

Mental Health Complaints Commissioner

2020 Stakeholder Feedback Surveys

June 2020

MELBOURNE CANBERRA SYDNEY BRISBANE

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Table of contents

Research background and objectives	3
Research methodology	4
Summary of findings	5
Summary of recommendations	6
Consumer/Complainant Survey	7
Services Survey	18
General Survey	37
Advisory Council Survey	54

Research background and objectives

The Mental Health Complaints Commission (MHCC) seek to be 'driven by lived experience' of people who access mental health services in all aspects of their work. To support this goal, the MHCC developed a values framework to inform how this occurs across different aspects of MHCC's work and guide interactions with stakeholders.

Research objectives

In June 2020, the MHCC engaged ORIMA Research to undertake a series of stakeholder feedback surveys, to set a baseline on how well the MHCC are tracking with this approach and to identify areas for improvement.

The objective of the surveys was to obtain feedback from members of the MHCC community about their experiences engaging with the MHCC and its communications, and to understand the extent to which their interactions reflected the values contained in the MHCC framework.

Key audiences

Feedback was sought from the following stakeholder groups:

1. Individuals who engaged with the MHCC's resolution and complaints services in the last twelve months (consumers/complainants)
2. Staff working within mental health service providers, who were involved in resolving complaints
3. Members of the MHCC's Advisory Council (current and recent)
4. Members of the broader MHCC community – those who subscribe to the MHCC's News e-bulletin or follow the MHCC on social media

Research methodology



Questionnaire development

The MHCC developed an initial draft of the questionnaires to survey each of the four key stakeholder groups. The questions were developed and tested by the MHCC and stakeholders, and refined in consultation with ORIMA Research. The questions were based on statements that reflect the experience that the MHCC hope people will have when engaging with the MHCC, and how the MHCC seeks to operate to ensure their actions and processes are driven by lived experience.



Online survey

The finalised questionnaires were then programmed into four separate online surveys – one for each stakeholder group. The surveys could be accessed by following a generic (open) survey link – anyone that clicked on the link was able to complete the survey. The survey links were distributed by the MHCC via email, inviting respondents from each of the stakeholder groups to complete the survey. A link to the broader MHCC community survey (referred to as the ‘General Survey’) was also shared via the MHCC’s Facebook, Twitter and LinkedIn accounts. Initiatives were undertaken by the MHCC to boost participation in the survey, including reminder emails and further promotion of the survey link specifically for those who follow the MHCC on social media.



Fieldwork period

All surveys were conducted online from 16-24 June 2020 apart from the survey of Advisory Council Members which took place over 16-29 June 2020.



Responses received

- **27 responses** from **individuals** who engaged with MHCC’s resolution and complaints services in the last twelve months (referred to as the ‘Consumer/Complainant Survey’ in this report)
- **36 responses** from **staff** working within **mental health service providers** (referred to as the ‘Services Survey’)
- **8 responses** from members of the MHCC’s **Advisory Council** (referred to as the ‘Advisory Council Survey’)
- **69 responses** from **the broader MHCC community** (those who **subscribe to the MHCC’s News e-bulletin or follow the MHCC on social media** (referred to as the ‘General Survey’)).

Summary of findings

Most important role of MHCC – consistently seen as:

- Giving a voice to those accessing or trying to access mental health services, supporting them to address concerns and advocating on their behalf
- Being an objective and independent third party in the complaints process
- Safeguarding against abuse of rights and negligence in service provision related to mental health, and highlighting areas of improvement for services and the sector

(Mis)understanding of the role and responsibilities of the MHCC

- Accurate understanding of MHCC's role and responsibilities appears to be limited – particularly among, but not limited to, consumers – contributing to misaligned expectations among complainants around the outcomes that may be realistically be achieved through the complaints process.
- This sentiment appears to negatively affect complainant experiences of the process overall, as well as the complainant's belief in their ability to influence positive change through the complaints process – resulting in frustration and sense of disempowerment among complainants who feel they have wasted their time.
- Among the general survey audience, lack of enforcement authority and expansion of remit into the disability sector (seen as dilution of focus), was seen to undermine the MHCC's ability to influence positive change for individuals and the sector.

Effectiveness of MHCC communications

- MHCC communications were perceived as moderately clear, inclusive and accessible – though consumers were less likely to share this view compared to services and/or family members and support people.
- MHCC communications were seen as most effective in communicating core messages about being able to make a complaint, being able to complain to the MHCC or the service directly, and doing so without any repercussions. However, the communications were less effective at communicating what the MHCC is, its role and purpose, and its values.

Experiences of engaging with the MHCC

- Among consumers, services, and advisory council members alike, most respondents were positive about their interactions with MHCC.
- Respondents were most positive about how MHCC staff interacted with them, calling out their professional, respectful, and helpful approach, as well as their willingness to listen (consumers) and explore options to resolve a complaint (services).
- Across the board, respondents were less positive about experiences with the complaints process, particularly in relation to the overall length of the complaints process, limited flexibility / ability to choose how to engage with the MHCC throughout the process (both consumers and services, though the specifics of how this manifests in each case differs), and quality of MHCC communications throughout the process, particularly follow-up communications – specifically adequacy and timeliness of communications for consumers, and timeliness, clarity and reliability of communications for services.

Summary of recommendations

Most helpful aspects – continue to:

Engagement / process

- Listen, provide complainants with someone to talk to
- Support MHCC staff to engage in a professional, respectful and helpful way with consumers and services
- Address questions, take feedback onboard swiftly
- Provide timely and clear communications about the complaints process and actions required from each party involved
- Provide opportunities to explore solutions with the service via informal discussions before formalising complaints
- Promote discussion during meetings of the Advisory Council, and listening to those participating in meetings and projects

General

- Provide information and resources related to mental health services and the sector
- Provide an avenue for everyone to easily contact the MHCC by phone (i.e. to speak to someone directly)
- Expand services provided and work done by MHCC in general
- Do what they are doing, in particular, being driven by lived experience, and continuing to expand the diversity of lived experiences considered when making decisions

Consider ways to improve:

- Effectiveness of communication and messaging related to the role and responsibilities of the MHCC, particularly for consumers at the outset of the complaints process, to ensure they are sufficiently clear and well understood, and to ensure claimant expectations about potential outcomes reflect what can be realistically achieved
- Clarity and accessibility of messaging to consumers
- Timeliness of complaints resolution, exploring ways to reduce the length of the process overall, and the associated administrative burden for services
- Communication to all parties involved in the complaints process, including following up on complaints, responding in a timely manner, and keeping complainants up to date about the progress of the complaint
- (for servicers) How the specific complexities of each case (i.e. operational context and challenges faced by services) are taken into account when resolving complaints
- (for services) Effectiveness and clarity of communications with services around the content of each complaint, as well as the rationale behind decisions made throughout the process

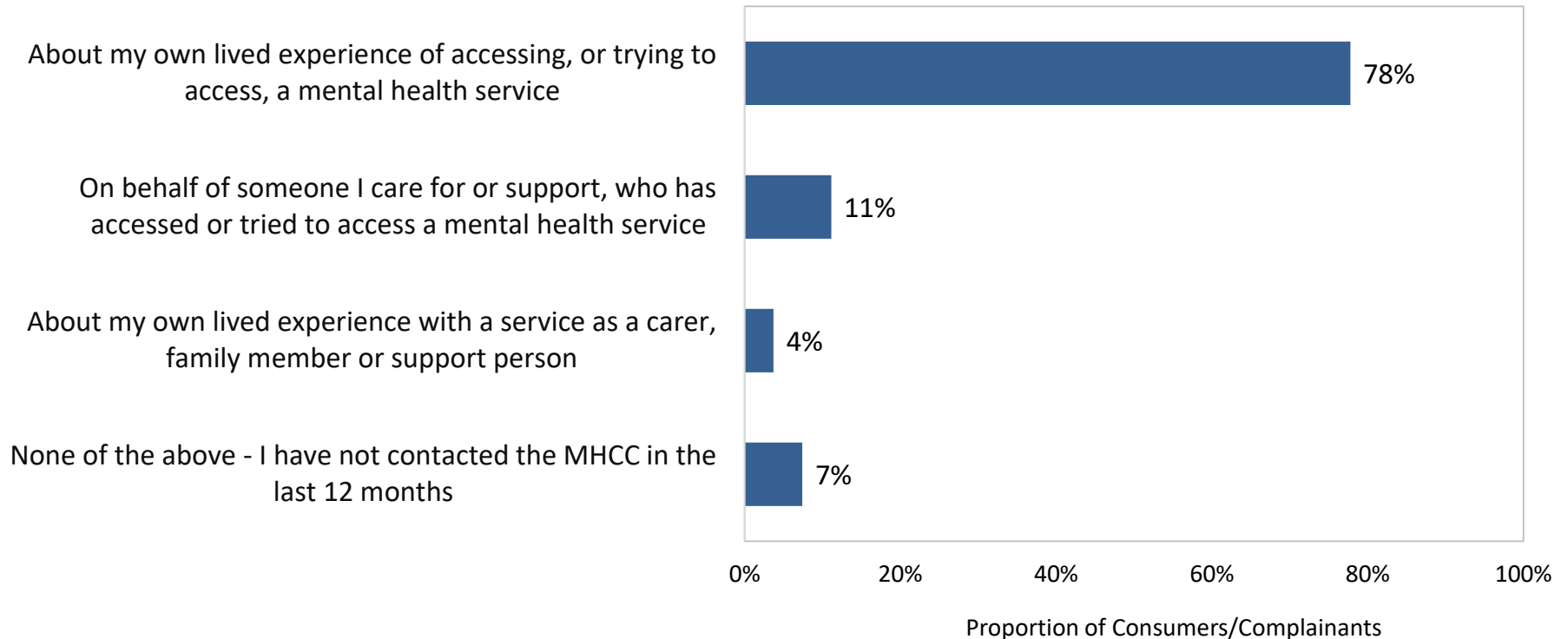


Consumer/Complainant Survey

Profile of Respondents

The majority (78%) of respondents indicated they had contacted the MHCC about their own experience of accessing, or trying to access, a mental health service in the past year.

In the last 12 months, I have contacted the MHCC: (n=27)

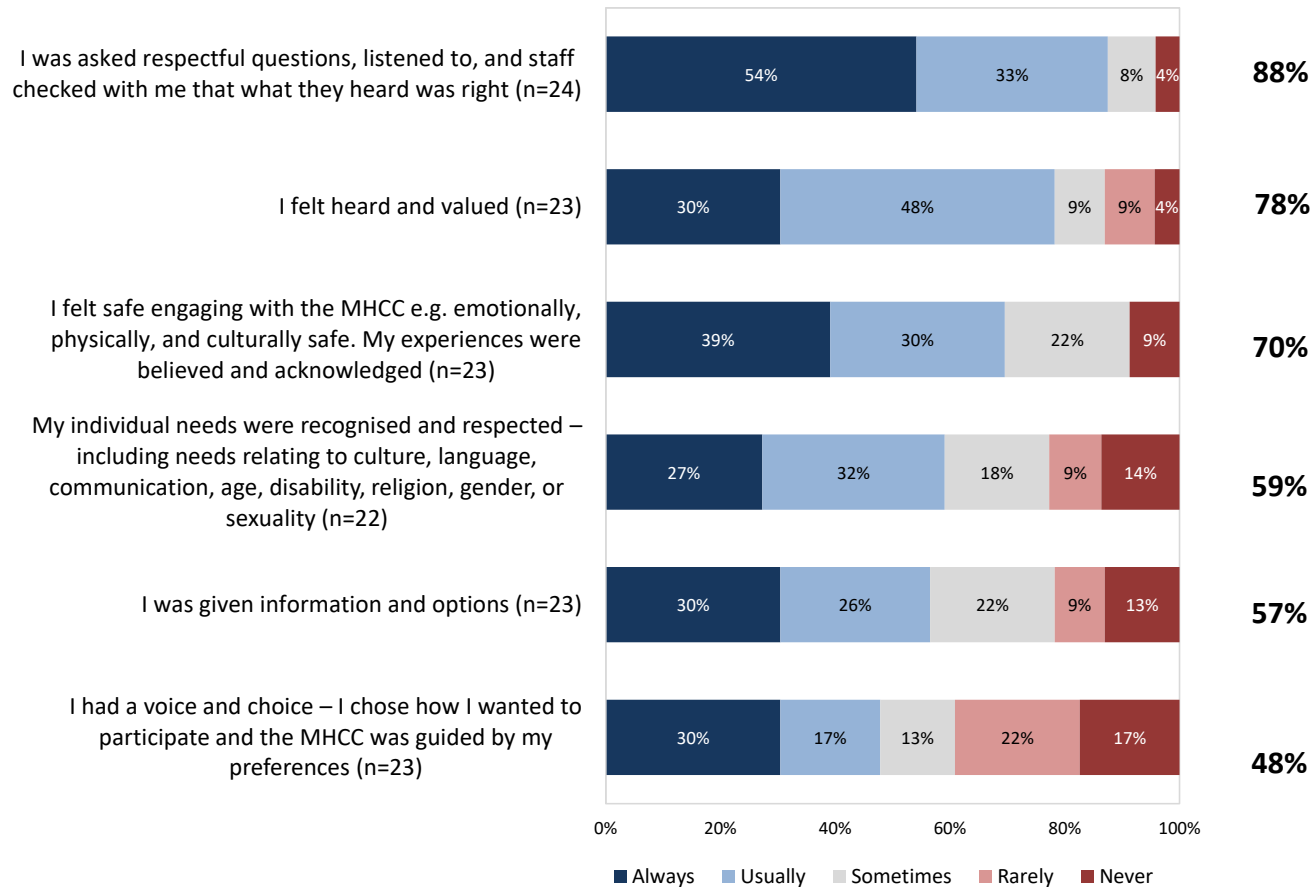


Experiences in the last 12 months

Respondents were generally most positive about how they were treated by MHCC staff – 88% indicated they were always or usually asked respectful questions and listened to, and 78% felt heard and valued.

Thinking about when you have engaged with the MHCC in the past year, to what extent would you say the following describe your experience:

% Always or Usually



However, respondents were less positive about the complaints process, with fewer respondents feeling their individual needs were always or usually recognised and respected (59%), that they were given information and options (57%), and that they felt they had a voice and choice in how they wanted to participate (48%).

Experiences – listening & being heard is key

A high proportion of respondents provided positive assessments about their interactions with staff, with around 80% **feeling they were asked respectful questions, that they were listened to, that staff checked with them that what they heard was right, and that they felt heard and valued**. This was reflected in the free-text comments where respondents frequently described the professionalism, attentiveness and helpfulness of the MHCC staff.

“I had a feeling that the people at MHCC that I spoke to were genuinely wanting to support mental health patients. Most likely feel that mental health patients could be hard done by.”

“The commissioner's advocate listened to what I had to say, without coercion or judgement.”

“They respected my disability utmost.”

“Listening to my complaint and making me comfortable for the process”.

“Listened and actioned as appropriate.”

“I got to talk to someone.”

“Being listened to helps. Instead of being treated like an idiot. Giving sound advice.”

It will be important for the MHCC to maintain or further improve this aspect as **being listened to and being able to speak to someone, as well as having concerns addressed**, were the most commonly described aspects of MHCC's engagement that respondents found most helpful.

Experiences – important to keep claimants in the loop

A relatively lower proportion of respondents (**57%**) indicated they are ‘always’ or ‘usually’ given information and options. Analysis of the free-text comments suggested that these results were influenced by their **dissatisfaction with the communication from the MHCC**, including the timeliness of communications, limited follow-up on matters, and not being kept up-to-date on the progress of their complaint. Some respondents also felt that the MHCC could do more to assist them during the complaints management process by providing them with information and options, for example, by providing guidance / suggestions on how they could achieve a favourable outcome during the resolution process, rather than only updating them when the matter had been closed.

“Information from me is taken then a final outcome is delivered to me. I was not made aware during the process what the other side could suggest to fix the complaint and therefore reaching [an] agreement or understanding before the end of the process. It takes hope away when the outcome is finalised with no achievement from my side.”

“Timely reply and ability to discuss service issues anonymously.”

“Bear in mind [the] effect of feeding back to health service involved.”

“I went through the process to be told MHCC could not assist me any further. I wasted my time. There were no options during [the] process for mediation or what was required of me to influence the outcome in my favour. Or what I could do to find an improvement or resolution to my problem.”

“More options.”

It will be important for the MHCC to focus on this particular aspect because when respondents were asked how could the MHCC improve the way they work with them, most noted that this could be done by **providing more assistance such as following up on matters and improving their communication on the progress of complaints.**

Experiences – process could be improved to give claimants more options to direct how they engage

Just under half (**48%**) of respondents indicated they ‘always’ or ‘usually’ chose how they wanted to participate and that the MHCC was guided by their preferences. The free text comments suggested respondents were not always satisfied with how the MHCC interacted with them during the complaints process – some respondents indicated issues with communication processes, such as being listened to or being called to discuss a complaint at an inconvenient time. One respondent also noted they could not report their concerns anonymously and that this had potential repercussions for their employment.

“I received phone calls unexpectedly from MHCC. This meant I was not in the mind frame to fully concentrate on the phone call. For example calling at a time when I was attending to other daily business. I then had to finalise the call as other daily business took priority. I did not know when MHCC would call again.”

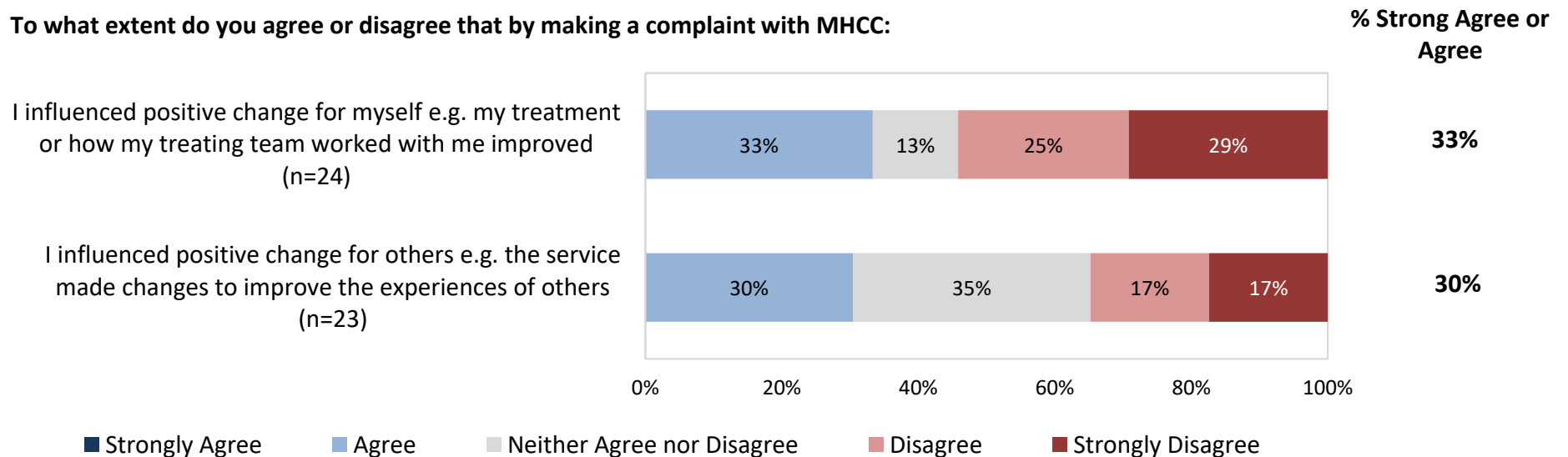
“Visit me or at least follow me up.”

“I encourage consumers to contact MCCC but it has been difficult for me as a worker, due to concerns regarding employment and anonymity if reporting concerns. To leave a message for a call back means identifying yourself.”

Influencing positive change

Around one-third of respondents agreed that by making a complaint to the MHCC, they influenced positive change for themselves (33%) or for others (30%). A relatively higher proportion *disagreed* (54%) that there was positive change for themselves – primarily due to seeing the MHCC as lacking the authority to assist them to change their experience (see next slide).

To what extent do you agree or disagree that by making a complaint with MHCC:



Influencing positive change – MHCC perceived as lacking power to change things

Just over half of respondents (54%) *disagreed* that they **influenced positive change for themselves by making a complaint with the MHCC**, and 35% disagreed that they influenced positive change for others. Comments suggest that many respondents felt the MHCC did not have the power / authority to bring about change following a complaint, lacking jurisdiction, or ability to take action. Without ability to enforce change, the MHCC was seen as "merely a sounding board" by some. This was a source of frustration for many, seeing the experience as a waste of time.

“Nothing changed.”

“No solutions no outcome as to the complaint.”

“I didn't feel that my mental health wellbeing improved by making a complaint to the MHCC. Still in the same position mental health wise...”

“I tried to inform the right people as to what is really happening when I tried to get help, but no one cares.”

“MHCC accepted [the] complaint. Wasted 2-3 months of time and only then [MHCC had denied] jurisdiction in the matter...If [the] MHCC had no jurisdiction they never should have accepted the complaint in first place, but they did have jurisdiction...”

“Instead of taking a complaint to the service provider, they could look at prosecuting service providers.”

“What is point of [an] investigative body if it has no authority?”

“MHCC could improve by moving towards being in a position to go forward for patients or carers in regards to prosecution of mental health departments/service providers. Have enough power to enforce a position where the complainant could prosecute.”

“I had legitimate grievances but I found that MHCC had very limited powers and were unable to resolve my issues. They acted as merely a sounding board.”

Experiences – most helpful aspects

Respondents were asked what they find most helpful in how the MHCC worked with them. In line with highly positive findings about respondents' interactions with staff, most respondents described being listened to and being able to speak to someone, as well as having their concerns and questions addressed as being the most helpful.

#1

Most respondents described being **listened to and being able to speak to** someone was the most helpful aspect in the way the MHCC worked with them

“

“I got to talk to someone.”

“A good ear.”

“They listened.”

#2

Many respondents also valued that their **concerns and questions were addressed**

“Concerns raised were passed on.”

“Follow up and take on board the feedback I provided.”

“Going to the top and getting my questions answered.”

#3

Some respondents also valued the **positive conduct of staff**, including their **professionalism and helpfulness**

“Attentive staff who were more than helpful.”

“Keeping professionally minded, e.g. speaking to service providers and myself.”

“... Making me comfortable for the process.”

”

Areas for improvement

Respondents were asked to suggest ways that the MHCC could improve how they worked with them. As noted previously quality communication was found to be most helpful when engaging with the MHCC. The need for improved communication was also identified as an area of improvement during the complaints management process.

#1

Most respondents suggested MHCC improve communication to all parties involved in the complaint, including following up on complaints, responding in a timely manner, and keeping complainants up to date about the progress of the complaint

“

“Follow up with people about what has been or not done.”

“...follow up after hearing.”

“Visit me or at least follow me up.”

“Information from me is taken then a final outcome is delivered to me. I was not made aware during the process what the other side could suggest to fix the complaint and therefore reaching agreement or understanding before the end of the process.”

“Timely reply.”

#2

A few respondents also noted that MHCC should manage expectations from the outset about their limited powers to bring changes into effect following complaints – or alternatively, seek to enhance its authority to enforce outcomes, including prosecuting service providers

“Tell people immediately of their limited powers so patients do not have false hope for a change that MHCC cannot bring into effect.”

“Instead of taking a complaint to the service provider, they could look at prosecuting service providers.”

”

Summary for Consumer/Complainant Survey

Experiences of engaging with MHCC

- Most respondents were **generally positive** about their interactions with MHCC.
- Respondents were **most positive** about **how they were treated by MHCC staff** – specifically that they were treated with respect, and had felt heard and valued.
- Respondents were **less positive** about experiences with the **complaints process**, with lack of **follow-up communications** was seen as a particular pain point for complainants, along with **inconsistent provision of information and options** (particularly around the different steps in the process, and how they can play a more active role in securing a positive resolution to their complaint), and **limited options to choose how/when they interact** with MHCC (particularly in terms of anonymous options to raise concerns).
- A **prominent concern** for respondents was around **MHCC's apparent inability to bring about change following a complaint**, primarily perceived as MHCC's lack of jurisdiction or ability to take action to enforce change and deliver outcomes. This sentiment appeared to **negatively affect experiences overall**, as well as the **respondent's belief** in their **ability to influence positive change through the complaints process** – resulting in frustration and sense of disempowerment among complainants who feel they have wasted their time.

Conclusions and suggested actions

Most helpful aspects – continue to:

- Listen, provide complainants with someone to talk to
- Foster professional, helpful and respectful conduct of staff
- Address questions, take feedback onboard swiftly

Consider ways to improve:

- **Communication to all parties involved in the complaints process**, including following up on complaints, responding in a timely manner, and keeping complainants up to date about the progress of the complaint.
- **Effectiveness of communication and messaging** related to the **role and responsibilities of the MHCC at the outset of the complaints process**, including the extent of MHCC's powers, any uncertainties around jurisdiction, and what that may mean for the actions / outcomes the claimant may wish to achieve through the complaints process (potentially also including options to pursue misconduct or prosecution through other bodies).

MHCC may wish to consider examining how these messages are communicated during the complaints process (particularly at the outset), to ensure they are sufficiently clear and well understood, and to ensure claimant expectations about potential outcomes reflect what can be realistically achieved.

The background features a large, light blue, semi-transparent graphic that resembles a stylized eye or a lens. It is composed of numerous concentric, overlapping circles that create a sense of depth and focus. The circles are more densely packed in the center and become more sparse towards the edges. The overall effect is a soft, ethereal glow that frames the central text.

Services Survey

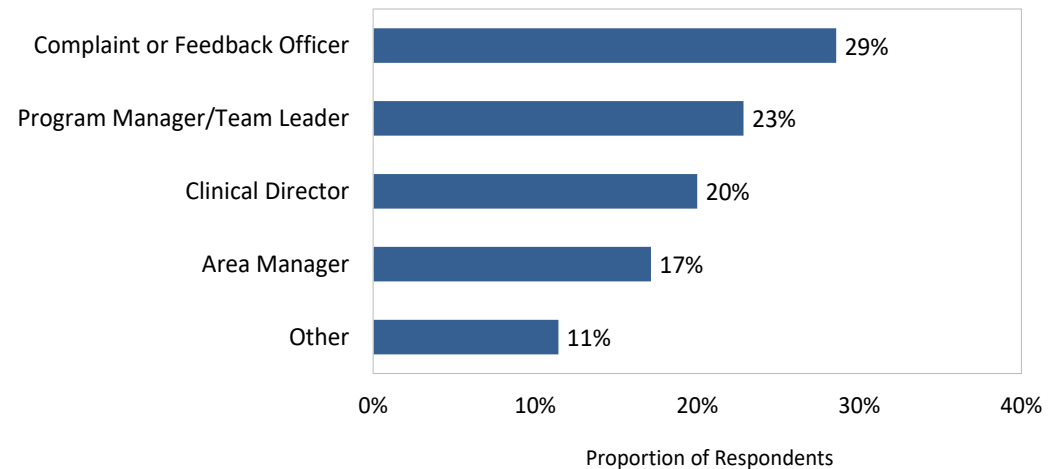
Profile of Respondents

Most respondents identified their role within their service as a **Complaint or Feedback Officer** (29%).

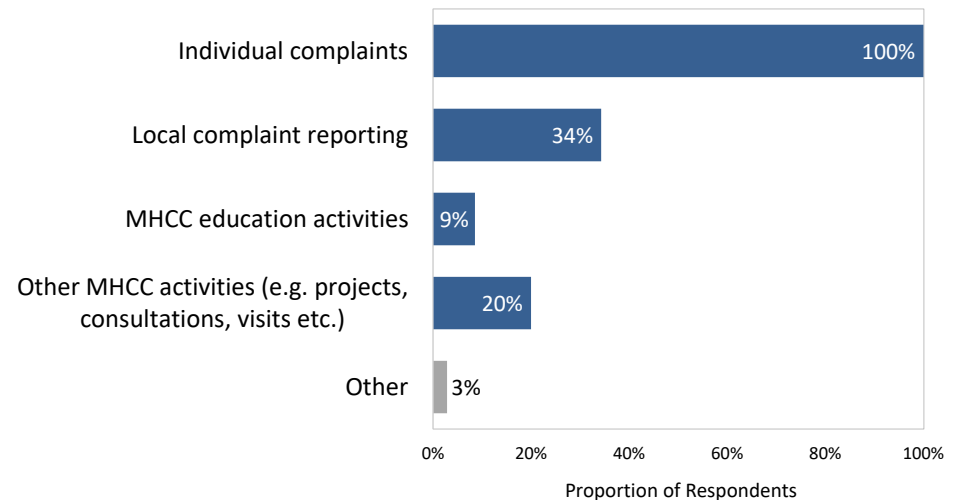
11% of respondents identified 'other' roles which included a 'Quality Coordination Role', 'Manager', 'General Manager' and 'Medical Director Psychiatry'.

All (100%) respondents indicated they had engaged with the MHCC about **individual complaints** in the last 12 months. Around one-third (34%) had been involved in local complaint reporting.

What is your role within your service? (n=35)



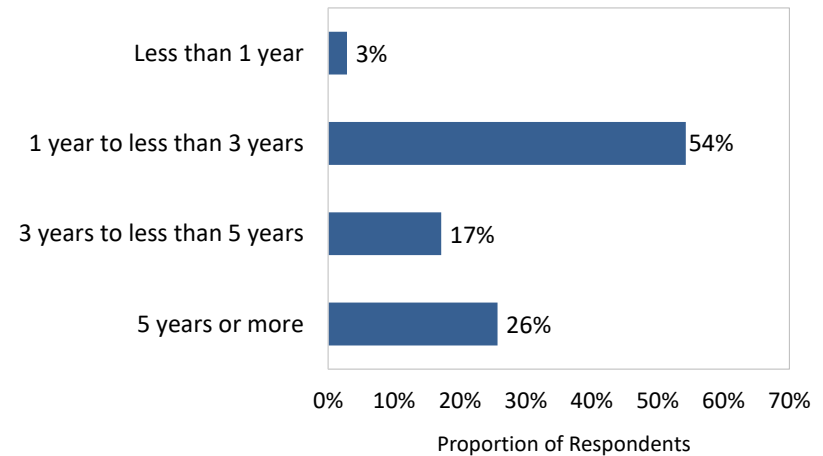
In the last 12 months, what have your engagements with the MHCC been about? [Multiple response (n=35)]



Profile of Respondents (cont.)

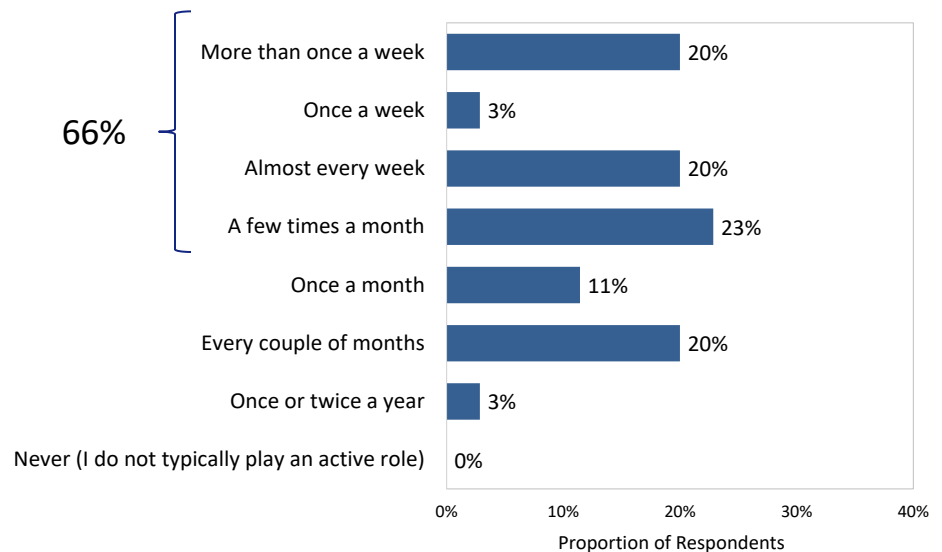
Just over half (54%) of respondents had **engaged with the MHCC between one year to less than three years**. Around one-quarter had engaged with the MHCC for at least five years.

How long have you been engaging with the MHCC? (n=35)



The frequency at which respondents were directly involved in resolving complaints with the MHCC varied. Around two-thirds (66%) of respondents indicated they were directly involved a few times a month or more.

How often are you directly involved in resolving complaints with the MHCC?(n=35)



Perceptions – supporting customers seen as most important role of MHCC

When respondents were asked what they think are the most important aspects of the work of the MHCC. The most important aspects identified by those who responded are presented below from the most to least common:

#1

Most felt the most important role of MHCC was to **support customers to address concerns**, including **ensuring the customer's voice is heard** and **advocating** on their behalf

“Helping the consumer to address the concerns they have about their care...”
“Ensuring the consumer's voice is heard and their needs attended to.”
“Advocating and supporting individuals with a MH issue/concern.”
“Advocacy for consumer, ensuring service hears the consumer's issues, helping consumer to understand the service response.”

#2

Some felt it was MHCC being an **objective and independent third party** when dealing with complaints

“Objectivity in dealing with complaints.”
“Providing consumers with an independent and impartial [to] person review their concerns.”
“External, third party intervention is critical in providing external governance/review of consumer feedback received.”

#3

A few mentioned **highlighting areas where service providers can improve**

“Looking at complaints seeing if there are common trends and feeding that back to mental health service areas so that change in practice or process can occur.”

#4

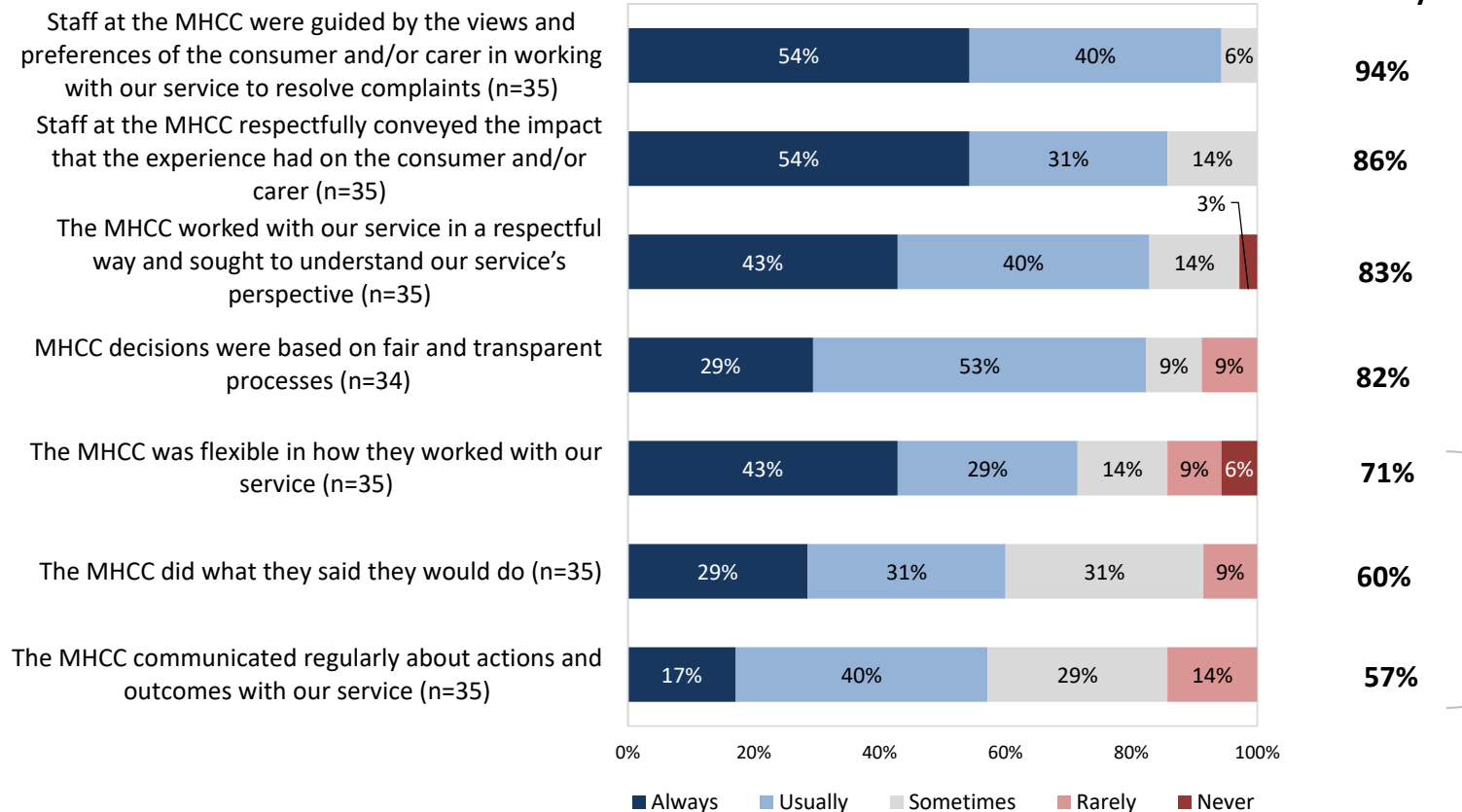
A few also noted providing **mediation and facilitation** to complaint management

“MHCC to facilitate mediated resolution to complaints from consumers and carers following discussion with the service.”

Experiences with Individual Complaints

Most respondents provided positive assessments of their experiences with the MHCC when dealing with individual complaints, particularly in relation to being guided by the views and preferences of consumers/carers, conveying the experiences of the complainants, and working respectfully with services.

Over the past year, when engaging with the MHCC in relation to individual complaints, how often would you say that...



Respondents were less positive about how flexible MHCC was in working with services, and the reliability and timeliness of actions / communications.

Experiences – professional demeanour and willingness to explore solutions highly valued

Perceptions that staff were respectful in their interactions with services were also rated highly (**86% agreed that staff at the MHCC respectfully conveyed the impact that the experience had on the customer and/or carer and 83% explained that the MHCC worked with their service in a respectful way and sought to understand their service's perspective**). Comments suggested that respondents understood this to mean that staff are courteous, professional, and were willing to discuss the issues at hand and explore potential solutions. Some respondents also provided positive comments about willingness to take account of complexities and deal with issues in a fair manner but this was not a consistently held view (see next slide).

“The staff are always courteous and thorough when communicating about a complaint as well as in their response to complaints and resolutions.”

“Consultants are helpful and accessible, and willing to have a broad discussion to nut out an issue.”

“... That most of them are fair and reasonable and listen.”

“Pleasant staff, who are happy to discuss concerns and support clients and work/consider solutions.”

“The staff communicating without judgement but with concern.”

“Commitments of staff to resolve the complex issues.”

Maintaining or further improving this level of service quality will be important as the conduct of staff, including their **professionalism, helpfulness and/or willingness to listen** was one of the most commonly described aspects when respondents were asked what they found most helpful when engaging with the MHCC.

Experiences – greater understanding of operational context sought

Although most respondents rated interactions with the MHCC positively, some felt that the **MHCC's complaints process was designed to only support complainants/clients**. When respondents were asked to describe how the MHCC could improve their engagement experiences, the most common theme was that **services need additional support from the MHCC, including the need for the MHCC to better understand and to take into account their perspective when addressing a complaint**.

“On occasion, it is reasoned that MHCC did not understand nor take the opportunity to understand the context certain events occurred, and thus a perception that an outcome was too [biased] in complainant's favour.”

“MHCC has to develop a realistic understanding of the constraints under which services operate.”

“Improved commitment to understand and be informed of the nature of incidents from all stakeholders which would [improve] outcomes for all interested parties.”

“It is a system that has been set up to support clients, but the impact on services for quality responses and reflection is a struggle for services, which detracts from [the] service of the next person.”

“By employing staff who may have knowledge and experience in the area of Mental health delivery or any in any area.”

“Treat the services with the same lens as they treat the consumer and carer, with no bias, then a true conflict resolution may be possible.”

Experiences – timely communications are key

Follow-up and communication processes were rated relatively lower in comparison to other aspects (**60% indicated that the MHCC ‘always’ or ‘usually’ do what they said they would do, and 57% indicated that the MHCC ‘always’ or ‘usually’ communicated regularly about actions and outcomes with their service.** Most respondents who provided free-text responses raised concerns about the timeliness of the MHCC’s communications and the overall complaints management process. Specific areas of improvement in relation to follow-up and communication noted by respondents included:

- meeting set timelines
- replying to all emails
- reducing the time taken to follow-up on matters and responding to communications from services
- reducing the time taken to resolve complaints.

“Often service is given a short timeframe to respond, but it can take months to receive feedback about current open complaints and where they are up to.”

“MHCC could improve in meeting the timelines set for the investigations and provision of reports.”

“MHCC don't like delays, but delay themselves with ease.”

“Feedback is often slow, i.e. can take months to hear back about a complaint leaving the service not knowing what was happening with the case.”

“In general the complaint process often drags on far [too] long, usually months or even years following the response by the service. It is hard to understand what is gained, for all parties, by this prolonged process.”

“Regular phone contact.”

“Ease of communication.”

“Access to resolution officers to discuss response.”

“Communication can be more timely.”

It will be important for the MHCC to address these areas of improvement because when respondents were asked what they find most helpful when engaging with the MHCC and how the MHCC could improve their experiences, **the need for timely communication was one of the most commonly raised issues as well as having a timely complaints management process.**

Experiences – lack of process flexibility a pain point for services

Flexibility was seen as a pain point for services. Fourteen per cent of respondents *disagreed* that the MHCC was **flexible in how they worked with their service**. Another 14% felt that this sometimes occurred. A few respondents provided commentary in relation to this, perceiving **MHCC processes to have become increasingly bureaucratic, legalistic or complicated**.

“It has become legalistic, inflexible and a very difficult process.”

“...Things deteriorated as time progressed with more bureaucracy and delays in addressing the complaints.”

“Make addressing the complaints more timely, less bureaucratic, more engaging and problem solving.”

“There have also been some situations which have, in my opinion, overly complicated and conflated by the level of bureaucracy associated with making a complaint via the MHCC system... Relatively minor complaints which arrive via the MHCC almost always become unnecessarily complicated.”

“The process is NOT user friendly for the patients, carers and consumers. It has too many layers of formal letters and responses which delay the process significantly.”

Changes over time – increase in informal discussions noted as important improvement to build on

When respondents were asked if they noticed any changes in how the MHCC worked with them when they first started dealing with them, of those who noticed changes, most observed that there were **improved processes such as the use of informal/oral complaints processes and streamlined process**. Some respondents also noted that an expanded use of **informal processes** would be a way that the MHCC could help improve their engagement experience.

“The MHCC team seems to be more streamlined and concerns are processed in a more flexible manner. It has allowed for better outcomes for individuals.”

“More (though still not enough) opportunities for informal discussions.”

“The inclusion of informal complaints has been an important development.”

“Recent telephonic and email resolution [are] much quicker and I think more rewarding for all.”

“Provide more opportunities for informal discussions before formalising complaints.”

“Put more resources into informal resolutions as they occur and minimise the written responses unless absolutely necessary.”

Differences in experience – those with shorter history and/or more frequent interactions were more positive about engaging with the MHCC

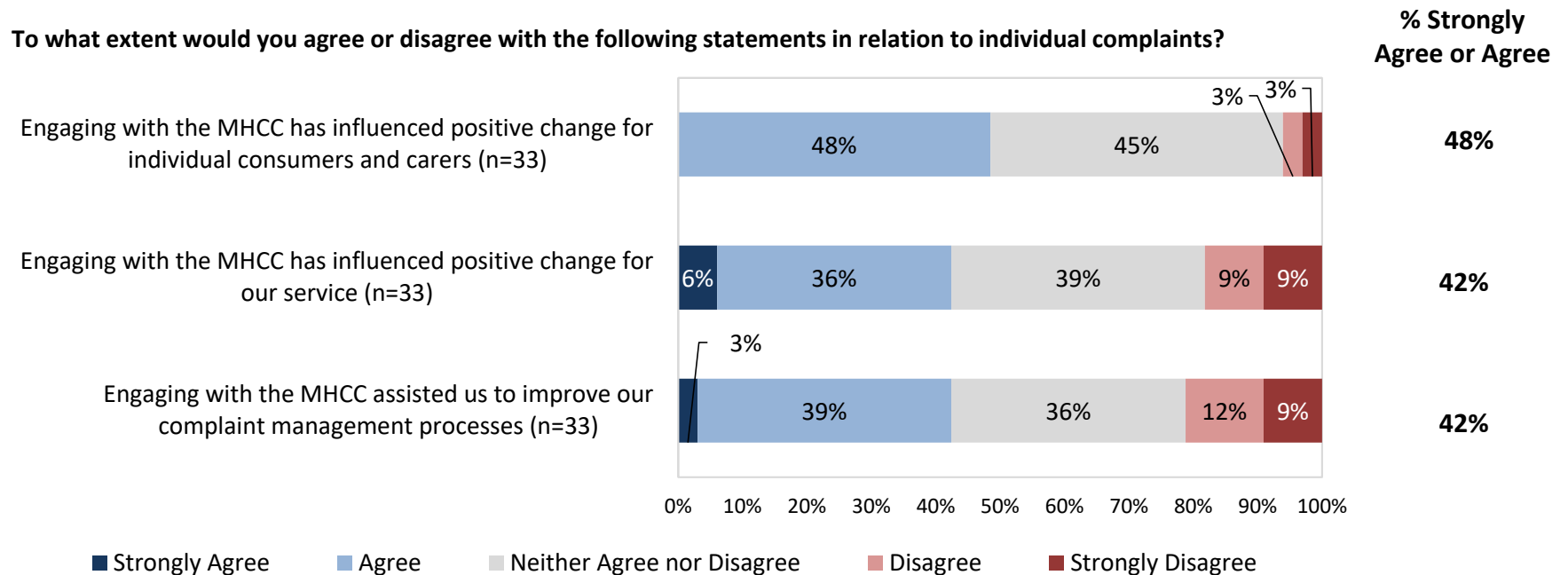


Respondent assessments in their experiences with individual complaints varied according to the frequency, and length of time that they have been engaging with the MHCC:

- Respondents who had been engaging with the MHCC for less than three years were generally more positive compared to those who had engaged with the MHCC for three years or more. In particular, those who had engaged with the MHCC for less than three years were more likely to indicate that the MHCC had **worked with their service in a respectful way and sought to understand their perspective** (90%), compared to those who had engaged with the MHCC for three years or more (73%).
- Respondents who engaged with the MHCC more frequently (i.e. almost every week or more) indicated that the MHCC ‘always’ or ‘usually’ **base their decisions on fair and transparent processes** (86%) and that the **MHCC do what they say they will do** (67%) – both results are higher than those recorded for those who engaged less frequently (i.e. a few times a month or less) (80% and 55% respectively).

Influencing positive change in individual complaints

At least 40% of respondents agreed that engaging with the MHCC has influenced positive change for individual customers and carers (48%), for their service (42%) and/or assisted to improve their complaint management processes (42%). The remaining respondents were more likely to provide mixed assessments, rather than outright disagreeing.



Influencing positive change - hearing from the customer contributing to process change

At least 40% of respondents agreed that the MHCC has influenced positive change for individual customers and carers (48%) and for their service (42%). Most respondents who provided a follow-up free-text response and agreed with at least one of these aspects indicated that engagement with the **MHCC enables customers to be heard and has led to an internal review of their patient management processes to provide customer-orientated care.**

At least 40% of respondents also agreed that engaging with the **MHCC assisted them to improve their service's complaint management process.** One respondent provided a comment directly in relation to this, and explained that engagement with the MHCC has enabled them to engage with feedback more than they would normally.

“Each complaint has produced reason for us to reflect and consider the way we provide service; how our ways of working impact people and, how these can be improved or staff supported to ensure consumer oriented care is our primary focus.”

“I think it has provided a strong voice for the consumer who has been affected and this is a good thing. It has assisted our service to be more person centred.”

“I agree with statements that working towards resolution of any complaint process has led to in depth review of service provision activities and remediation activities to improve service user outcomes.”

“MHCC has encouraged us to engage with complaints/feedback more than we might otherwise do through our internal complaints system.”

Influencing positive change – the complaints process seen as useful, but also very resource intensive

Similar proportions also provided **mixed ratings in relation to the MHCC influencing positive change for individual customers and carers** (45% neither agreed nor disagreed) and **for services** (39% neither agreed nor disagreed).

This was reflected in the free text responses where respondents described **positive outcomes for customers/clients from engaging with the MHCC, but also noted negative implications within the same comment.**

These negative implications primarily related to the engagement process being resource intensive, and perceived to have taken time away from caring for their customers, or that the MHCC's complaints management process had been difficult to partake in.

“Review of our systems to enable timely and local complaints to be dealt with by the service. There has also been negative due to the time and resources required by senior staff to respond to each issue and follow up – taking them away from other consumer services.”

“With all the great relationships between our service and MHCC, there is an increase in workload that has led to a detraction of care for others. I wonder if there is a better system or a way of altering the system to support services in completing individual complaints.”

“Although there have been some good outcomes for carers and consumers as a result of engagement with the MHCC, there have also been some situations which have, in my opinion, overly complicated and conflated by the level of bureaucracy associated with making a complaint via the MHCC system. The majority of complaints we deal with do not come via MHCC and appear to reach a satisfactory resolution within a reasonable timeframe. Relatively minor complaints which arrive via the MHCC almost always become unnecessarily complicated.”

Influencing positive change – for some, process burden perceived to be at odds with positive change for clients

Around **one-in-five respondents disagreed that the MHCC influenced positive change either for their service (18%) or complaints management processes (21%).**

Respondents who disagreed felt that the MHCC's complaints process was **not conflict resolution orientated, did not take into account the perspective of services and/or was resource intensive for services.**

Some respondents also indicated that due to the nature of some complaints (e.g. service resourcing issues, actions taken to protect the safety of multiple parties resulting in a complaint), the impact of the MHCC's complaints process can be limited.

“Dealing with the way the MHCC worked, just cost a lot of time that could otherwise have been spent transforming services. MHCC felt very legal, not conflict resolution orientated but blame oriented. I don't believe consumers/ carers really felt it was helpful either though I fully understand there is a place they should go to independently complain and seek help for conflict resolution.”

“It does not always help complainants to attempt to resolve matters through a complaints procedure because the complaints procedure is usually very one sided (the complainant is always right) and not therapeutic. Some consumers protest reasonable and fair limit setting made by staff to protect their safety and the safety of others by raising a complaint. The MHCC need to show that they have an interest in resolving these matters directly with consumers and not protracting the matter. This is not in the best interests of the consumer's long-term wellbeing.”

“MHCC appear to have a very limited role in processing the complaints, as a lot of the issues raised are either entirely subjective and personal (cannot be proven or investigated in a meaningful manner), or basic in nature (e.g. general MHA issues which could be explained by anyone with a modicum of knowledge). Often the outcomes are no different from the complaints received directly by the service, other than the extra time and resources involved in drafting responses which would otherwise have been obviated by a direct conversation between the complainants and the service.”

“A lot of complaints are related to resource failures that are never resolved.”

Experiences – most helpful

Respondents were asked what they find most helpful when engaging with the MHCC. As noted previously, timely communication was a key area for improvement. It was also found to be what respondents found to be most helpful when engaging with the MHCC.

#1 Many respondents found it helpful to have quality and/or timely communication from the MHCC, as well as being able to communicate with complaints/resolutions officers

“

“Regular phone contact.”

“I find speaking and emailing resolution officers to resolve informal complaints as they occur to be most beneficial.”

“Clear information about concern and actions required.”

#2 Some respondents also valued the positive conduct of staff, including their professionalism, helpfulness and/or willingness to listen

“Pleasant staff, who are happy to discuss concerns and support clients and work/consider solutions.”

“The staff communicating without judgement but with concern.”

#3 Some respondents noted that support provided to providers, such as through mediation, understanding the service's perspective or guidance on actions required to resolve complaints to be most helpful

“Great advice and support in resolving complaints.”

“...Efforts to understand the service perspectives, guidance regarding the resolution of complaints in a supportive way...”

“Some aspects of the ability to provide mediation.”

”

Suggested improvements

Respondents were asked to describe how the MHCC could improve the experiences of services when engaging with them. The areas of improvement identified by those who responded are presented below from the most to least common:

#1

Most respondents noted improving or providing additional support to providers, including understanding their perspective

“Sharing learnings between services – measuring qualitative improvement in service delivery across the sector.”

“Improved commitment to understand and be informed of the nature of incidents from all stakeholders which would improved outcomes for all interested parties.”

“Understand the perspective of the service delivery especially when there are so many challenges with poor infrastructure, inadequate resources. Have a problem solving approach rather than been seen as punitive. Be part of the solution.”

#2

Many noted the need for improved timeliness of complaints resolution and/ or provision of information

“The timeframe for the initial complaint to resolution is extremely long, requires extensive resource allocation and time from senior staff across services.”

“Improved communication and timeliness of responses on existing complaints.”

“A far timelier response to feedback provided. Often services hear of final outcomes more than 12 months post response provided.”

“There seems to be a very large lag (some cases years) before our service receives closure letters. We would benefit from having closures reviewed and notification sent for all complaints formal and informal on a more regular basis.”

Suggested improvements (cont.)

#3

Many also noted the need to provide quality communication and information, as well as improving transparency

“More transparent rationale provided to services as to why certain complaints warrant a response (but not others).”

“I would like to be clearer about why some cases are left open for months verse some closed on the day they are communicated. I would also like to know how the MHCC differentiates between information provision to consumers/carers verse a complaint.”

“Especially in serious complaints, it would be helpful if the commission could be clearer about what the major areas of concern are.”

#4

A few suggested providing more opportunities to engage in informal resolution processes. They also described concerns about formal complaints processes

“Put more resources into informal resolutions as they occur and minimise the written responses unless absolutely necessary.”

“Formal undertakings do not always address the issues and the context of complaints.”

“Provide more opportunities for informal discussions before formalising complaints.”

Summary for Services Survey

Most important role of MHCC – seen as:

- Ensuring the customer's voice is heard, supporting them to address concerns and advocating on their behalf
- Being an objective and independent third party in the complaints process
- Highlighting areas where services can improve

Experiences of engaging with MHCC

- The overwhelming majority of respondents were **generally positive** about their interactions with MHCC regarding complaints.
- Respondents were **most positive** about **how the MHCC was guided by the preferences of the complainant**, conveying the experiences of the complainants, and working respectfully with services (willingness of staff to discuss/explore solutions, and take into account the complexities of each case seen as particularly valuable, though not experienced consistently by respondents)
- Respondents were **less positive** about experiences with the **complaints process**, particularly in relation to how flexible MHCC was in working with services (with the associated administrative burden a source of particular frustration), and how reliable the MHCC was in doing what they said they would do, and/or communicating with services in a timely manner.

Conclusions and suggested actions

Most helpful aspects – build on existing capability / continue to:

- Ensure services receive timely and clear communications about the complaints process and actions required from them
- Support MHCC staff to engage in a professional and helpful way with services, demonstrating a willingness to listen to the perspectives of the service and consider the complexities of each case
- Provide opportunities to explore solutions with the service via informal discussions before formalising complaint

Consider ways to improve:

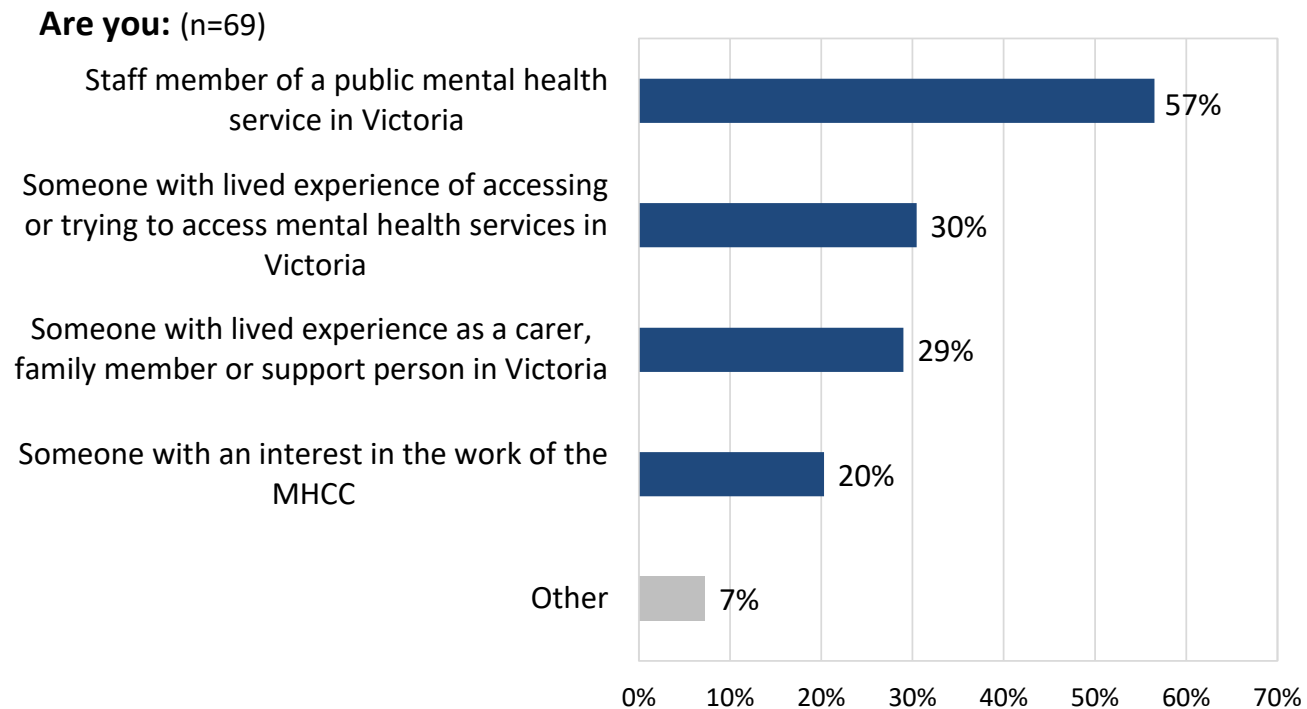
- How the specific complexities of each case (i.e. operational context and challenges faced by services) are taken into account when resolving complaints
- Timeliness of complaints resolution, exploring ways to reduce the length of the process overall and the associated administrative burden
- Effectiveness and clarity of communications with services around the content of each complaint, as well as the rationale behind decisions made throughout the process

General Survey

The background features a large, faint, light blue eye-like shape on the left side. On the right side, there are several concentric, semi-circular lines in a medium blue color, resembling a stylized iris or a series of waves.

Profile of Respondents

Most respondents identified themselves as a **staff member of a public mental health service in Victoria** (57%).



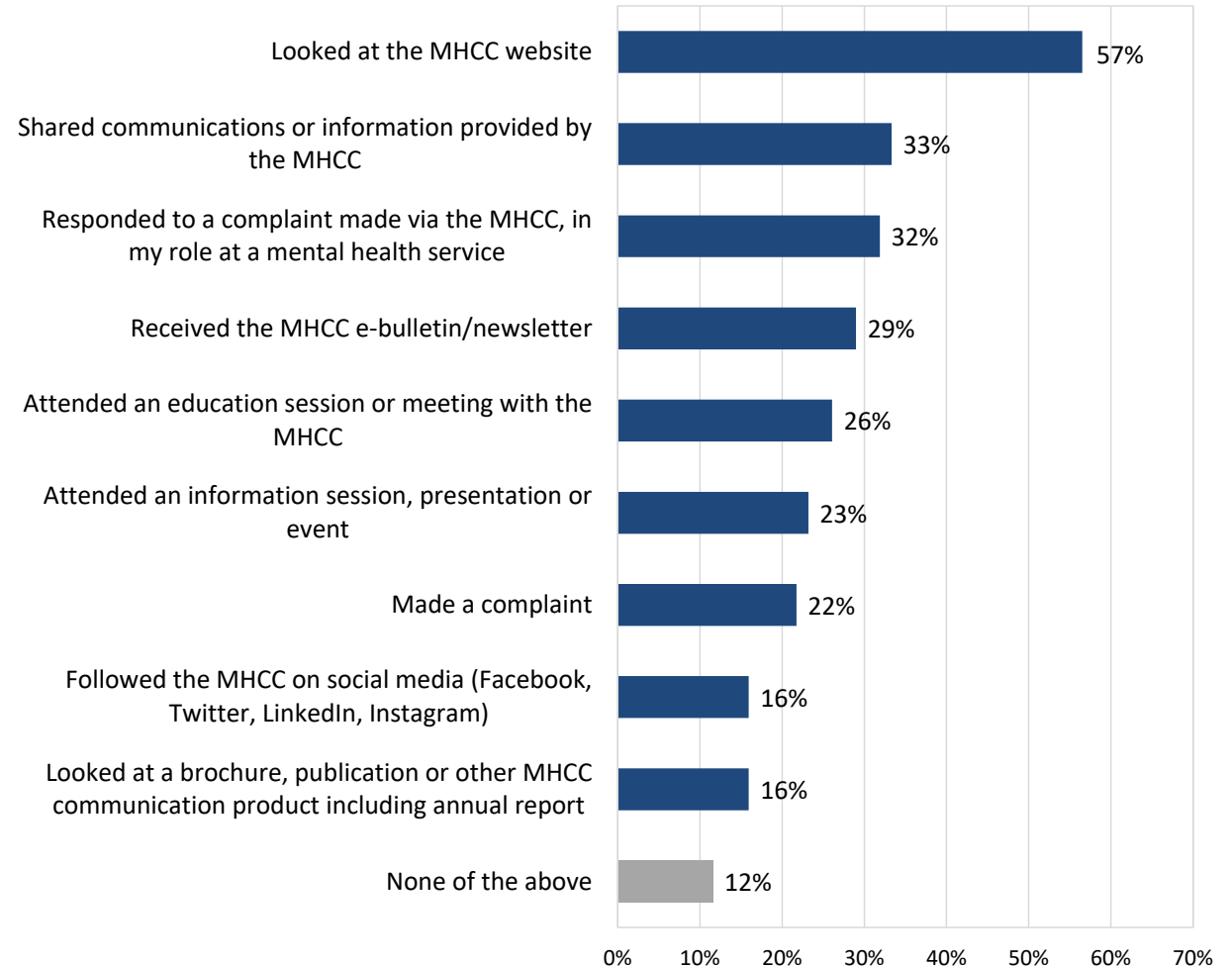
Seven per cent of respondents identified themselves as 'other' and included an individual who has schizophrenia, and three others who are involved in the work of mental health services (a staff member of a support service for mental health in Victoria, an MHCC advisory member and a health worker).

Profile of Respondents (cont.)

Most respondents had engaged with the MHCC through looking at the MHCC website (57%) followed by reading shared communications or information provided by the MHCC (33%), or responded to a complaint made via the MHCC in their role at a mental health service (32%).

Sixteen per cent had looked at a brochure, publication or other MHCC communication. When respondents were asked to specify the type of communication they had looked at, most who responded indicated that it was a brochure and a few indicated they had referred to the MHCC's annual report.

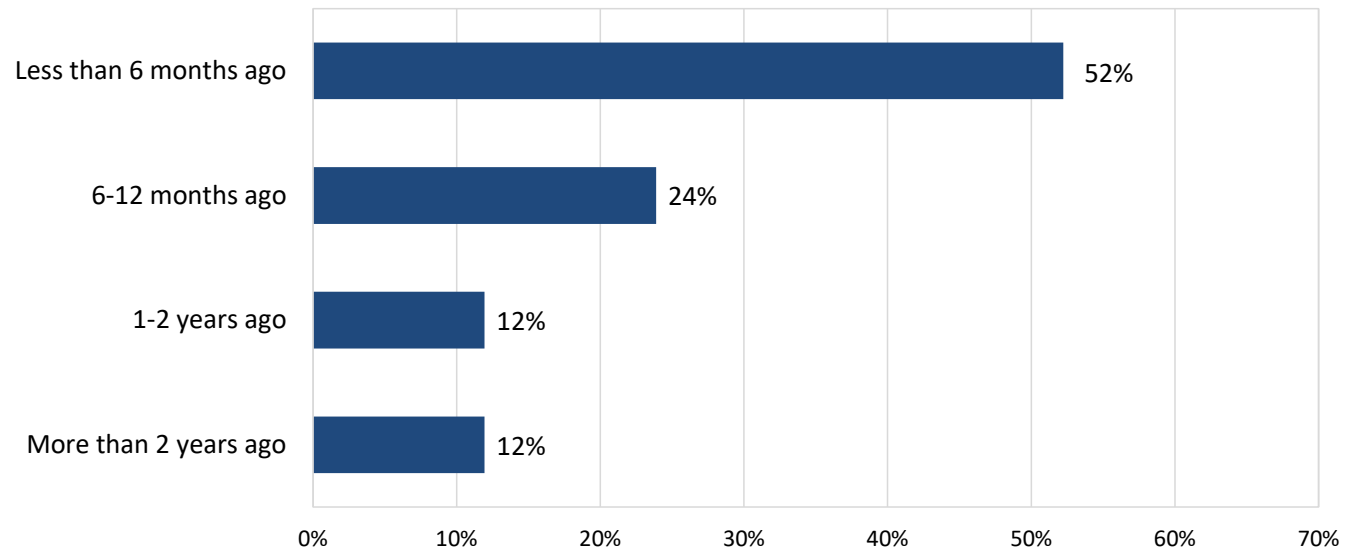
How have you engaged with the MHCC? (n=69)



Profile of Respondents (cont.)

Around half (52%) of respondents had engaged with the MHCC recently (less than six months ago). Around one-quarter (24%) had engaged with the MHCC 6-12 months ago.

When was the last time you engaged with the MHCC (in any of the ways just mentioned)? (n=69)



Most important aspects of MHCC's work

Respondents were asked what they thought are the most important aspects of the work of the MHCC. The most important aspects identified by those who responded are presented below from the most to least common:

#1 Enabling people to have a voice, listening to and understanding consumer concerns, providing support and advocacy to customers who use mental health services

“To bring to light the complaints of consumers and to advocate for breaches of laws and for reform as required.”

“Assisting people who have feedback about their experience.”

“Listening and advocating for change and better outcomes.”

“That consumers can call re their complaints, feel listened and responded to.”

#2 Important independent body to assist consumers with their concerns

“Being independent of mental health services.”

“Independent body for consumers and carers to complain to.”

“An objective place for people to go to with their concerns about mental health.”

#3 Safeguard against abuse and negligence, inform mental health policy, inform best practice and/ or human rights protection

“Safeguarding and human rights.”

“It protects the rights of the people.”

“Ensuring safety for consumers.”

#4 Enabling positive outcomes for consumers (e.g. resolving complaints)

“Corrective action taken to improve the mental health system.”

“Turning complaints into improvements.”

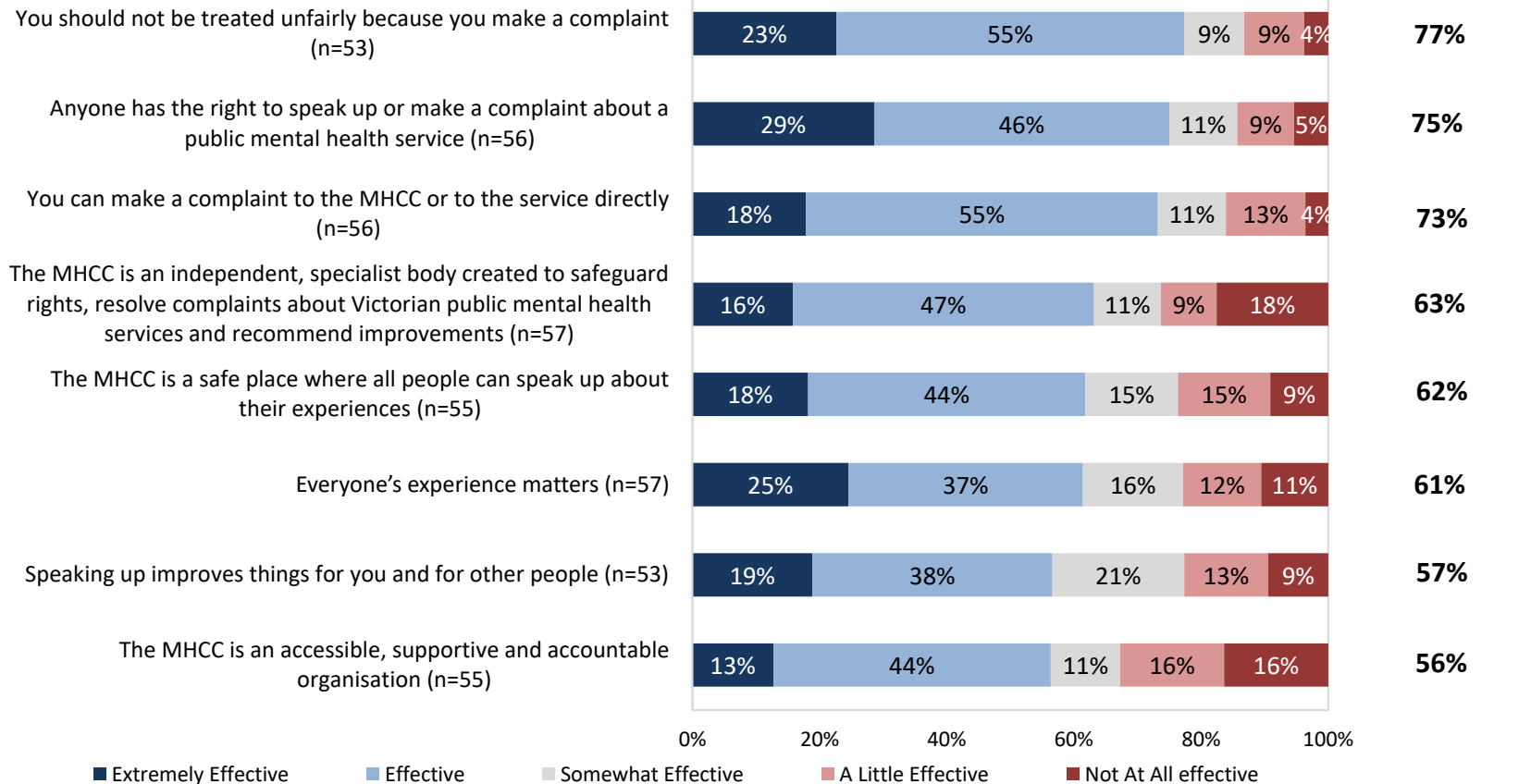
“Resolving complaints.”



Effectiveness of communications

MHCC communications were seen as most effective in communicating core messages about being able to make a complaint to the MHCC or the service directly, and doing so without repercussions.

Thinking about the communications you have seen or received from the MHCC, how effective would you say the MHCC’s materials are in conveying the following messages:



The MHCC’s communications were seen as less effective at communicating what the MHCC is, its role, purpose and values.

Effectiveness of communications – messaging less effective among those accessing services and those with a general interest in the MHCC



Assessments of the effectiveness of the MHCC's communication of the various key messages varied according to different respondent demographics:

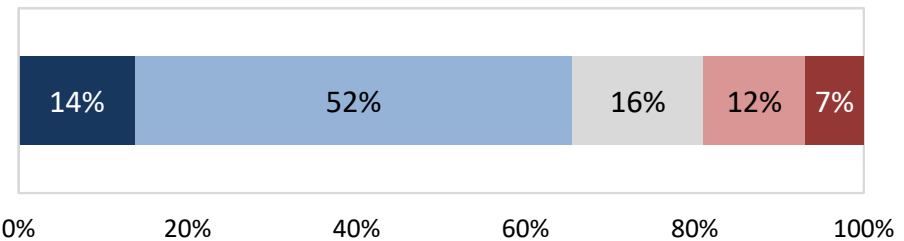
- Respondents who identified themselves as a staff member of a public mental health service in Victoria recorded the highest positive ratings compared to other cohorts. Ratings of 'extremely effective' and 'effective' ranged from 60% (speaking up improves things for you and for other people) to 84% (you should not be treated unfairly because you make a complaint) among this cohort.
- Those who identified themselves as someone with lived experience of accessing or trying to access mental health services in Victoria and/or someone with an interest in the work of the MHCC generally provided the least positive assessments of the MHCC's communication of their key messages. In particular, these respondents were least likely to indicate the MHCC was effective at communicating that they are an accessible, supportive and accountable organisation (35% and 25% respectively), and that the MHCC is an independent, specialist body created to safeguard rights, resolve complaints about Victorian public mental health services and recommend improvements (42% for both cohorts).

Quality of the MHCC's communications

Around two-thirds of respondents provided a positive assessment of the quality of the MHCC's communications – 66% agreed that the **MHCC's communications are clear, inclusive and accessible**.

To what extent would you agree or disagree with the following statement?

The MHCC's communications are clear, inclusive and accessible (n=58)



■ Strongly Agree

■ Agree

■ Neither Agree nor Disagree

■ Disagree

■ Strongly Disagree



Agreement with this statement varied according to different respondent cohorts, for example respondents who:

- engaged with the MHCC more recently (i.e. less than six months ago) were more likely to agree with this statement (75%) compared to those who had engaged with the MHCC 6-12 months ago (50% agreed) or one or more years ago (57%)
- identified as someone with lived experience of accessing or trying to access mental health services in Victoria were *less* likely to agree (45%) compared to those who identified as:
 - someone with lived experience as a carer, family member or support person in Victoria (63%)
 - a staff member of a public mental health service in Victoria (65%)
 - someone with an interest in the work of the MHCC (58%).

Additional topics for the MHCC to cover

Respondents were asked what specific topics they would like the MHCC to cover in their communications. The topics identified by those who responded are presented below from the most to least common below:

#1 Most respondents were interested in **details of specific complaints**, including recommendations made to services, outcomes of complaints and consumer/carer stories

“...More case stories (with details disguised for confidentiality).”
“More specific [information] WHAT changes when complaints about made.”
“Service improvements as a result of someone speaking up.”
“Sharing of lived experiences for carers and mental health service recipients.”

#2 Some respondents wanted more transparency and/or **information about the role and capacity of the MHCC**

“...Understanding of MHCC role, powers within the MHA and management of feedback.”
“The different roles they can take and ways to access them.”

#3 A few wanted more information about the **rights of consumers/carers**, as well **human rights matters**

“The rights of consumers and Carers in the mental health system.”
“I would like the MHCC to talk about people’s rights when they’re being held under the mental health act in a medical ward outside of a MH unit.”
“Human rights...”

#4 A couple identified topics relating to **community engagement and job opportunities**

“Job opportunities available...”
“More broadly engage with the community about the options people have.”

Most valued aspects of the MHCC's engagement

Respondents were asked to describe what they most valued in how the MHCC engaged with them. The aspects identified by those who responded are presented below from the most to least common:

#1

Most respondents valued the **positive conduct of staff**, including their understanding, professionalism, knowledge, communication, empathy, respectfulness and friendliness

"Compassionate towards my brother."

"Highly professional, respectful but determined to ensure change."

"Very warm and compassionate; clearly value the work they do and help people to see how important it is."

"The friendliness and respect."

#2

Some respondents mostly valued the **information and resources** provided by the MHCC

"The trainings are very important."

"The information provided was easy to understand."

"Provision of information and resources."

#3

Some respondents also valued the MHCC's **responsiveness and/or accessibility** of the service

"Easy to access and to talk to someone in person rather than email."

"Responsiveness and timely."

#4

A couple of respondents valued the **advocacy and/or independence** offered by the MHCC

"That they are independent and advocate for the consumer."

"My engagement is more in the form of advocating for consumers to contact your service and increase awareness of MHCC when talking to clinical staff."

Areas for improvement

Respondents were asked what aspects of MHCC's work could be improved. They are presented below from the most to least common:

#1

Process improvements

Most respondents who responded to this question provided specific suggestions for improvement to the complaints management process, including more timely resolution of complaints, more respectful interactions, and better understanding of the context of complaints

"Prioritisation of complaints, recognition of impact of complaints on clinical services and clinicians (particularly where vexatious or repeated), recognition of time required to respond to complaints thoughtfully as impacting on capacity to actually implement good clinical care (resource burden)."

"More discerning between questions of consumers that have a solid ground, and those when consumers are stirred up and need help to work constructively."

"Keeping record of all complaints and taking complaints very seriously"

"Please try to be a little more objective at times and not take everything said at face value."

#2

Improved communications

The need for improved communication, including timeliness, transparency, quality and availability of information was the second most commonly described area of improvement

"Using simple English."

"Communication with services is quite delayed."

"Contactability."

"Their role ill defined and ambiguous."

"More open communication ..."

Areas for improvement (cont.)

#4

Outcomes enforcement and administration

Some noted specific suggestions relating to outcomes to consumer complaints

“I only ever hear of your work in a negative light, in that breaches are logged but nothing occurs, no penalty, no change.”

“Providing actual compensation or support to consumers - resolutions based oftentimes comes across as placating the consumer on behalf of the MHS and not actually addressing the underlying structural issue.”

“Ensuring that mental health services are accountable when complaints are upheld so that services can be developed and improved and therefore issues are no longer a problem for others.”

#5

More funding

Some also described the need for greater funding and/or increased availability of the MHCC's services

“I have no personal experience but I expect more funding to better staff the service would greatly aid the service.”

“Please expand and increase resources to MHCC – so even more independent work can be done to impartially assist consumers and carers.”

Areas for improvement (cont.)

#6 Hiring practices

A few noted that they would like to see changes in the hiring practises, calling for a greater focus on hiring people from Aboriginal and Torres Strait backgrounds, and with lived experience of mental health services and commitment to making a positive difference.

“Increased employment opportunities for Indigenous people throughout the organisation.”

“... Lack of passion and drive of front line staff who could really make a difference in terms of changing policies and laws which contribute to outdated, discriminatory, inhumane ... practices in the mental health sphere. Needs to be run by people with REAL lived experience who are still alive and able to voice the injustices that have been inflicted on (and are still being inflicted) on the thousands of Australians who have slipped through the cracks and been forgotten about and left to rot and die...”

#7 Staff training

A few also noted the need to provide more support to services and their staff (e.g. training)

“More engagement with health services and staff education.”

“Having a consistent approach in the management of feedback to enable appropriate staff training at health services.”

#8 Human rights focus

A couple suggested the need for a greater focus on human rights protection

“Safeguarding and human rights protections...”

“Upholding human rights standards in mental health sector.”

General feedback

Respondents were asked if there was anything else they would like to share about their experiences, or the MHCC in general. They provided a range of feedback such as their experiences with MHCC staff and the role of the MHCC.

#1

Some respondents provided positive comments about the MHCC, positive experiences they had with staff, general comments about the valuable work of the MHCC:

“MHCC is a wonderful organisation who are absolutely critical to ensure that consumer/carer issues are truly heard by Policy makers, hospital units and many others.”

“MHCC raises the profile of mental health in a positive way.”

“I’m really grateful for the support [name] has offered me in progressing with my compliant.”

“Keep up the good work and give more emphasis on carers who often get a very raw deal from mental health services.”

#2

Others voiced their concerns about the role of the MHCC such as their ability to influence change for complainants and/or the sector

“They need to have more influence over reforming the wrongs in the system. It is a hard job but clients first then other stakeholder second, stop trying to be everyone’s friend and make people educated and a little uncomfortable so they change practice. Change does not come from comfort.”

“The organisation is a politically motivated arm of the mental health branch that feigns action but has little direct and no systemic impact.”

“I am very concerned about the MHCC focus changing to also include disability. It should retain its focus on mental health as there is still so much work to be done.”

General feedback

#3

Some also reiterated feedback provided earlier about the need for improved communication, including the provision of clearer information:

“The language used by the MHCC is sometimes non engaging with the Multi Cultural and the disabled in our community...”

“I feel the MHCC needs to make more clear that people are able to make a complaint.”

“Give consumers more updates and interact more with consumers.”

#4

Respondents also took the opportunity to describe their concerns with the MHCC’s complaints resolution process:

“Complaints driven cultures risk reactive and defensive responses - can be counterproductive. Would prefer a greater investment in alternative collaborative approaches e.g. co production.”

“The MHCC's complaint process is rigid and legalistic, which makes it difficult for services to engage in the complaints process in a timely, and consumer-oriented manner.”

“I felt my complaint was acknowledged with respect to me as a person, but the failure to address the issue itself and therefore HELP resolve my problem resulted in me feeling unimportant and that MHCC is not interested in improving the mental health system for the public as a whole, rather addressing isolated cases ONLY.”

General feedback

#5

A few respondents also described their negative personal experiences with mental health, including mental health services and/or systems:

“Mental health system is broken, I am a social worker who works with children who have mental health issues. System turns them away there is no follow up or preventative measures in place. I'm afraid with [COVID-19] system wont cope with an increased spike in suicide or self harm.”

“Difficulty of bringing our son to the psychiatric ward due to too much requirements.”

#6

A couple of comments were also made about privacy-related concerns when making a complaint as well as the broader mental health sector:

“Allow for anonymous complaints when consumer does not consent to complaint but it is serious enough for some kind of independent body to note.”

“Protection from exploitation of data for whatever reasons by simply asking an employee there to advocate on your behalf with an organisation i.e. The Alfred Hospital or headspace.”

Summary for General Survey

Most important role of MHCC – seen as:

- Enabling customers who use mental health services to have a voice, supporting them to address concerns and advocating on their behalf
- Being an objective and independent third party in the complaints process
- Safeguarding against abuse of rights and negligence in service provision related to mental health

Effectiveness of communications

- Most respondents perceived MHCC as moderately clear, inclusive and accessible – though consumers were less likely to share this view compared to services and/or family members and support people.
- MHCC communications were seen as most effective in communicating core messages about being able to make a complaint, being able to complain to the MHCC or the service directly, and doing so without any repercussions.
- The communications were seen to be less effective at communicating what the MHCC is, its role and purpose, and its values.
- Reflecting consumer/complainant survey findings, a key concern raised by respondents was the limits of MHCC's to power to influence positive change for individuals and the sector – specifically, some respondents perceived the MHCC's ability to change practises in the sector to be hampered by its inability to enforce change and the recent expansion of its remit to include disability.

Conclusions and suggested actions

Most helpful aspects – continue to:

- Support MHCC staff to engage in a professional and respectful way with customers and services
- Provide information and resources related to mental health services and the sector
- Provide an avenue for everyone to easily contact the MHCC by phone (i.e. to speak to someone directly)
- Expand services provided and work done by MHCC in general

Consider ways to improve:

- Timeliness of complaints resolution, exploring ways to reduce the length of the process overall
- Communications about the complaints process, with the view to improving the frequency and timeliness of communications, as well as the clarity of the content (i.e. simpler language, less ambiguous)
- Effectiveness of communications and messaging related to the role and responsibilities of the MHCC, and range and extent of its powers to influence practises in the sector

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

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