

# Complaints Policy

<b>Approved by</b>	MHAS Executive
<b>Contact</b>	Chief, Manager, Senior Advocate
<b>Related documentation</b>	Mental Health Act 2014
<b>Date effective</b>	10 May 2019
<b>Date of next review</b>	1 May 2022

## 1. PURPOSE AND SCOPE

The purpose of this policy is to:

- 1.1. Provide a mechanism for anyone involved with MHAS to make a complaint about the service provided, including complaints about anyone in MHAS providing the service (eg: Advocates and Advocacy Service Officers). Complainants may include hospital/hostel staff, consumers, the consumer's family and friends.
- 1.2. Enhance the processes for accountability and to identify areas where improvement within the service provided by MHAS is required.
- 1.3. Highlight that MHAS is committed to ensuring that all parties are free to lodge complaints in a manner "consistent with the principle of fairness, accountability and the rights and responsibilities of consumers and providers, [and that complaints] are treated as legitimate and investigated without prejudice." (*WA Health Complaints Management Policy 2009*)

## 2. RELATED LEGISLATION, POLICIES OR POSITION STATEMENTS

- The Mental Health Act 2014 (the Act)
- National Standards for Mental Health Services 2010
- MHAS Code of Conduct Policy
- MHAS Conflict of Interest Policy
- Public Sector Management Act 1994
- Public Sector Commissioner's Circular 2009-27
- Australian Standard Customer satisfaction – Guidelines for complaints handling in organizations (AS ISO 1002-2006)
- Mental Health Commission complaints policy

### 3. BACKGROUND

- 3.1. A complaint can be defined as an “expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required” (*Australian/New Zealand Standard 10002-2014, Guidelines for complaint management in organizations*). This Policy provides procedures to respond to complaints made to MHAS against an Advocate, Advocacy Services Officer, or the Advocacy Service itself.
- 3.2. Advocates may be removed from office by the Chief Mental Health Advocate (the Chief) pursuant to s372 of the Act on the grounds of:
- Mental or physical incapacity
  - Incompetence
  - Neglect of duty
  - Misconduct.
- 3.3. Advocacy Service Officers appointed or made available to assist the Chief under the Act (ss374-376) are also subject to policies of the Mental Health Commission (MHC) and the Public Sector Management Act 1994.

### 4. POLICY

- 4.1. All complaints received by MHAS will be treated in an equitable, objective and unbiased manner to ensure procedural fairness to all parties. All complaints will be dealt with in a confidential manner.
- 4.2. It is recommended that wherever possible, complaints be resolved in an informal manner between the complainant and the person against whom the complaint has been made. In this instance the MHAS Manager or the Chief should be informed of the complaint and outcome.
- 4.3. An independent investigator or mediator and/or support person(s) may be used at any stage of the resolution process.
- 4.4. All parties are entitled to representation during any stage of the complaint process.
- 4.5. All parties will be treated with respect and dignity at all times throughout the resolution process.
- 4.6. All Advocacy Services Officers and Advocates will be familiar with MHAS’s complaint process so as to inform anyone about the complaints policy.

- 4.7. All complaints, whether verbal or in writing will be recorded in a Complaints Register. . The method of recording a complaint and storing it in a confidential manner will be reviewed from time to time, but will be the responsibility of the MHAS Manager.

## **5. PROCEDURES**

Whilst these procedures provide a guide to complaint resolution there may be occasions when variations to the procedure will be more appropriate. In such cases relevant parties will be consulted about the most appropriate method.

### **5.1. Acknowledgement and time frames**

- 5.1.1. Where the complaint is made to the Chief, the MHAS Manager or a Senior Mental Health Advocate (Senior), or where it is made in writing, the complaint will be acknowledged in writing within five working days of the complaint being received.
- 5.1.2. MHAS will endeavour to complete each stage of the complaint process within 30 days.
- 5.1.3. The complainant and the person against whom the complaint has been made will be kept informed about the progress of the complaint.
- 5.1.4. Completion of the complaint process will be no more than three months, unless there are extenuating circumstances in which case all parties will be kept informed of the progress.

### **5.2. Initiating a formal complaint**

- 5.2.1. If the complainant wants a formal resolution, then the complaint must be stated in writing. The complaint form (annexure 1) may be used to submit the complaint or used as a guide to preparing the written complaint. If a complainant needs assistance in writing up the complaint, MHAS may refer the person to an independent body which can assist.
- 5.2.2. A written complaint can be hand delivered, posted, emailed or faxed to MHAS offices:  
Mental Health Advocacy Service  
Unit 6/18 Harvest Terrace  
West Perth WA 6005  
  
Mental Health Advocacy Service  
Reply Paid 84455  
West Perth, WA 6005  
  
Email: [contactus@mhas.wa.gov.au](mailto:contactus@mhas.wa.gov.au)  
Phone: (08) 6234 6300.

### 5.3. Investigating the Complaint

- 5.3.1. Each complaint should be initially assessed in terms of validity, severity, safety implications, complexity and the need for immediate action.
- 5.3.2. The assessment will include whether an independent or external person should be appointed to deal with the complaint.
- 5.3.3. As a result of the assessment a short, written plan of action will be developed to guide the process.
- 5.3.4. Where it is considered that the complaint is so serious that it might lead to a recommendation that an Advocate be removed from office pursuant to s372 of the Act, an independent person should be used to conduct or review the investigation before a final decision is made. The matter may also be referred to a sub-committee of the MHAS Executive Group (which comprises the Chief, the MHAS Manager and the two Seniors).
- 5.3.5. The person receiving the complaint is to ask the complainant how they would like the matter resolved and the outcome they are seeking.
- 5.3.6. If the complaint is about an Advocate or an Advocacy Services Officer, they will be advised of all the details of the complaint and be given a fair opportunity to respond. If the complaint is about an Advocacy Services Officer, MHC policies and procedures may apply.
- 5.3.7. If the complaint is about the Chief it will be referred to the office of the Minister for Mental Health.
- 5.3.8. If a person involved in trying to resolve the complaint has a potential conflict of interest, they will disclose this and may have no further involvement in the process.
- 5.3.9. It is important to acknowledge that there may be areas of disagreement or varying accounts of the facts and the complaint will not be dismissed solely as a result of this.
- 5.3.10. All aspects of the complaint should be investigated by :
  - gathering all relevant information and documentation
  - interviewing the complainant and/or significant others
  - interviewing the person against whom the complaint has been made
  - conducting further research as required such as supporting documentation/information.

## 5.4. Complaint resolution

- 5.4.1. Mediation may be proposed in order to try to resolve the complaint.
- 5.4.2. Upon resolution, the complainant and the person against whom the complaint has been made will be informed of the outcome, including any changes that have/will be made as a result of the complaint being made.
- 5.4.3. If a resolution cannot be reached, either party can request that the complaint be progressed to the next stage.

## 6. FURTHER AVENUES OF COMPLAINT

If a person is dissatisfied with the outcome of the complaint process they can either contact the Ombudsman's Office or the Minister for Mental Health.

- **Ombudsman Western Australia:**  
Telephone: (08) 9220 7555  
Country callers: 1800 117 000 (from outside the metropolitan area)  
Facsimile: (08) 9325 1107  
Email: [mail@ombudsman.wa.gov.au](mailto:mail@ombudsman.wa.gov.au)  
Post: PO Box Z5386, St Georges Tce, Perth WA 6831  
In person: Level 12, 44 St Georges Tce, Perth  
Further information: [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au)
- **Minister for Mental Health**  
  
Telephone: (08) 6552 6500  
Facsimile: (08) 6552 6501  
Email: [Minister.Cook@dpc.wa.gov.au](mailto:Minister.Cook@dpc.wa.gov.au)  
Post: 13<sup>th</sup> Floor, Dumas House, 2 Havelock St, West Perth WA 6005

## 7. Policy Review and Evaluation

The Complaints Policy will be reviewed at least every three years by the Executive Group.

In addition, the number of complaints will be reported in MHAS' annual report and the complaints will be reviewed by the Executive Group at the completion of the annual report to support continuous improvement in complaint handling processes.

## 8. Version Control and Change History

Version number	Approval Date	Approved by	Amendment
1.0	20 November 2015	Chief	Original
1.1	5 September 2016	Chief	Reference to COV changed to MHAS and other changes – to be endorsed by Executive.
1.2	7 September 2016	Executive	Amendments to 3.3, 5.2.1, 5.2.2, 5.3.5 & 5.3.7
1.3	8 May 2019	Executive	Reviewed against HaDSCO's draft Guidelines for Handling Complaints about Mental Health Services (TRIM Ref: Policy 119913[v2]; complaints register 126021)

## Annexure 1

MENTAL HEALTH **ADVOCACY** SERVICE

**Is your complaint about:**

☐ MHAS      ☐ Advocate      ☐ Advocacy Services Officer

Name of the person being complained about (if known):

<b>COMPLAINANT'S DETAILS</b>			
Are you:			
<input type="checkbox"/> a patient in a hospital	<input type="checkbox"/> a hostel resident	<input type="checkbox"/> a relative or friend	
<input type="checkbox"/> a facility staff member	<input type="checkbox"/> other		
SURNAME: <input style="width: 100px;" type="text"/>		GIVEN NAME: <input style="width: 100px;" type="text"/>	
DATE OF BIRTH: <input style="width: 100px;" type="text"/>		GENDER: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
ADDRESS: <input style="width: 150px;" type="text"/>		POSTCODE: <input style="width: 100px;" type="text"/>	
PHONE: <input style="width: 100px;" type="text"/>		LANGUAGE: <input style="width: 100px;" type="text"/>	
EMAIL: <input style="width: 150px;" type="text"/>		INTERPRETER REQ: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
<b>SUMMARY OF COMPLAINT (please provide all relevant details such as dates, location, people involved, names and positions) if insufficient space is available please attach additional sheet</b>			
<b>HAVE YOU PREVIOUSLY MADE AN ATTEMPT TO RESOLVE THIS ISSUE Yes / No</b>			
<b>If yes, please provide details and outcome of previous attempt to resolve issue:</b>			
<b>WHAT OUTCOME ARE YOU SEEKING?</b>			
SIGNATURE: <input style="width: 150px;" type="text"/>		DATE: <input style="width: 100px;" type="text"/>	
You should receive a response to this complaint within five working days and you will be involved and consulted at all stages during the complaint resolution.			