



**Healthwatch Barnet  
Barnet Centre for Independent Living  
Report on mental health services complaints and  
feedback processes  
June 2014**

## **BACKGROUND**

Barnet Centre for Independent Living (BCIL) interacts with people who have used mental health services through a variety of channels. BCIL is a partner in the Eclipse service, delivering peer support through groups, mentoring and an information line. BCIL also runs a more general information line for people from all impairment groups, and the peer support brokerage service also works with people from all impairment groups. In addition to this, BCIL has a significant number of staff and volunteers with lived experience of mental health issues.

It was apparent in recent months, that for a small but significant number of people we interacted with, there was real distress around experiences of mental health services, and more specifically around experiences of using the complaints processes for mental health services. As a charity partner to Healthwatch Barnet, we carried out a survey of people's experiences of using the mental health complaints services in Barnet.

An online survey was devised. It was open for responses for ten weeks on a web-based platform, and people were told about the survey through newsletters and websites. We were also assisted by our partners at Mind in Barnet and at Barnet Voice for Mental Health, both of whom kindly assisted by distributing paper-based copies of the survey at group meetings. These surveys were typed up afterwards into the web based platform to collate responses.

## **METHOD**

The survey was designed to give people as much chance to comment as possible, for the following reasons:

- We did not expect there to be enough respondents to generate statistically significant quantitative data.
- The questionnaire tried to be as non-prescriptive as possible, and this was reflected in the way people answered the questions. There were no instructions (e.g., 'if you answered no, go straight to question 4'), which may have caused some confusion, but equally drew out real nuance in terms of how people responded
- The survey was designed with someone with lived experience of both using mental health services and responding to NHS surveys about services, and they brought their lived experience to bear in trying to minimise the frustrations with tick-boxes this survey would generate.
- We did not want to second guess or anticipate what aspect of the process people would want to talk about.

Therefore, the number and percentages for the survey have been provided and gives an overview of the respondents' views. However, the narrative provides useful qualitative

information about people’s experiences of service and where it has worked, not worked and why. The summary looks at the themes emerging from these narratives, and its recommendations are based on these.

## **SUMMARY OF DATA AND NARRATIVE RESPONSES**

29 people responded to the questionnaire, although many of them chose to skip some of the questions.

For example, one respondent said they hadn't complained, also said they hadn't wanted to complain, but then went on to describe their complaint in some depth. What can we draw from this? It seems plausible to suggest that some people, at least, find the term 'complaint' so loaded that not only do they not complain, they also answer no when asked if there was anything they would have liked to complain about, despite palpable dissatisfaction. This is nuance which can only be captured from an unstructured approach to data.

### **Question 1**

**How recently have you used mental health services in Barnet  
Which services did you use?**

How recently have you used mental health services in Barnet?		
Answer Options	Response Percent	Response Count
Within the last month	78.6%	22
Within the last six months	10.7%	3
Within the last year	7.1%	2
Within the last two years	0.0%	0
Within the last five years	3.6%	1
Which service(s) did you use?		28
	<i>answered question</i>	28
	<i>skipped question</i>	1

Services used included Mind, Barnet Voice and Eclipse, also Dennis Scott Unit at Edgware Hospital, Springwell Unit at Barnet Hospital, Community Mental Health Teams, Triage services, Improving Access to Psychological Therapies and 'day centre' services. Most people stated that they had used more than one service.

## Question 2

Did you give any feedback or make a complaint about the service you received?		
Answer Options	Response Percent	Response Count
Yes	37.9%	11
No	62.1%	18
didn't?		14
<i>answered question</i>		29
<i>skipped question</i>		0

Sub-question: Were there any issues you would have liked to feedback about but didn't?

14 people answered this question.

8 said no, but one of these responding in the negative said "no, no point - all the departments back each other up. "

2 people would have liked to give positive feedback.

1 didn't specify what they wanted to complain about.

2 would have liked to voice concerns about lack of choice – being denied a choice of care home or the choice of a second opinion from a different psychiatrist.

1 said that their psychiatrist and the people above him were telling the customer lies about themselves.

## Question 3

If you didn't feed back or complain but did experience an issue, can you tell us why you didn't feedback or complain?	
Answer Options	Response Count
	12
<i>answered question</i>	12
<i>skipped question</i>	17

12 people who answered this question. Of these

2 people stated they had no issue

4 people stated they were too tired or unwell. (This was the most common reason given.)

1 stated under pressure

1 stated 'we all need their own space'

1 stated they didn't know how to complain

1 stated there was no point

1 stated 'it didn't really happen, it was all in my head'

1 stated 'because although I have told them these things are not true people in higher places have decided that they are'

## Question 4

Can you tell us briefly what issue you were providing feedback or complaining about? If there was something you would have liked to feed back about but didn't, tell us about that too.

Answer Options	Response Count
	20
<i>answered question</i>	20
<i>skipped question</i>	9

There were 20 responses.

7 related to staff and service complaints, including levels of support.

In the most serious of these complaints, there was a historic allegation of severe physical abuse. Other complaints were about not feeling listened to, or not getting on with a worker. One had left the peer mentoring service because their mentor "was horrible to me". One stated that "felt Healthwatch report on Dennis Scott Unit was a fabrication, people were not playing tennis or football at Dennis Scott Unit - they were wondering around in their pyjamas."

Note of clarification: This last comment relates to Healthwatch Barnet's Enter and View report on the ward. The comment relates to the information provided by the staff and is not any perception or view held by the Enter and View team.

1 respondent stated "No one ever answers the phone, they offer to call you back.....but don't, they refuse to give a response in writing, presumably because that would strengthen my case with the ombudsman... It's just monumentally bad. Awe inspiringly bad."

3 issues were about choice.

Respondents stated they wanted to be seen nearer to home, wanted to stay in supported housing, and one respondent noted "I begged for help - they asked me what they could do. I said I wanted to go to the recovery house and they said it wasn't an option."

2 people wanted to or were complaining about the effect of cuts.

1 person had wanted to complain about being restrained and sectioned, but said that "it turned out to be for my own good".

1 person said that they were being told things about themselves which weren't true.

### Positive feedback:

4 people had given good feedback or would like to give good feedback about helpful services, including two that were very happy with Barnet Voice's Space 2 B.

## Question 5

Do you feel your feedback or complaint was taken seriously?		
Answer Options	Response Percent	Response Count
Yes	57.1%	12
No	42.9%	9
If you want to, tell us why you chose this answer		13
<i>answered question</i>		21
<i>skipped question</i>		8

2 people did not complain.

5 people made the following comments -

- “Because things are constantly written about me”
- “Because it seemed to be looked at as my fault”
- “I felt let down, not important.”
- “All avenues of complaint exhausted”
- “Because no written reply was sent and the issue was not addressed at all.”

### Positive feedback

6 people gave broadly positive comment indicating that they felt they had been taken seriously, including one who felt encouraged because “You are asking!”

## Question 6

Did you receive a response to your feedback in a reasonable time?		
Answer Options	Response Percent	Response Count
Yes	50.0%	8
No	50.0%	8
<i>answered question</i>		16
<i>skipped question</i>		13

## Question 7

If your feedback needed a resolution, were you happy about the outcome?		
Answer Options	Response Percent	Response Count
Yes	29.4%	5
No	29.4%	5
Not applicable	41.2%	7
Can you tell us why?		9
<i>answered question</i>		17
<i>skipped question</i>		12

9 people made comments.

1 stated they were happy said that this was because “I complained and I've told the department they'd let me down and didn't get me. They admitted it.”

1 person did not say whether they were happy or not, but said that they only spoke to a specific doctor and “Didn't make a formal complaint, didn't know how.”

1 person was still awaiting the outcome of their complaint.

Of those that were not happy with the outcome:

1 said 'these things are come from higher places'.

1 'to be active and positively interested in other people's point of view is crucial'.

1 said 'no resolution, continuing to try and battle this and cannot find a no win no fee solicitor to help'.

The rest said 'no one spoke about it or helped me', 'MHT denied responsibility', 'it was brushed under the carpet, and I was not taken seriously.'

### Question 8

Was there anything that disappointed you about the way your feedback was dealt with?		
Answer Options	Response Percent	Response Count
yes	33.3%	5
no	66.7%	10
<i>answered question</i>		15
<i>skipped question</i>		14

### Question 9

If you answered yes to the last question, can you tell us why?	
Answer Options	Response Count
	7
<i>answered question</i>	7
<i>skipped question</i>	22

1 response was Not Applicable and the other was “need a bit more help”.

In every other case, the issue was that the complaint was not believed, excused, or minimised. One respondent said “the complaint was passed over as my fault”. Another said “No responses, no written responses, rude or dismissive responses.”

### Question 10

Is there anything else you'd like to tell us about your experience of giving feedback on mental health services in Barnet?

Answer Options	Response Count
	17
<i>answered question</i>	17
<i>skipped question</i>	12

16 people made comments and one just answered 'no'.

4 comments were about things not being explained, or about meetings (in both statutory services and Eclipse) being cancelled without people being informed.

4 reiterated frustrations with the process:

- I found complaints are not dealt with in hospital
- Must often go to the top....
- No one does anything about the problems people encounter at DSU. There is no way of dealing with this.
- Yes, the process is appalling, as is the 'service'. I'm sorry to repeat myself, but ..... I cannot find the words to describe how utterly, completely awful Barnet's mental health team have been. It's a wonder there aren't people throwing themselves under buses and trains all over the borough.

One person framed their comments within a broader context, saying that “Too often lack of finance and funding is cited for the reason for lack of choice / options. Mental health services are underfunded nationally.”

#### Positive feedback

7 positive responses were received.

Some of those who had written detailed feedback on specific complaints wanted to make it clear that there were particular staff that they were happy with, some had used the form as an opportunity to give positive feedback about services and were reinforcing this point.

#### CONCLUSION

It's important to note the majority of people derive something of value from services, and many actively appreciate the services and staff. . However, even from this small survey, there are valuable points to consider and implement. It is important to acknowledge that the process can be stressful and unsatisfactory for both parties. From the responses we can see that customers can feel that they within a system designed to minimise and justify any issues, whereas providers may feel that 'learning lessons' does not always recognise their professional expertise This, then, can bred a culture of mutual distrust and dissatisfaction.

Most services now generally have in-depth and extensive policies which cover such cross-organisational services and investigations and it is important to acknowledge that such processes have a role. However, it is also important to note that the total service needs to support and enable both customers and professionals, in all areas, including process,



communication, language and resolution. Therefore, jargon and corporate language should be avoided and lay-person's terms should be used wherever possible.

### **RECOMMENDATIONS**

The following recommendations will be take forward with mental health services providers, to explore what is already in place and what can be developed to improve the complaints and feedback services.

It is acknowledged that Barnet, Enfield and Haringey Mental Health Trust is developing its patient experience strategy and this is an opportunity to talk with the staff and review complaints and feedback processes.

#### **Communication**

- **Providers, Healthwatch Barnet and BCIL to explore how complaints are handled and providers to implement any found gaps in providing quality services, particularly in relation to the following areas:**
- **Develop customer friendly complaints policies which are values-based and are appropriate in tone and language.**
- **Acknowledge that things sometimes go wrong.**
- **Acknowledge, respond and resolve complaints within agreed timescales, which enable a swift response and provide information in writing when appropriate.**
- **Consider all complaints seriously and look for opportunities for learning, but make adjustments where necessary. Allow people time and space to explore issues.**
- **Review the training and support for complaints managers in mental health issues and front line staff in complaints handling and make adjustments where appropriate.**

It is very clear from this survey that acknowledgement of concerns can go a huge way towards resolving complaints. Let's take an example of good practice, where the person was satisfied with the outcome: "I complained and I've told the department they'd let me down and didn't get me. They admitted it." A simple admission that things could have been done better is an example of good complaint handling which resolved the issue at an early stage and, most importantly, made the customer feel better about the situation.

Contrast this to "No responses, no written responses, rude or dismissive responses." Responses need to be timely, and if customers require written responses then this should be respected. Responses which shift responsibility to the customer and false apologies (e.g. I'm sorry that you feel.....) can be worse than no responses at all. It can be useful to ask the customer what resolution they would like to an issue. Customers can be concerned about the complaints process and consequently worry that they are losing their opportunity for closure and/or justice. By finding out what customers actually want, many of these perceived threats would diminish and much anger and frustration could be avoided.

## Choice

- **Listen to customers and enable customer choice, particularly in relation to explaining what options are available to customers and to fully explain the reasons why the customer's requests may not be accommodated. Where appropriate, providers to enable customers to have time for reflection and to reconsider their choices.**

It is recognised that good therapeutic relationships support recovery, where more negative relationships can impede them. Therefore, we need to listen when customers have an issue with a particular worker or psychiatrist, and develop mechanisms for people to be able to choose who they interact with to the largest possible extent. Similarly, people are experts in their own mental health, and if they feel they would benefit from maintaining an existing living arrangement or refusing a particular offer then this should be accommodated wherever possible.

It is impossible to discuss choice within the context of mental health services without acknowledging that many customers will have, at various stages, had choice denied them through the unique provisions of the Mental Health Act. Having had a choice made for you through compulsion which you feel has been to your detriment is uniquely disempowering, and the recommendation of this report is that there should be particular provisions in complaints handling within mental health services to deal with these eventualities, and that there should be an expectation that these will be frequently used.

Customers will all react to compulsion differently – one wrote “I was sectioned against my will and restrained, but it turned out to be for my own good”. Some customers, indeed, may at times wish that compulsion was used more quickly before further difficulties arose. However, this is a highly-charged and difficult area where it is almost inevitable that things will go wrong. It would be strange if they didn't. This should be recognised. More thought needs to be given to a mechanism, possibly outside of or alongside the formal complaints process, where people can voice their experiences and any learning points for professionals in a way which addresses the unique challenges such events throw up for all actors in the situation.

## Conflicting and Changing Narratives

- **Providers to recognise that additional time may be needed for customers and staff and for the process to accommodate time to reflect and review on the incidents, to enable extra time allowances, extra iterations of issues, where appropriate.**

One of our respondents was unable to progress their complaint because they disagreed with basic facts in their medical notes about how often they had been hospitalised.

Whilst it could be tempting for professionals to view number of hospitalisations as empirically indisputable, it could equally be argued that this is to miss an opportunity to improve the relationship and understanding between service provider and customer. Even if the notes are correct – and notes, for all kinds of reasons, may not be – then there would still be valuable lessons for professionals in engaging with why this dispute is important to

the customer, and finding out what personal narrative of the customer's the medical narrative is undermining.

One customer said they didn't complain because "it didn't really happen. It was all in my head." In this case, the customer's view of the situation changed over time, whereby they re-framed the situation for themselves to the point that they feel that their complaint was not an actual issue to pursue. However, another customer might equally have re-framed the situation so that what once seemed acceptable later did not, and this should be borne in mind when putting time constraints around complaints processes.

Recognising the complex nature of some issues, the distress that some customers may experience and staff pressures, it would be helpful for the process to accommodate this, without customers being viewed as vexatious.

### **THANK YOU**

Healthwatch Barnet and BCIL would like to thank the staff and volunteers from BCIL, Mind in Barnet and Barnet Voice for Mental Health for their work on this survey and to thank those customers who gave their valuable time and consideration in responding to the survey.