



# The Mental Health Complaints Commissioner

People's right to have to their medical and other health and disability needs recognised and responded to by mental health services

Data and insights from complaints to the MHCC

*Dr Lynne Coulson Barr, Commissioner*

Equally Well Symposium

28 March 2019



**EQUALLYWELL**

**2019 Symposium**

28-29 March 2019, RMIT Melbourne

---

# Background to the MHCC

---

Established under the *Mental Health Act 2014*

- An independent specialist statutory complaints body
- Part of safeguards, oversight and service improvement provisions

## The MHCC:

- is unique to Victoria and deals with complaints about public mental health services
- assesses complaints through the ‘lens’ of the Act and and *Victorian Charter of Human Rights and Responsibilities Act 2006*
- uses information from complaints to drive service and system improvements.

---

## Key insights to share

---

Complaints are a vital window into people's experiences and cultures of services.

The MHCC:

- receives 2,000+ complaints and almost 7,000 calls each year
- also receives data on complaints made directly to services.

Data and learnings over 4 years of operation

- 12,000+ complaints made to the MHCC or reported by services
- Feedback through 800+ education and engagement activities

---

# Mental Health Act Principles

People receiving mental health services should have their:

- rights dignity and autonomy respected and promoted – s11(1)(e)
- medical and other health needs, including alcohol and other drug problems, recognised and responded to- s11(1)(f)
- individual needs ( whether as to ...disability...or other matters) recognised and responded to- s11(1)(g).

---

# Charter of Human Rights and Responsibilities

## Relevant rights include:

Right to recognition and equality before the law (section 8)

*Everyone is entitled to equal and effective protection against discrimination, and to enjoy their human rights without discrimination.*

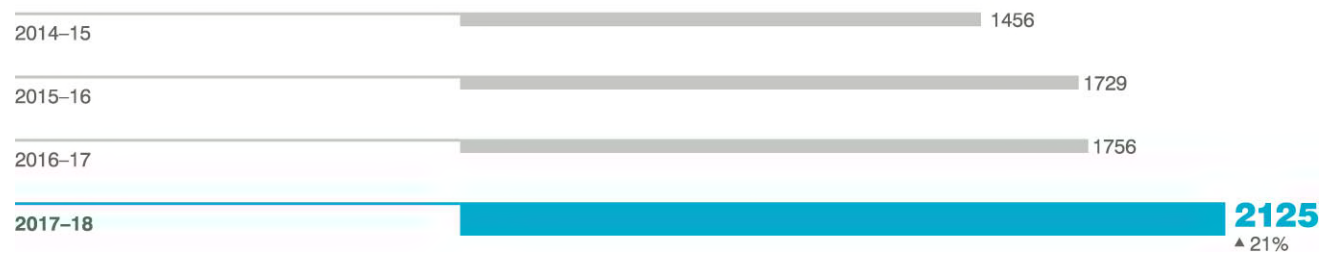
Right to life (section 9)

*Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life.*

What complaints  
tell us about  
people's  
experiences

# Total enquiries and complaints

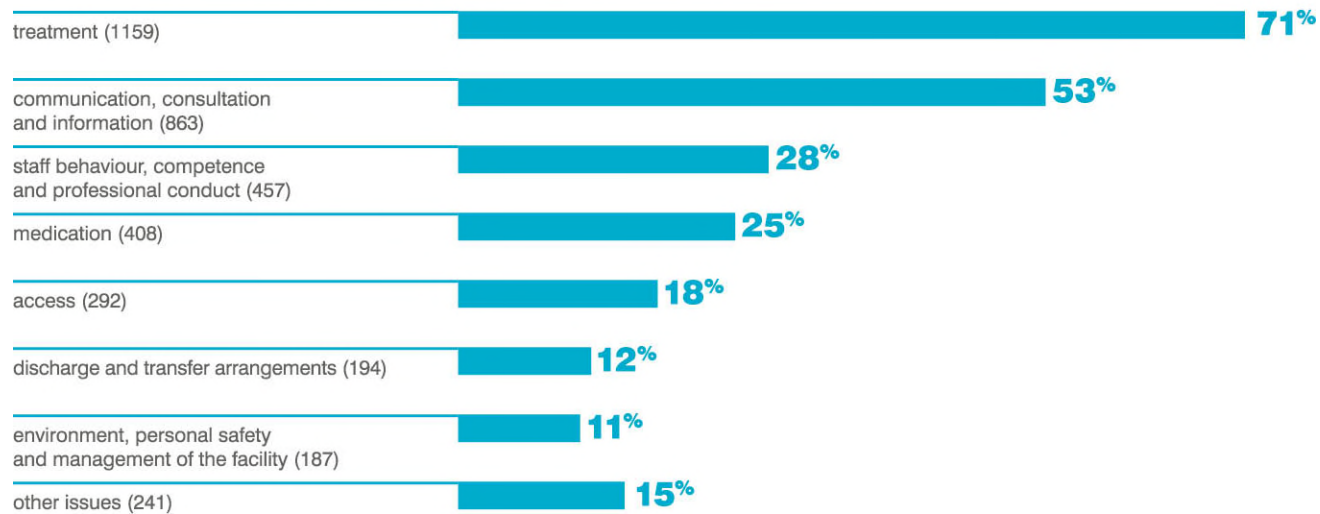
year-on-year comparison of total enquiries and complaints



# Main issues raised in in-scope complaints

## main issues raised in in-scope complaints

base: frequency of issues identified in in-scope complaints raised with the MHCC ( $n = 1,636$ )





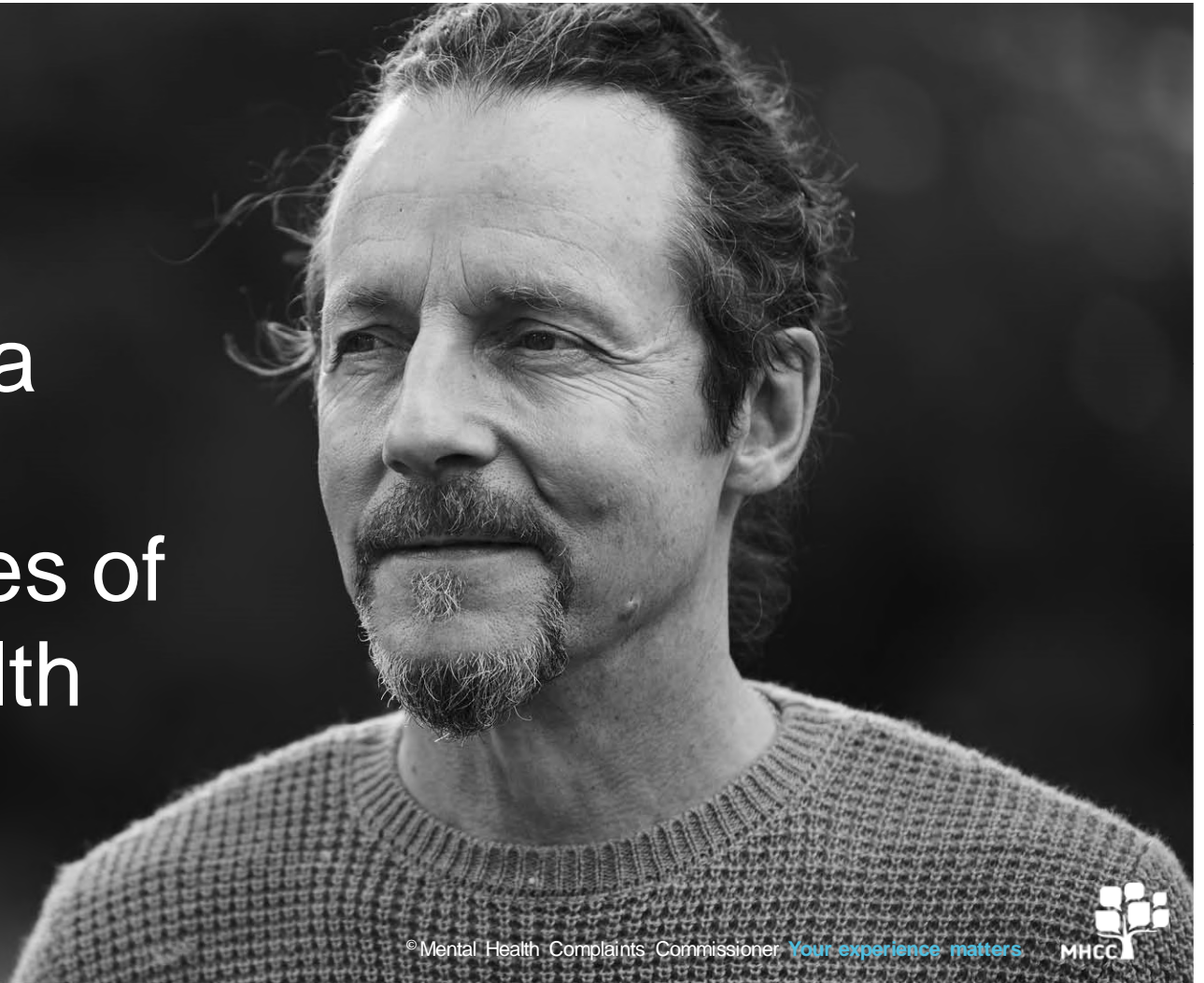
---

## Identifying specific and underlying issues

---

- ‘Physical health needs not being met’ is categorised as ‘suboptimal treatment’
- Issue is not recognised as a separate issue category in health complaint data systems (e.g. VHIMS)
- ‘YES’ survey questions also does not specifically seek this information
- Physical health needs may not be raised as primary complaint issues
- MHCC has developed practices and categorisation to identify these issues in complaints
- Local complaint reporting data provided by services does not readily identify these issues

# Complaints: a window into specific issues of physical health needs



---

## Specific issues: physical health needs not met

---

Themes from MHCC data: 2014/15 to 2017/18

- Approx. 170 specific issues identified, majority in inpatient admissions
- Does not include related issues of concerns about side effects of medication
- Data also now being collected on reported psychological and physical injuries

Specific physical health needs identified in complaints include:

- treatment/medication for conditions not provided
- delay/inadequate treatment for injuries including from assaults/restraint
- women's health needs not met including pregnancy and lactation.

---

## Specific issues: examples

---

### Treatment/medication for conditions not provided

- Spinal/neurological conditions, bladder/bowel infections, heart conditions, asthma and respiratory issues, sleep disorders

### Delay/inadequate treatment for injuries

- MRIs and investigations, photo evidence, fractures, exacerbation of existing conditions

### Women's health needs not met

- Pregnancy and STI testing, consideration of side effects of medication for pregnancy, access to lactation supports

---

## Service improvement recommendations

---

Specific recommendations included addressing issues associated with:

- use of bariatric equipment
- webster packs in residential services
- assessment and referrals to allied health and access to special order medications
- access to breast pumps
- consequences of the use of restraint for people with pre-existing medical conditions
- information provided on electronic cigarettes and quit smoking aides

---

## Service improvement recommendations (cont.)

---

- medication errors and required systems/responses
- management of naso-gastric tube pumps
- access to disability assessments, aides and accessibility requirements
- access to appropriate pain management for injuries
- arrangements for medical, allied health and appropriate tests/investigations during inpatient admissions
- decision making on access to medical devices, including CPAP machines, during inpatient admissions
- service responses to alleged assaults and injuries.

---

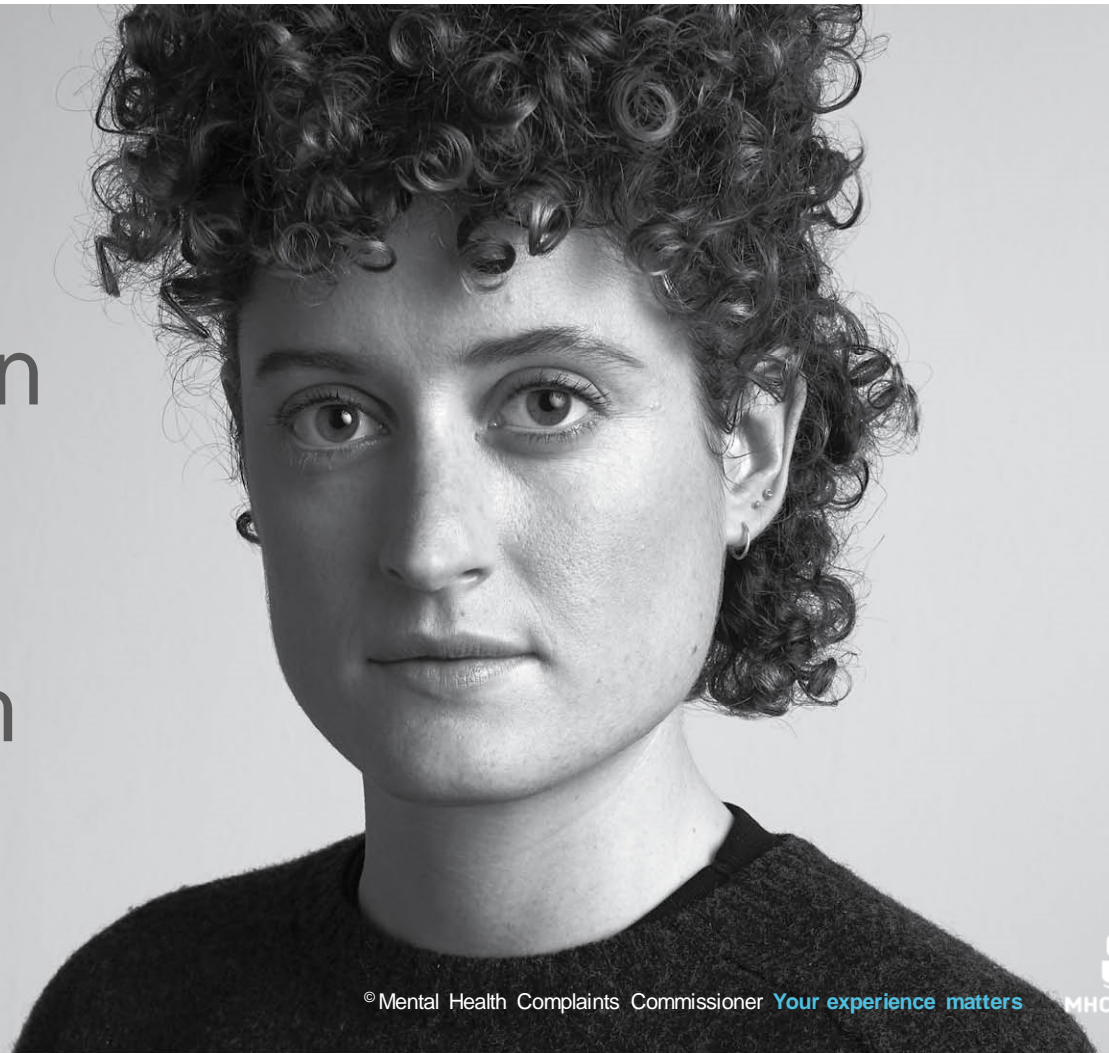
## Opportunities and questions

---

- How can we ensure that we hear the complaints and concerns about people's physical health and disability needs in services?
- How can these issues be elevated in data categories and survey questions?
- How can we better use the data we have to drive positive action and service improvements?
- What is needed to ensure that the right to health is embedded in mental health services?



Complaints can  
contribute to  
improved  
physical health  
outcomes





# Your experience matters.



Call **1800 246 054**

*Free call from landlines*



**mhcc.vic.gov.au**



**help@mhcc.vic.gov.au**