



Mental Health Complaints Commissioner

**Statewide complaints report:
Complaints to the MHCC and complaints to services**

Complaints from 2015-16 to 2017-18

February 2020

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Improving data quality

About this report

1 This report presents an overview of complaints reported by Victorian public clinical mental
2 health services to the Mental Health Complaints Commissioner (MHCC) from 1 July 2015 to 30
3 June 2018 ('complaints to services'). The report compares these complaints with complaints
4 that were made directly to the MHCC ('complaints to the MHCC'). The report tells us how many
7 complaints were made, who made complaints, how many complaints were made about
7 different types of services, what people complained about, and how services have responded
8 to complaints.

Presentation of 2017-18 financial year results

8 Complaint data is presented by financial year.

9 Section 2 benchmarks complaints per 1,000 consumers for each service for complaints to the
10 MHCC and complaints made to services.

10 Percentage results shown in this report reflect complaints where relevant fields were
11 completed. 'Unknown' or 'Other' responses are shown where this adds to the interpretation of
11 results. Percentages may not add up to 100% due to rounding.

12 Some fields allowed the MHCC and service providers to record more than one response.
12 These 'multiple-response questions' are marked with 'Multiple Response' in the chart title.
13 Percentage results for these questions may add up to more than 100%.

14 Each chart shows the number of observations that the figures in the chart are based on, in the
15 form of "n=" figures (e.g. "n=100" means that the particular result was based on 100
16 complaints).

Definition

A complaint is an expression of dissatisfaction about a service for which a response or resolution is explicitly or implicitly expected from the MHCC or legally required (based on Australian Standard AS/NZS 10002:2014). Complaints to the MHCC can be made orally or in writing. To be formally accepted, they need to be made or confirmed in writing.

Introduction

MHCC's role

Under the *Mental Health Act 2014 (Act)*, all public mental health services (including clinical mental health services and mental health community support services) are required to provide a twice-yearly complaints report to the MHCC. These reports must specify the number, source and type of complaints received by the service and the outcomes of these complaints.

The MHCC collates and analyses this data to identify key themes and emerging issues across the sector to inform our projects, recommendations and opportunities for improvement. The data also provides valuable insights into the concerns and experiences of consumers, families and carers, and the current status of complaint processes and reporting systems across the sector.

MHCC's approach

The MHCC has previously consulted and collaborated with mental health services and the Department of Health and Human Services (DHHS) to identify ways to build on existing systems to meet complaints reporting requirements, and to produce meaningful complaint data to inform service and systemic improvements. As with previous reporting periods, considerable work was required to produce a consistent combined data set that was independently validated by ORIMA Research.

Based on feedback received about previous reports, and some additional consultation with consumers, carers and service providers, this report has been designed to be clearer and more accessible to a broader audience, including by allowing more direct comparison between complaints to the MHCC vs complaints to services directly. The MHCC has also reviewed and updated how we categorise complaints to enable more detailed and accurate reporting of the issues experienced by consumers, families and carers. Complaints from previous years have been recategorised to these new issues categories (available at <https://www.mhcc.vic.gov.au/mental-health-services/local-complaints-reporting>) to enable direct comparison of themes and trends across years. For this reason, data in this report cannot be directly compared to data previously reported in complaint reports or in the MHCC's annual reports.

A note about the data in this report

The MHCC continues to seek to improve the quality of the data in these reports. However, complaints reported by services may be affected by issues including:

- low levels of reporting of complaint outcomes
- despite significant efforts from the MHCC to remove duplicate complaints, possible duplication of complaints that have been made both to the MHCC and to services, where a service has not clearly identified the MHCC as the source of the complaint in the complaints report.

Caution should also be used when drawing conclusions from relative numbers of complaints reported by services. High numbers of complaints reported by services may represent effective complaints reporting processes and/or a positive complaints culture. It may also demonstrate high numbers of issues experienced by people who use the service. Conversely, low numbers of complaints may indicate issues with the recording of complaints or the service's approach to complaints, or a high level of satisfaction with the service. The MHCC will work with the Victorian Agency for Health Information (VAHI) to explore ways to combine complaint data with other data sources, to better illustrate trends and themes in people's experiences both statewide and within individual services.

Finally, the MHCC categorises issues raised in complaints from the perspective of the person making the complaint. The categorisation does not indicate that the concerns or any allegations were substantiated by the MHCC.

Further information and feedback

We are keen to make this report useful to the public so that you can see how using comparative complaints data can improve consumer and carer experiences. A survey can be accessed here: <https://www.surveymonkey.com/r/MHCC1> to tell us what you think about this report and to give your suggestions about improvements for future reports, including improving accessibility for a broader audience including clinicians, the lived experience workforce and consumer and carer advisory groups. Alternatively, you can provide feedback directly to info@mhcc.vic.gov.au.

1. How many complaints were made?

Sector-wide summary

Fig 1.1 Complaints to MHCC

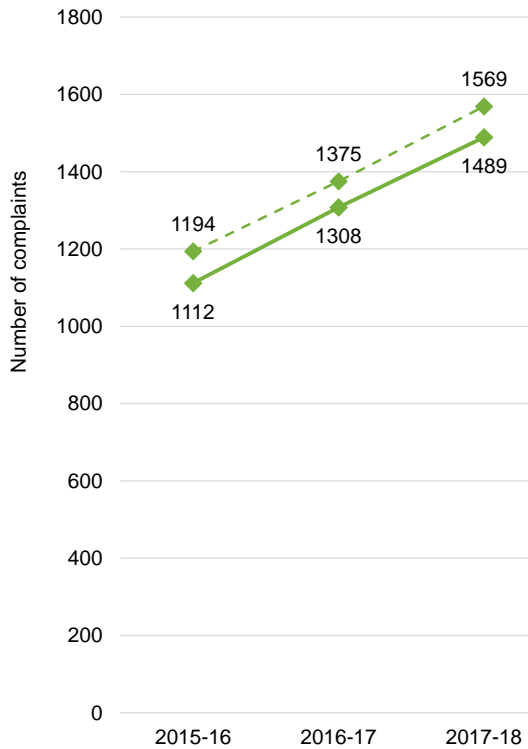


Fig 1.2 Complaints to services



Figure 1.1 shows the number of complaints made to the MHCC about Victorian public clinical mental health services for financial years 2015-16 to 2017-18. Figure 1.2 shows complaints made directly to all Victorian clinical mental health services for the same period. The dotted line on Figure 1.1 represents out of scope complaints that are outside the jurisdiction of the MHCC (may relate to care provided by non-mental health emergency department staff, Victoria Police or Ambulance Victoria). Out of scope complaints are excluded for the remainder of the report.

Complaints to the MHCC have consistently increased from 2015-16 to 2017-18, while complaints to services increased from 2016-17 to 2017-18.

2. How do complaint rates differ across services?

Sector-wide summary - 2017-18

Fig 2.1. Complaints to MHCC per 1,000 consumers

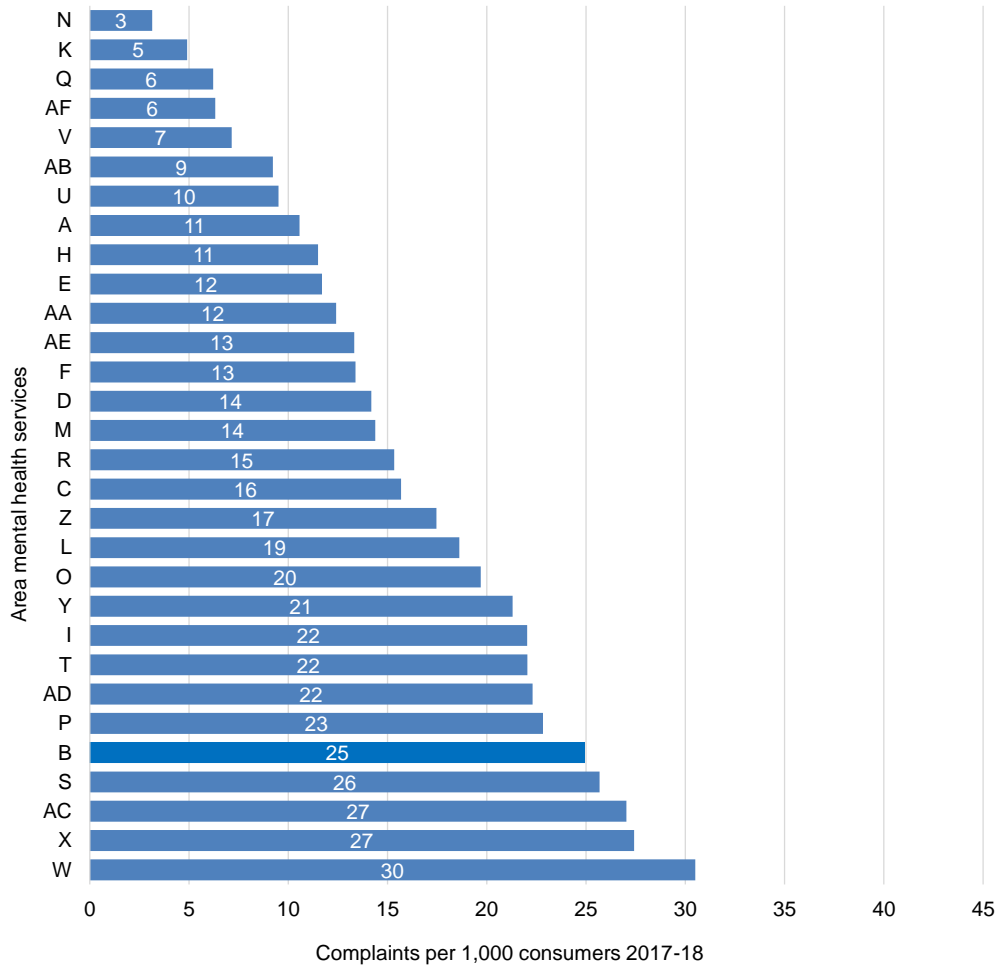
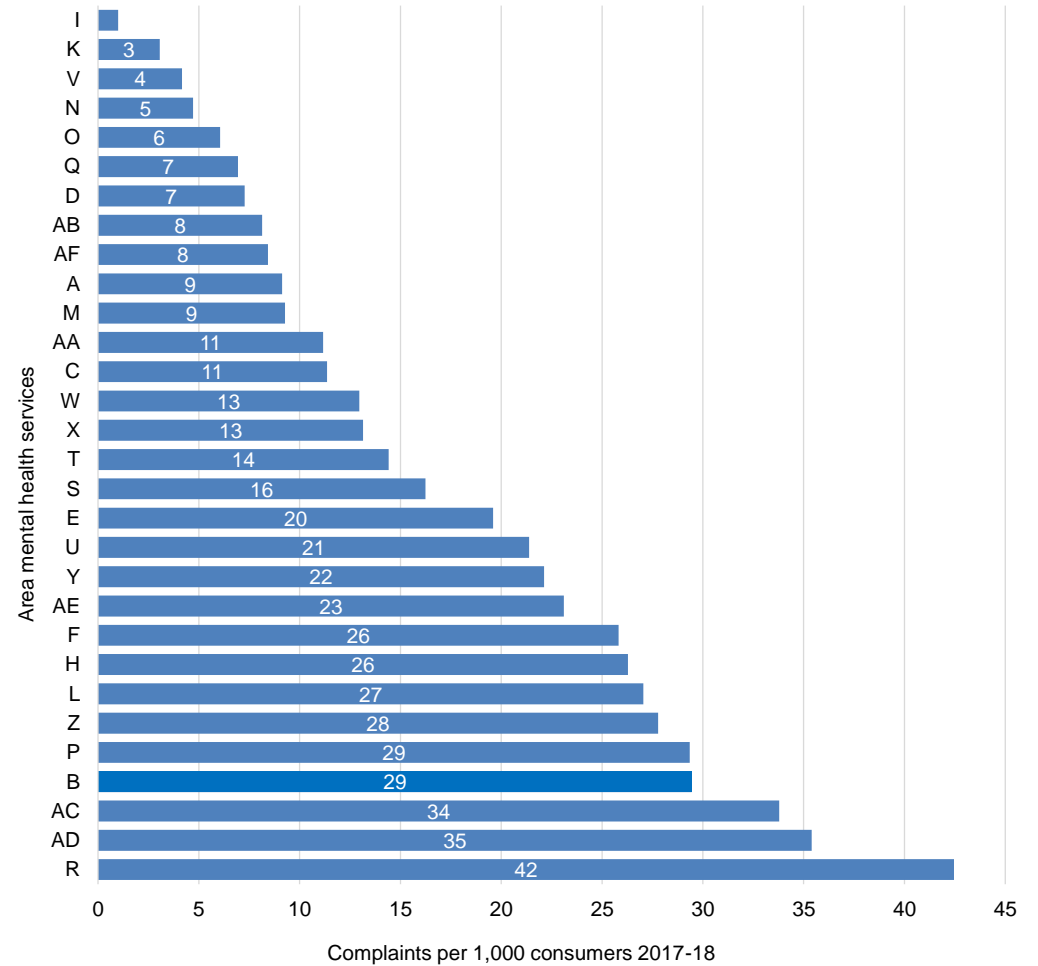


Fig 2.2. Complaints to services per 1,000 consumers



These charts compare the rate of complaints per 1,000 consumers made to the MHCC (Figure 2.1) and directly to services (Figure 2.2) for 2017-18. Figures 2.3-2.6 on subsequent pages show this data for 2016-17 and 2015-16 to enable a comparison over time. Each bar represents one Victorian public clinical mental health service, coded with letters to deidentify and allow for comparison across the charts, with the area mental health services within Eastern Health, Melbourne Health and Monash Health being reported separately. Data on numbers of consumers for each service was supplied by VAHI.

Sector-wide summary - 2016-17

Fig 2.3. Complaints to MHCC per 1,000 consumers

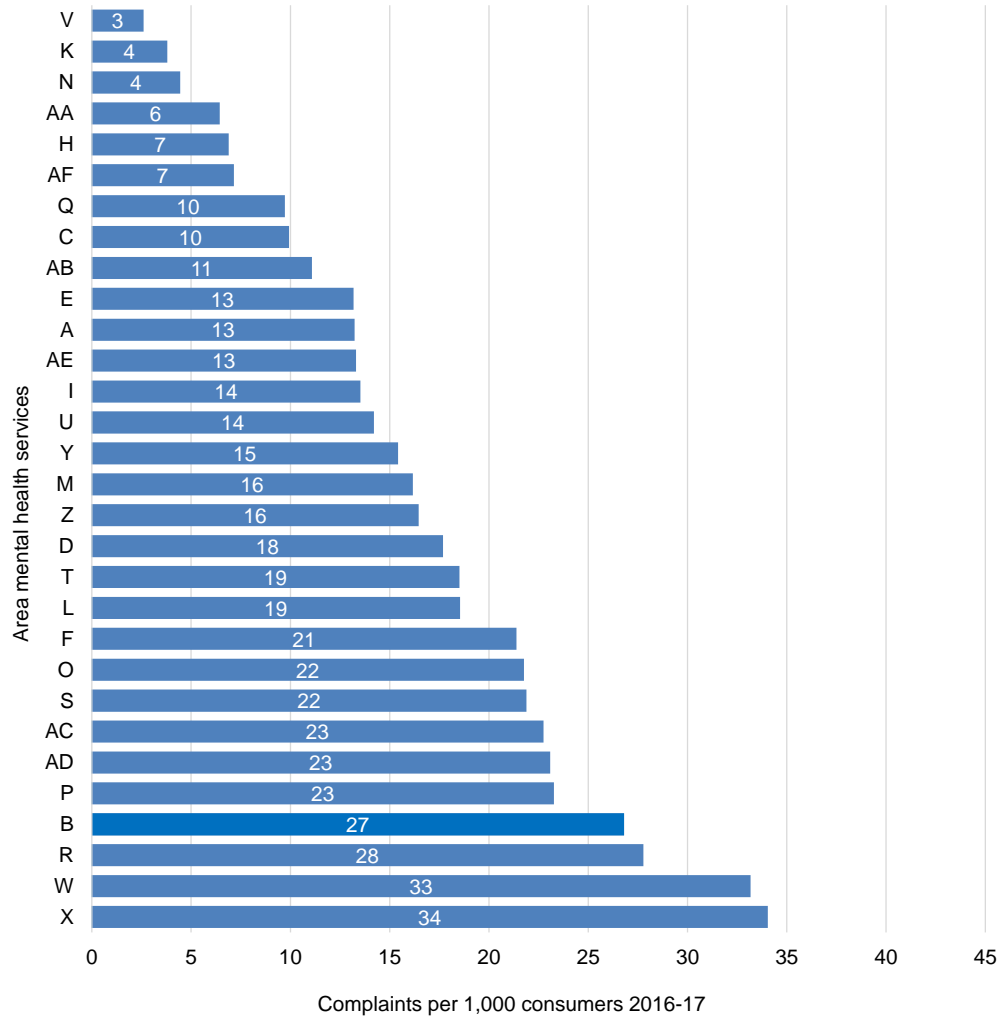
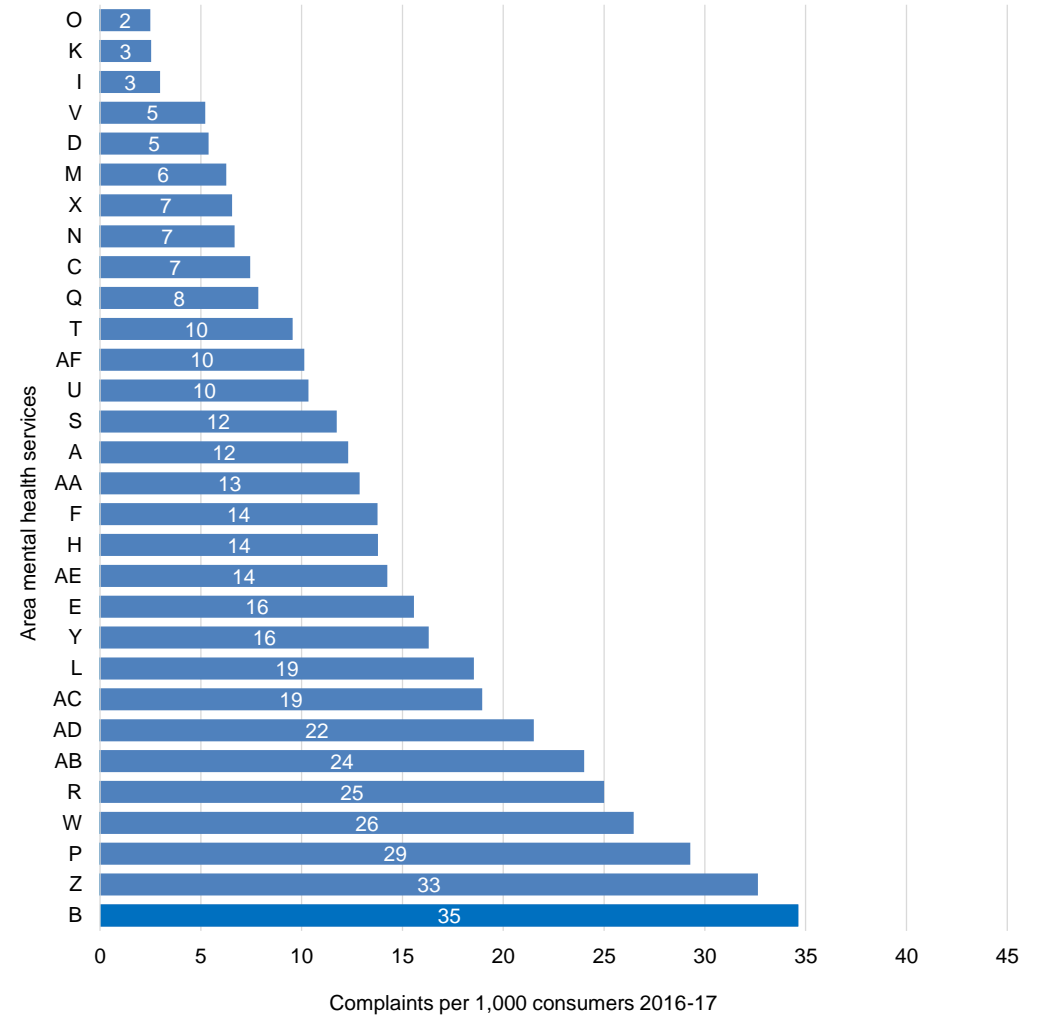


Fig 2.4. Complaints to services per 1,000 consumers

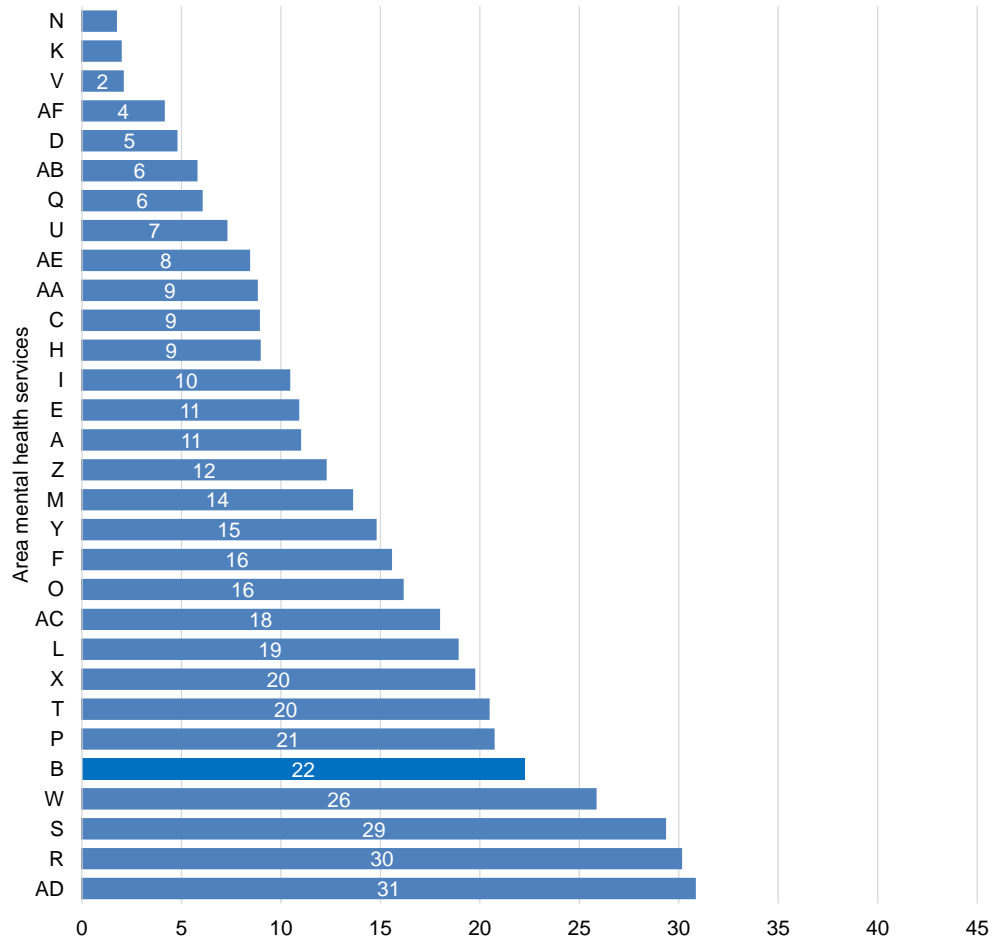


Figures 2.3 and 2.4 show the rate of complaints made to the MHCC and directly to services per 1,000 consumers for 2016-17.

See also Figures 2.1, 2.2, 2.5 and 2.6 for 2017-18 and 2015-16 data.

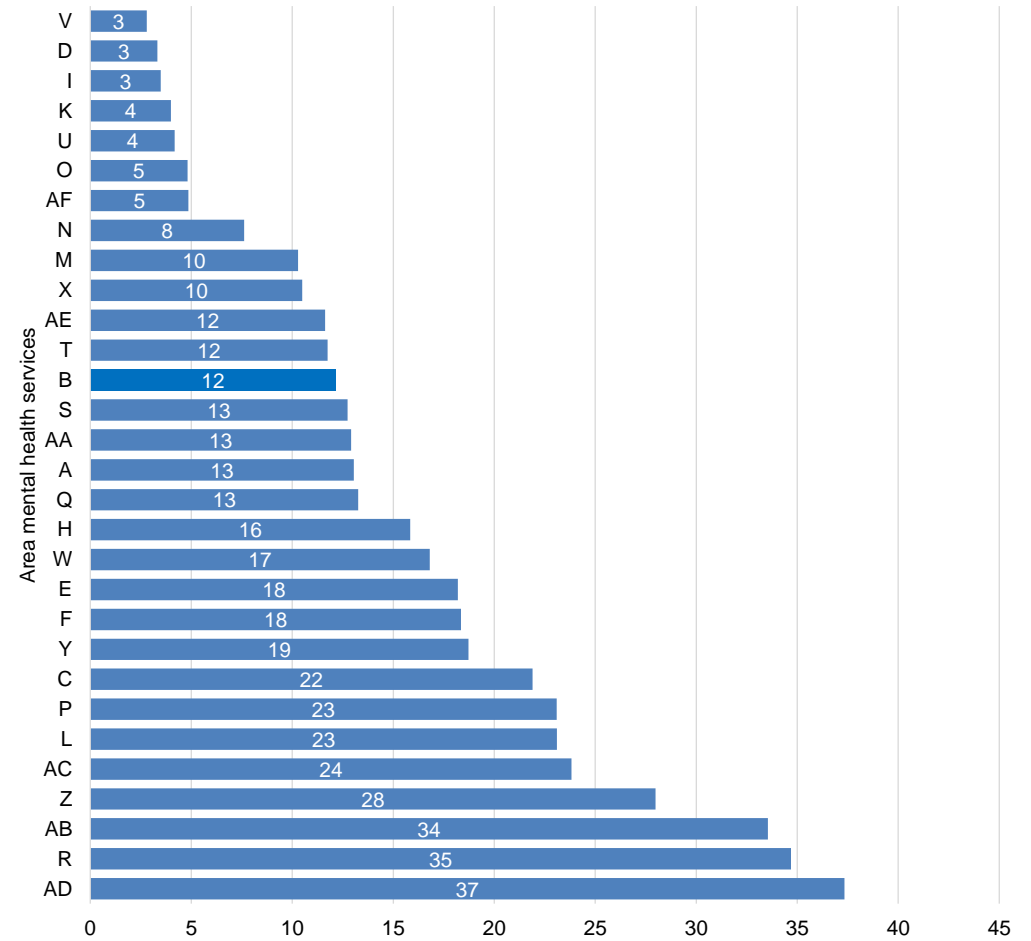
Sector-wide summary - 2015-16

Fig 2.5. Complaints to MHCC per 1,000 consumers



Complaints per 1,000 consumers 2015-16

Fig 2.6 Complaints to services per 1,000 consumers



Complaints per 1,000 consumers 2015-16

These charts show the rate of complaints made to the MHCC (Figure 2.5) and directly to services (Figure 2.6) per 1,000 consumers for 2015-16.

See also Figures 2.1-2.4 for 2017-18 and 2016-17 data. When rates of complaints made to the MHCC are compared over the three years, the increasing rate or uptake of complaints to the MHCC is evident, with 18 services showing ten or more complaints per 1,000 consumers to the MHCC in 2015-16, increasing to 24 services for both 2016-17 and 2017-18.

3. Who is making complaints?

Sector-wide summary

Fig 3.1 Complaints to MHCC

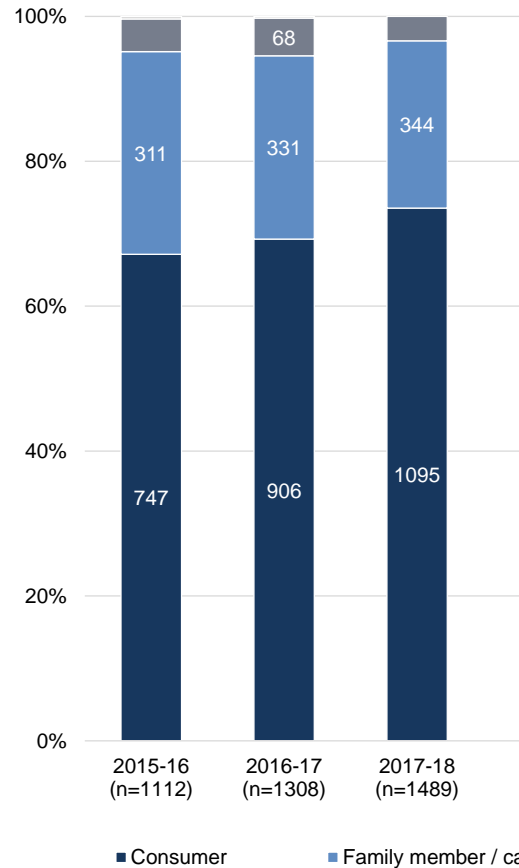
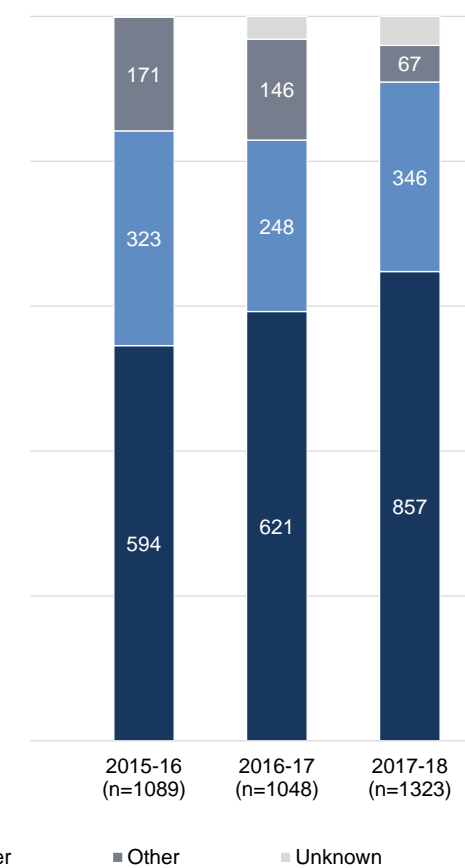


Fig 3.2 Complaints to services



These charts show the number and proportion of consumers, family members/carers, or other people who made complaints to the MHCC (Figure 3.1) or to services (Figure 3.2), for 2015-16 to 2017-18. 'Other' may include friends, advocates, guardians, and sometimes staff members on behalf of consumers.

Complaints to the MHCC showed a slightly higher proportion of complaints from consumers (67 - 73 per cent of all complaints) than complaints to services (54 - 64 per cent). However, the number and proportion of complaints made by consumers directly to services has increased each year.

4. What types of services were complaints made about?

Sector-wide summary

Fig 4.1 Complaints to MHCC

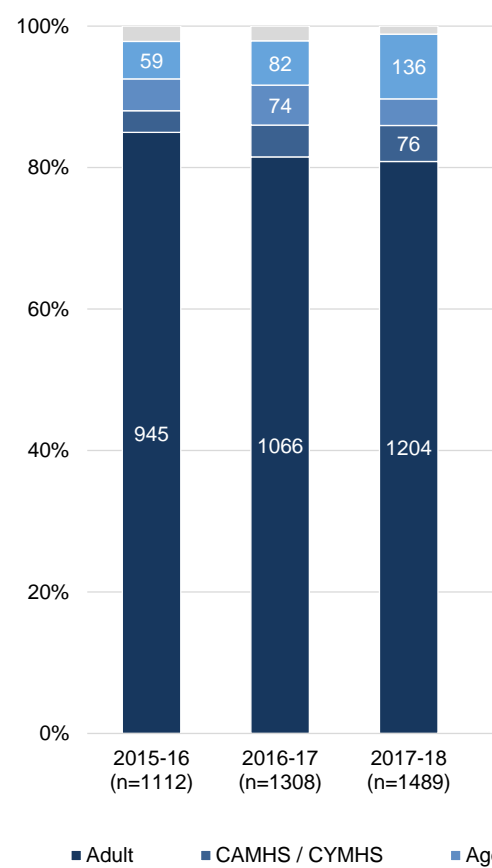
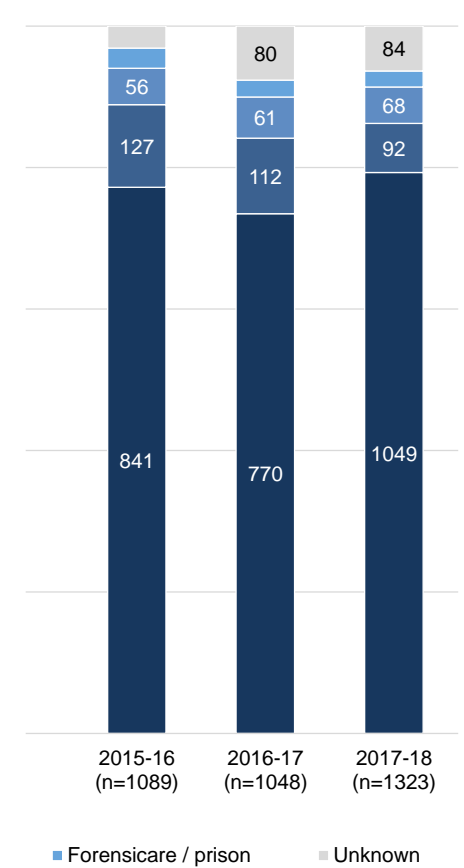


Fig 4.2 Complaints to services



These charts show the number and proportion of complaints made about different service types to the MHCC (Figure 4.1) and to services (Figure 4.2) in 2015-16 to 2017-18.

For each year, the majority of complaints to both the MHCC and directly to services related to adult mental health services. However, there were more complaints to services about CAMHS/CYMHS services than to the MHCC about these services, and more complaints to the MHCC about forensic settings than complaints directly to services.

5. What settings were complaints made about?

Sector-wide summary

Fig 5.1 Complaints to MHCC

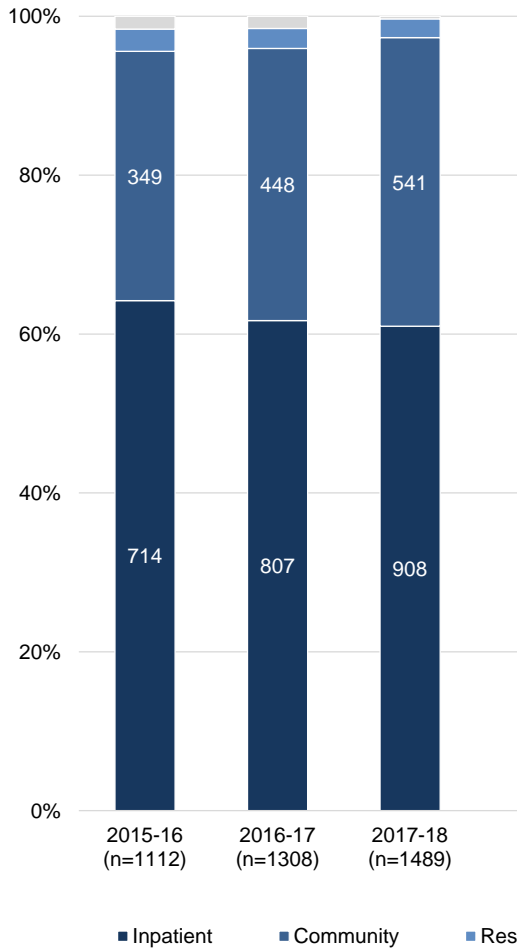
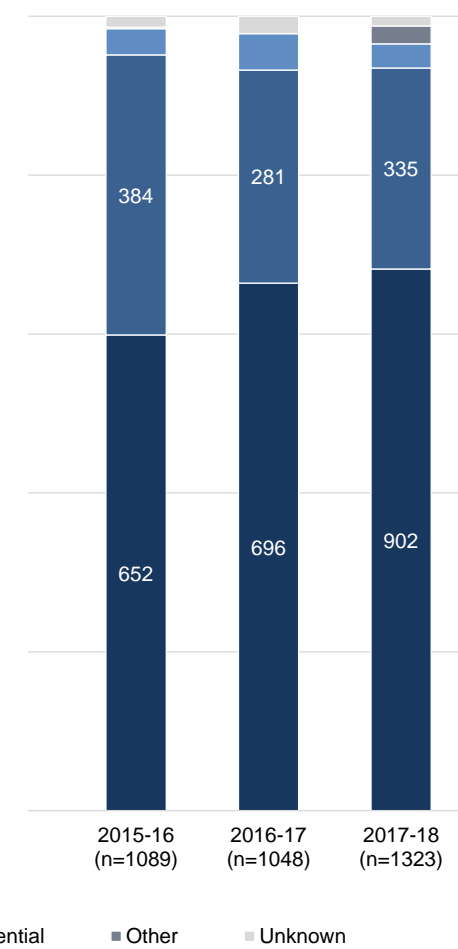


Fig 5.2 Complaints to services



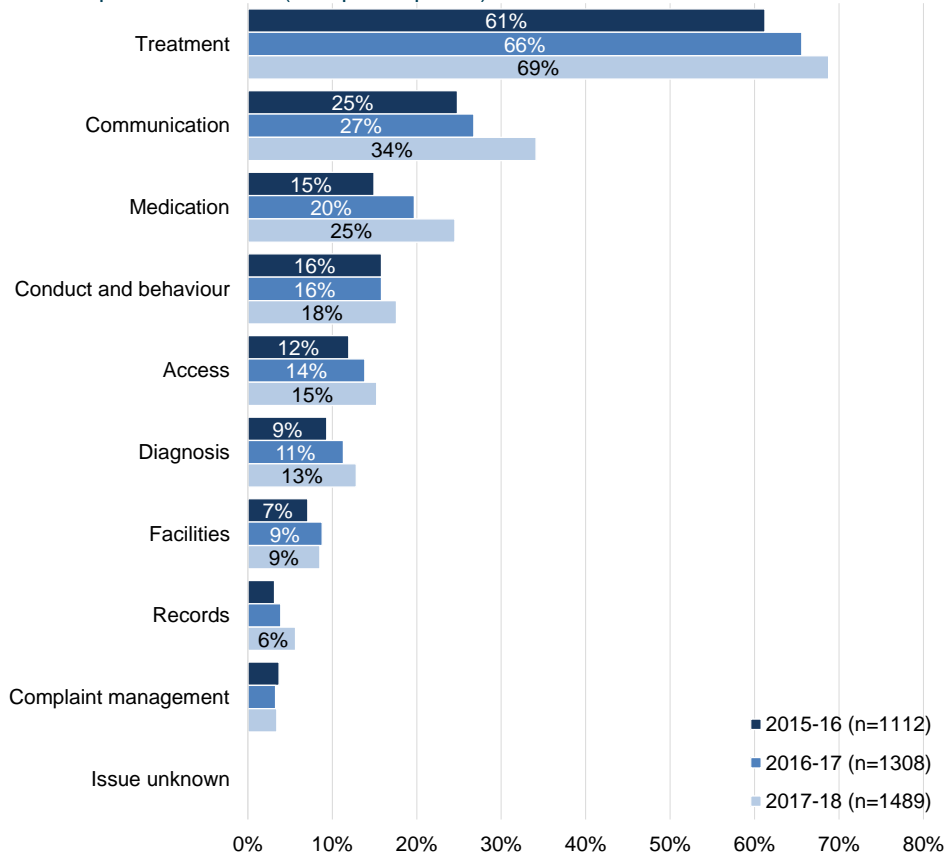
These charts show the number and proportion of complaints made about different service settings to the MHCC (Figure 5.1) and to services (Figure 5.2) in 2015-16 to 2017-18.

Over the three years and in both MHCC and service data, approximately 60 per cent or more of all complaints were about inpatient services, with increasing proportions of complaints directly to services being about inpatient services. This is expected, as inpatient treatment environments impact significantly on consumers.

6. What were complaints about?

Sector-wide summary

Fig 6.1 Complaints to MHCC (multiple response)



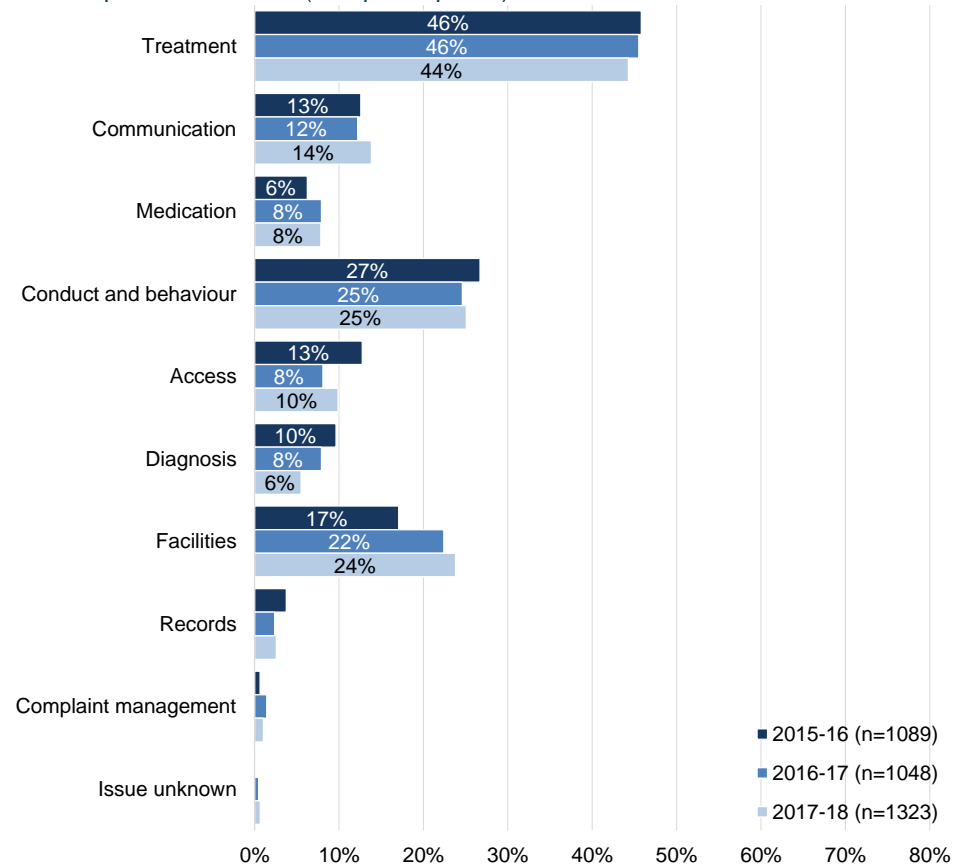
This chart (Figure 6.1) shows the percentage of all complaints to the MHCC that raised particular issues (issue frequency) in 2015-16 to 2017-18. As one complaint may have one or more issues, the same complaint may be represented across several issues categories (this applies to all section 6 issues charts).

The MHCC use three levels of issues categories. These charts display the Level 1 issue category (highest level). Level 2 issues are presented in sections 6.1-6.7, and Level 3 issues are in 6.8. More detail about the seven most common types of issues is provided in sections 6.1-6.7.

Treatment was the most common complaint issue across the three years, consistently followed by communication and medication.

Sector-wide summary

Fig 6.2 Complaints to services (multiple response)



This chart (Figure 6.2) shows the percentage of all complaints made directly to Victorian public clinical mental health services that raised particular issues (issue frequency) in 2015-16 to 2017-18.

Treatment was the most common issue raised in complaints to services, consistent with complaints to the MHCC. Complaints about conduct and behaviour and facilities accounted for greater proportions of complaints directly to services than to the MHCC, while complaints about communication and medication accounted for greater proportions of complaints to the MHCC.

6.1 What were 'Treatment' complaints about?

Sector-wide summary

Fig 6.1.1 Complaints to MHCC (multiple response)

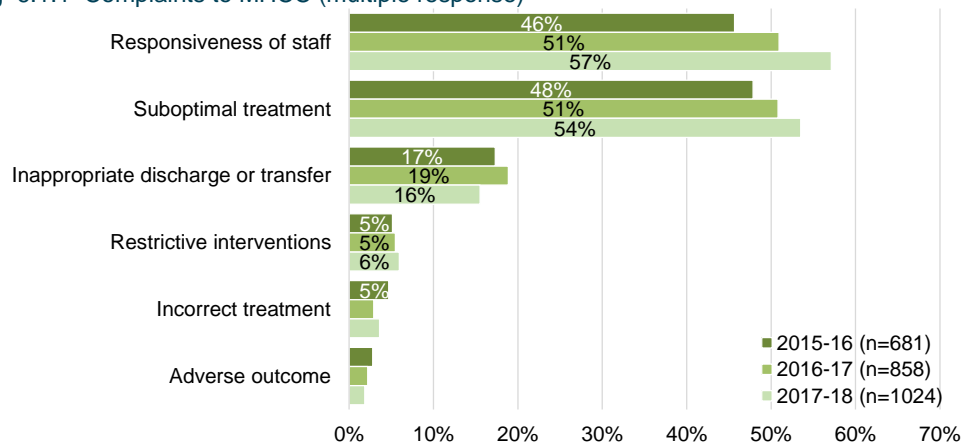
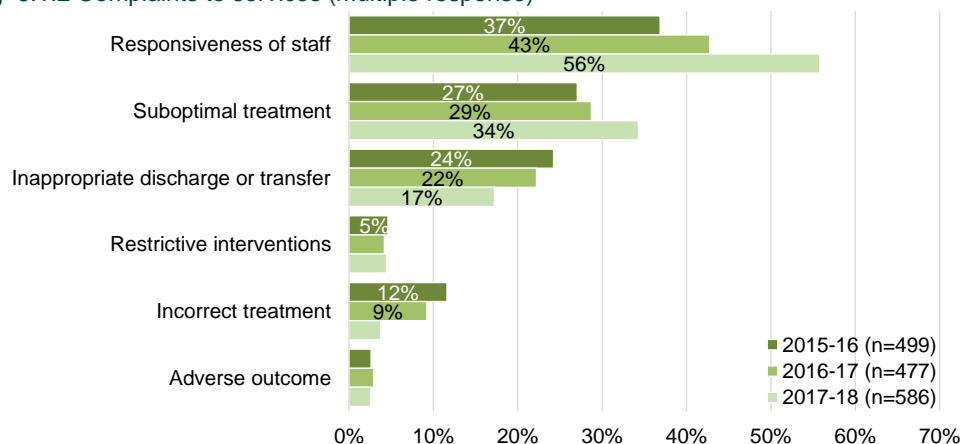


Fig 6.1.2 Complaints to services (multiple response)



These charts show a breakdown of the most common (Level 2) issues raised sector-wide about treatment to the MHCC (Figure 6.1.1) and to services (Figure 6.1.2) in 2015-16 to 2017-18.

Responsiveness of staff was frequently raised both in complaints to the MHCC and to services and includes inadequate consideration of the views and preferences of consumers or families and carers, as well as lack of care and attention. Suboptimal treatment was also commonly raised, particularly with the MHCC. The most frequently raised suboptimal treatment issue for MHCC complaints is 'disagreement with treatment order'.

The charts represent the six most frequently occurring of the ten categories within 'treatment'. Other categories are inadequate follow up, nutrition, infection control, and other treatment issues.

6.2 What were 'Communication' complaints about?

Sector-wide summary

Fig 6.2.1 Complaints to MHCC (multiple response)

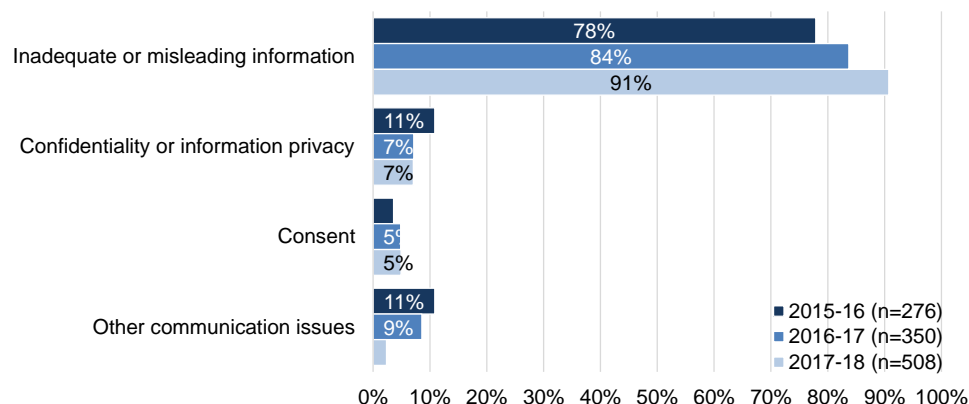
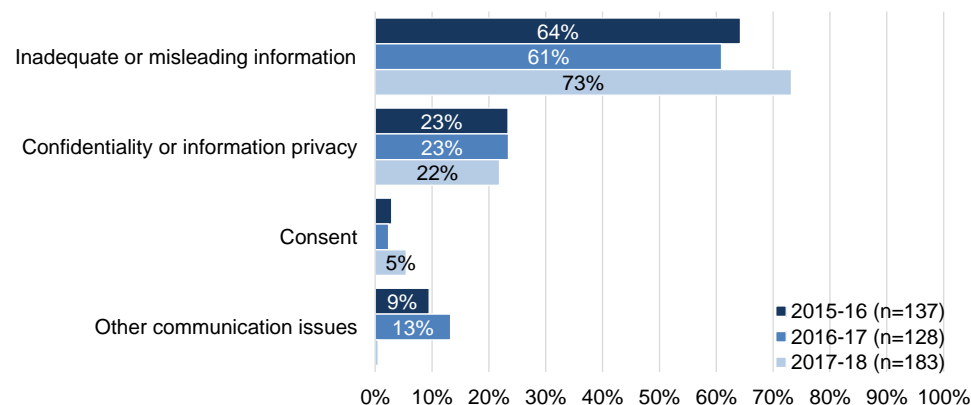


Fig 6.2.2 Complaints to services (multiple response)



These charts show a breakdown of the most common (Level 2) issues raised sector-wide about communication to the MHCC (Figure 6.2.1) and to services (Figure 6.2.2) in 2015-16 to 2017-18.

Complaints to the MHCC and to services relating to communication were mainly about consumers or carers receiving inadequate or misleading information (this category includes complaints about confusing or misleading information being provided, inadequate communication about compulsory status, and inadequate communication with family and carers). The MHCC will consider ways of disaggregating this category to provide more granular detail about communication complaints in future reports. Complaints to services also included a substantial proportion of complaints about confidentiality or information privacy.

6.3 What were 'Medication' complaints about?

Sector-wide summary

Fig 6.3.1 Complaints to MHCC (multiple response)

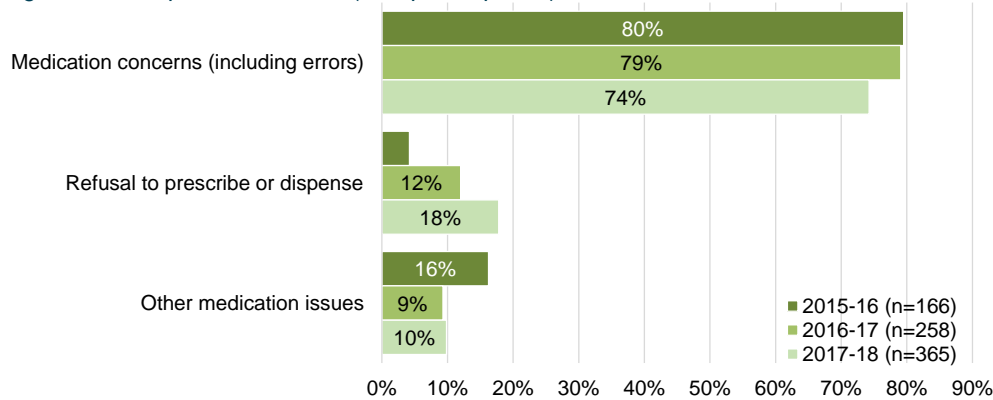
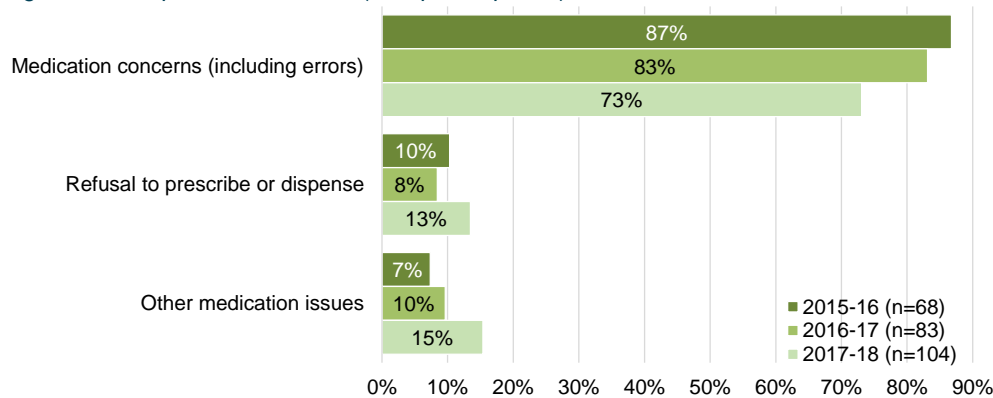


Fig 6.3.2 Complaints to services (multiple response)



These charts show a breakdown of the most common (Level 2) issues raised sector-wide about medication to the MHCC (Figure 6.3.1) and to services (Figure 6.3.2) in 2015-16 to 2017-18.

Most complaints about medication to the MHCC and directly to services were about medication concerns (including errors). This category includes concerns about side effects of medication, disagreement with changes to prescribed medication, and preference for oral over depot medication. The MHCC will consider ways of disaggregating this category to provide more granular detail about medication complaints in future reports.

6.4 What were 'Conduct and behaviour' complaints about? *

Sector-wide summary

Fig 6.4.1 Complaints to MHCC (multiple response)

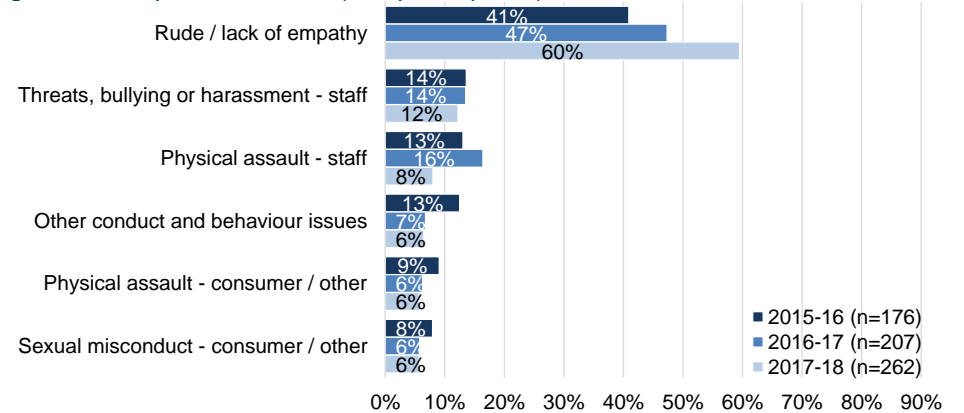
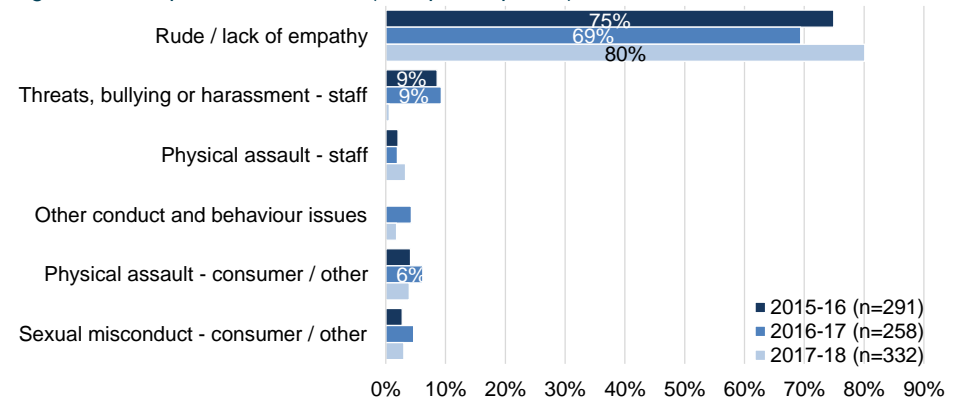


Fig 6.4.2 Complaints to services (multiple response)



These charts show a breakdown of the most common (Level 2) issues raised sector-wide about conduct and behaviour to the MHCC (Figure 6.4.1) and to services (Figure 6.4.2) in 2015-16 to 2017-18.

Rude/lack of empathy, which includes perceived rudeness as well as perceived lack of empathy/compassion, was the most commonly raised conduct and behaviour issue in complaints to the MHCC and to services. It was more common in complaints to services. Complaints to the MHCC were more likely than complaints to services to raise issues of threats, bullying or harassment by staff, and physical assault by staff.

The charts represent the six most frequently occurring categories within 'conduct and behaviour'. Other categories not included due to low numbers include alleged sexual misconduct by staff, threats, bullying and harassment by consumers, lack of dignity, discriminatory behaviour, and inappropriate relationship (non-sexual).

*The MHCC categorises issues raised in complaints from the perspective of the person making the complaint. The categorisation does not indicate that the concerns or any allegations were substantiated by the MHCC.

6.5 What were 'Access' complaints about?

Sector-wide summary

Fig 6.5.1 Complaints to MHCC (multiple response)

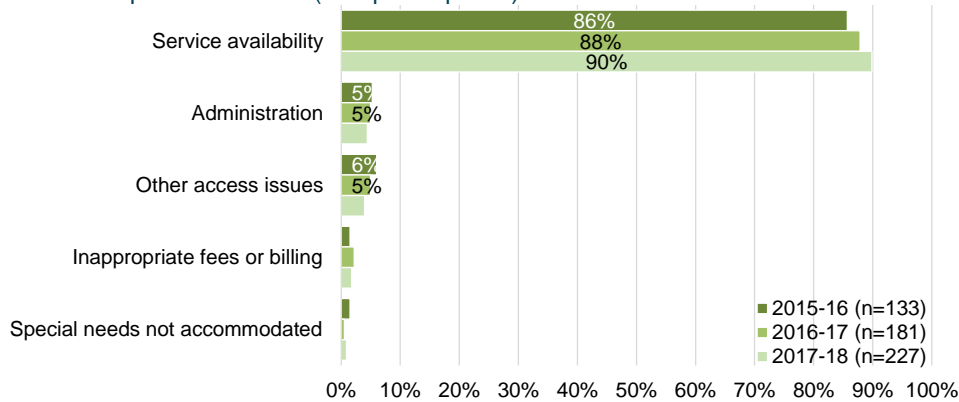
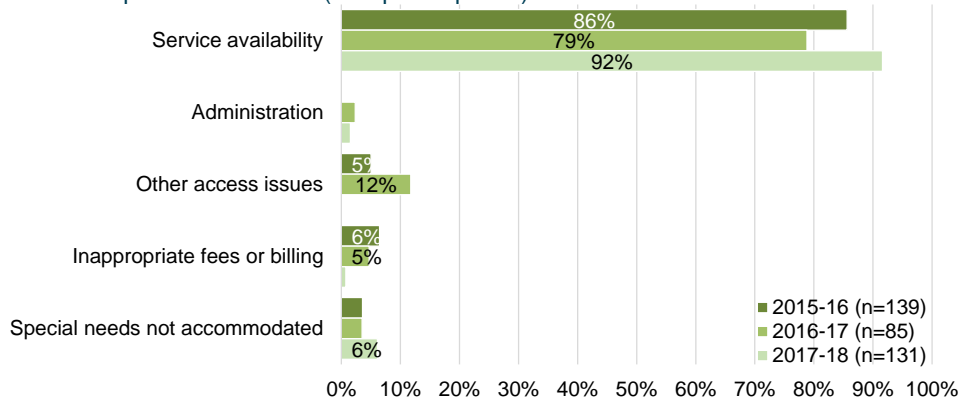


Fig 6.5.2 Complaints to services (multiple response)



These charts show a breakdown of the most common (Level 2) issues raised to the MHCC (Figure 6.5.1) and to services sector-wide (Figure 6.5.2) about access in 2015-16 to 2017-18.

Service availability, which includes delays in assessment or treatment, or refusal to admit or treat a person, was the most common access issue raised in both complaints to the MHCC and complaints to services.

6.6 What were 'Diagnosis' complaints about?

Sector-wide summary

Fig 6.6.1 Complaints to MHCC (multiple response)

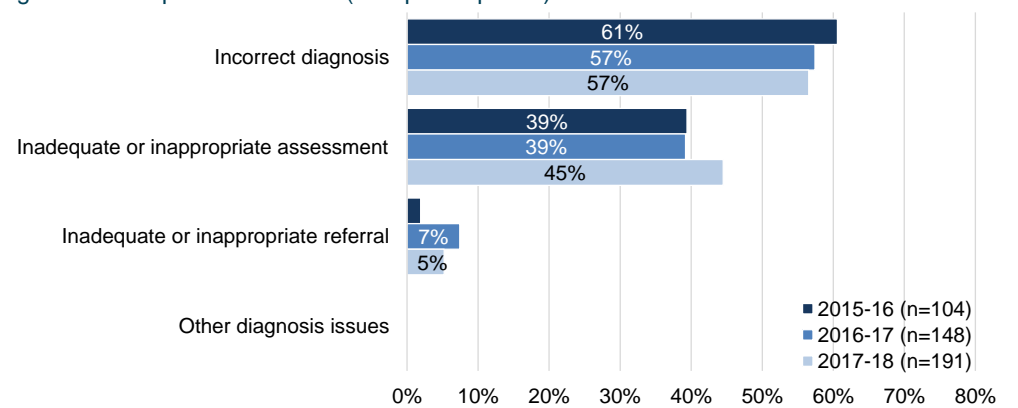
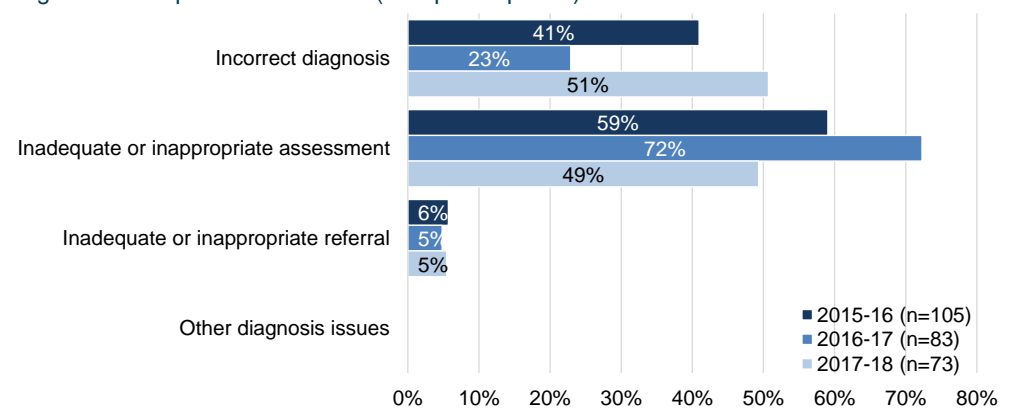


Fig 6.6.2 Complaints to services (multiple response)



These charts show a breakdown of the most common (Level 2) issues raised sector-wide about diagnosis to the MHCC (Figure 6.6.1) and to services (Figure 6.6.2) in 2015-16 to 2017-18.

Complaints to the MHCC were most likely to be about incorrect diagnosis (which includes disagreement with diagnosis, inadequate diagnosis, or inadequate explanation of diagnosis) followed by inadequate or inappropriate assessment (including inadequate assessment process and dissatisfied with outcome of assessment), with this reversed in complaints to services for 2015-16 and 2016-17.

6.7 What were 'Facilities' complaints about?

Sector-wide summary

Fig 6.7.1 Complaints to MHCC (multiple response)

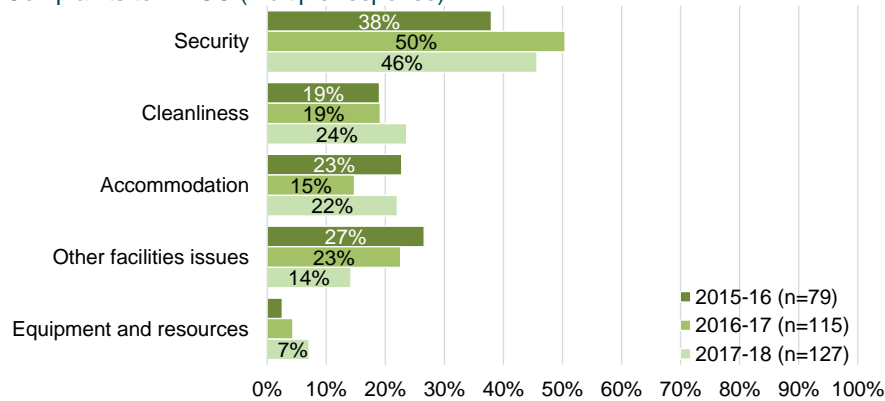
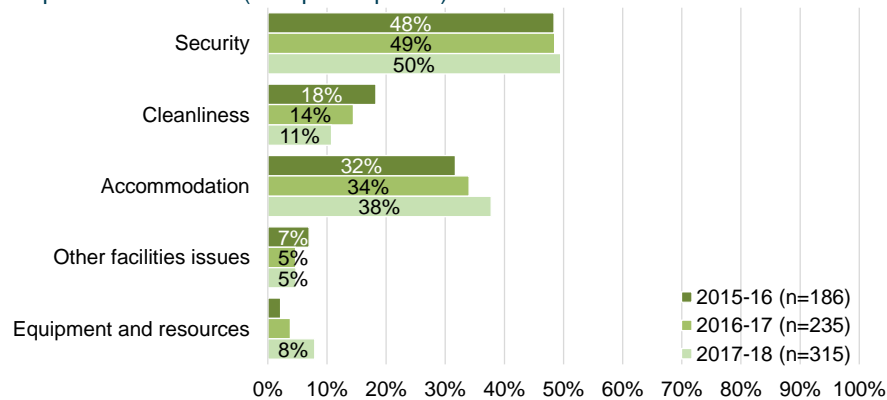


Fig 6.7.2 Complaints to services (multiple response)

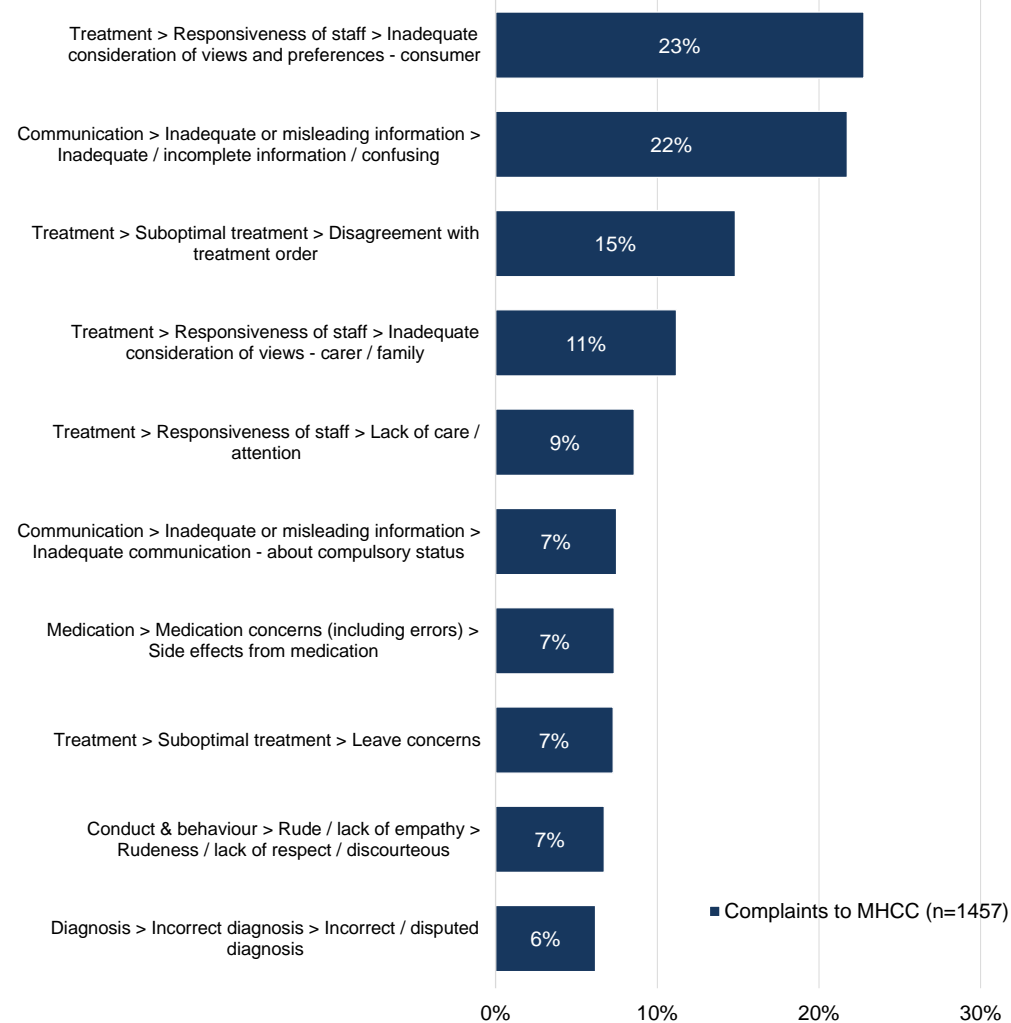


These charts show a breakdown of the most common (Level 2) issues raised sector-wide about facilities both to the MHCC (Figure 6.7.1) and to services (Figure 6.7.2) in 2015-16 to 2017-18.

'Facilities' complaints to the MHCC and services were both most likely to be about security. This includes lost or stolen property, generally feeling unsafe, not a gender safe environment, lack of privacy within the facility and illicit drugs in the facility. The next most common issue in complaints to services about facilities was accommodation, which includes issues about the quality of food/meals as well as noise, temperature, lighting, etc.

6.8 What were the most common specific issues - 2017-18

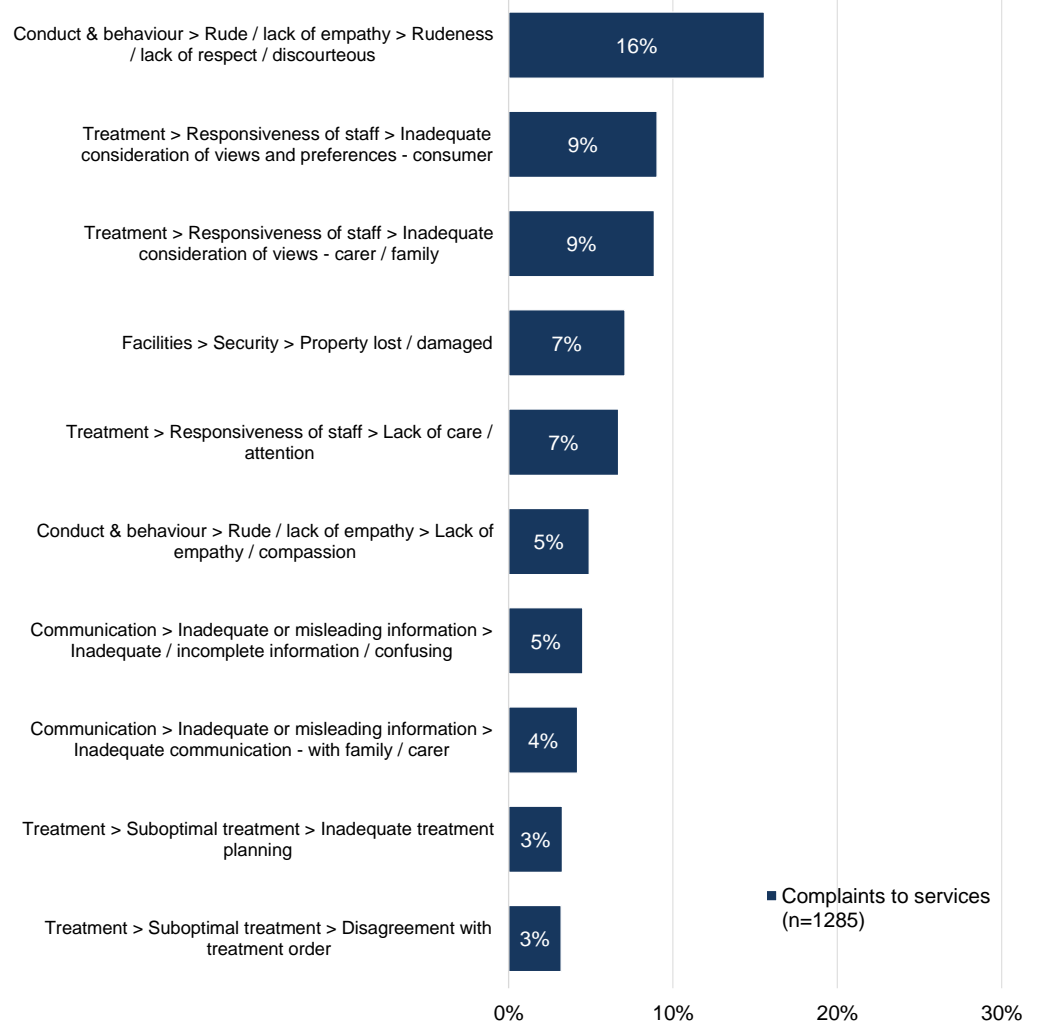
Fig 6.8.1 Complaints to MHCC (multiple response)



This chart (Figure 6.8.1) shows the most frequently occurring specific issues raised in complaints sector-wide (Level 3) to the MHCC in 2017-18. This chart includes all complaints that were able to be classified to Level 3.

The most commonly raised specific issues in complaints to the MHCC were inadequate consideration of the views and preferences of consumers, inadequate/incomplete/confusing information and disagreement with treatment orders.

Fig 6.8.2 Complaints to services (multiple response)



This chart (Figure 6.8.2) shows the most frequently occurring specific issues raised in complaints to services sector-wide in 2017-18.

The most commonly raised specific issues in complaints to services were rudeness/lack of empathy/discourtesy, inadequate consideration of the views and preferences of consumers and inadequate consideration of the views of carers and families.

7. What issues were raised by consumers compared to family members/carers? - 2017-18

Sector-wide summary

Fig 7.1 Complaints to MHCC (multiple response)

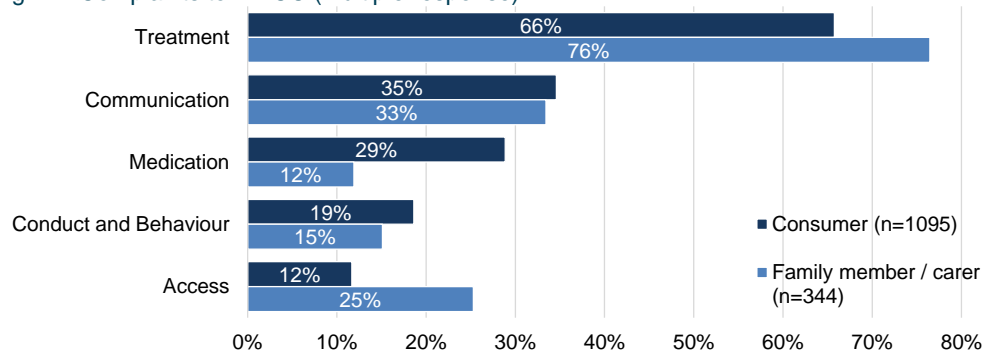
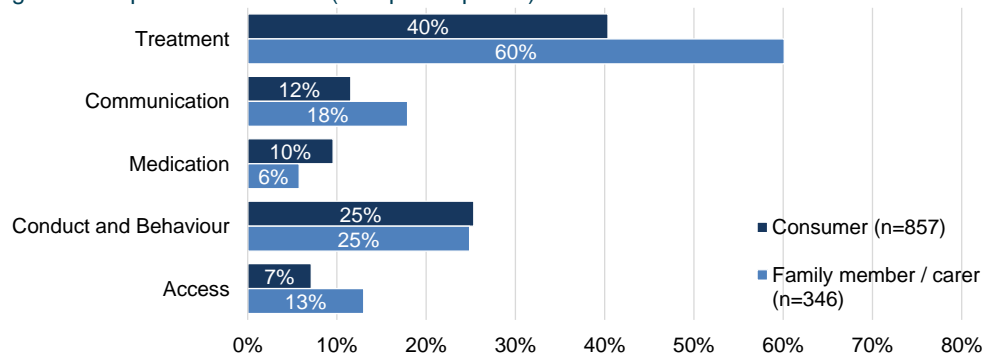


Fig 7.2 Complaints to services (multiple response)



These charts show how frequently consumers and family members/carers raised various issues (Level 1) in their complaints to the MHCC (Figure 7.1) and to services sector-wide (Figure 7.2) in 2017-18.

Family members/carers were more likely than consumers to raise concerns about treatment and access with both the MHCC and services, while consumers were more likely to raise concerns about medication.

Both consumers and family members/carers were more likely to raise concerns about communication with the MHCC than with services. This includes concerns about misleading or confusing information, or inadequate communication with carers/families. Medication concerns were also more frequently raised with the MHCC than with services, particularly by consumers.

Consumers and family members/carers were more likely to raise concerns about conduct and behaviour (most commonly rudeness/lack of empathy) with services than with the MHCC.

8. What were the outcomes of complaints?

Sector-wide summary

Fig 8.1 Complaints to MHCC (multiple response)

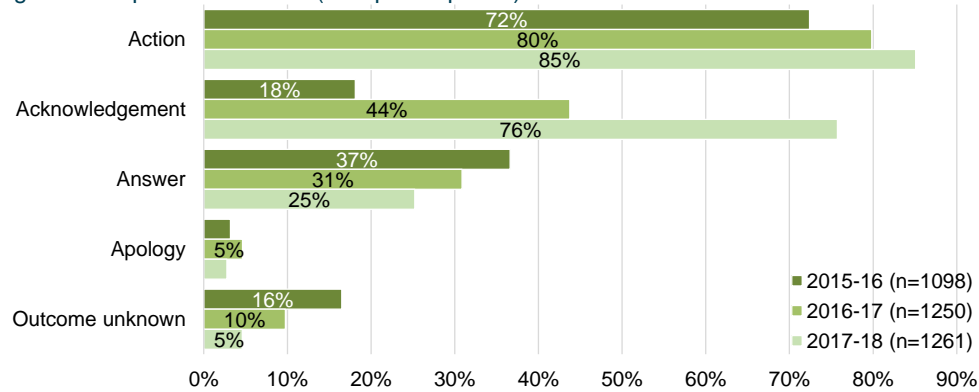
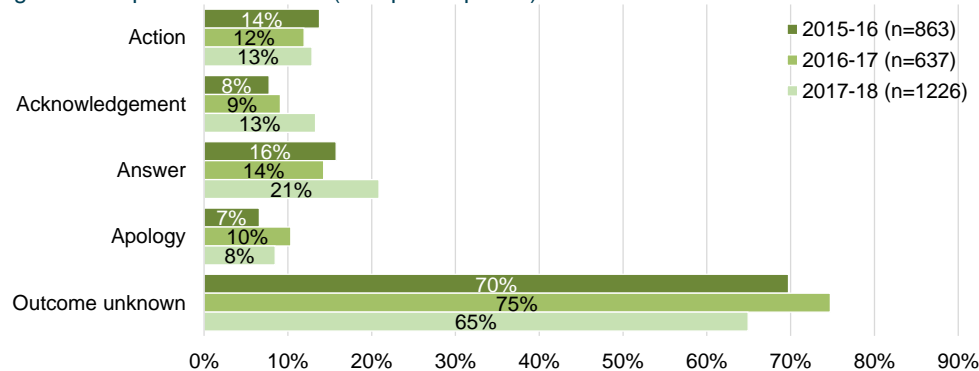


Fig 8.2 Complaints to services (multiple response)



These charts show the frequency of various actions as outcomes of complaints to the MHCC (Figure 8.1) and to services sector-wide (Figure 8.2) that were closed (rather than received) in 2015-16 to 2017-18. Complaints may have more than one outcome.

These are framed in terms of the '4 A's' of complaints resolution – acknowledgement, answers, action and apology. More information about the 4 A's is available in the MHCC's 2018-19 annual report, available here: <https://www.mhcc.vic.gov.au/resources/publications>.

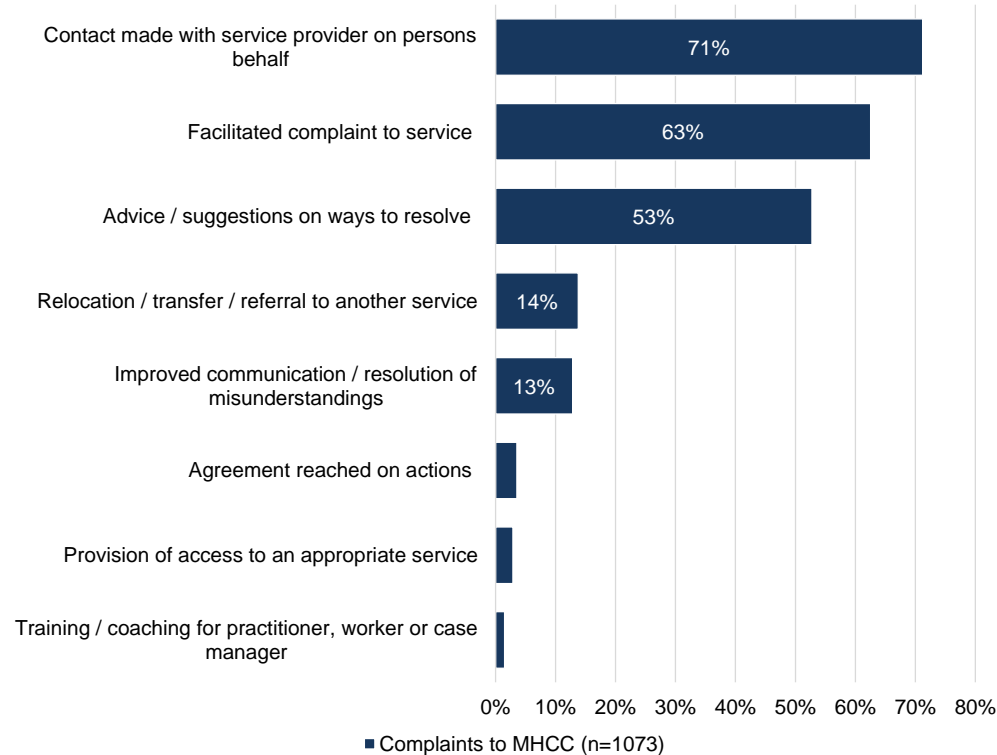
Most complaints to the MHCC resulted in an action (see Figure 8.1.1 for more detail), with acknowledgment of the person's concerns also frequent in 2017-18. Surprisingly, few complaints made to the MHCC resulted in an apology. The MHCC has improved accuracy of this outcomes data from 2018-19 by separating actions taken by the MHCC and actions taken by services.

Outcomes data was not available for most complaints made directly to services, despite reporting of outcomes of complaints to services to the MHCC being a requirement of the Act.

8.1 What 'actions' were taken as an outcome of complaints? - 2017-18

Complaints to MHCC

Fig 8.1.1 Frequency of outcomes involving 'action' (multiple response)

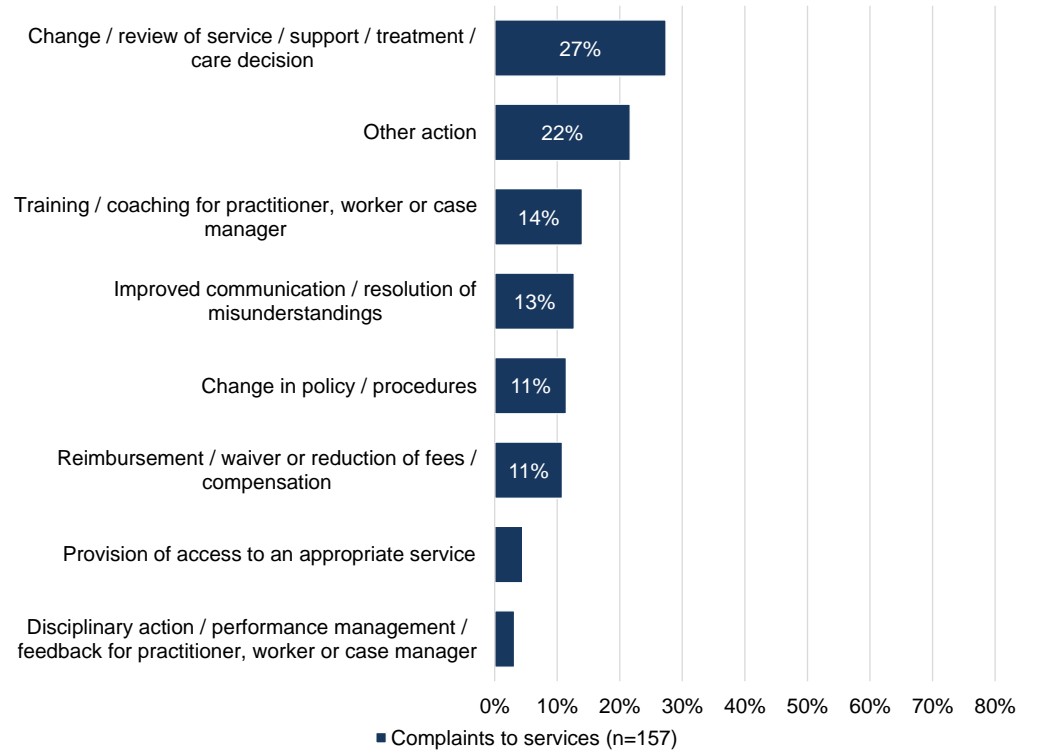


This chart (Figure 8.1.1) shows the most common action outcomes in complaints to the MHCC sector-wide in 2017-18. It breaks down the 'action' outcome data from Figures 8.1 and 8.3 above.

The most frequent actions taken as a result of complaints to the MHCC were contact made with service provider on person's behalf, facilitating complaints to service and providing advice/suggestions on how to resolve.

Complaints to services

Fig 8.1.2 Frequency of outcomes involving 'action' (multiple response)



This chart (Figure 8.1.2) shows the most common action outcomes in complaints to services sector-wide in 2017-18.

The most frequent action outcomes across services were change/review of service/support/treatment/care decisions or other actions.

Sector-wide summary and interpretation of complaints data

Sector-wide numbers of complaints

On a sector-wide basis, numbers of complaints to the MHCC increased over the three years of reporting. While more complaints were made to the MHCC than directly to services over the three years of reporting, 2017-18 also saw increased numbers of complaints being made directly to services. This may be due to positive developments such as improved awareness of the complaints process, an improved complaints culture and/or improved reporting of complaints. Over time, the MHCC hopes to see a general trend of greater numbers of complaints and higher rates of complaints being made directly to services than to the MHCC, indicating that people feel comfortable to speak up to services about their experiences and services are able to resolve these concerns. The MHCC is keen to work with interested services to provide education and resources to support this.

The majority of complaints made to both the MHCC and directly to services were made by consumers, but consumers accounted for a greater proportion of complaints made to the MHCC than to services directly. However, both the number and proportion of complaints made by consumers directly to services has increased each year, suggesting that consumers are becoming more engaged with local complaints processes. The MHCC is keen to work with services to explore what barriers may still exist to consumers making, and services recognising, complaints that are made directly to services.

The majority of complaints made to both the MHCC and directly to services were about adult services, as expected given the proportion of these services as part of the total system. However, there were more complaints to services about CAMHS/CYMHS services than to the MHCC about these services. This may indicate that these services generally have accessible complaints processes and are able to effectively resolve many of these complaints or conversely, there may be less awareness of the MHCC by consumers of these services. The MHCC is interested to explore this with services. Complaints to the MHCC related to aged mental health services were slightly lower than complaints to services in some years, particularly in 2017-18. This has been identified by the MHCC as an area of focus for education.

Sector-wide issues raised in complaints

On a sector-wide basis, concerns about treatment were the most frequently raised Level 1 issue in complaints to both the MHCC and to services directly during the three years of reporting. Common treatment issues raised with both the MHCC and directly with services in 2017-18 were about responsiveness of staff, in particular, inadequate consideration of the views of consumers, or of carers and family members. Concerns about suboptimal treatment were also raised with both the MHCC and services with disagreement with treatment orders being one of the most common issues raised with the MHCC in 2017-18.

The next most frequent Level 1 issue in complaints made to the MHCC was communication, including in 2017-18 the provision of inadequate, incomplete or confusing information, and inadequate communication about compulsory status. The third most frequent Level 1 issue was medication, especially side effects of medication, particularly from consumers. The MHCC received proportionally more complaints about treatment, communication and medication compared to complaints received by services directly, which might indicate that many people making complaints do not feel meaningfully engaged or supported to make decisions about their treatment and/or may not feel confident to raise these concerns directly with services.

Concerns about treatment, communication and medication can generally best be resolved directly with the treating team, and the MHCC is keen to work with services to encourage people to raise these concerns directly with services in the first instance, and to support services to find ways to acknowledge and have regard to people's views and preferences, particularly about medication.

In contrast, the next most frequent Level 1 issues in complaints made directly to services were conduct and behaviour and facilities. Complaints to services about conduct and behaviour in 2017-18 were primarily about rudeness, lack of empathy and discourteous behaviour by staff, while complaints about facilities were most commonly about lost or damaged property. This may reflect a tendency for people to raise complaints about less complex issues directly with services.

Although numbers of such complaints were low, complaints about alleged physical or sexual assault by other consumers or staff were made across all three years of reporting, reflecting a tendency to raise more complex issues with the MHCC. This suggests that ongoing consideration and implementation of recommendations made in the MHCC's The right to be safe - sexual safety project report is required.

The relatively high frequency of treatment concerns relating to inadequate consideration of the views of consumers, carers and family members and disagreements with treatment orders, as well as communication and medication concerns, raises the issue of potential non-compliance with the mental health principles set out in the Act, including that people receiving services be provided with treatment in the least restrictive way possible and should be involved in all decisions about their treatment, and that carers should be involved in decisions about treatment whenever possible. Likewise, complaints about rudeness and lack of empathy and respect may indicate non-compliance with the principle that people receiving services should have their rights, dignity and autonomy respected.

Sector-wide outcomes of complaints

The majority of complaints made to the MHCC over the three years of reporting resulted in an action, most commonly contacting service providers on behalf of the person who made the complaint, facilitation of complaints to the service, or advice or suggestions on ways to resolve the complaints.

However, the outcomes of a large proportion of complaints to services was unknown during the three years of reporting, despite the reporting of outcomes of complaints to services being a requirement under section 267(b) of the Act. The MHCC can provide staff education in the reporting of outcomes in terms of the 4 A's of complaint resolution - acknowledgement, action, answer or apology. Where an action outcome was known, the most common actions by services were change or review of service, support, treatment or care decisions.

Improving data quality

Sector-wide priorities for improving data quality

The MHCC has identified the following priorities for services across the sector for improving the quality of the data they report about complaints received directly.

- Improving reporting of complaint outcomes. In particular, enough information to enable the MHCC to classify the 4 A's of complaint resolution.
- Including a summary of the complaint in the 'Summary' and/or 'Details' fields (rather than referring to an attached form/letter, which the MHCC does not receive). This will enable the MHCC to more accurately classify complaints to services to the MHCC complaint issues categories for comparison.
- Clearer identification of complaints that have had MHCC involvement, so the MHCC can identify and remove complaints that came to the MHCC from the service data, to allow accurate and fair comparison of the two data sets.

The MHCC provided updated guidance for identifying and extracting relevant complaint data from existing systems when requests for 2018-19 data were made. For services using the VHIMS Central system, the MHCC will liaise with VAHI to ensure that fields can be extracted to meet MHCC reporting requirements. The MHCC will also work with VAHI to ensure that complaints that have had MHCC involvement can be easily identified (noting that some services have implemented a 'check box' in their local system to indicate MHCC involvement).

MHCC improvement actions

As noted in the Introduction to this report, the MHCC has taken the following actions to improve the usefulness of this report:

- Updating the format of the report to be clearer and more accessible to a broader audience, including clinicians, the lived experience workforce and consumer and carer advisory groups.
- Including more direct comparison between complaints to the MHCC and complaints made to services
- Reviewing and updating how we categorise complaints to enable more detailed and accurate reporting of the issues experienced by consumers, families and carers. We have also recategorised complaints from previous years to enable direct comparison of themes and trends across years.

We have also taken the following actions to improve data quality for reports for 2018-19 and onwards:

- Revising our issues categories from 1 July 2019 to better capture issues related to the principles of the Act
- Better classifying complaint actions to separate actions taken by the MHCC and services.

The MHCC will also consider additional ways of revising our issues categories to provide more granular detail about medication and communication complaints for future reports.

Further information and feedback

We are keen to make this report useful to help services use this comparative complaints data to improve consumer and carer experiences. Please tell us what you think about this report and give your suggestions about improvements for future reports, including improving accessibility for a range of audiences. A survey can be accessed here: <https://www.surveymonkey.com/r/MHCC1>. Alternatively, you can provide feedback directly via info@mhcc.vic.gov.au.