

Mental Health Complaints Commissioner

Complaint Handling Feedback Survey

Report

March 2017

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I. Background

In May 2016 the Victorian Mental Health Complaints Commissioner (MHCC) engaged ORIMA Research to conduct a survey to collect feedback about its complaint handling process and identify opportunities for improvement. This is the first survey of this nature undertaken by the MHCC.

The objectives of the survey were to assist in:

- gauging consumers' satisfaction with the MHCC's complaint handling process;
- identifying how the characteristics of a complaint may impact on consumers' satisfaction with the complaint handling process;
- distilling, to the extent possible, satisfaction with complaint process from satisfaction with the complaint outcome;
- analysing opportunities for improvement to the complaint handling process; and
- establishing a baseline measure of satisfaction with the complaint handling process that can be tracked in future years.

This report presents the findings of the complaint feedback survey, which was conducted between August and December 2016.

A. Methodology

The MHCC complaint handling feedback survey was conducted through a mixed methodology including computer assisted telephone interviews (CATI) and an online self-completion survey.

The questionnaire was developed by ORIMA Research in consultation with the MHCC. The initial draft questionnaire was compiled by ORIMA Research based on similar surveys conducted for other complaint reporting agencies. The draft questionnaire was discussed with the MHCC project team, updated and cleared for use.

The survey was conducted over a series of five months between August and December 2016. Each month the MHCC provided ORIMA Research with a list of people who had made complaints to the MHCC that were finalised in the previous month and who had provided their consent to take part in the survey. The MHCC conducted this 'opt-in' process by contacting people whose complaints had been finalised and asking them if they were comfortable taking part in the survey. In the early months of this process the MHCC resolution officer who was responsible for the complaint approached the consumer to get their permission. In the final month a different MHCC staff member made these telephone

calls. The MHCC also sought involvement by writing to consumers whose written complaints had been finalised in that month and who had only provided an email or home address (but no telephone number). The MHCC excluded prisoners (due to logistical difficulties in contacting prisoners), as well as consumers who had requested that the MHCC make no further contact with them, or for whom staff judged that further contact from the MHCC may be detrimental to their wellbeing. The risk of staff self-selecting out complaints where a consumer or complainant may have negative feedback were mitigated by discussing with staff the acceptable purposes for not seeking participation in the feedback survey, and also by establishing a protocol that these decisions were to be endorsed by the project manager.

Participants who opted into the survey process were, depending on the availability of contact details, either telephoned to undertake the survey by telephone or sent an email to undertake the survey online.

A total of 27 surveys were completed over the five survey rounds. A breakdown of the composition of respondents to the survey is included in Table 1 below. This table shows that:

- 89% (n=24) of the surveys were conducted by Computer Assisted Telephone Interviews (CATI), while the remaining 11% (n=3) were conducted online.
- The overall response rate was 60%, with a much higher response rate for surveys conducted by CATI (69%) than online (30%).

Table 1: Composition of the surveys

Month complaint was finalised	Sample provided to ORIMA	Number of completed surveys	Response rate
July 2016	1 consumer (online)	1 survey (online)	100% (online)
August 2016	17 consumers (1 online, 16 CATI)	12 surveys (all CATI)	71% (0% online, 75% CATI)
September 2016	2 consumers (CATI)	1 surveys (CATI)	50% (CATI)
October 2016	1 consumer (CATI)	0 surveys	0% (CATI)
November 2016	24 consumers (8 online, 16 CATI)	13 surveys (2 online, 11 CATI)	54% (25% online, 69% CATI)
Total	45 consumers (10 online, 35 CATI)	27 surveys (3 Online, 24 CATI)	60% (30% online, 69% CATI)

Caution should be used in interpreting the survey results

The low number of participants in the survey limits the ability to identify trends and patterns in the results (particularly comparing results for different cohorts of consumers) and means that considerable caution should be used in interpreting the results.

In particular, the findings should be seen as providing a *preliminary indication* of the experience of people who make complaints to the MHCC. The small sample of consumers in the survey and the methodology used to invite participants means that the results may not be representative of the views and experiences of all consumers who have made complaints to the MHCC over the period. The survey results could, however, identify common *issues* that affect consumers.

B. Presentation of results

Percentages presented in this report are based on the total number of valid responses made to the particular question. In most cases, results reflect those respondents to whom the questions were applicable and who expressed a view. Percentage results throughout the report may not add up to 100% due to rounding.

Unless otherwise indicated, results shown in this report for questions asked on a 5-point rating scale are condensed to present positive, mixed and negative results. For example, where the report presents the proportion of respondents who 'agree' (or were 'satisfied') with an aspect of the MHCC's complaint handling process, they should be interpreted as the sum of 'strongly agreed' and 'agreed' (or 'very satisfied' and 'satisfied'). Similarly, the proportion of respondents who 'disagreed' (or were 'dissatisfied') should be interpreted as the sum of 'strongly disagreed' and 'disagreed' (or 'very dissatisfied' and 'dissatisfied').

The open-ended comments provided by respondents were de-identified by ORIMA Research and coded into main themes prior to being included in this report. The de-identification process involved an ORIMA Research staff member removing names and other details that could readily identify individuals from the open-ended comments to maintain the confidentiality of responses.

C. Profile of respondents

Additional information about the characteristics of complaints raised by respondents to the survey was downloaded from the MHCC system and linked to the survey data.

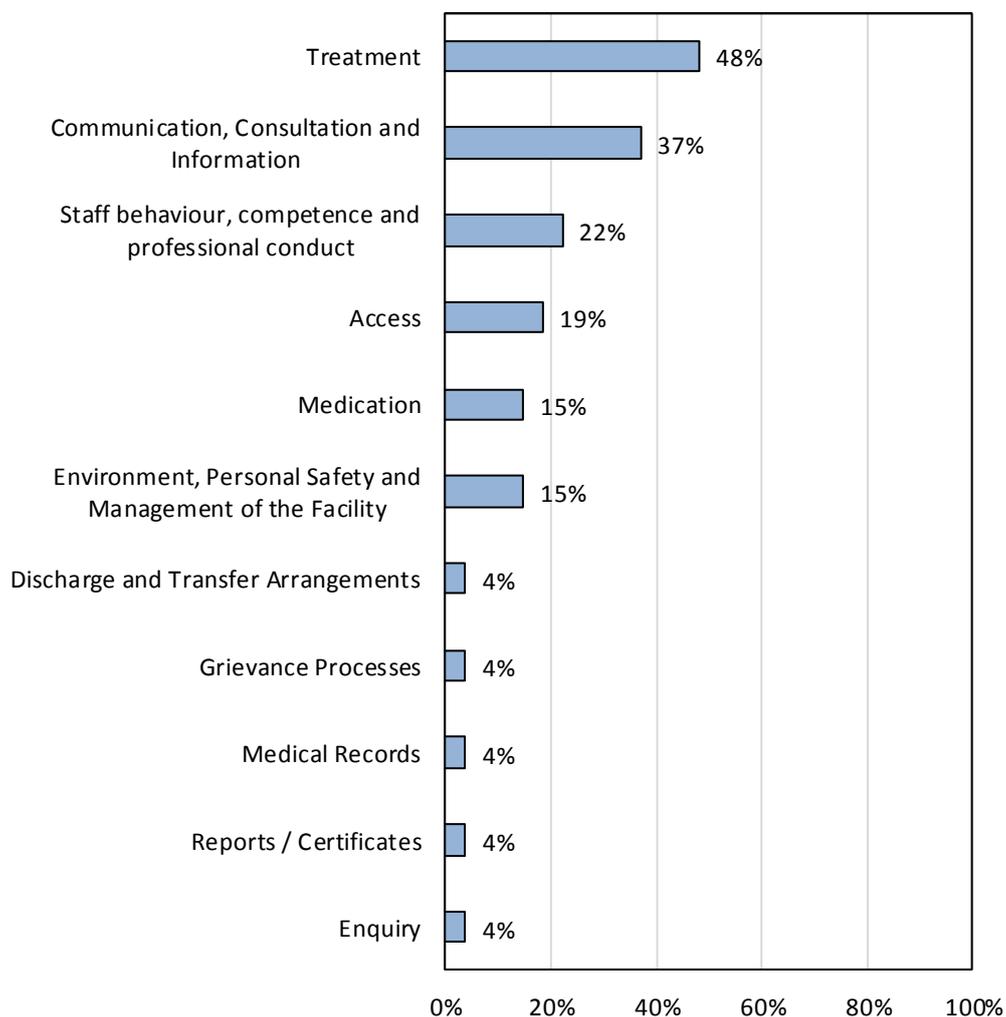
The figures on the following page show that the profile of respondents included in the survey is broadly representative of the characteristics of all complaints made to MHCC in 2015-16 across the following dimensions: issue raised in the complaint; outcome of the complaint, and whether the complaint was made orally or in writing.

Figure 1 shows that the most common issues raised in complaints made by respondents to the survey were treatment issues (48%); communication, consultation and information issues (37%); staff behaviour, competence and professional conduct issues (22%); access issues (19%); medication issues (15%); and environment, personal safety and management of the facility issues (15%).

This profile is similar to the profile of all complaints in 2015-16. In particular, the top five issues raised in complaints from respondents to the survey were also the five most common issues, in the same order, amongst all complaints to MHCC in 2015-16¹.

Figure 1: Issue raised in the complaint – Level 1 issue only

Base: All respondents, Multiple response² (n=27)



¹ Information about the profile of complaints for 2015-16 in this section is sourced from the 2015-16 MHCC annual report.

² Complaints may have been about more than one issue. This means that the sum of the percentage results shown in the figure will be more than 100 per cent.

Figure 2 shows that 59% of respondents to the survey made their complaint to the MHCC orally, while the remaining 41% made their complaint in writing. The proportion of oral complaints in the survey was *slightly less* than the share of oral complaints amongst all complaints made to MHCC in 2015-16 (69%).

Figure 2: Method of making complaint

Base: All respondents (n=27)

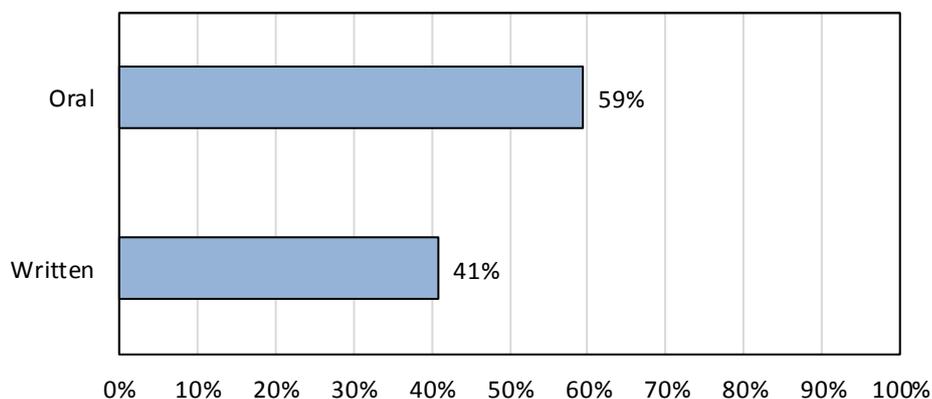


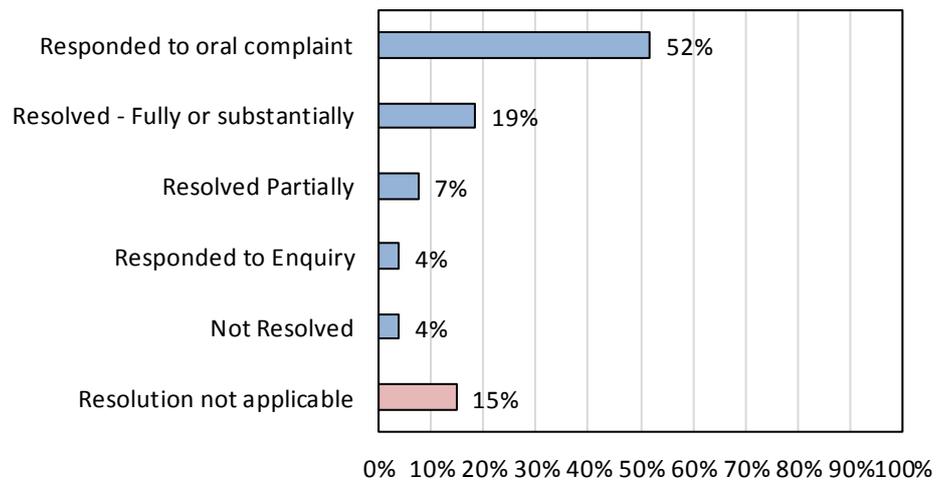
Figure 3 shows that the most common 'outcome' of complaints amongst respondents to the survey, as recorded by MHCC, was to provide a response to an oral complaint to facilitate early response and local resolution by the mental health provider (52%). This represents 65% of all closed in-scope complaints in the sample, in line with the corresponding proportion of 63% across all complaints in 2015-16.

Only eight of the complaints in the survey were recorded as having been accepted by MHCC and closed. Of these complaints five (63%) were fully or substantially resolved, two were partially resolved (25%) and one was not resolved (13%). These proportions were broadly in line with the corresponding proportions for all complaints in 2015-16 – 49% fully or substantially resolved, 33% partially resolved and 18% not resolved.

Of the five remaining complaints, one was responded to as an enquiry (4%) and four (15%) were recorded as resolution not applicable.

Figure 3: Outcome of the complaint (as recorded by MHCC)

Base: All respondents (n=27)



D. Quality standards

The project was conducted in accordance with the international quality standard ISO 20252 and the Australian Privacy Principles contained in the *Privacy Act 1988*.

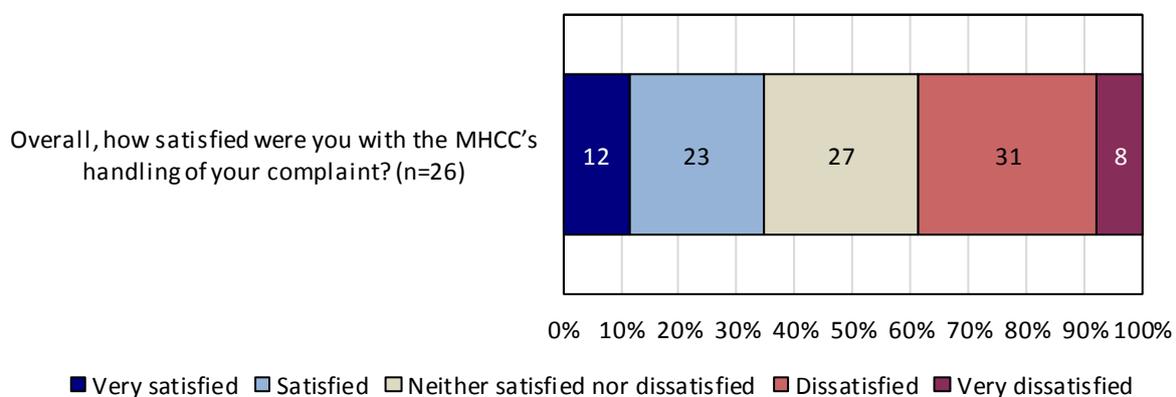
II. Ratings of the complaint handling process

A. Overall satisfaction with the MHCC's complaint handling process

The survey found that 35% of survey respondents were satisfied overall with the MHCC's handling of their complaint, while 27% were neither satisfied nor dissatisfied and 38% were dissatisfied (see Figure 4).

Figure 4: Overall satisfaction with the MHCC's complaint handling process

Base: All respondents



Overall satisfaction with the complaint handling process appeared to be strongly influenced by the extent to which consumers were satisfied with the outcome of their complaint. Many respondents were unable to set aside their concerns about their complaint outcome when providing their overall assessment of the MHCC's complaint handling process. Seventy-one per cent of respondents who were satisfied with their complaint outcome were also satisfied with the handling of their complaint, while the remaining 29% were neither satisfied nor dissatisfied (none were dissatisfied). In contrast, only 17% of those who were neither satisfied nor dissatisfied with their outcome were satisfied with the complaint handling process (33% were dissatisfied) and only 23% of those who were dissatisfied with their outcome were satisfied with the process (62% were dissatisfied).

Satisfaction with the complaint handling process was *slightly* higher (40%) for complaints raised orally, than in written form (27%). This is likely to partly reflect the higher outcome satisfaction rate amongst oral complaints (31%) than written complaints (18%). Oral complaints also had a slightly higher rate of *dissatisfaction* (and lower neutral ratings) with the complaint process (40%) than written complaints (36%).

Satisfaction with the complaint handling process was slightly *lower* than average amongst complaints that were recorded as responded to in oral form to facilitate early response and local resolution (31%) and where resolution was considered not applicable (25%). However, these results should be interpreted with caution due to the low number of respondents in these two groups (13 and 4, respectively).

Free text comments about positive and negative aspects of the complaint process

Respondents were asked to provide a free text comment to indicate what worked well for them in the complaint process and what did not work well.

The most common themes regarding the aspects of the complaint process that **worked well** were most commonly related to the quality and professionalism of service from MHCC staff. This included:

- Staff accessibility, responsiveness and follow up (41% of comments);
“Just that they kept ringing me back to check that it was being resolved.”
“Having the one person in the office who took the time to understand and she was the constant contact and called back every time and kept checking on me.”
- The effectiveness of communication from staff, including their willingness to listen to consumers (22% of comments);
“They listened.”
“The level of communication was good and to ring back if I was not satisfied.”
- The helpfulness of staff (22% of comments); and
“Access to talking to staff and helpful people.”
- The politeness, respect and courtesy of staff (15% of comments).
“I felt I was heard and treated with courtesy and respect.”

The most common themes regarding the aspects of the complaint process that **did not work well** largely related to the complaint outcome and perceived impact or usefulness of the process, including:

- a view that the complaint resulted in either no outcome (in some cases because the matter was out of scope for the MHCC) or a poor outcome (26% of comments); and
“Nothing has changed. There was no advice or avenue to change the situation. It was my last port of call because the situation was desperate and still is.”
- a perception that the MHCC was not helpful (15% of comments).
“Too much was left for me to handle the issue on my own.”

A smaller share of comments also indicated that specific aspects of the process did not work well for them including lack of responsiveness or follow up (11% of comments) and the protracted nature of the process (including a need for “too many phone calls”) (7% of comments).

Positively, almost half (44%) of comments indicated that there were no aspects of the process that did not work well.

B. Satisfaction with aspects of the complaint handling process

The survey showed that respondents provided moderate to high satisfaction with specific elements of the MHCC complaint process related to the ease of making complaints and the level of support they received during the complaint process. Figure 5 shows that:

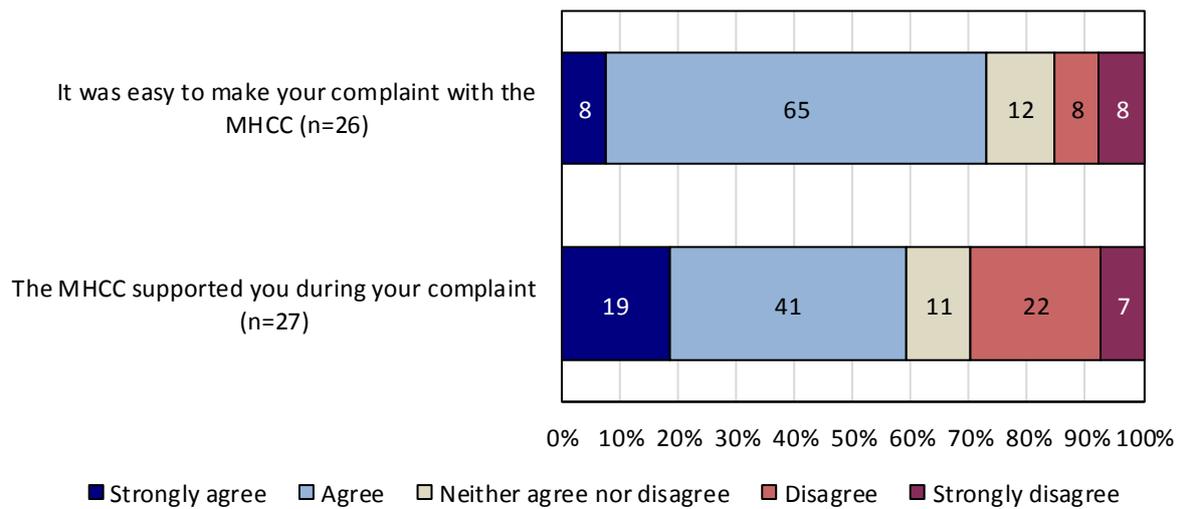
- 73% of respondents agreed³ that it was easy to make their complaint to the MHCC, while only 15% disagreed.
 - Eighty per cent of respondents agreed with this statement amongst those who made their complaint orally, compared with 64% who made it in writing. However, respondents perceptions of the ease of making complaints were also strongly associated with satisfaction with complaint outcome, which was higher in oral complaints than written complaints.
 - Eight six per cent of those who were satisfied with their outcome indicated it was easy to make a complaint to MHCC, compared with 64% of those who were dissatisfied. This may partly reflect the difficulty of achieving outcomes in more complex cases, which may also be more likely to be a characteristic of written complaints. When only considering cases where the respondent was satisfied or neither satisfied nor dissatisfied with their outcome, respondents who made their complaint in writing were more likely to agree that it was easy to make a complaint to MHCC (100%) than those who raised their complaint orally (75%).
- 59% of respondents agreed that the MHCC supported them during their complaint, while 30% disagreed.

³ As outlined in the section on presentation of results on page 6, references in the report to the proportion of respondents who ‘agreed’ (or were ‘satisfied’) should be interpreted as the sum of the proportion who ‘agreed’ and ‘strongly agreed’ (or were ‘very satisfied’ and ‘satisfied’). Similarly, references to the proportion of respondents who ‘disagreed’ (or were ‘dissatisfied’) should be interpreted as the sum of the proportion that ‘strongly disagreed’ and ‘disagreed’ (were ‘very dissatisfied’ and ‘dissatisfied’).

- Satisfaction with support was higher amongst those who made their complaints orally (69%) than in writing (45%). This appears to be related to the higher outcome satisfaction amongst those who made their complaint orally, as satisfaction with support was twice as high (86%) amongst those who were satisfied with their complaint outcome than among those who were dissatisfied (43%).

Figure 5: Ratings of aspects of the MHCC’s complaint handling process

Base: All respondents



III. Satisfaction with the complaint handling process

A. Satisfaction with complaint outcomes

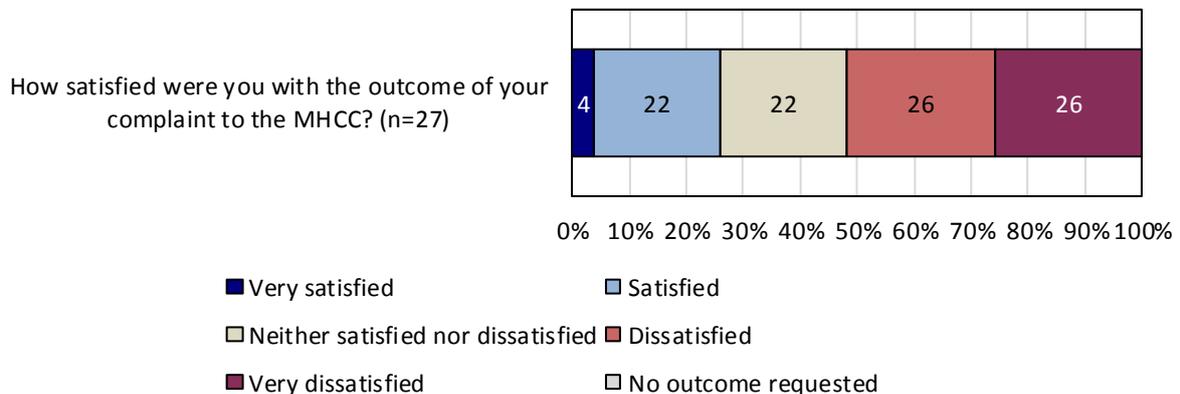
Respondents were asked about their satisfaction with the outcome of their complaint to the MHCC⁴. The survey found that 26% of respondents were satisfied with their complaint outcome, 22% were neither satisfied nor dissatisfied and 52% were dissatisfied (see Figure 6).

Outcome satisfaction was:

- higher amongst those who made their complaint orally (31%) than in writing (18%);
- higher amongst those whose complaints were considered to have been fully or substantially resolved by MHCC (40%) or responded to in oral form to facilitate early response and local resolution (36%); and
- higher for complaints made about treatment issues (36% satisfied, 45% dissatisfied) than any of those other top five most common issues raised in complaints, including: staff issues (20% satisfied, 80% dissatisfied); communication and consultation issues (10% satisfied, 60% dissatisfied); access issues (0% satisfied, 100% dissatisfied); and medication issues (0% satisfied, 25% dissatisfied).

Figure 6: Satisfaction with complaint outcome

Base: All respondents



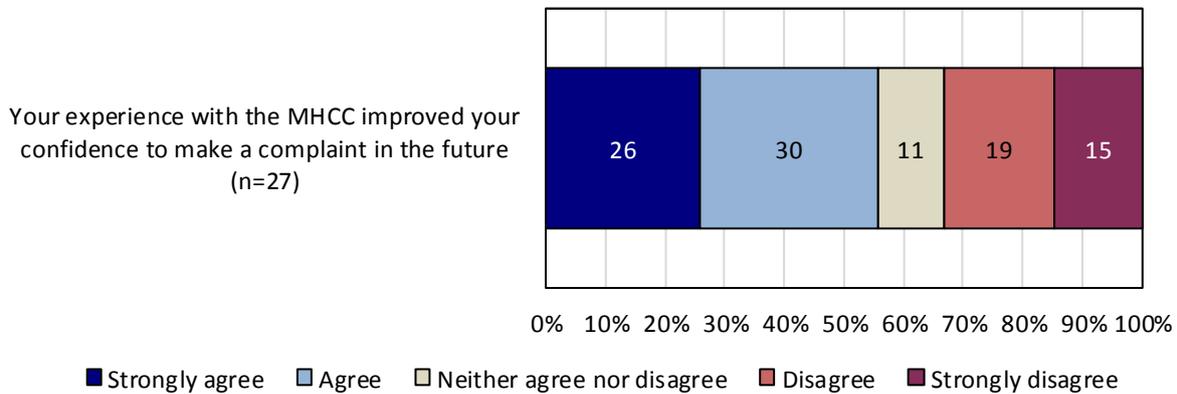
⁴ The main reason that this question was included in the survey was to provide context to interpret the results of other questions in the survey, rather than as a direct measure of the MHCC's complaint handling process. In particular, analysis of the influence of outcome satisfaction on the level of satisfaction with the MHCC's complaint handling process helps to identify the extent to which respondents are able to *differentiate* those factors that are within the MHCC's control (including support for consumers) from factors that are often outside the MHCC's control or which can only be influenced indirectly (including the consumer achieving their desired outcome).

B. Impact of the MHCC on confidence in making complaints

Respondents were asked to what extent their experience with MHCC improved their confidence to make a complaint in the future. The survey found that 56% of respondents agreed, 11% neither agreed nor disagreed, and 33% of respondents disagreed with this statement (see Figure 7).

As would be expected, those respondents who were satisfied with the MHCC complaint handling process (100%) and, to a lesser extent, their complaint outcome (86%) were much more likely to agree with this statement than those who were dissatisfied with the process (20%) or their outcome (29%).

Figure 7: Impact of the MHCC on confidence in making complaints
Base: All respondents



IV. Consumers' suggestions for improvement

Respondents were asked to provide a free-text comment to suggest how the MHCC could improve its complaint handling process. All 27 respondents to the survey provided comments, of which, 26 included a substantive response⁵.

The equal most common theme from the comments (26% of all comments) was **positive statements** about the complaints process and/or offered no suggestion for improvement.

"None. They can't do any better than what they are doing now."

"The woman who looked after me ([name]) was very good."

The main suggestions for **process improvement** were related to:

- Improved follow up of complaints – including providing updates on the status of the complaint and improved timeliness of follow up (26% of comments);
"Just getting back to people when they say they are going to and not wait too long."
"I would like them to follow up more. Like, contact the person more to let them know what they are doing."
- providing better advocacy and support for the consumer (15% of comments);
"They should send someone from the MHCC to be as a witness to how the hospital deals with their issue. When I go to the hospital for an appointment the MHCC should have someone with me to make sure I get attention because you can't trust the mental sector to do the right thing and monitor the result."
"They should have a thorough investigation about the complaint."
- listen more and have improved empathy and understanding of consumers' circumstances (15% of comments); and
"Listen more to the patients."
"Employ people with some empathy. Usually the people complaining are grieving, in pain and quite distressed. Speaking to them in an abrupt manner does nothing to help them solve their issue or complaint."
- Improved links between the MHCC and mental health services and improved influence of the MHCC on services (11% of comments).
"The MHCC did not seem to have much authority to get the institution to contact me."

⁵ One respondent indicated they were not sure.

“I would like to have some sort of bridging communication between lodging the complaint and with a person in authority in the area where was made. For example, at executive level within the mental health system to take it forward.”

Other less common themes (identified in 7% of comments) included a call for more face-to-face contact and provision to allow complaints from people apart from the consumer (e.g. advocates and carers).