

**Mental Health Complaints Commissioner**

**Complaint Handling Feedback Survey**

**Report**

**May 2018**

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## I. Background

The Victorian Mental Health Complaints Commissioner (MHCC) engaged ORIMA Research to conduct a survey in May 2016 and again in May 2017 to collect feedback about its complaint handling process and identify opportunities for improvement.

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; and
- analysing opportunities for improvement to the complaint handling process.

This report presents the findings of the 2018 complaint feedback survey, with comparisons made to the 2016 survey where relevant.

### A. Methodology

The 2018 MHCC complaint handling feedback survey was conducted via an online self-completion survey. Prior to the fieldwork, a review of the 2016 questionnaire was conducted between ORIMA Research and the MHCC, which resulted in the addition of several questions about staff at the MHCC. The final questionnaire was cleared for use by the MHCC and programmed into the online survey format.

The online survey system was enhanced in 2017 to ensure compatibility with mobile phones and to facilitate distribution of survey invitations via text message (see below).

In contrast to the 2016 survey process, where survey links were sent out by email from ORIMA Research, the 2018 survey was distributed by MHCC. At the commencement of the survey period unique survey links were generated by ORIMA Research and provided to the MHCC who distributed them to complainants via a combination of emails and text messages.

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.

Table 1 below presents a breakdown of the composition of respondents to the survey. For the 2018 survey, a total of 319 survey links were sent and 46 surveys were completed (compared with 27 in 2016), representing an overall response rate of 14%. Twenty-four

surveys were completed by respondents who raised their complaints orally (representing a response rate of 11%) and 22 by respondents who raised their complaints in written form (response rate of 23%).

**Table 1: Composition of the surveys**

Month that survey links were sent out	Number of links sent	Number of surveys completed	Response Rate
October 2017	184 (132 oral, 51 written)	24 (12 oral, 12 written)	13%
November 2017	25 (19 oral, 6 written)	5 (4 oral, 1 written)	20%
December 2017	26 (18 oral, 8 written)	7 (4 oral, 3 written)	27%
January to April 2018	84 (56 oral, 28 written)	10 (4 oral, 6 written)	12%
<b>Total</b>	<b>319</b> <b>(225 oral, 94 written)</b>	<b>46</b> <b>(24 oral, 22 written)</b>	<b>14%</b>

***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 as such, 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.

***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.

## 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.

Each chart shows the number of observations that the figures in the chart are based on, in the form of “n=” figures (e.g. “n=100” means that a particular result was based on 100 complaints made by respondents to the survey).

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 in this section show that the profile of respondents included in the survey is broadly representative of the characteristics of all complaints made to MHCC in 2017<sup>1</sup> across the following dimensions: issue(s) raised in the complaint; complaint format (whether the complaint was made orally or in writing); and complaint outcomes.

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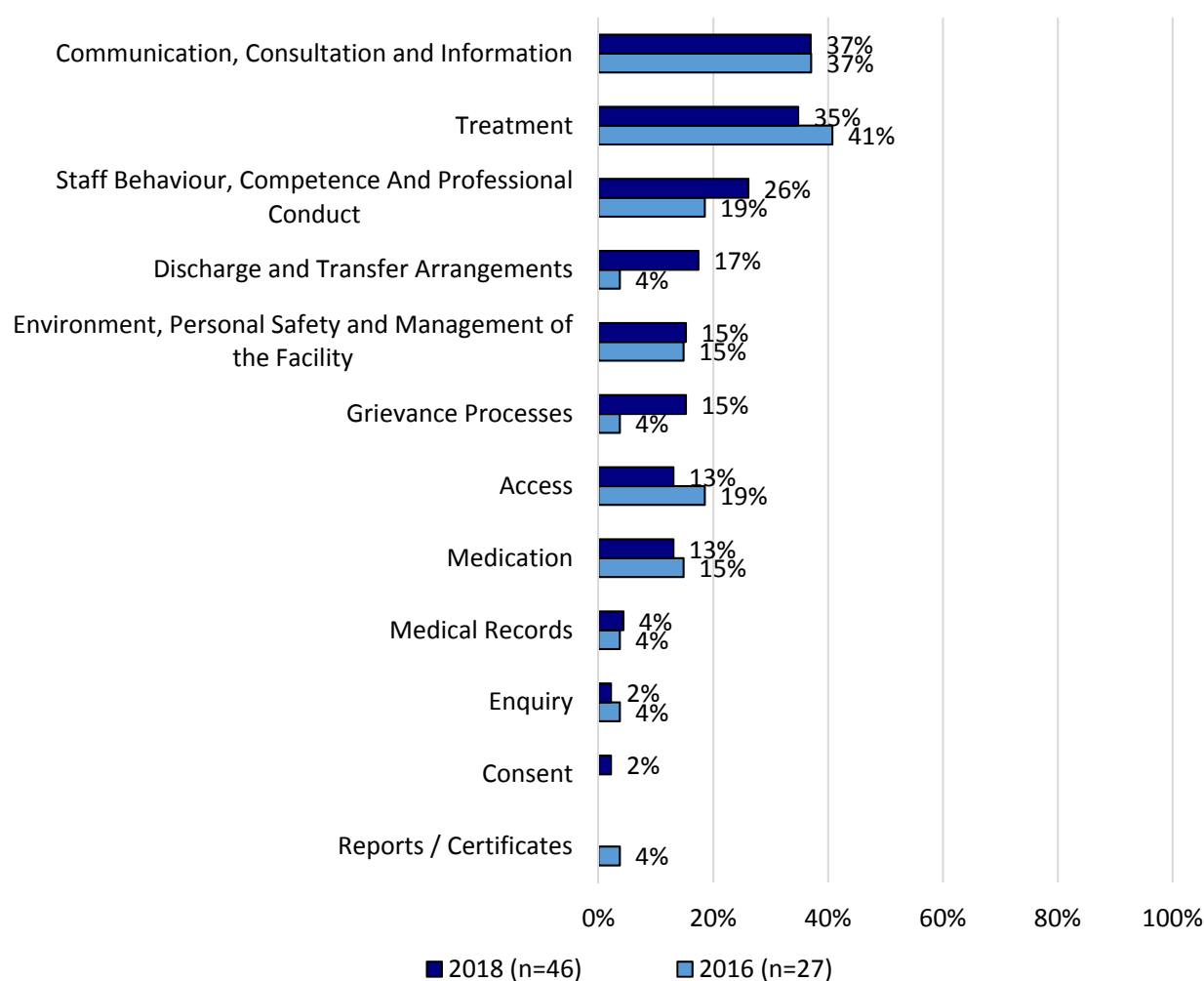
<sup>1</sup> The profile data used in this report reflects complaints made to MHCC in 2017. Most of the surveys that were included in the analysis were also from 2017 (see Table 1) but also included complaints finalised in 2018.

### Issue(s) raised in the complaint

Figure 1 shows that the top four most common issues raised in complaints made by survey respondents were communication, consultation and information issues (37%); treatment issues (35%); staff behaviour, competence and professional conduct issues (26%); and discharge and transfer arrangements issues (17%, up significantly from four per cent in 2016).

This profile is similar to that of all complaints to MHCC in 2017. In particular, the top four level 1 issues identified in the survey were also the four most common issues amongst all complaints to MHCC in 2017<sup>2</sup>.

**Figure 1: Issue(s) raised in the complaint – Level 1 issues only**  
(Multiple response<sup>3</sup>)



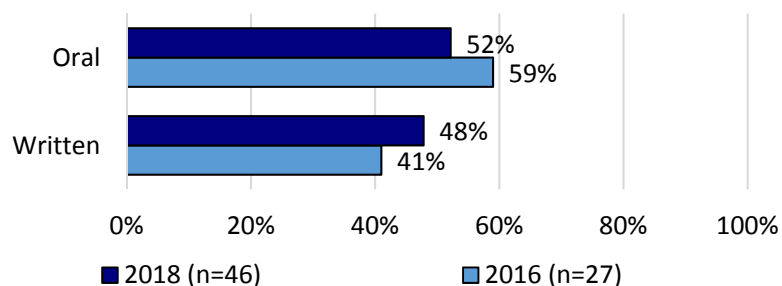
<sup>2</sup> Information about the complaint profile for 2017 in this section is taken from the 2017 MHCC annual report.

<sup>3</sup> This question allowed respondents to provide more than one answer. Percentage results for this question may add up to more than 100%.

## Complaint format

Figure 2 shows that 52% of respondents to the survey made their complaint to the MHCC orally in 2018, compared with 59% in 2016. The remaining 48% made their complaint in writing. The proportion of oral complaints in the survey was lower than the share of oral complaints amongst all complaints made to MHCC in 2017 (71%).

**Figure 2: Method of making complaint**



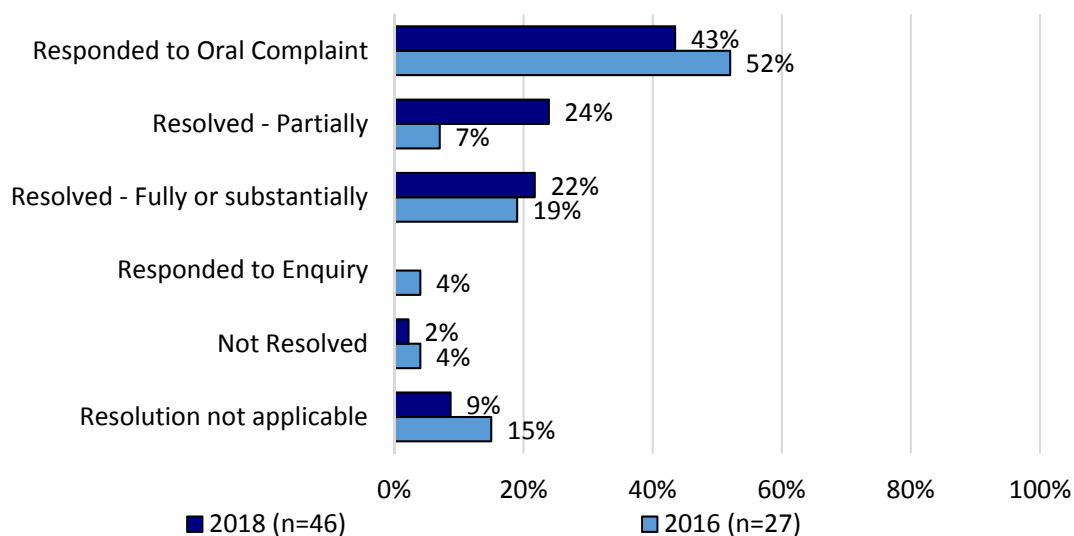
## Complaint outcomes

Figure 3 shows that the most common complaint 'outcome' amongst respondents to the survey was to provide a response to an oral complaint to facilitate early response and local resolution by the mental health provider (43% of all respondents, down from 52% in 2016).

Twenty-two complaints (48% of all respondents, up from 30% in 2016) were recorded as having been accepted by MHCC and closed, out of which 10 were fully or substantially resolved (45%, down from 63%), 11 partially resolved (50%, up from 25%) and one not resolved (five per cent, down from 13%).

The remaining four complaints from the survey (nine per cent, down from 14%) were recorded as resolution not applicable and there were no complaints included in the survey that were responded to as an enquiry.

**Figure 3: Complaint outcomes (as recorded by MHCC)**

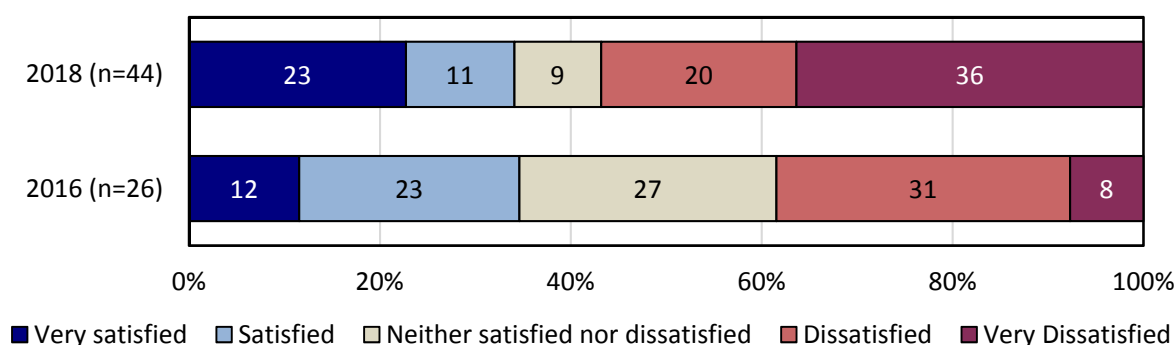


## II. Ratings of the complaint handling process

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

The survey found that 34% of survey respondents were satisfied overall with the MHCC's handling of their complaint (in line with 35% in 2016), while 57% were dissatisfied (up significantly from 38% in 2016) (see Figure 4).

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



Overall satisfaction with the complaint handling process appeared to be highly correlated with the extent to which consumers were satisfied with the outcome of their complaint (see Section B below for more details). 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.

- All respondents who were satisfied with their complaint outcome were also satisfied with the handling of their complaint (compared with 71% in 2016).
- The satisfaction rate with complaint handling process decreased to 50% (compared with 17% in 2016) for those who were neither satisfied nor dissatisfied with their outcome.
- Only eight per cent of those who were dissatisfied with their complaint outcome were satisfied with how their complaint was handled (compared with 23% in 2016).

The satisfaction rate with the complaint handling process was *similar* for complaints raised orally (35%, down from 40% in 2016) and in written form (33%, up from 27%). This reflects the similar outcome satisfaction rate amongst oral and written complaints (both 57%).



### **Free text comments about positive 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 didn't.

Thirty nine people responded to the question, out of which 37 provided a substantive comment (two respondents indicated that they were not sure). Based on these comments, the most common aspects of the complaints process that **worked well** were related to:

- Helpfulness of staff (26%);

*"The staff were very supportive."*

*"<Name>. Consulted with the hospital, built me into all interactions with the hospital. A great listener, gave great advice. Followed up a month later to ask me how I was going. A true treasure within MHC."*

- Effective communication and listening from staff (23%);

*"<name> listened and took my concerns seriously. He was very caring and gave me as much advice as he could. He seemed genuinely concerned about my problems with <org name>."*

*"They were patient and talked through all of the concerns I had and gave simple, clear options to take my complaint further."*

- Responsiveness and accessibility of staff and good follow-ups (10%); and

*"I was contacted immediately by the Commissioner"*

*"Being able to meet face to face."*

- Easy process (10%).

*"That the email address to contact you was easy to access."*

**Free text comments about negative aspects of the complaint process**

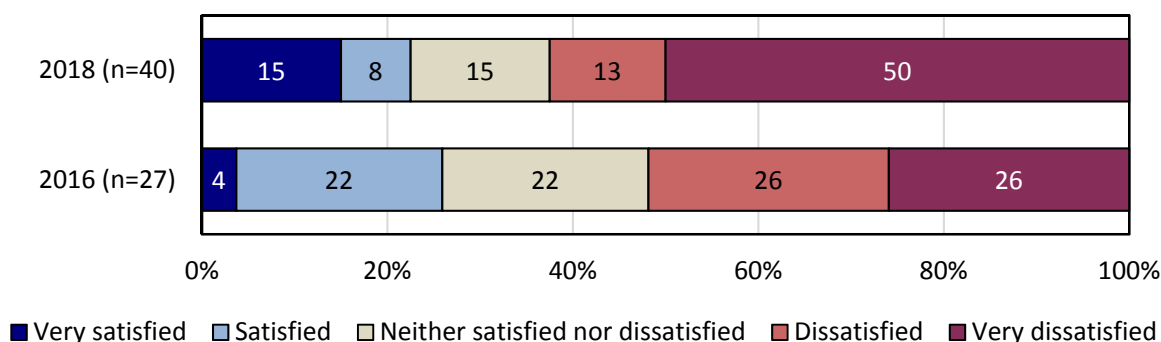
Regarding aspects of the complaints process that **did not work well**, 30 respondents provided substantive comments (two were not sure). The most common themes were related to:

- A perception that MHCC was not helpful (34%);  
*“The sense of the lack of power MHCC has as I perceived to hold carers to real account, I felt.”*  
*“Lack of action”*
- A view that the complaint resulted in either no outcome or a poor outcome (25%); and  
*“At the end of the day nothing much happened I got a copy of the report”*  
*“... The outcome although causing the MHS to act was inadequate as I believe an apology was less than adequate...”*
- A view that MHCC was not responsive, did not provide enough contact or follow-up, or did not provide responses in a timely manner (13%).  
*“I have no idea whether contact was made with the hospital. MHCC told me that they would tell the unit manager to call me to explain what happened but I got no call.”*  
*“They ignored me through the whole process”*

## B. Overall satisfaction with complaint outcomes

Respondents were asked about their satisfaction with the outcome of their complaint to the MHCC<sup>4</sup>. As can be seen from Figure 5, the survey found that 23% of respondents were satisfied with their complaint outcome (slightly down from 26% in 2016), 15% were neither satisfied nor dissatisfied (down from 22%) and 63% were dissatisfied (up from 52%).

**Figure 5: Satisfaction with complaint outcome**



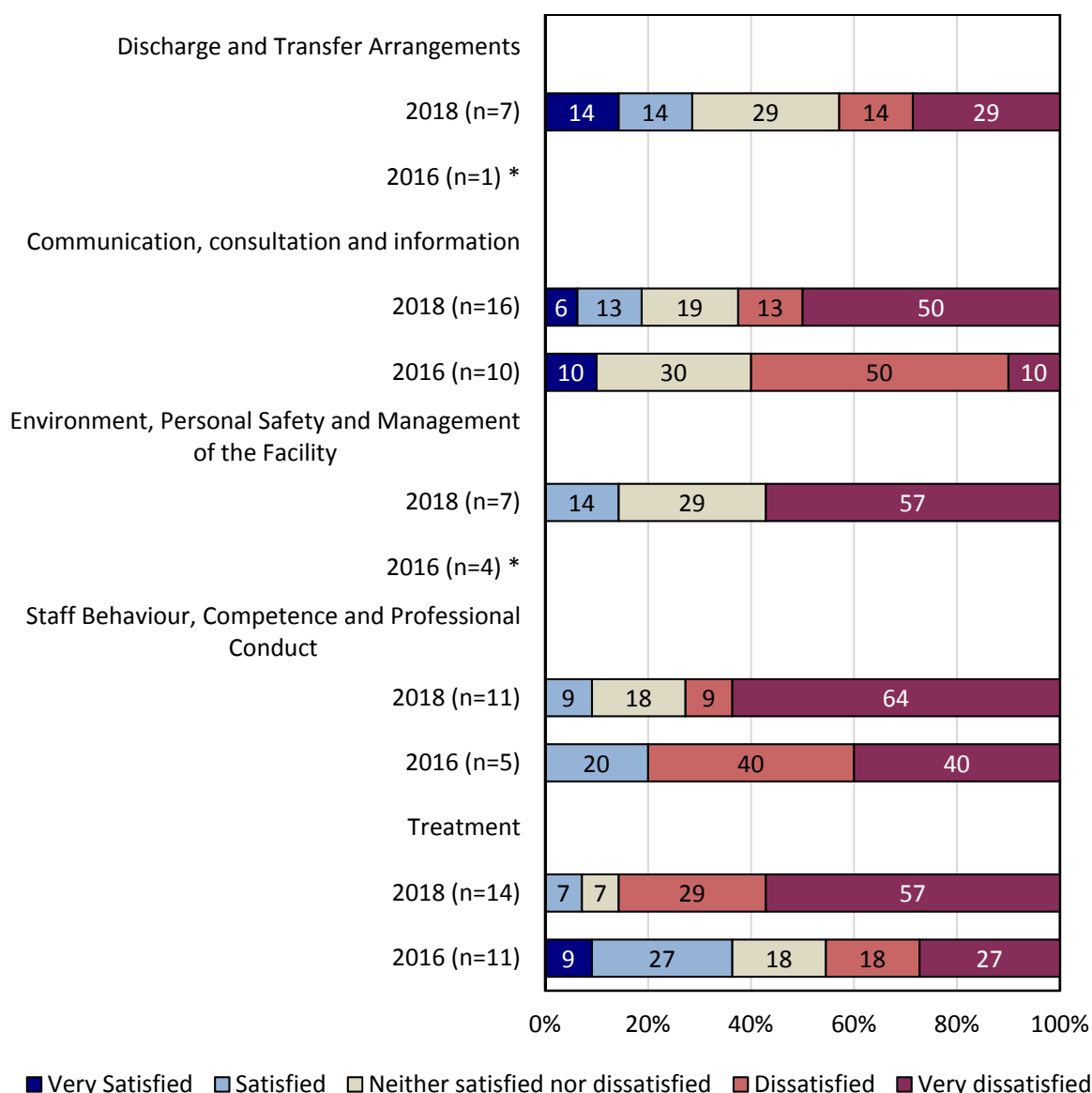
Complaints made orally recorded a slightly higher satisfaction rate with outcomes (25%) than complaints made in writing (20%).

<sup>4</sup> 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).

Figure 6: Outcome satisfaction for top five most common complaint issues shows that outcome satisfaction was higher for complaints made about discharge and transfer arrangements issues (29% satisfied, 43% dissatisfied) than any of those other top five most common issues raised in complaints, for which the outcome satisfaction rate ranged from seven per cent to 19% and the dissatisfaction rate varied from 57% to 86%.

However, these results should be interpreted with caution due to the low number of respondents in each group (in particular, issues concerning discharge and transfer arrangements and concerning environment, personal safety and management of the facility both had a base of less than 10 people for both 2016 and 2018).

**Figure 6: Outcome satisfaction for top five most common complaint issues**



\* Note: Some results in 2016 are not shown due to very low response numbers (less than five). These results are marked with asterisks in Figure 6.

### III. Specific aspects of the complaint handling process

#### A. Satisfaction with the experience of raising complaints with the MHCC

Figure 7: Ratings of aspects of the experience of raising complaints with the MHCC

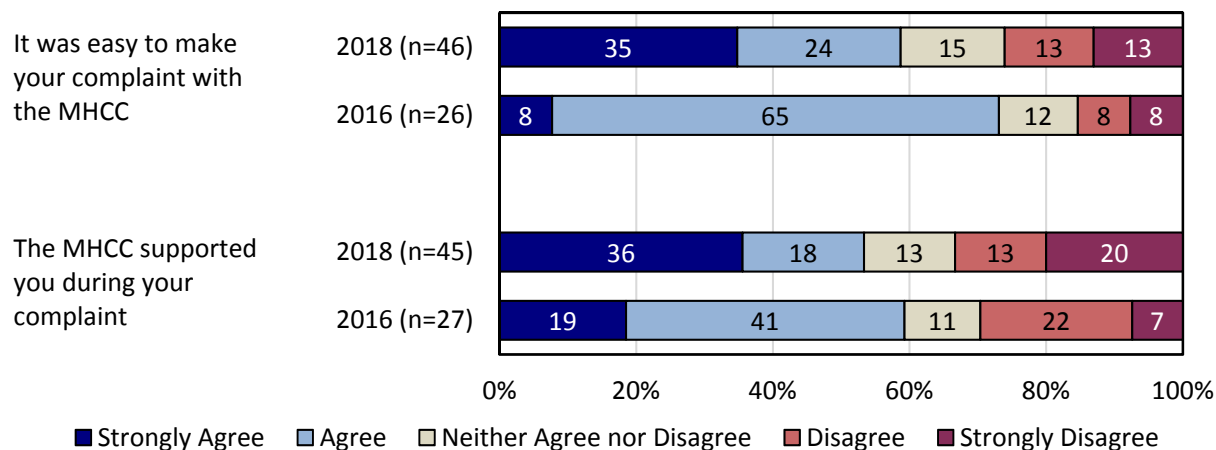


Figure 7 shows the satisfaction with specific aspects of the MHCC complaint handling process related to the ease of making complaints and support received during complaint:

- 59% of respondents agreed that it was easy to make their complaint to the MHCC (down from 74% in 2016), while 26% disagreed (up from 15%).
  - Similar proportions of respondents who made their complaints orally agreed with this statement (58%) compared to those who made their complaint in writing (59%).
  - All respondents who were satisfied with their outcome indicated that it was easy to make complaints with the MHCC (up from 86% in 2016) compared with 83% of those who were neutral about the outcomes and 40% of those who were dissatisfied (down from 64%).
    - 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.
- 53% of respondents agreed that the MHCC supported them during their complaint (down from 59% in 2016), while 33% disagreed (up from 30%).
  - Satisfaction with support was slightly higher amongst those who made their complaints orally (57%, down from 69%) than in writing (50%, up from 45%).

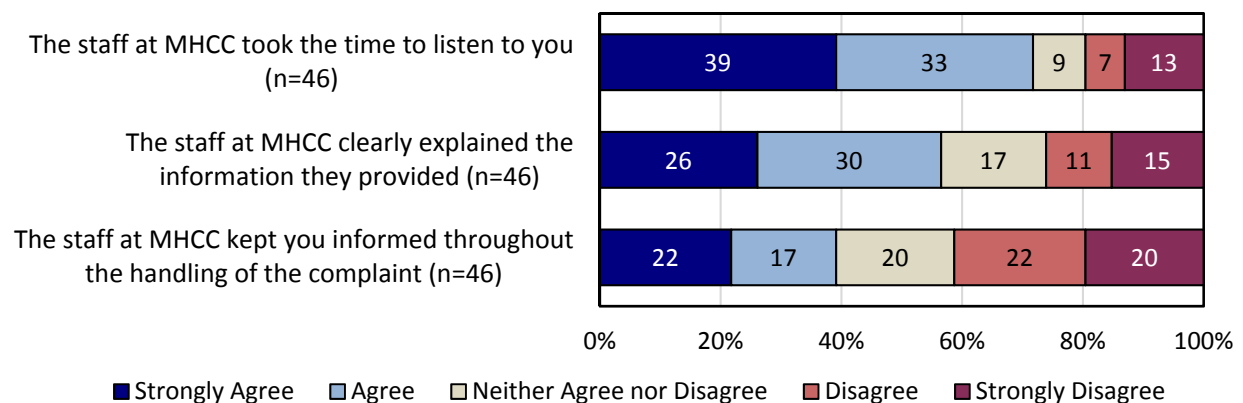
- Satisfaction with support was almost three times higher (100%, up from 86%) amongst those who were satisfied with their complaint outcome than among those who were dissatisfied (24%, down from 43%).

## B. Satisfaction with staff at the MHCC

Figure 8 presents the perception of three aspects of MHCC staff service:

- 72% of respondents agreed that the staff at MHCC took the time to listen to them while 20% disagreed;
- 57% of respondents agreed that the staff at MHCC clearly explained the information they provided (26% disagreed); and
- 39% of respondents agreed that the staff at MHCC kept them informed throughout the complaint handling process, while 41% disagreed.

**Figure 8: Ratings of staff at the MHCC**

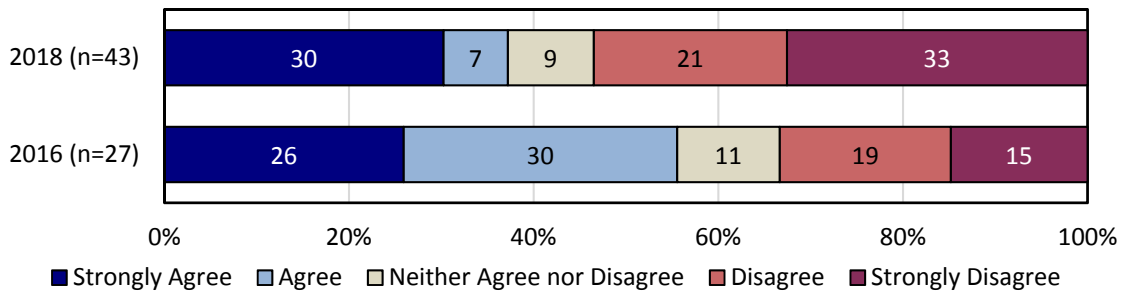


Respondents who made their complaints in writing were more likely to agree with all three statements (73%, 59% and 45% respectively) than those who made their complaints orally (71%, 54% and 33% respectively), which may partly be due to the more complex nature of many complaints raised in written form and there generally longer duration, which may require more extensive communication from staff.

### C. 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 37% of respondents agreed with this statement (down from 56% in 2016), 9% neither agreed nor disagreed (in line with 11% in 2016), and 53% disagreed (up from 33%) (see Figure 9).

**Figure 9: “Your experience with the MHCC improved your confidence to make a complaint in the future”**



As would be expected, those respondents who were satisfied with the MHCC complaint handling process (80%) and their complaint outcome (67%) were much more likely to agree with this statement than those who were dissatisfied with the process (4%) or their outcome (8%).

## 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 and 31 provided comments. The main suggestions for **process improvement** were to:

- Improve follow-up, responsiveness and timeliness (23%);  
*"To continue to keep the informant up to date with the progress of the complaint."*  
*"As per dissatisfied: one call to the complaints commission and the commission should immediately advise they will handle all further enquiries about the complaint with the relevant service, preferably keeping patient identity anonymous (e.g. get all patient records for the week around the patient's stay). And of course, patient should be kept updated of all progress."*
- Improve links and influence between the MHCC and mental health services (19%);  
*"They should do more than share the complaint with you the offending institution. They should follow up to see what actual changes were made on the ground"*  
*"More power."*
- Provide better advocacy and support for the consumer (19%);  
*"A more timely action and the capacity to refer the complaint to legal services for opinion."*  
*"In the end although I sought help, I felt I was on my own."*
- Listen more and have improved empathy and understanding of consumers' circumstances (10%); and  
*"Have some empathy with the people who have the problem and don't blindly cover for the hospital."*
- Be impartial and keep an open mind (10%).  
*"Independent staff at mental health units."*

There were also several **positive** comments about the complaints process and/or that indicated that there was no need to improve.

Other less common themes included the need for: improved face-to-face contact, accessibility and easy process (6%); more information on services and complaint process (6%); more or improved communication and explanations (3%); and other (6%).