Complaints: A vital window into consumer experiences of restrictive practices

TERP 12th National Forum 2018

Jennifer Black - Deputy Commissioner
Keir Saltmarsh – Senior Adviser Lived Experience and Education

Aims of today

- About the Mental Health Complaints Commissioner (MHCC) in Victoria
- What people's experiences tell us about the use of restrictive practices in mental health services
- How we use this information to influence service and system improvement
- Reflections for service improvement

Background to the MHCC

Established under the Mental Health Act 2014 (Vic):

– an independent specialist statutory complaints body

– part of safeguards, oversight and service improvement provisions

The MHCC:

- deals with complaints about public mental health services
- aims to provide processes that are ***accessible***, ***supportive***, ***responsive*** and ***timely***
- assesses complaints through the ‘lens’ of the Act and *Victorian Charter of Human Rights and Responsibilities Act 2006*

Role and purpose

Range of functions and powers to:

- safeguard rights and dignity of people
- resolve complaints in ways that uphold rights and principles and support recovery
- help services develop effective approaches to complaints
- use information from complaints to promote positive change for:

  individuals, services, mental health system

Mental health principles: the Act

The principles require:

- respect for rights, dignity and autonomy
- least restrictive assessment and treatment
- supported decision making
- recovery-oriented treatment
- individualised, holistic and culturally responsive care
- carers to be involved in assessment and treatment wherever possible.

Rights under the Act

The Act gives people the right to:

- make or participate in decisions (supported decision making)
- have a nominated person to be involved in decisions
- make advance statements
- communicate privately with people outside a service
- receive a second psychiatric opinion
- receive a statement of rights.

Complaints: what do people's experiences tell us?

Key insights from complaints

- MHCC receives 2,000+ complaints, almost 7,000 calls per year : over 7,000 complaints in first 4 years
- MHCC also receives data on all complaints received by services: over 6,000 in first 4 years
- complaints are a vital window into people's experiences and cultures of services
- Average 70 % complaints from consumers (over 4 years)
- Average 24% carers/family; 6 % others

Complaints about restrictive practices

In the previous 2 years – 16/17 and 17/18

- 126 (55 and 71) individual complaints regarding restrictive practices
- 19 different types issues identified relating to restrictive practices
- Individual complaints with multiple issues and more than one type of restrictive practices

Most common issues: seclusion

68 (30 and 38) separate issues raised including:

- Seclusion considered unnecessary
- Lack of dignity and respect
- Lack of appropriate environment or facilities
- Approved guidelines not adhered to
- Inadequate observation and/or medical review
- Nominated person/carer not notified
- Inadequate authorisation

Most common issues: physical restraint

63 (24 and 39) separate issues identified

- Excessive force/alleged assault – Clinical staff
- Excessive force/alleged assault - security
- Physical Restraint considered unnecessary
- Lack of dignity and rights
- Inadequate documentation

Most common issues: mechanical restraint

29 (13 and 16) issues identified

- Considered unnecessary
- Lack of dignity and rights
- Excessive force
- Inadequate documentation
- Inadequate clinical monitoring
- Inadequate authorisation

Other issues:

- Lack of debriefing or collaborative review
- Lack of engagement prior to restrictive intervention
- Lack of exploration of alternatives
- Lack of trauma informed care
- Lack of use of advance statements
- Lack of consultation or notification of carers/family members
- Environment of emergency departments
- Code grey responses

The experiences we hear

Examples of experiences we hear

Experiences in emergency departments when seeking help

- Young slight women who have attended EDs to seek help for suicidal thoughts who become fearful in the environment and try to leave resulting in restraint
- Women with previous trauma being restrained by multiple male security guards
- Restraint episodes that people describe as ‘heavy handed’ resulting in trauma and re-traumatisation
- Long waits to see mental health staff with no interactions or information
- Fear of going to emergency departments but there is no alternative
- Advance statements not available in ED

Examples of experiences we hear

Communication and Engagement

- Many stories of views not being considered or listened to
- Stories of frustration at getting needs met or communicating needs
- Situations where people are fearful and there is a lack of information or adequate explanation.
- Sitting with distress and no therapeutic interactions leading to further agitation
- CATT responses that take people by surprise (feel they have agreed another plan with clinician)

Examples of experiences we hear

Experiences in HDUs

- Fear and trauma in environment/scared for own safety
- Witnessing behaviours and incidents with others
- Being threatened with restrictive interventions which feels punitive

Complaint outcomes

Aim to improve outcomes for individuals through:

- Acknowledgements, Answers, Actions and Apology

Service improvements:

– Actions initiated by services and recommendations made by the MHCC as outcomes of complaints & **legal undertakings** by services

System improvements:

– Recommendations made to the Secretary Department of Health and Human Services

Examples: recommendations

Recommendations to services:

-audits of practices to ensure compliance with requirements of Act

-review of training of clinical staff to ensure consideration of ways to prevent incidents involving the use physical restraint

- implementation of interventions such as Safewards

Recommendations to the Secretary:

- To review oversight, monitoring and reporting of use of restrictive practices in emergency departments
- To develop and implement a comprehensive sexual safety strategy - *Right to be safe* report

Reflections for service improvement

Reflections

Review every episode of restrictive practice

Debriefing:

– Formalised system not necessarily with the people who were involved

Trauma informed approaches:

– Universal approach to trauma

– Specialist skills

– Emergency Department models

– Security- individual approaches

Culture (attitude, engagement and human rights approaches)

MHCC

MHCC MENTAL HEALTH COMPLAINTS COMMISSIONER

Contact

1800 246 054

mhcc.vic.gov.au

help@mhcc.vic.gov.au

info@mhcc.vic.gov.au

MHCC