

Mental Health Complaints Commissioner

Driven by lived experience **– beginnings, present & future**

Our framework & strategy



Acknowledgements

The Mental Health Complaints Commissioner (MHCC) acknowledges people with lived experiences of mental and emotional distress as consumers, family members and carers, including those who have gone before us or are no longer with us. It is only by being informed and driven by the voices, collective experience and wisdom of those with lived experience that we can create meaningful change.

We would like to acknowledge the Wurundjeri People of the Kulin nation as the Traditional Owners/Custodians of the land on which we conduct our business. We recognise their continuing connection to land, water and community. We pay our respect to Elders past, present and the emerging leaders of the future.

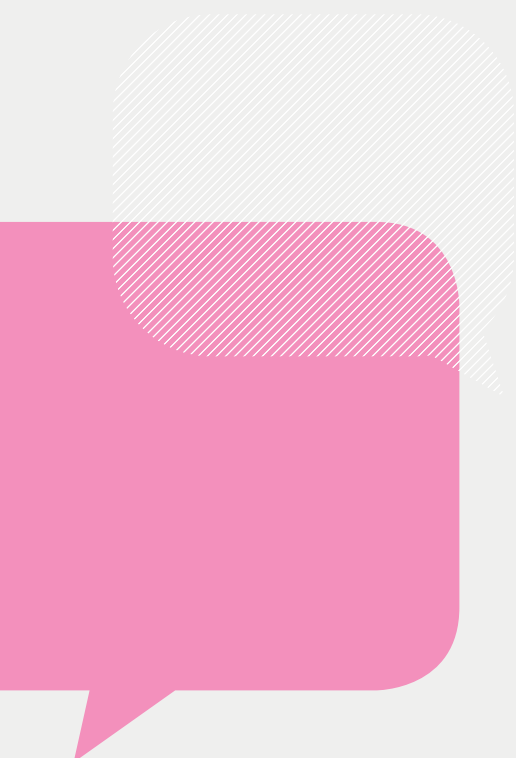
We also acknowledge the following individuals:

- Treasure Jennings, MHCC Commissioner
- Dr Lynne Coulson Barr OAM, inaugural MHCC Commissioner
- Dr Anthony Stratford, inaugural Chair, MHCC Advisory Council
- MHCC Lived Experience Project Team members - past & present
 - Keir Saltmarsh, former Senior Advisor Lived Experience and Education
 - Emma Bohmer, Senior Advisor Lived Experience and Education
 - Jennifer Bité, Senior Investigations and Review Officer
 - Kirsty Irving, Senior Quality and Development Officer
 - Maggie Toko, former Deputy Commissioner
 - Rachel Vague, Manager, Strategy and Quality
- Jennifer Black, former Deputy Commissioner
- Caitlin Evans, MHCC Senior Communications & Engagement Officer
- Hannah Harbinson, MHCC Project Officer
- MHCC Advisory Council members - past & present
- MHCC staff - past & present

Special thanks to:

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- Helen Glover
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Minister's foreword



The Hon Martin Foley

MINISTER FOR MENTAL HEALTH

People with lived experience offer the best insights into how the mental health system operates and, importantly, how it should be improved. This includes both the design and delivery of mental health services, as well as the agencies who uphold the rights and safety of people accessing them, their families and those who care for them.

The Mental Health Complaints Commissioner (MHCC), established under the *Mental Health Act 2014*, plays a key role in ensuring that people with lived experience have a voice when they need it most.

The MHCC has led by example in embedding lived experience in the way it works, from ensuring that consumer, family and carer perspectives help shape its foundations, through to the appointment of consumer leader Maggie Toko as a Deputy Commissioner earlier this year.

I am pleased to see this commitment given further momentum with the *Driven by lived experience framework and strategy*. Developed with the MHCC's Advisory Council and drawing on substantial lived experience expertise, this document articulates the Mental Health Complaint Commissioner's ongoing commitment to lived experience engagement.

The Royal Commission into Victoria's Mental Health System is an unprecedented opportunity to sincerely look at what is needed to ensure Victorians get the system they deserve. Already, through its interim report, it has indicated in clear terms that consumers and carers must be at the centre of a new system. I believe that this document reflects that call.

A handwritten signature in blue ink, appearing to read 'M. Foley', written in a cursive style.

Martin Foley MP

Minister for Mental Health

Messages from the Commissioners



Treasure Jennings
COMMISSIONER

The Royal Commission into Victoria's Mental Health System has emphasised the importance of lived experience in its 'Guiding principles for Victoria's mental health system'. In its interim report the Royal Commission said it envisages a mental health system in which:

'People living with mental illness, their family members and carers, as well as local communities, are central to the planning and delivery of mental health treatment, care and support services' (RCVMH 2019, p19)

and described: 'a future that elevates the voices of people with lived experience throughout all areas of the mental health system.' (RCVMH 2019, p492).

Since being appointed as Commissioner in July 2020, I've met many people with their own lived experiences of the mental health system as consumers, carers and family members. Being driven by the voices of those with lived experience will give us all the best chance of creating a mental health system that is truly accessible, safe and gives people real choices.

This *Driven by lived experience framework and strategy* represents our sincere commitment to embed lived experience in the MHCC's ethos and daily operations. I look forward to further working in partnership with people with lived experience as we bring it to life.



Dr Lynne Coulson Barr OAM
INAUGURAL COMMISSIONER

The MHCC was created under the *Mental Health Act 2014* (the Act) because people spoke up about their experiences with public mental health services and the need for supportive and responsive ways of addressing their concerns and complaints. The reforms introduced by the Act aimed to place consumers at the centre of their treatment and care, and to recognise the important role of families and carers in supporting people's recovery. It was vital that the MHCC honoured the voices of lived experience from the very beginning and ensured that the approaches to our work were informed and driven by the diversity of people's lived experience throughout its development.

I thank all the mental health consumers, families and carers who have shared their concerns, experiences, thoughts, ideas and feedback on the ways in which the MHCC should perform its important role of safeguarding rights, resolving complaints and driving service and system improvements. I am particularly proud of how all staff worked together with the MHCC Advisory Council to co-produce this lived experience framework and strategy. Genuine understanding and meaningful change requires a commitment to honour and respect the wisdom and experience of those who are at the heart of our work and the mental health system. I am confident that this *Driven by lived experience framework and strategy* will drive improved experiences and positive outcomes through the MHCC's work into the future.

Introduction

Since it was established in 2014, the inaugural Commissioner recognised and made a commitment to honouring the voice of lived experience.

This enabled the development of a culture within the MHCC that values lived experience. Since 2018, a team led by the MHCC's Senior Advisor, Lived Experience and Education, has worked extensively with the MHCC's Advisory Council and staff to document how the MHCC has been driven by lived experience, and develop a framework and strategy for how we can strengthen and deepen our approach into the future. The outcomes are presented in this document.

As outlined below, the team has:

Beginnings

- a. documented the **history** of how the MHCC was informed by lived experience during its establishment and early years

Present

- b. developed a **new driven by lived experience principle** to complement the MHCC's five existing principles
- c. shown what the driven by lived experience principle means in practice with a **driven by lived experience tree**, which visually represents the experiences we would like people to have when they engage with the MHCC, as well as an accompanying set of statements showing the actions we are taking to achieve this
- d. **evaluated** the MHCC Advisory Council's experience of the principle

Future

- e. created a **three-year strategy** to progress the MHCC's lived experience work.

Definition of lived experience

The term 'lived experience' is used by the MHCC in an inclusive way to refer to the experiences of people living with mental and emotional distress and those accessing mental health services (consumers), as well as the experiences of 'families and carers', which includes families of choice and any person who is in a care relationship. 'Lived experience' includes the diversity of people's experiences across different communities, ages, gender and sexual identities, disabilities and cultural backgrounds. We acknowledge and respect that lived experience differs from person to person.

Why we are driven by lived experience

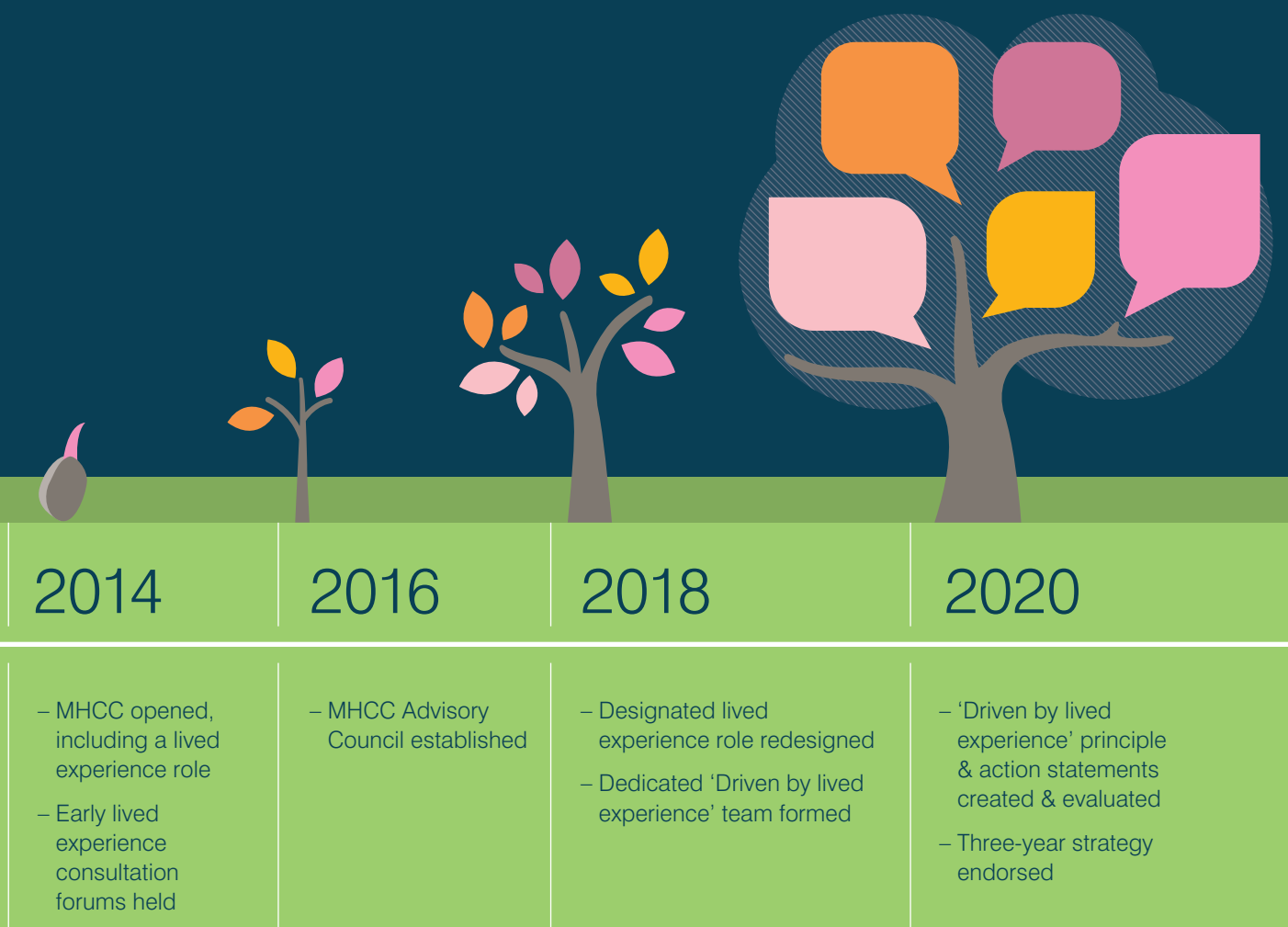
People with lived experience use their personal experiences of mental and emotional distress and navigating the mental health system to inform and influence systemic change. Consumers, families and carers offer unique insights and valuable opportunities to make improvements that are beneficial for everyone and would otherwise remain unknown.

Complaints to the MHCC about Victorian public mental health services represent the lived experiences of thousands of people each year. We know that learning from and working in partnership with consumers, carers and families is key to making meaningful improvements both to the MHCC and the mental health system.

Our growth

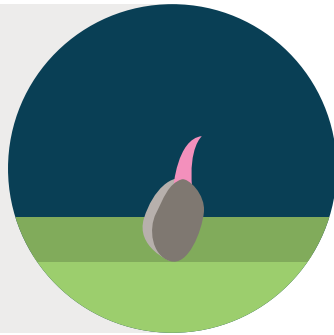
Our journey of learning has been progressive, like the growth of new beginnings.

This timeline shows key points in the MHCC's development:



Beginnings

The seed was planted



Created with lived experience

From its very beginnings, the MHCC has been informed by the lived experience of mental health consumers, families and carers. The MHCC was created under the *Mental Health Act 2014* (the Act) which brought legislative reform that sought to place consumers at the centre of their own care and treatment and to recognise and support the role of families and carers in mental health assessment, treatment and recovery.

One of the drivers of these reforms was the need for compatibility with Victoria's *Charter of Human Rights and Responsibilities Act 2006* and Australia's obligations under the *United Nations' Universal Declaration of Human Rights* and *Convention on the Rights of Persons with Disabilities*. These human rights instruments support people's right to be actively involved in making decisions about services, policies and programs, particularly those that directly affect them.

Accordingly, in developing our structure and operating model, the MHCC consulted extensively with consumers, families and carers as well as service staff and other stakeholders throughout Victoria, meeting 80 groups and 400 individuals and conducting focus groups and surveys.

Key themes that emerged from these consultations were that people wanted to be heard, respected and for their concerns to be treated seriously. They also wanted their fears and barriers to making a complaint to be proactively addressed. The consultations showed a clear need for the MHCC to offer an independent, accessible, supportive and timely complaints mechanism that would be responsive to the needs of people accessing public mental health services.

The consultations also showed the importance of having a statutory mechanism to ensure that information from complaints would be used to drive improvements in the safety and quality of the public mental health system for all.

What we learnt during these initial consultations informed the development of the MHCC's principles, strategic directions, approach, education and engagement strategies, logo and overall vision:

'a public mental health system that welcomes and learns from complaints, and makes quality and safety improvements to protect the rights of consumers, families and carers and upholds the principles of the Mental Health Act in all aspects of service delivery'.

2014

2016

2018

2020

The Mental Health Act and the MHCC

The MHCC is a key component of the safeguarding, oversight and service improvement mechanisms of the Act that were introduced to ensure the rights of people are protected and the Act and its mental health principles upheld. We assess and resolve complaints through the lens of the Act and its principles in ways that safeguard rights, support recovery and improve people's experiences of services.

Section 228 of the Act gives the Commissioner functions to:

- accept, assess, manage and investigate complaints relating to public mental health services
 - attempt to resolve complaints in a timely manner using formal and informal dispute resolution (including conciliation), as appropriate
 - provide advice on any matter relating to a complaint
 - make the procedure for making complaints in relation to services available and accessible, including publishing material about the complaint procedure
 - provide information, education and advice to services about their responsibilities in managing complaints
 - help consumers and people acting on their behalf, or who have a genuine interest in their wellbeing, to resolve complaints directly with services, either before or after the Commissioner accepts the complaint
- help services improve policies and procedures to resolve complaints
 - identify, analyse and review quality, safety and other issues arising out of complaints and make recommendations for improvements to services, the Chief Psychiatrist, the Secretary, the Minister, the NDIA, the NDIS Commission, the Health Complaints Commissioner, the Australian Health Practitioner Regulation Agency, and any prescribed person or body
 - investigate and report on any matter relating to services at the request of the Minister.

In line with our functions under the Act, our work is structured around four areas of focus:

- Resolutions and review
- Specialist advice and investigations
- Education and engagement
- Strategy and quality.



Lived experience at work

The MHCC has always encouraged people with lived experience to apply for roles in the office, including the key leadership role of Deputy Commissioner, valuing the unique skills, experience and wisdom that they bring. The MHCC has employed staff with lived experience in various roles since it opened in July 2014. In 2018, an existing lived experience role was redefined as 'Senior Advisor, Lived Experience and Education' to reflect the MHCC's commitment to being driven by lived experience. This Senior Advisor is a member of the MHCC's Leadership Group and works to ensure that diverse lived experiences, including those of Advisory Council members and staff, are fully embedded in the work and strategic directions of the MHCC.



Keir Saltmarsh

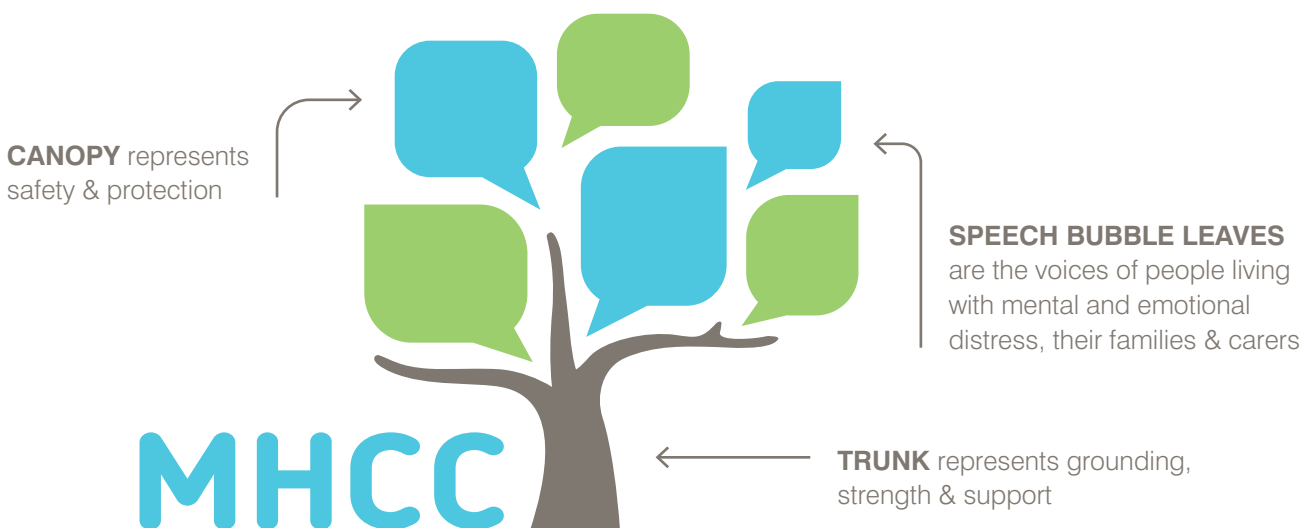
2014 to 2019, our first Senior Advisor, Lived Experience & Education



Emma Bohmer

2019 to current, Senior Advisor, Lived Experience & Education

Lived Experience informed our logo



The tree sprouted



Our Advisory Council

In 2016 the MHCC established its own Advisory Council following broad consultation. A lived experienced leader, Dr Anthony Stratford, was seconded as Principal Advisor to the MHCC to help establish the Council and continued as its inaugural Chair until June 2020.

The current Advisory Council is a diverse group of people of various ages, cultural and linguistic backgrounds, and gender and sexual identities who draw on their unique personal and professional mental health expertise to guide our work.

Members include:

- people with lived experience as consumers, including the chair and a youth member
- people with lived experience as family members and or carers
- people with experience of working in mental health services
- people from priority population groups, including Aboriginal and/or Torres Strait Islander, LGBTIQ+ and young people.



Dr Anthony Stratford

Lived experience leader and Principal Advisor MHCC 2016, inaugural Chair of Advisory Council August 2016 - June 2020

The Advisory Council's involvement in the MHCC includes:

- facilitating input from consumers, families, carers and services
- contributing to practice improvement and strategic projects
- participating in recruitment panels
- contributing to education and engagement activities
- co-producing resources such as education videos and information products
- providing input into submissions and consultations
- advising on approaches to seeking feedback
- providing input and advice on communications.



MHCC Advisory Council

(some members absent)
February 2020

2014

2016

2018

2020

Present

The tree matured



Strengthening our approach

In 2018 we strengthened our commitment to lived experience: to be driven by lived experience in everything we do.

‘It is globally recognised now how important lived experience voices are in all matters relating to mental health systems and recovery’

Dr Anthony Stratford, inaugural Chair of the MHCC’s Advisory Council & Lived Experience Leader

We established a project team, led by our Senior Advisor, Lived Experience and Education, to document how lived experience had guided us to date and where we could improve, and to develop a framework and strategy to guide how the MHCC will be driven by lived experience into the future.

In developing our approach to being driven by lived experience, we have been guided by the principles of co-production as defined by Roper, Grey and Cadogan (2018).

These principles include:

- partnering with consumers from the outset
- acknowledging, exploring and addressing power differentials
- developing consumer leadership and capacity.

We were also informed by the *Spectrum of Public Participation* (International Association for Public Participation, 2018), which describes a spectrum of ways services can seek to involve people in the decisions that affect them, starting from informing through to consulting, involving, collaborating and empowering. The team also drew upon the *Mental Health Lived Experience Engagement Framework* (LEEF, 2018) developed by the Lived Experience Leadership Engagement Reference Group (LELERG) which was developed as part of the Victorian Government’s 10 Year Mental Health Plan.



Informed by these ideas, and led by our Senior Advisor, Lived Experience and Education, the project team:

- sought advice from experts in co-production and co-design approaches, including lived experience consultants and leaders and those experienced in working in these approaches in government
- learned from The Australian Centre for Social Innovation (TACSI)'s workshop - *Introduction to codesign in the mental health context*
- collaborated with the MHCC's Advisory Council at every stage. This included:
 - seeking input to, and endorsement of, decisions about how to progress the project
 - asking what was important about how we go about being driven by lived experience - in this project and in our broader work
 - using and workshopping this feedback with the Advisory Council to build the driven by lived experience principle
 - developing and refining the driven by lived experience tree with the Advisory Council over several workshops
 - reviewing the statements about actions our teams can take to ensure we are driven by lived experience.

A new principle

The MHCC's commitment to being driven by lived experience is now reflected in a sixth principle that we have developed to sit alongside the MHCC's existing five principles. All the MHCC's principles are born out of lived experience. The sixth principle represents our strengthened commitment.

Our principles

Accessible

We understand that being accessible means different things for different people. We are responsive and flexible, and adapt our approaches to people's individual needs and backgrounds. We work hard to make sure everyone can access and use our information and services, that our written material is easy to read and understand, and that our processes are simple.

Supportive

We do our best to assist everyone who contacts us – there are 'no wrong doors' at the MHCC. We listen with compassion, empathy and an open mind. We are person-centred and seek to understand what is most important to the person in resolving their complaint. We treat all people with respect, dignity and courtesy, and embrace diversity.

Accountable

We keep individuals and services informed about actions and outcomes through regular communication. Our decisions are based on fair and transparent processes and evidence, and our practices are consistent.

Collaborative

We understand the importance of good relationships and communication. We work together with individuals, carers, families, services and other stakeholders. We share what we learn. We use our resources and information to influence positive change.

Learning-focused

We always look for ways to learn and develop, asking people about their experience with us and drawing on their feedback to improve how we work.

Driven by lived experience

We are driven by the voice and collective experience and wisdom of consumers, families and carers. We honour and respect lived experience in all our work.

The principle in practice

The MHCC's Driven by lived experience tree

This driven by lived experience tree (below) provides a visual representation of our new driven by lived experience principle.

The statements in the speech bubbles describe the experiences we would like people to have when they engage with the MHCC, based on feedback from our consultations.

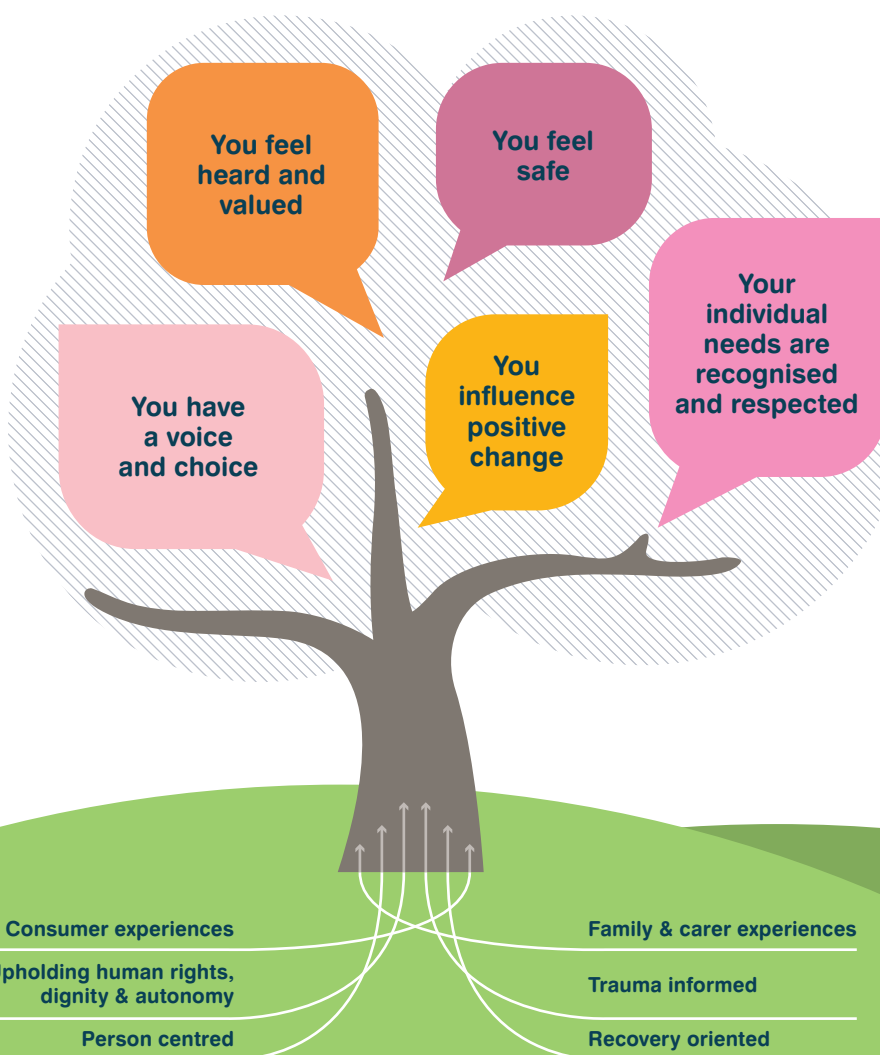
The tree was partly inspired by the MHCC logo, as this symbolises things that are ever important: strength, safety and voice – which work together to represent growth, improvement and hope.



Wording consultation with Advisory Council

When engaging with the Mental Health Complaints Commissioner

The MHCC honours and respects the collective experience and wisdom of mental health consumers, families and carers. This tree represents how our approach is driven by lived experience. The roots show what informs our work, and feed into the leaves which describe what we aim to achieve when people engage with the MHCC – the outcomes of our values in action.





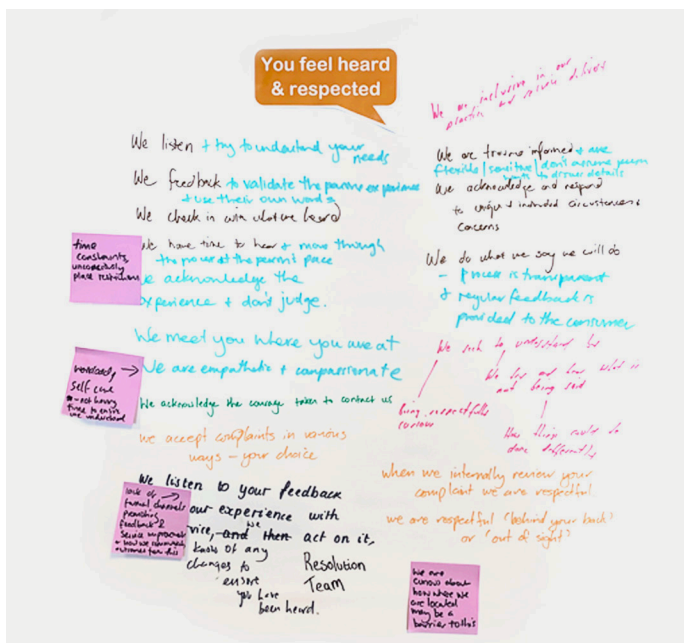
Our action statements

To complement the driven by lived experience tree, we have developed a set of statements that describe the approaches and actions we are taking in each of the areas of the MHCC's work to achieve the tree's aspirations.

	Needs	Heard	Choice	Safe	Change
Resolutions & Investigations					
1 We acknowledge the courage it takes to contact us. People determine how and at what pace they would like to participate.	●	●	●	●	
2 We recognise that every person is unique and will have different ideas, experiences, backgrounds and cultures. We adapt our approaches to reflect people's strengths and their individual and changing needs.	●	●	●	●	
3 We acknowledge that safety is not the same for everyone, and includes physical, emotional, relational and cultural elements. We believe and acknowledge experiences of trauma and do all we can to ensure each person feels safe when engaging with the MHCC.	●	●	●	●	
4 We ask open and respectful questions, listen, and check what we've heard is right. We provide information and options, are guided by the outcomes consumers and carers are seeking and explore creative possibilities together.	●	●	●	●	
5 We take a human rights approach, people have a right to be heard, respected and valued. We recognise that people are the experts of their own experiences. Individual experiences, and the impact these have on people, are at the centre of our work and drive how we communicate concerns to services and the outcomes sought through complaints.	●	●	●	●	●
6 We are clear in our role, we do what we say we will do, our process is transparent and we communicate regularly with all individuals involved.		●	●	●	
7 We use themes and issues from all complaints to share learnings, promote improvements and provide advice and recommendations for public mental health service and system improvement.		●			●
Strategy & Quality					
1 We are guided by the diversity of people's lived experience in developing our communication materials and use clear, inclusive and accessible language and formats.	●	●		●	
2 We seek opportunities for you to give us feedback. We value what people tell us and make changes to reflect what we've learned.		●		●	●
3 We acknowledge the experiences and insight of people who engage with our office and are led by the voice of people with lived experience in all aspects and stages of our work. We share with the sector any positive changes to our practice and processes from collaborations with people with lived experience.		●	●	●	●
4 We draw on and are driven by what people tell us in their complaints to influence mental health service and systemic change.		●			●

	Needs	Heard	Choice	Safe	Change
Education & Engagement					
1 We provide education to support people to know they have a right to speak up, and encourage people to feel confident and safe to contact us.		●	●	●	●
2 We use the information gathered from people's experiences to drive our education and engagement activities and develop supporting materials.		●			●
3 We work with individual services, including lived experience representatives, to provide education to: <ul style="list-style-type: none"> — improve local complaints culture, including sharing how we make the complaint process a safe experience for consumers and carers — address challenges arising in complaints and identify areas for improvement to influence positive change 	●	●	●	●	●
Leadership					
1 We encourage and value staff with lived experience at every level of our organisation.		●	●	●	●
2 We are committed to creating a respectful, supportive and emotionally safe environment for everyone, including staff. We strive for an inclusive culture where everyone feels safe to disclose at their own discretion their personal experience and identity, and is empowered to be their full authentic selves.	●	●	●	●	
3 We ensure that we listen, hear, recognise and promote the importance of people's voices in our approaches and decision making on all levels.		●	●	●	●
4 We ensure that people's experience of engaging with the MHCC is rights-based, trauma informed, recovery oriented and person centred, including by supporting continuous professional development.	●	●		●	
5 We ensure that our work is influenced, informed and driven by the diversity of people's lived experience and backgrounds. We ensure that participation creates value for everyone involved.	●	●	●	●	●
6 We ensure our policies, processes and practices are fair, inclusive and transparent, and promote respect for human rights and equality.	●			●	

Example of action statement consultation





The Advisory Council’s experience of the principle

In June 2020, the MHCC conducted four surveys to understand people’s experience of engaging with the MHCC over the past year. We sought feedback from people who made a complaint, service staff, our Advisory Council and the general public, all of which will be published on our website.

‘Being in this advisory council has been my best experience of advisory councils/groups. There is genuine collaboration and power differentials are minimal. Feel very safe in the group.’

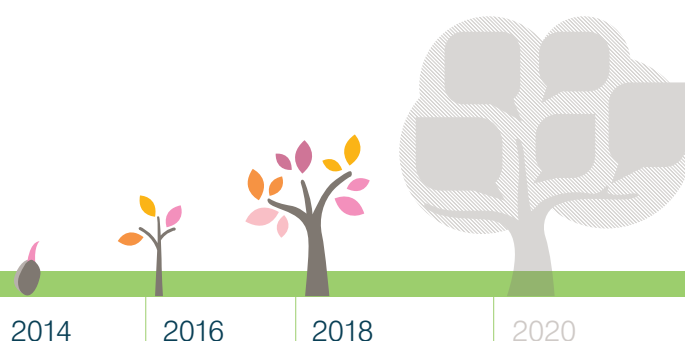
As the lived experience work had been the strongest focus of the Advisory Council’s work over this time, this survey was an opportunity to see whether we had achieved our hope of being truly driven by their collective experiences and wisdom in progressing the development of the lived experience principle, action statements and strategy. This survey also provides us with baseline data to compare with as we progress this work.

‘Both the Commissioner and the staff made all council members feel valued and in a warm, engaging and respectful manner. I wish all “workplaces” had such an inspiring, respectful and collaborative environment.’

Eight out of 13 Advisory Council members completed the survey and described their experience over the past year as follows:

- 100% always felt heard and valued – their views were respected and recognised
- 100% reported their individual needs were always recognised and responded to – they chose how they wanted to participate
- 100% always felt safe (for example, emotionally, physically and culturally safe)
- 88% felt they always had a voice and choice – the MHCC was guided by their preference
- 88% agreed or strongly agreed that their involvement influenced positive change in the sector
- 75% agreed or strongly agreed that their involvement influenced positive change within the MHCC

‘The respectful way I am treated as part of the team and my view is taken on board. The credit that is given to people and their ideas. The willingness of staff to consult with advisory group.’



Future

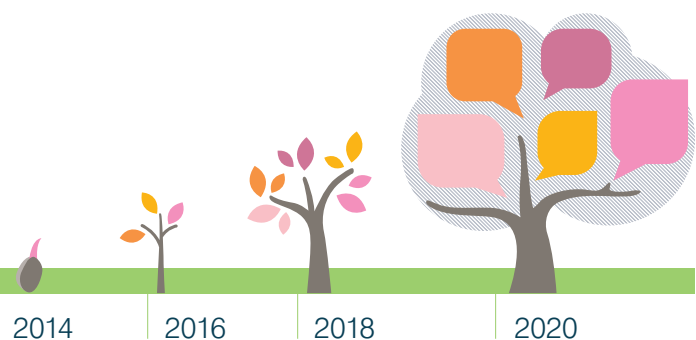


The tree flourishes

Our commitment

To ensure we are driven by lived experience into the future, the MHCC team has created a *driven by lived experience strategy* for 2020 to 2023.

This was developed through extensive consultations with MHCC staff and Advisory Council members over 2018 to 2020, which were informed by the Western Australian Mental Health Commission's *Effective Engagement Strategies Checklist* (Mental Health Commission, 2018a). The strategy is consistent with the recommendations in the interim report of the Royal Commission into Victoria's Mental Health System (2019) and its recognition that lived experience is crucial to the design and delivery of the mental health system. Clear objectives and actions demonstrate our commitment and approach.



Our *Driven by lived experience strategy*
2020-2023

OBJECTIVES	ACTIONS	PRIORITY
<p>1</p> <p>Expand network/relationships with people with lived experience/lived experience staff.</p>	<p>1.1 Increase use of existing lived experience networks of Advisory Council members.</p>	Short
	<p>1.2 Expand community of people with lived experience who are interested in contributing to the MHCC’s work, drawing on their specific experience, skills and interests, including people:</p> <ul style="list-style-type: none"> – who have experience of making a complaint to the MHCC or to services – who have a lived experience role within services. 	Medium
<p>2</p> <p>Ensure the diverse views and experiences of consumers and carers inform and drive our complaint and investigation processes, to improve the experience of making a complaint.</p>	<p>2.1 Strengthen formal and informal feedback mechanisms from consumers and/or people making complaints, evaluating against our principles, including the MHCC driven by lived experience principle and action statements.</p>	Short
	<p>2.2 Increase lived experience input into learning from complaints and compliments made about the MHCC.</p>	Short
	<p>2.3 Build on existing processes to strengthen and increase opportunities for internal and external lived experience input to complaints resolution and process.</p>	Short
	<p>2.4 Ensure complaint processes and practices align with/support a trauma informed approach to resolving complaints by:</p> <ul style="list-style-type: none"> – ensuring processes and practices have had lived experience input – developing guiding principles for how the MHCC ensures a trauma informed approach. 	Medium
	<p>2.5 Increase opportunities for lived experience input into investigations process, including options for including lived experience members on investigation panels, involvement in investigation interviews and follow up, and/or review of planned questions or reports.</p>	Long

Our *Driven by lived experience strategy*
2020-2023

OBJECTIVES	ACTIONS	PRIORITY
<p>3</p> <p>Improve awareness of people’s right to speak up, how to make a complaint to the MHCC and services, contemporary practice complaint handling and what we’ve learned from complaints that can inform and drive improvement in services.</p>	<p>3.1 Work with lived experience to create tailored information and education to empower people to complain to the MHCC and locally to services, particularly priority population groups (LGBTIQ+ people, Aboriginal people, young people, older people).</p> <ul style="list-style-type: none"> – Develop a series of consumer and carer information videos (including the mental health principles with Advisory Council members). – Develop a modularised education package based on common complaint themes to drive service improvement, including: <ul style="list-style-type: none"> • sexual safety • restrictive interventions • carer/family involvement • supported decision making • trauma informed care • discharge planning • communication • the 4As of complaint resolution. – Create regular ‘Commissioner’s message’ videos to update the community about the MHCC’s work. 	<p>Medium</p>
	<p>3.2 Work with lived experience to develop ‘what to expect’ guidance for people making complaints and people whose complaint is being formally investigated. Include details of how people can:</p> <ul style="list-style-type: none"> – access lived experience support – be supported to raise their concerns directly with the service. 	<p>Medium</p>

Our *Driven by lived experience strategy*
2020-2023

OBJECTIVES	ACTIONS	PRIORITY
<p>4</p> <p>Support services to improve the experience of local complaints processes through collaboration with lived experience.</p>	<p>4.1 In collaboration with lived experience, develop a complaints process and culture self assessment tool, to support services to review and improve their approach to complaints, and to inform planning and delivery of MHCC education to services.</p>	Short
	<p>4.2 Establish regular meetings with senior service staff including senior lived experience representatives to advise/coach in contemporary practice approaches to complaint handling and to provide oversight to recommendations and service improvements made through the MHCC complaints process.</p> <p>Regular service meetings will incorporate:</p> <ul style="list-style-type: none"> – contemporary practice complaint handling – tailored education – local complaints reporting. 	Medium
	<p>4.3 Work with services to ensure local complaints reports are useful and enable them to use complaint data to identify and make service improvements.</p> <ul style="list-style-type: none"> – Increase opportunities for the mental health service lived experience workforce to be involved in discussions about complaint data and themes. – Develop a variety of formats, with lived experience input, to enable sector wide and service level data to be easily shared within services and to be included in modularised education package. 	Medium
	<p>4.4 Identify and share effective complaint processes, and other initiatives and resources that have been developed in services with and by people with lived experience that support a positive complaints culture or mental health principles in the <i>Mental Health Act 2014</i>.</p>	Long

Our *Driven by lived experience strategy*
2020-2023



OBJECTIVES	ACTIONS	PRIORITY
<p>5</p> <p>Embed our lived experience principle, tree and action statements to continuously improve our culture of providing a respectful, supportive and emotionally safe environment, driven by lived experience.</p>	<p>5.1 Articulate and build on how we listen, hear, recognise and promote the importance of people's voices in our approaches and decision making on all levels.</p> <ul style="list-style-type: none"> – To include creating a lived experience lens endorsement checklist. 	Short
	<p>5.2 Explore with staff how to continuously improve to support an environment where staff feel respected, supported and emotionally safe. This includes staff feeling safe to disclose their personal experience and identity at their own discretion, and feeling safe as a result of disclosure.</p>	Short
	<p>5.3 Incorporate the driven by lived experience principle/tree/action statements into staff position descriptions, recruitment and performance and development processes to strengthen focus on working in ways that are driven by lived experience.</p>	Short
	<p>5.4 Ensure all staff receive orientation and ongoing training and development informed by lived experience perspectives, to support our practice and approaches to be driven by lived experience.</p>	Short
	<p>5.5 Develop guidance to ensure we consistently seek to understand and accommodate the preferences of people with lived experience both internal and external to the MHCC, for how they work with us. Ensure our guidance and processes prioritise engagement with lived experience across our strategic projects and submissions, and internal policies, practices and evaluation.</p>	Short
	<p>5.6 Support staff with lived experience expertise to access lived experience-specific training, development, support and supervision.</p>	Short

Our *Driven by lived experience strategy*
2020-2023

OBJECTIVES	ACTIONS	PRIORITY
<p>6</p> <p>Through proactive community engagement, improve how we work with LGBTIQ+, Aboriginal Victorians, young people and older people including by:</p> <ul style="list-style-type: none"> – improving the MHCC’s accessibility and responsiveness – improving staff capability. 	<p>6.1 Focus on the MHCC being responsive and accessible to Aboriginal Victorians by undertaking a further cultural audit and working with Aboriginal representatives in our Advisory Council to inform and implement an action plan.</p>	<p>Short</p>
	<p>6.2 Focus on the MHCC being responsive and accessible to LGBTIQ+ community by working towards Rainbow Tick accreditation.</p>	<p>Medium</p>
	<p>6.3 Focus on the MHCC being responsive and accessible to young people.</p>	<p>Medium</p>
	<p>6.4 Focus on the MHCC being responsive and accessible to older people.</p>	<p>Medium</p>

Conclusion

We have built on the history of how the MHCC was informed by lived experience during its establishment and early years. The lens of lived experience has been across this entire process.

Our commitments through the driven by lived experience principle, tree and accompanying action statements, as well as the three-year strategy set out in this document give us a clear path for strengthening and deepening how we are driven by lived experience.

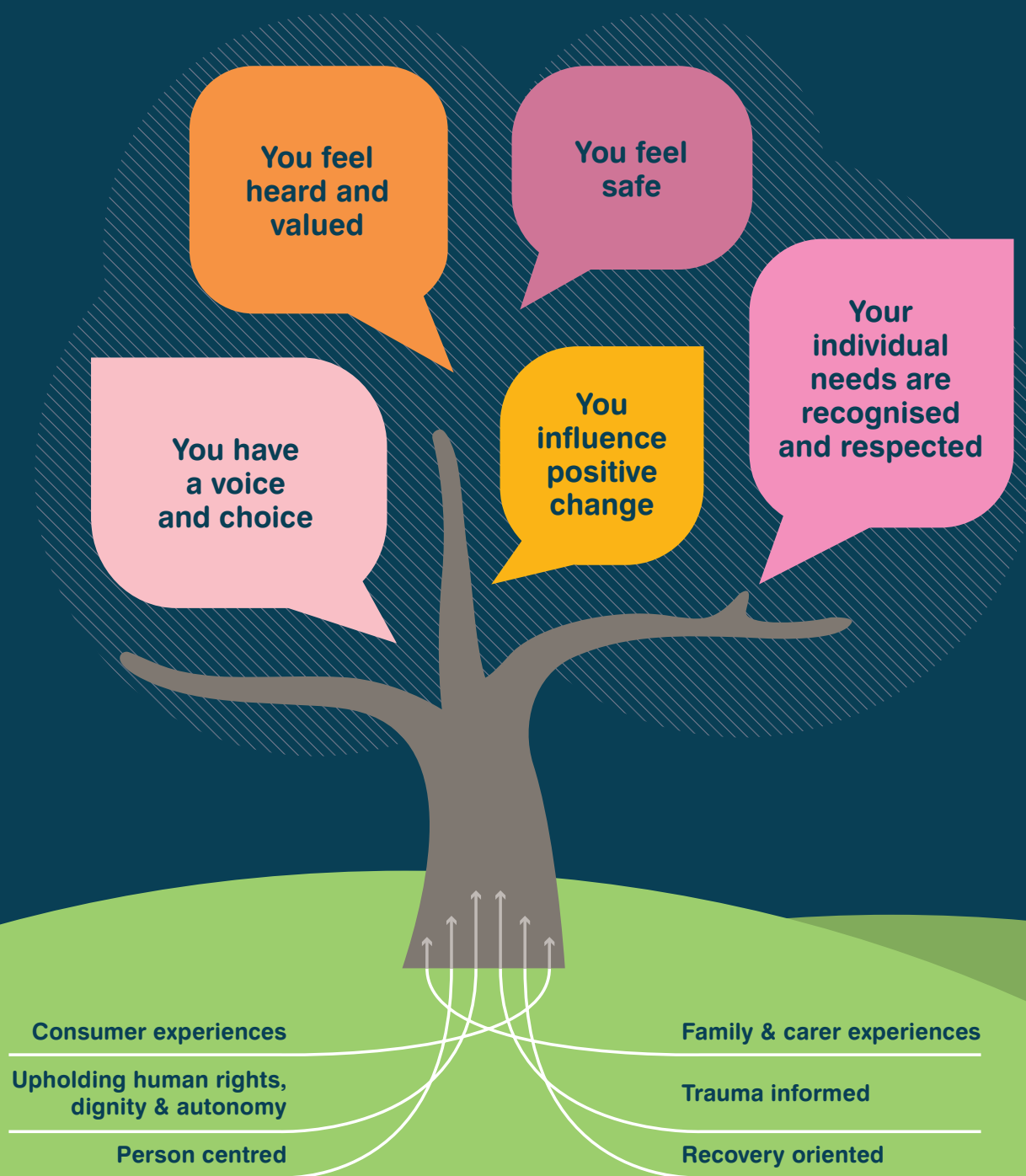
We will evaluate our progress against clear measures, including by seeking feedback from people about whether their experiences with us reflected the values of the driven by lived experience tree and action statements, and publishing annual updates.

We will continue to grow our approach to being driven by lived experience in everything that we do.

When engaging with the Mental Health Complaints Commissioner



The MHCC honours and respects the collective experience and wisdom of mental health consumers, families and carers. This tree represents how our approach is driven by lived experience. The roots show what informs our work, and feed into the leaves which describe what we aim to achieve when people engage with the MHCC – the outcomes of our values in action.



References

Department of Health and Human Services (2019) *Mental Health Lived Experience Engagement Framework* State Government of Victoria, Melbourne

International Association for Public Participation (2018) *Public Participation Spectrum*, accessed at https://iap2.org.au/wp-content/uploads/2020/01/2018_IAP2_Spectrum.pdf

Mental Health Commission (2018) *Working together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-25* State Government of Western Australia, Perth

Mental Health Commission (2018a) *Working together toolkit* State Government of Western Australia, Perth

Roper, C, Grey, F and Cadogan, E (2018) *Co-production: putting principles into practice in mental health contexts* University of Melbourne, Melbourne

Royal Commission into Victoria's Mental Health System (2019) *Interim Report*, Royal Commission into Victoria's Mental Health System, Melbourne.



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