



Mental health complaints

A spotlight report on complaints about
mental health services in Queensland 2009-12

January 2014



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Case studies

Case studies have been provided to illustrate complaint issues. Some details may have been omitted to protect the privacy of our clients. One of our roles is to share the lessons learned from our work to drive improvement. In sharing case summaries, we aim to maximise the health system's ability to learn from the experience of healthcare consumers and providers. While every effort is made to ensure the accuracy and completeness of case studies, they cannot fully detail all of the information about a case.

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About us

The Health Quality and Complaints Commission is an independent statutory body dedicated to improving the safety and quality of healthcare in Queensland. We were established on 1 July 2006 to regulate health services under the *Health Quality and Complaints Commission Act 2006* (HQCC Act).

We work with healthcare providers, consumers and other organisations to prevent patient harm and improve service quality. To achieve our aim of better healthcare for Queenslanders, we:

- manage complaints about health services
- investigate serious and systemic issues and recommend quality improvement
- monitor, review and report on healthcare quality
- identify healthcare risks and recommend action
- share information about healthcare safety and quality, and
- promote healthcare rights.

We report to Parliament and the Queensland community through the Minister for Health and the Health and Community Services Committee of State Parliament.

On 4 June 2013, the Minister for Health, the Honourable Lawrence Springborg MP, tabled the *Health Ombudsman Bill 2013* (the Bill) in the Queensland Parliament.

The Bill establishes a new statutory position of Health Ombudsman to manage health complaints in Queensland. The Bill was passed on 20 August 2013 in the Legislative Assembly.

The *Health Ombudsman Act 2013* will repeal and replace the *Health Quality and Complaints Commission Act 2006* on a date to be determined.

About this report

In this report we turn the spotlight on complaints about mental health services.

We explore what patients, families and carers have told us through complaints about problems with mental health services in Queensland. We analyse this information and provide de-identified case studies to illustrate the issues.

We analysed complaints about mental health services because:

- about one in five Queenslanders live with a mental illness (7, 8)
- people with a mental illness are at increased risk of suicide compared to the general population (1)
- there is a national focus on improving mental health services including a new road map for reform (1)
- we wanted to provide information about mental health complaints to the new Queensland Mental Health Commission, established to improve and integrate the mental health and drug and alcohol misuse systems in Queensland.

As Queensland's independent health watchdog, we support reforms that improve patient safety and quality of healthcare. By sharing our information with the Queensland Mental Health Commission, healthcare organisations and the community, we aim to spark discussion and drive improvement.

We analysed 681 complaints about mental health services in Queensland we received between 1 July 2009 and 30 June 2012. On average, these complaints accounted for 4% of all of the healthcare complaints we received in the same period, rising from 3% in 2009 to 5% in 2012.

It is important to note we receive only some of the complaints about mental health services in Queensland. Many concerns are managed directly between the consumer and practitioner, hospital or health service.

We do not manage complaints about mental health services performed outside a declared healthcare service, such as social welfare services, employment services, housing, mental health social and prevocational support settings and community housing settings.

Healthcare practitioners and healthcare organisations providing mental health services are encouraged to use the information in this report in conjunction with their own data to identify areas for improvement.

Highlights

- We managed 681 complaints about mental health services between 1 July 2009 and 30 June 2012.
- The proportion of complaints about mental health services as a total of all complaints has steadily increased over the period, rising from around 3% to 5% of all complaints received.
- The consumer was the complainant in 70% of complaints, followed by parents, family members, partners/spouses (27%) and a legal or other representative (3%).
- The most frequently reported concern in complaints about mental health services was treatment (41% of complaints), followed by communication and information (21%), medication (11%), professional conduct (9%) and access (6%).
- In complaints about treatment, complainants raised concerns about incorrect or inappropriate choice of treatment or insufficient treatment, including lack of observations by clinical staff; concerns about missed, wrong and inadequate diagnosis; concerns about lack of coordination and communication between providers; and unexpected treatment outcomes and complications such as side effects from treatment.
- In complaints about communication and information, complainants raised concerns about the healthcare provider's attitude and manner (for example, perceived as rude, discourteous, negative, insensitive, patronising or overbearing) and lack of information, including for family and carers.
- In complaints about medication, complainants raised concerns about prescribing the wrong medication, over prescribing, refusing to prescribe medication or adverse reactions to medications.
- Almost one in ten complaints about mental health services were given our severity rating of 'major' or 'serious' (see page 9 for definitions).
- In 6% of complaints about mental health services, suicide or attempted suicide was the patient outcome reported by complainants.
- 58% of complaints were about mental health services provided in the public sector and 40% were about mental health services provided in the private sector.

Definition of mental health

The World Health Organisation (WHO) defines mental health as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.' (6)

A mental illness is 'a health problem that significantly affects how a person feels, thinks, behaves and interacts with other people' (13).

There is no single experience of mental ill-health. While some people only ever have one episode of mental illness, others have recurrent illness. In some cases, a person's mental illness may be ongoing, and present significant challenges to their capacity to reach their full potential (1).

Overview of mental health services in Queensland

Who experiences mental illness?

It is estimated that one in five Queenslanders have a mental illness.

Mental illness is a major contributor to total health expenditure (7).

The National Health Survey 2011-12 identified mental illness as being more common in females than males, 15.1% compared to 12% respectively of the population surveyed (8).

The Fourth Report of the Chief Health Officer, Queensland states there were 68,861 hospitalisations for mental and behavioural disorders in Queensland in 2010-11, with 22% more females hospitalised than males. The reasons for hospitalisation included:

Anxiety and depression	30,683—55% were for females
Schizophrenia	10,056—male rate 10% higher than the female rate
Bipolar disorder	4,610—female rate 2.3 times the male rate
Self-inflicted injuries	7,367—62% were for females
Dementia	1,012—male rate 35% higher than the female rate (9).

The majority of people with mental health issues are living rewarding and productive lives, and many people can and do recover from mental illness (1).

Where mental illness cannot be prevented, effective clinical and non-clinical health services can assist individuals in maximising their wellbeing (1).

About mental health services

Mental health services are provided in a variety of ways in both the public and private sector and include dedicated mental health services and general health services provided in hospitals, residential care, community mental health centres, consulting rooms, via home visits and over the phone.

The assessment and treatment of people with a mental disorder and a history of criminal offending, or those at risk of offending, are provided by forensic mental health services; treatment may be provided in the community, in hospital or in prison.

Mental health services are also provided by general practitioners, psychiatrists, nurses, psychologists and other allied health professionals.

Mental health services are required to comply with legislation (16) and healthcare standards (14, 2, 3).

What our data shows

Frequency of mental health service complaints

Between 1 July 2009 and 30 June 2012, 681 complaints about mental health services came to our attention. The total number and proportion of complaints about mental health services as a total of all complaints has steadily increased over the period, rising from 3% to 5% of all complaints received (Figure 1, Table 1).

Figure 1: Total number of mental health service complaints, 2009 to 2012

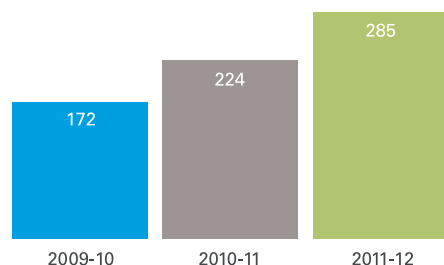


Table 1: Number of complaints about mental health services as a percentage of all complaints received, by year, 2009 to 2012

Number of complaints	2009-10	2010-11	2011-12	Total
All complaints	5508	5022	5896	16426
Mental health service complaints	172	224	285	681
Mental health service complaints as % of all complaints	3.2%	4.5%	4.8%	4.2%

Complainant/consumer characteristics

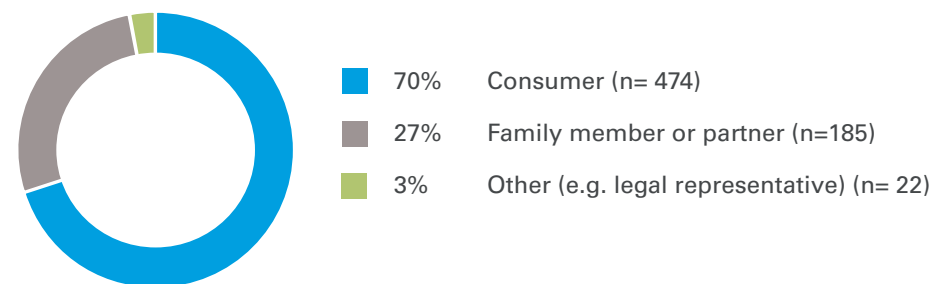
We considered the 681 mental health service complaints we received between 1 July 2009 and 30 June 2012 in terms of:

- who lodged the complaint and
- the complainant's principal place of residence
- the complainant's age, gender and cultural status.

Seventy per cent of complaints about mental health services were made by the health service consumer. Parents, family members and partners/spouses accounted for 27% and a legal or other representative (e.g. guardian, enduring power of attorney) accounted for 3%.

The proportion of consumers as complainants (70%) is slightly lower than what we see across all complaints i.e. the consumer is usually the complainant in about 75% of all complaints received (10, 11).

Figure 2: Source of complaints about mental health services



The gender of complainants in this study was fairly evenly distributed between females (50%) and males (48%)*. While this finding is similar to the gender profile of the Queensland population generally, it does differ somewhat from the pattern seen in all complaints to the HQCC, where females usually represent approximately 60% of complainants and males approximately 40% (17).

The proportion of female complaints is also slightly lower than expected given that mental illness is more prevalent in women than men (8).

Most complaints about mental health services were made by people in the 25-54 year age group (where age was known, 66%). This pattern is consistent with what is known about mental illness in particular age groups (12).

Thirty five mental health complainants (5%) identified as Aboriginal and/or Torres Strait Islander. This proportion is consistent with the 4.4% of all complaints received by the HQCC from people who identify as Aboriginal and/or Torres Strait Islander (11).

Nature of mental health service complaints

We considered the 681 mental health service complaints we received from 1 July 2009 to 30 June 2012 in terms of:

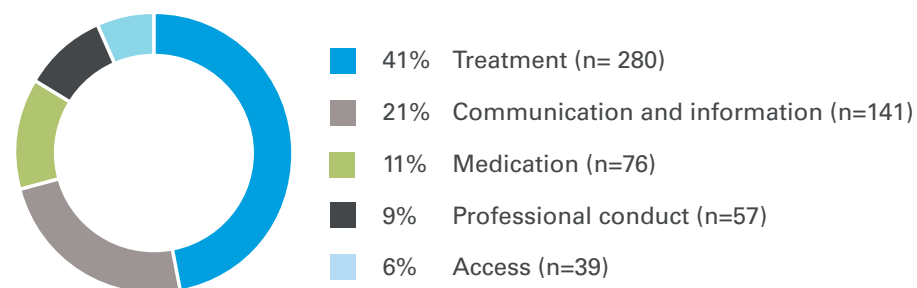
- the primary issue reported in complaints
- the extent of patient harm reported by complainants i.e. the severity of complaints.

As shown in Figure 3, the top five issues accounting for 85% of complaints about mental health services were treatment (41%), followed by communication and information (21%), medication (11%), professional conduct (9%), and access (6%).

These issues are explored further in the next section of this report, including case studies to illustrate the issues.

Complaints included concerns not only about the consumer experience but the experience of family and/or carers with mental health services, for example their perceived lack of recognition as important partners in the consumer care pathway.

Figure 3: Top five primary issues raised in complaints about mental health services (n=593/681)



*In 2% of cases, the complainant's gender was not recorded.

Treatment (41%)

As shown in Table 2, the majority of complaints about treatment issues were concerns about the appropriateness and adequacy of care provided, including concerns about incorrect or inappropriate choice of therapy/treatment and incomplete or insufficient treatment such as inadequate observations by clinical staff (26%).

Diagnosis (7%) was the next most frequent treatment issue, including concerns about missed, wrong and inadequate diagnosis and inadequate investigations to obtain correct diagnosis.

Treatment issues also included concerns about the coordination of mental health services (5%), such as poor communication between providers, and unexpected treatment outcomes and complications (3%), such as medication complicating co-morbidities, side effects suffered due to treatment, particularly electroconvulsive therapy (ECT).

Table 2: Treatment issues reported in mental health service complaints 2009-2012

Treatment issues	Number of complaints	% of all mental health service complaints (N=681)
Inappropriate/inadequate treatment	175	26%
Diagnosis	47	7%
Coordination of treatment	33	5%
Unexpected treatment outcome/complications	22	3%
Other	3	0.4%
Totals	280	41%

CASE STUDY 1

A woman's parents complained to us that their daughter was discharged prematurely from a psychiatric hospital without appropriate consultation with family and her regular, treating medical practitioner.

The woman was admitted to hospital under an involuntary treatment order (ITO) for a bipolar condition. The woman was reviewed by the consultant psychiatrist at the hospital and discharged the next day. The woman's parents said because she was discharged too early, she was disruptive at her work, heard voices, refused to take her medications or see a doctor.

The woman's parents told us because of their daughter's premature release from hospital without stabilisation of her mental illness she eventually had to resign from her work.

We assessed the complaint and referred the matter to the relevant Board. The Board investigated the matter and found the doctor acted reasonably.

Communication and information (21%)

As shown in Table 3, the majority of complaints about communication and information issues were concerns about provider attitude and manner (13%). Complainants raised concerns about rude, discourteous, negative, insensitive, patronising and overbearing provider behaviours.

Complainants also reported concerns about the completeness and accuracy of information they received and inadequate information for family and carers (7%).

Table 3: Communication and information issues reported in mental health service complaints 2009-2012

Communication and information issues	Number of complaints	% of all mental health service complaints (N=681)
Provider attitude/manner	91	13%
Inappropriate/inadequate information given/provided	45	7%
Other	5	1%
Totals	141	21%

CASE STUDY 2

A woman admitted herself to hospital for electroconvulsive treatment (ECT) for depression. The woman said the doctor would not tell her how many treatments she would have to undergo, and when she could be discharged. The woman said she asked her family to contact the doctor to request this information, but he did not return their phone calls. She told us the night before her first treatment, she again asked the doctor about the number of treatments but he refused to tell her and felt he spoke to her in a belittling and aggressive manner. The woman said she was so upset she left the hospital before her first treatment.

We assessed the complaint and obtained informal clinical advice that was critical of the provider's record keeping and professionalism. We referred the matter to the relevant Board, who resolved to issue a show cause notice to the provider.

'Show cause' means the practitioner is given notice that the Board proposes to take immediate action. Immediate action limits a practitioner's registration and their practice in some way. The practitioner has the opportunity to respond to this notice.

Medication (11%)

As shown in Table 4, the majority of complaints about medication issues (n=53, 8%) were concerns about prescribing medication for mental illness, including prescribing the wrong medication, over-prescribing, refusing to prescribe and adverse reactions to medications.

Clinical error (2%) followed by pharmacist issues (n=7, 1%), were the next most frequent medication issues, including concerns about the administration/dispensing of the wrong drug or wrong drug dose (Table 5).

Table 4: Medication issues reported in mental health service complaints 2009-2012

Medication issues	Number of complaints	% of all mental health service complaints (N=681)
Prescribing medication	53	8%
Clinician error	16	2%
Pharmacist issues	7	1%
Totals	76	11%

CASE STUDY 3

A man told us that he went to his regular GP clinic to seek treatment for worsening symptoms of depression. The man had been taking anti-depressant medication for ten years. His regular GP was away and he was seen by a new doctor.

The man told us the new doctor recommended another anti-depressant medication, and told him to cease taking all medication for one week prior to taking the new medication. The man said when he went 'cold turkey' he suffered significant side effects which required hospitalisation.

The man complained to us that the doctor should not have advised him to stop taking his medication, and that his psychiatrist said it was a poor treatment decision by the GP.

Our assessment concluded the treatment was less than optimal. We referred the complaint to the relevant Board. The doctor was cautioned.

Professional conduct (9%)

As shown in Table 5, professional conduct issues reported by complainants included inappropriate disclosure of information, such as release of information without the consent of the consumer (4%), verbal or physical assault (2%), boundary violation, such as an inappropriate personal relationship (1%), and sexual misconduct (1%).

Table 5: Professional conduct issues reported in mental health service complaints 2009-2012

Professional conduct issues	Number of complaints	% of all mental health service complaints (N=681)
Inappropriate disclosure of information	28	4%
Assault	13	2%
Boundary violation	7	1%
Other	6	1%
Sexual misconduct	3	1%
Totals	57	9%

CASE STUDY 4

A man told us he went to see his GP to seek treatment for depression and ask for a referral to a psychologist. The man said once the GP had given him the referral, the GP told him he was attractive and gave him a mobile number. The GP asked the man for his contact details for their records. The man left the medical centre, but later that afternoon the GP texted him and asked if he was okay and invited him home.

The man responded to the GP that he was fine, but when he questioned why the GP wanted him to come over the GP did not respond. The man complained to us that the doctor's conduct was inappropriate.

We referred the complaint to the relevant Board for investigation, who imposed conditions on the doctor's registration.

Access (6%)

As shown in Table 6, access issues reported by complainants included refusal to admit or treat (3%), delay in access to treatment or admission (2%) and special needs, such as sign language, unmet (1%).

Table 6: Access issues reported in mental health service complaints 2009-2012

Access issues	Number of complaints	% of all mental health service complaints (N=681)
Refusal to admit or treat	23	3 %
Delay in access	11	2%
Special needs services not provided	5	1%
Totals	39	6%

CASE STUDY 5

A father complained to us about the treatment his daughter received at a regional hospital. The father said he took his daughter to the emergency department as she expressed an intent to suicide.

The father said there were no mental health staff available, and they were told to wait. After waiting a number of hours, hospital staff told the father to take his daughter home and present to another hospital the following day.

The father said his daughter was discharged without an assessment by mental health staff. She subsequently attempted suicide and had to be hospitalised.

Our assessment identified the treatment was not appropriate, and there were possible systemic and public interest issues that required further investigation.

We subsequently investigated and conciliated the complaint. Conciliation is a privileged and confidential forum that offers a cooperative approach to resolving particularly complex complaints. The outcomes of conciliation are confidential.

Severity of mental health service complaints

We rate the severity of complaints using a five-point scale based on the level of harm reported by the complainant. The severity rating is allocated at the start of the complaint process and reviewed at each step of the complaint process as new information comes to hand.

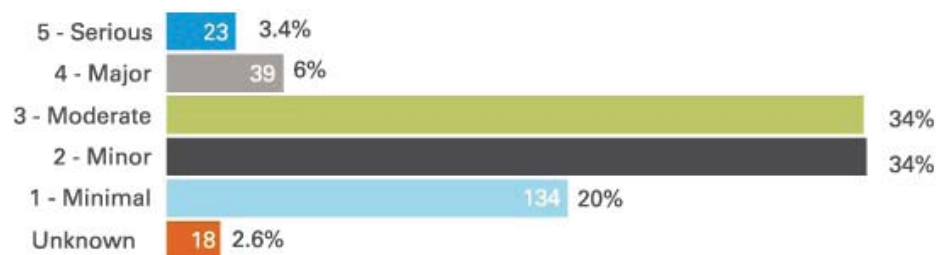
1. minimal: no injury or increased level of care
2. minor: minor injury or some increased level of care
3. moderate: reduction in function unrelated to the natural course of the illness and differing from the expected outcome
4. major: major permanent loss of function unrelated to the natural course of the illness and differing from the expected outcome
5. serious: serious harm or death unrelated to the natural course of the illness and differing from the expected outcome.

As shown in Figure 4, more than half of complaints about mental health services were classified as minimal or minor (54% or n = 368/681).

Another third (34% or n=233/681) were classified as moderate.

Almost one in ten mental health service complaints we received were allocated a severity rating of either major or serious (9.4%, or n= 62/681).

Figure 4: Severity of complaints about mental health services 2009 - 2012



Patient death/suicide

In 6% (44/681) of complaints about mental health services, suicide or attempted suicide was the patient outcome reported by the complainant. These complainants raised the following issues about mental health services:

- Inadequate treatment and/or follow-up by the mental health team/service following previous suicide attempt by patient
- Mental health team/service failure to provide appropriate treatment or adequate support prior to patient suicide or attempted suicide
- Inadequate discharge planning, including inadequate community support arrangements post-discharge
- Inadequate medication management, including over-reliance on medication, inappropriate medication, and complete withdrawal of medication without a tapering period
- Failure of mental health service providers to identify risk factors for patient suicide
- Poor attitude of the mental health service provider following suicide attempt
- Difficulty accessing mental health services prior to completing suicide
- Lack of information/family involvement in patient's care.

In a mental health emergency

If you or someone you care for is experiencing severe mental health problems, you can either:

- Contact your local GP
- Phone 000
- Call or visit your local mental health service
- Visit your hospital emergency department

Crisis telephone counselling

- Lifeline 13 11 14
- Kids Help Line 1800 551 800

Healthcare provider profile

We considered the 681 mental health service complaints we received between 1 July 2009 and 30 June 2012 in terms of:

- location of health service provider
- health service setting
- clinical practice area identified in complaints.

The majority of complaints about mental health services were about mental health services provided in Brisbane (51%) and the Gold Coast (11%).

Overall, the concentration of complaints in these statistical divisions is broadly consistent with the proportion of the Queensland population residing in these areas and the concentration of health services, particularly acute tertiary hospitals, in this part of the state (see Table 7).

Healthcare providers in the Brisbane and Northern statistical divisions were slightly over-represented in our mental health complaints compared to the whole of Queensland population.

Healthcare providers in the Gold Coast, Darling Downs, Wide Bay-Burnett, Mackay, Far North, North West, West Moreton, South West and Central West statistical divisions were slightly under-represented in our mental health complaints compared to the Queensland population.

Table 7: Location of health service providers reported in complaints about mental health services compared to Queensland population (based on Queensland statistical divisions)

Location of health service provider	Number of mental health service complaints	% of mental health service complaints	% of Queensland population**	% difference
Brisbane	345	51%	46%	+5%
Gold Coast	78	11%	13%	-2%
Sunshine Coast	33	5%	5%	0%
Darling Downs	23	3%	6%	-3%
Fitzroy	20	3%	3%	0%
Wide Bay-Burnett	43	6%	10%	-4%
Far North	27	4%	5%	-1%
Northern	35	5%	4%	+1%
Mackay	13	2%	4%	-2%
North West	2	0%	1%	-1%
West Moreton	1	0%	1%	-1%
South West	1	0%	1%	-1%
Central West	1	0%	1%	-1%
Unknown	59	9%	NA	NA
Total	681	100%	100%	

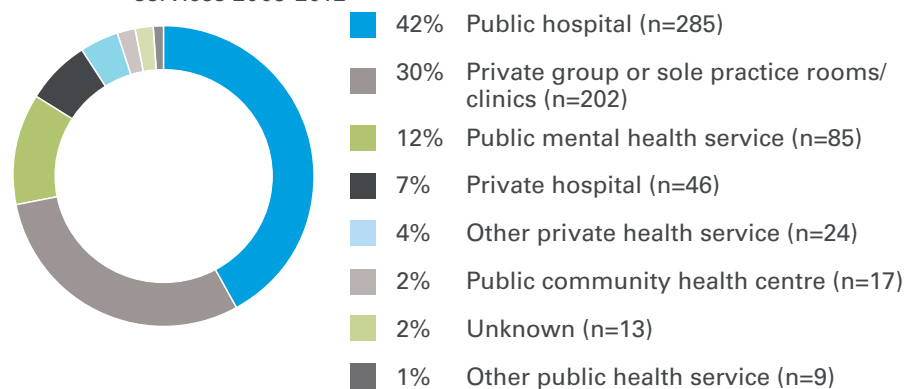
**Source: Queensland Government, Office of Economical and Statistical Research (2006), Queensland Regional Profiles

Complaints about mental health services provided in the public sector accounted for 57% of complaints. The private sector accounted for 41% of complaints.

In 2% of complaints about mental health services, the sector was not known or recorded.

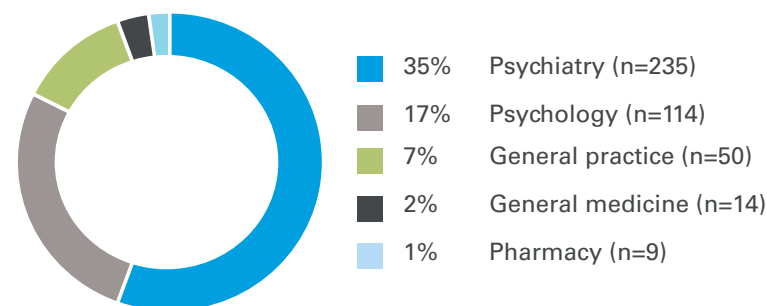
As shown in Figure 5, public hospitals were the most frequently mentioned health service setting in mental health service complaints (42%), followed by private group or sole practitioner rooms/clinics (30%) and public mental health services (12%). Private hospital services were the subject of 7% of mental health service complaints.

Figure 5: Health service setting reported in complaints about mental health services 2009-2012



As shown in Figure 6, the five most frequently mentioned clinical practice areas reported in mental health service complaints (accounting for 62% of mental health service complaints) were psychiatry, psychology, general practice, general medicine and pharmacy (Figure 6).

Figure 6: Top five clinical practice areas reported in complaints about mental health services 2009-2012



Stage of mental health service complaints

The majority of mental health service complaints analysed for this study (91%), were closed as at 30 June 2012.

Sixty-one (9%) were open, with 19 being triaged or in early resolution, 18 being assessed, two being conciliated, two under investigation and 20 referred to the relevant registration board or another external agency.

Table 8: Stage of closed/open mental health service complaints as at 30 June 2012

Stage	Closed	Closed %	Open	Open %	Total	Total %
Triage and early resolution	502	81%	19	43%	521	76.5%
Assessment	93	15%	18	2.2%	111	16.3%
Conciliation	1	0.1%	2	4.4%	3	0.4%
Investigation	13	2.1%	2	4.4%	15	2.2%
Referred to Board/external agency	11	1.8%	20	46%	31	4.6%
Total	620	100%	61	100%	681	100%

Most mental health service complaints were closed early in our complaint process at the triage and early resolution stages, as shown in Table 8.

Ninety-three complaints (15%) were closed following assessment. One complaint was finalised in conciliation, 13 were finalised through an investigation and 11 were referred to a relevant registration board or external agency.

Of the 118 closed mental health service complaints that were assessed, conciliated, investigated or referred to another agency, 94 (80%) were resolved at closure.

If a complainant disagrees with our assessment decision, they may ask for the decision to be reviewed, providing grounds for their request.

The stages of our complaint process are:

Triage

When a complainant first contacts us, we help the person to clarify their concerns and desired outcome, record details of the complaint and talk the person through their options for resolving their concerns. We encourage people to talk to their healthcare provider as this is often the quickest and most effective way to resolve concerns.

Early resolution

If the complainant is unhappy with their healthcare provider's response or feels uncomfortable approaching the provider directly, we ask them to put their concerns in writing. On receipt of a written complaint, we contact the complainant to discuss their concerns. We may work with the complainant and provider to resolve the complaint through our informal early resolution process.

Assessment

If a complaint cannot be resolved through early resolution or was about a serious or systemic issue, we assess the complaint to determine if further action is required. We gather and review all relevant information and make an assessment decision. If we cannot take a complaint any further, we explain why and keep the complaint on record to help us identify patterns of provider practice and complaint trends, or more widespread system issues. If we decide a complaint needs further action, we can:

- Conciliate**
 We conciliate complaints when issues remain unresolved following assessment and both the complainant and provider agree to participate. Conciliation is a privileged and confidential forum that offers a cooperative approach to resolving particularly complex complaints.
- Investigate**
 We investigate serious or systemic healthcare issues and complaints. Following investigation, we provide investigation outcomes to the complainant and healthcare provider(s) and may recommend ways for the provider(s) to improve their health service. All recommendations are monitored until complete or closed
- Refer to external agency**
 We refer to registration boards complaints or investigations that may warrant further action or disciplinary action against individual healthcare practitioners. We may also refer a complaint to another organisation .

How we will drive and monitor improvement

To drive improvement in mental health services in Queensland, we will:

- Share the results of our analysis with key organisations, including the new Queensland Mental Health Commission to inform and drive further reforms in mental health services in Queensland.
- Continue to monitor complaints to ensure mental health services are being provided in a manner consistent with recognised mental health standards and guidelines (2, 3,14)
- Undertake further analysis of our expanded reportable events information to monitor opportunities for improving mental health services, particular for those at risk of suicide.

Study limitations

Our spotlight reports examine broad trends in our data to identify and drive system-wide improvements in healthcare.

We do not receive all complaints made about mental health services in Queensland. Our data provides only a part of the picture and should be considered in that context.

Data quality may have been affected in some instances due to inconsistencies in complaint classification, or missing or unknown values. We considered these limitations and took steps to maximise the quality of the data.

Acknowledgments

We acknowledge the people who complained to us and shared their experiences with mental health services in Queensland. We thank them for taking the time to bring their concerns to us.

We acknowledge the healthcare providers who responded to complaints and took the opportunity to review their practices and services.

We thank the following committees and organisations for their contribution to this report:

- Department of Premier and Cabinet's Library and Research Service
- *Mindframe* National Media Initiative at the Hunter Institute of Mental Health

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