Possibly an expanded and well-resourced Mental Welfare Commission. The MWC, as it stands, could not do this job, as they too let me down.”***

***“Someone independent doing it would be helpful. Not just the bosses of the person you are complaining about.”***

***“A good complaints process for mental health services should be independent, transparent, and trauma-informed. It should be run by a dedicated team separate from the service being complained about, such as an independent complaints team or overseen by the Scottish Public Services Ombudsman.”***

***“An independent body, like the Citizens Advice Bureau.”***

***“It would be an outside person like an advocate who was used to helping people and resolving complaints.”***

***“Maybe an independent panel, a mix of carers with lived experience.”***

***“Independent panel, like tribunal system.”***

***“I feel like an independent panel or body should look at MH complaints, one which has lived experience so that people really understand.”***

It was clear from responses that many respondents felt their experience demonstrated a culture of defending colleagues and internal homework-marking in dealing when dealing with NHS complaints on mental health services. Respondents talked about the power imbalance between them as

the lone complainant in vulnerable situations against a system made up of numerous professionals defending the service and reputation of the health board and a culture of 'gaslighting'. As we have also heard in relation to those who did not/could not complain, people reported feeling fear of reprisal or repercussions on their care when they make complaints including having their care withdrawn, which seemed to be exacerbated by internal complaints procedures.

***“It seems the professionals are covering each other backs, it should be an independent professional from a different health board or company, not involved in the direct care with particular patient.”***

***“I also believe there has to be some protection against negative consequences against those who make complaints - my complaint was logged in my medical file and has led to clinicians labelling me as "difficult", and I have noticed the standard of care I've received since has been even poorer.”***

***“Good NHS services should be applauded but there is plenty of bad and we should have a culture whereby it is normal and expected to complain about bad NHS experiences.”***

***“When I was under the care of an abusive, cruel, gaslighting psychiatrist, I was too afraid to make a complaint against him... The current complaints procedure is not fit for purpose in the context of mental health, where there is often gaslighting, bias, and emotional abuse at play within care relationships.”***

***“Definitely a third party so that incompetent practitioners aren't defended by their team members/colleagues.”***

***“I think health boards needs an external person/ body to run their complaints procedure as employees who want to succeed often do so by taking the side of the employer (who doesn't really want any complaints upheld)... I think (my health board) operate a policy of institutional-gaslighting towards people unfortunate enough to come under their care.”***

***“I think the complaints process should be totally independent of the service you are complaining about... The complaint process in NHS needs to be impartial and at the moment it isn't worth the paper it's written on but merely a process to shut down your complaint.”***

Some other respondents suggested the complaints process could be run within the NHS but must be out-with the immediate team the complaint concerns. The importance of an independent witness attending in this scenario was emphasised.

***“The complaint should be made in a conversation with an NHS professional AND an independent authenticating witness who can a) ensure that any and all required reasonable adjustments are observed/upheld by the NHS professional; b) act as a conduit for communication until such time as the complaint has been fully dealt with and an appropriate and adequate response has been provided to the patient.”***

***“The complaint should be reviewed and investigated by someone not operating within the immediate team being complained about.”***

***“Complaints should be independent of care teams. Still within the NHS though.”***

Respondents also spoke about needing a system where people can trust that the complainant's experiences will be taken seriously and investigated properly.

***“When the people dealing with a complaint actually take the time to contact the person complaining and get a full and accurate side of what's happened.”***

***“Assumption that mental health means you don't know the difference between right and wrong.”***

## **Timescales**

Respondents thought that a good complaints process would have the appropriate staffing

in place to facilitate a much speedier response to people's complaints and provide more transparent communication on timescales so people know what to expect.

***“Quicker initial response.”***

***“Timelines: A clear timeline (e.g., initial review within 7 days, resolution within 30 days unless complex) should be communicated upfront.”***

***“Responses need to be much quicker than 9 months - otherwise the validity of the complaint and helpfulness is limited.”***

### **Access, Transparency, Communication and Support**

Feedback on a good complaints process included many responses highlighting the need for the process to be clear and easy to access, with a culture of welcoming people's complaints and feedback as a way to improve and give people the care they need. Compassion, trustworthiness and good communication keeping people up to date in a way that acknowledges that it can be difficult to complain even in the best system, were factors respondents wanted to see.

***“An easy to access, transparent system, welcoming feedback and complaints from users and carers. Compassionate communication, who believe your complaint and actually look into it and take action on the issues outstanding...They cover up for one another and the whole system is on its knees. Absolutely 0 duty of care for very high risk patients.”***

***“I do not think the patient be made to feel they are in the wrong or intimidated by lodging complaints and the process should be made easier and less stressful for the patient. The system is biased towards the department/service or person who the complaint is against and against the patient. There should be better access to all notes and appropriate documents. The patient and their representative should have the right to ask questions of the people involved. Investigators should not be behind doors; I think the patient and their***

***representatives should be informed and involved all stages of the process.”***

Having access to support that will genuinely and practically support the person making the complaint was also important to many respondents. Some did talk about needing a patient support service and it was not clear if they were aware of PASS or not. Others specifically spoke the right to independent advocacy and how that support could really help people who would otherwise be unable to make a complaint, but as we have seen, it is unusual for independent advocacy to be able to help individuals making complaints about NHS services as it stands at the moment. There appears to be a gap between what people need support-wise in order to make a complaint and what they have access to/what they are aware of.

***“It would be ideal if there was a patient support service.”***

***“I think there should be clear communication about what the complaints process would be and whom the individuals you're dealing with report to, at the start of any engagement with a service. I think people should know they have a right to independent advocacy, and they should be shown how to get in touch with an advocacy service. I know for myself, I would have needed someone with me to help write a letter or fill in a form, and certainly if there was any phone call or meeting involved, I'd need someone with me as I had such bad anxiety at the time. In the end I never made a complaint at all, but I often wish that had been possible.”***

***“Accessible, person-, not system-focused, clarity of purpose, availability of independent advocacy to provide support.”***

***“Having an advocacy service that is directly accessible via the NHS would be great as I had to do the entire process with only a close friend to help me. At the time, I was unaware of any organisations that could help with making an NHS complaint.”***

## Best Methods for Making Complaints

Many participants talked about the need to different clear and simple options to use to make a complaint, so that it suits people with different needs. This ranges from being able to talk to someone directly about a complaint, to a phone call, to a letter, email or being able to submit an online form. While these methods may exist at the moment, participants want the options to be clearer, easier and better promoted, with knowledge that no matter what method someone uses their complaint will be taken just as seriously. Some participants also commented on the different stages of the complaints system being confusing and causing a barrier to understanding, as well as concerns about language used putting people off.

***“I think there should be a variety of options: a simple online form would be good, though also having the option to directly tell someone what happened conversationally in person would be good... Having a first point of contact with someone who could listen to the brief content of the complaint, then explain all the options for how to formally submit it and then arrange for help doing that (if needed) would be good too.”***

***“There should be a straightforward, multi-facetted way of communicating, with an uncomplicated means of complaining.”***

***“Multiple Channels: Complaints can be submitted via online forms, email, phone, in-person, or through a dedicated app to accommodate diverse needs, including those with communication or accessibility challenges. Clear Information: The process should be clearly outlined on service providers’ websites, in clinics, and in patient materials, using plain language and available in multiple languages or formats (e.g., audio, braille).”***

***“There should be less stages and barriers.”***

***“Maybe even change the name of ombudsman as that can feel really intimidating.”***

## Timeframes and Adjustments

As heard at various stages of the findings, several respondents reported not having their complaint accepted because they were beyond the time allowed since the incident or experience, they wanted to complain about. Respondents argued that a good complaints process should not disallow complaints for this reason and that it should be understood that it can take time for someone to be well enough, or strong enough to be ready to make such a complaint due to their mental ill health, their experiences or neurodivergence. It can also be the case that the person does not feel safe or able to complain until later due to the fear about the impact it could have on their care. It was felt by respondents that while both the NHS and the ombudsman state that there can be exceptions to the rule on timeframes for complaining, individuals’ circumstances had not been considered, there was little transparency around when exceptions would be made, and that a good complaints process would have an extended timeframe to allow people the opportunity to seek redress when they have had the time to prepare for this. One of our VOX Scotland members has recently petitioned the Scottish Parliament on this very issue of accessibility and time-barring in the complaints process. Participants also wanted a good complaints process to provide adjustments that genuinely allow people to participate no matter what their needs are.

***“Anyone with mental illness or a disability needs an extended time frame and the ability to go to the ombudsman if they are inappropriately time-barrred. Whilst I can’t prove it I believe this was done as my complaint would have had to have been upheld.”***

***“I think that to be effective, the complaints process has to firstly be accessible to those such as myself with communication challenges - I have experienced multiple events I’d wish to complain about but was told that I would have to make a phone call, which I am unable to do due to my disability.”***

***“The Ombudsman ruled my case to be out of time.”***

***“I didn't feel safe to complain about my former psychiatrist while under his care, and it was only after receiving trauma therapy that I realised just how badly his actions had impacted me - which was several years later, and I was told it was too late to make a complaint at that point. This in itself is retraumatising, as I am effectively silenced while he continues to practice without any sort of acknowledgment of the emotional abuse he carried out.”***

***“It was a very difficult process, made much worse by such a short deadline. If there HAS to be a deadline, there should be a separate one for mental health care. However, when it comes to mental health care I don't think there should be a deadline, not the least because it takes a lot of mental resources to even think about complaining, let alone going forward with it. It also makes it difficult for those who may have anxiety over whether or not having a complaint on their file will impact current and/or future care or create biases or negative impressions of them with other medical professionals. Especially when there are conditions for which specialist care is very limited.”***

***“It took 11 months to do the complaint online and on the phone with an advocate who had other clients. It was covid, you couldn't go in person. Yet no adjustments were made, and my health has suffered hugely, hence my life is ruined... I am a well-balanced professional who has never come across this type of collusion before - I was astounded. I also have ADHD... I know I have been treated grossly unfairly, with zero honesty, zero reasonable adjustments, completely unprofessionally and unethically and yet there is absolutely nothing I can do. Imagine going through this and coming out in one piece fit to work? It's no surprise to me the state of my life now and it is absolutely wrong that this happened.”***

## **Action and Involvement of Lived Experience**

Respondents spoke about a good complaints process having learning, action and resolution as the result of people's complaints and the need to this to be demonstrated to the person or ideally, involve people with lived experience in making and monitoring the improvements. While many respondents did talk about wanting genuine apologies when asked, the importance of action alongside this is clear. Some respondents also talked about having people with lived experience involved in designing complaints processes.

***“I think there needs to be an understanding that complainants don't want apologies, they want action and change. It needs to view complaints as a collaborative process to improve the service.”***

***“(The) Complainant should be kept informed and receive a detailed note of outcome in writing. Complaint process should be simple and encourage constructive communication. A record of complaints should be monitored by senior staff to pick up any patterns and to check that complainants are being treated with dignity and respect. Involve people who have experience of difficulties accessing mental health support in the design of complaint processes.”***

***“Patients should receive clear timelines, regular updates, and a proper review of all relevant clinical records. Complaints should lead to concrete actions such as record corrections, service improvements, and staff training where necessary. Importantly, the process should include opportunities for patient input and feedback, so service users feel heard, respected, and involved in shaping changes that directly affect their care.”***

***“I think a timely acknowledgement, sincerity, and giving evidence of what is being done to ensure that they are working to improve/doesn't happen again make a good complaints process.”***

***“Resolution-Oriented Approach: The process should aim to address the complainant’s concerns while improving services. This could involve mediation, formal apologies, or corrective actions.***

***Feedback loops ensure lessons from complaints are integrated into staff training and service protocols to prevent recurrence.***

***The process requires a combination of internal and external oversight to balance efficiency with independence.”***

Some participants praised the way they had been treated when making complaints, demonstrating good practice but brought up some issues to be addressed.

***“To be honest, I've complained a lot over the years, and found they usually get dealt with quite well – some action - even though I have mostly not had the response I wanted.”***

***“Current service seems to be working OK in (my health board)- I think due to fantastic individual who helped me! But PASS may need looking at - quite disturbed by my experience with that. And staff need to tell patients they can complain if they express negative views.”***

## **Further comments from respondents**

When asked for further comments, some participants talked about how it felt to make a complaint, the negative impact it had on them, and a sense that it was pointless to complain.

***“It can be so intimidating for people to complain.”***

***“After multiple traumas, I desperately needed support, compassion and understanding. All the Mental Health Service and the Complaints Team did was add further trauma to my life.”***

***“There is no point complaining, the whole system is set up to cover each other's backs and demoralise the complainer.”***

Others spoke about the general state of the mental health system and the procedure they feel happens frequently where people are signposted continually to services that are unable to help.

***“Many people are coping alone with lifelong mental health issues because of bureaucracy, lack of knowledge about some issues and compassion fatigue in GP surgeries, the NHS and mental health charities. The go to for many staff seems to be signposting, usually to an equally unhelpful service or member of staff who also signposts you to something else. People then feel dismissed, helpless and just give up trying.”***

***“My heart bleeds for anybody needing mental health care in Scotland - they're mostly all being failed (though as with everything else there's class bias against the less well-off. I know there must be good individual practitioners (though I've not encountered that for a long time), but they probably don't last long in the NHS. My experience of trying to get help for my son, through CAMHS, has been even worse than my own experience. I think the future for young people will be bleak if MH care continues to be ignored.”***

# Conclusion and Recommendations

We can see from our findings that many people seeking redress and improvements to their care from mental health services find accessing, understanding and navigating the complaints process challenging, which has often deterred individuals from pursuing their complaint, impacting their mental health negatively. It is also clear that many people feel practical and emotional support needs to be better and more accessible to those making complaints about mental health services.

The results demonstrate that those who have made complaints overwhelmingly found it a difficult process and were dissatisfied with the responses they received. The negative impact on individuals and their mental health caused by going through the complaint process was also very telling, with the need for a simpler, more supported, trauma-informed and resolution-focused process emphasised by the participants. There was clear mistrust of the complaints system and the culture around receiving and responding to complaints. Based on the quantitative results and the rich qualitative feedback from participants there are some key recommendations which have emerged, to be considered by those tasked with designing, monitoring, improving and implementing complaints and feedback systems with regards to mental health services in Scotland. Many of these also align with expectations set out in the [Core Mental Health Standards](#).

## Key Recommendations

- A) Design a complaints process which ensures the independence of the complaints team from services and staff being complained about, addressing the power imbalance felt, the possibility of bias and defensiveness.
- B) Ensure that the complaints process is clear and simple to understand and that people's right to access it and the ways they can do this is promoted widely.
- C) Ensure there are a wide a range of options for submitting complaints, to remove barriers to access, and that all methods are treated equally when received.
- D) Ensure that information on who can provide support to people making complaints is accurate and clear and that support is knowledgeable, trauma-informed and tailored to people's needs.
- E) Recognise that people experiencing mental ill health and those who are neurodivergent may face significant barriers to complaining within the set time limits and sufficient flexibility must be built into the system to ensure this does not preclude them from seeking redress. Ensure that 'special circumstances' for extending the time limit for when someone can make a complaint is applied fairly, consistently and transparently by the NHS and the SPSO, with guidance and support available for complainants requesting a time-extension.
- F) Ensure resources are such that there is a workforce able to meet the number of complaints being received to reduce waiting times for decisions or investigations at NHS level and the SPSO, thereby lessening the negative impact on individuals, and giving a better opportunity for quicker positive change. Where there are delays, ensure transparent interim updates are received by complainants.
- G) Work to change the culture around complaints, so that complaints are seen as a positive way to improve services and develop better, more equal relationships between professionals and individuals. Ensure staff are trained in anti-stigma and anti-discrimination to reduce the 'gaslighting' of individuals with mental ill health.
- H) As per the new culture of seeing complaints as tools for service improvement, look to provide the kind of responses which will make a positive difference for complainants: genuine apologies from those concerned with clear accountability where possible, concrete actions to be taken by the service with the option for people to be involved in influencing and monitoring those changes, acknowledgement of the impact on individual of the original issue and of having to go through the complaints process, whether or not a complaint is upheld.

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**VOX Scotland – Scotland’s national voice on mental health: [www.voxscotland.org.uk](http://www.voxscotland.org.uk)**