**[Complaints Self-Assessment Tool](https://www.mhcc.vic.gov.au/complaints-self-assessment-tool)** – ref stage 4

Engagement material  
**Stage 4: Responding to complaints**   
**Menu** *[click on items below to go direct to content]*

[**Discussion points 1**](#_Toc139918994)

[**Constraints 2**](#_Toc139918995)

[**Barriers 2**](#_Toc139918996)

[**Advice 2**](#_Toc139918997)

# **Discussion points**

* People may prefer, or expect, responses from the staff who helped them make their complaint, for continuity of trust
* Even when the response is from management, people may prefer to have it shared with or explained to them by a staff member they have an existing relationship with (e.g. key clinician, contact nurse, peer support worker, carer consultant, advocate)
* Lived Experience staff support and collaboration can greatly support the investigation/resolution/response phases in addition to a response from the service
* Open Disclosure to move from being a formal policy/procedure reserved for high-risk critical incidents by management to being a principle in action in responses by all staff to all complaints
* What tools might work well in conjunction with a database? (e.g. the use of journals to track and monitor)
* If an acceptable resolution is not feasible, can a positive change in perception, understanding and experience still be empathetically and responsively negotiated?
* Who, and what, might mitigate and help with any unresolved post-response concerns? (e.g. consumer tools/supports/agencies: advance statements, nominated persons, recovery and wellness plans, mental health care plans, IMHA, consumer/carer organisations, disclosure/reporting/referral processes, etc.) Can these be connected and co-ordinated?
* In a positive complaints culture, staff who effectively handle and respond to complaints would be identified, recognised and given a profile (as ‘Champions’, or with excellence awards) and would then buddy/mentor/orient other staff

[**Back to top**](#_top)

# **Constraints**

* Many services cannot always manage, or thus commit publicly to, a specific turnaround time
* Depending on the complaint, staff other than those who received it may need to be involved: are there clear mechanisms for advising the person who complained about this, and why it is necessary?
* The Lived Experience workforce may not have capacity for full and ongoing involvement in investigation/resolution/response processes
* Many services do not provide, in feedback communications or forms, a section asking those who complain what outcomes they seek, nor is it built into the logging procedure or database system or training. Who would then ask this, how or when if it wasn’t captured in the form?
* Tailored training in Open Disclosure, authentic transparent empathetic communication, managing difficult conversations safely, and ways to meaningfully acknowledge and apologise are not widely, readily or regularly available, and not for all complaint-handling staff

[**Back to top**](#_top)

# **Barriers**

* In hospital settings, sometimes non-discipline-specific staff (without expertise and experience in a mental health setting) handle all undifferentiated complaints, and the intrinsic specifics of mental health are lost or filtered out
* Consumers often suspect that the investigation/resolution process largely consists of relevant staff in a committee meeting being asked “so what really happened?”
* Staff cannot tailor or frame their responses effectively if they have not asked what outcome the person who made the complaint would like?
* Inauthentic, defensive, dismissive or dehumanising language can damage confidence in the complaints process as well as inhibit a constructive resolution and outcome where people feel heard
* Recommendations for tools/supports/services/agencies (see 4A above) may be perceived as “fobbing off”, shirking accountability or denial of necessary support from the service
* Lived Experience staff are not often genuinely involved in investigations/resolutions and responses: general feedback after the event is often not sufficient

[**Back to top**](#_top)

# **Advice**

* Responses to demonstrate that all concerns in the complaint were considered, examined, explored and addressed thoroughly and respectfully
* The who, when and how of complaint responses to be clear to all staff involved and to those making a complaint
* Lived Experience staff to be engaged in assessing if responses have been appropriate and effective before they are sent to the person who made the complaint
* Ensure responses are written or communicated in a way that is genuine, clear, honest and considerate
* To be positive and productive for both those who complain, and for the service, responses to involve:
  + Acknowledgement
  + Answers
  + Apology
  + Action
* Be accountable for actions and decisions: use I/we statements, and be direct:
  + ‘I acknowledge …. I am sorry that this was your experience’ *rather than*
  + ‘I apologise if this is how you remember the experience’
* Responses to convince and reassure people that they:
  + have been heard in full
  + have been listened to without screening-out
  + have been believed without judgement
  + have been taken seriously
  + have a stake in authentic positive change
  + have made a contribution to real service improvements for everyone

[**Back to top**](#_top)