



Tribunal Hearing Experience Survey: Report

Health and Community Consulting Group Pty Ltd

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Structure of this report

The report is presented in four main sections:

- Introduction which provides information on the purpose of the research
- Research method which provides information on how the research was conducted
- Survey results which provides a description of the findings supported by charts and tables
- Conclusions and recommendations which considers opportunities to learn and improve through review of the research findings.

Reading this report

The focus of this report is on measuring the performance of the Tribunal when the consumer, carer or Nominated Person attends a hearing. As such, the names of the individual mental health services participating in the survey have not been linked to their data.

When reporting results for different types of stakeholders, carers and families have been combined due to their small sample size and overlap between the categories. Due to the small sample size, results have not been tested for significance and comparison between groups should be read as indicative only. Where percentages do not add to 100% this will be due to a rounding effect or multiple-choice question.

Definitions and abbreviation list

Term	Description
Carer	A non-paid person, usually a family member or friend, who supports a consumer
Consumer	A person who is currently using an inpatient or community mental health service
HC Consulting Group	Health and Community Consulting Group Pty Ltd
MHT	Mental Health Tribunal
Nominated Person	A person the consumer nominates to receive information and to provide them with support in the event that they require compulsory mental health treatment
TAG	Tribunal Advisory Group
Tribunal	Mental Health Tribunal
THE Survey	Tribunal Hearing Experience Survey
InforMH	NSW Information for Mental Health
IMHA	Independent Mental Health Advocacy
YES surveys	Your Experience of Service surveys

Executive summary

This report provides a summary of the first implementation of the Tribunal Hearing Experience (THE) Survey.

The Mental Health Tribunal (the Tribunal) commenced operation on 1 July 2014. The Tribunal is increasingly focusing its efforts to measure the customer experience dimension of its work. Strategic and ongoing engagement with consumers and carers is seen as essential to provide insight to the Tribunal.

Purpose

The purpose of this project was to give people who attend a Tribunal hearing the opportunity to provide feedback on their experience.

Method

All consumers, carers, family members and Nominated Persons who attended a Tribunal hearing between 1 October and 31 October 2018 were posted an information sheet and the Tribunal hearing Experience (THE) Survey to provide feedback on their experience related to the hearing. During October, 440 eligible participants attended a hearing, with 91 participants returning THE Survey. This provided a response rate of 21%.

Findings

Overall, the Tribunal performed well on the measures in THE Survey:

Before the hearing:

- 82% of respondents knew they could bring someone to support them at the hearing
- 78% received a written notice about the hearing
- 65% received a copy of 'Your Rights at a Hearing'
- 54% felt they had enough time and information to prepare for the hearing.

During the hearing

- 90% of respondents felt the Tribunal members explained what the hearing was about
- 82% considered that the Tribunal members listened to their opinions
- 81% felt the Tribunal members explained their decision in an understandable way
- 77% considered that the Tribunal members treated them fairly throughout the hearing.

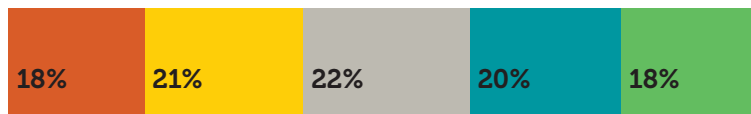
After the hearing

- 72% received a copy of the determination
- 68% of respondents were informed that consumers can appeal or request another hearing
- 65% agreed with the outcome of the hearing
- 64% received a copy of the Order or decision made by the Tribunal.

Summary of findings

Outcomes

Hopefulness for the future (n = 76)



■ Poor ■ Fair ■ Good
■ Very good ■ Excellent

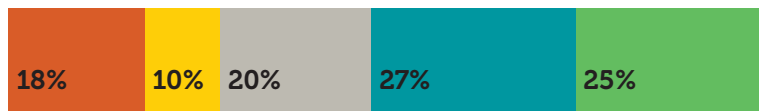
Number of responses = 91

Response rate = 21%

First time at hearing = 44%

Where percentages do not add to 100% this will be due to a rounding effect or multiple-choice questions

Overall experience at hearing (n = 84)



Before the hearing

Received written notice (n = 83)



■ Yes ■ No ■ Not sure

Copy of Your Rights (n = 52) *



Enough time and information to prepare (n = 48) *



Know you could bring someone (n = 54) *



* Consumer only

Summary of findings *continued*

During the hearing

Explain what the hearing was about (*n* = 87)



Yes No Not sure

Where percentages do not add to 100% this will be due to a rounding effect or multiple-choice questions

Listen to your opinions (*n* = 52)



Treat you fairly (*n* = 87)



Explain their decision (*n* = 88)



5

After the hearing

Receive copy of determination (*n* = 71) *



Yes No Not sure

Receive copy of order (*n* = 86)



Agree with outcome (*n* = 86)



Know patients can appeal (*n* = 87)



* Consumer only

Conclusion and recommendations

The following conclusions and recommendations have been made based on the findings of THE Survey.

Conclusion 1: Strong performance by the Tribunal

The results of THE Survey are very positive for the Tribunal in all areas measured. The Tribunal was rated exceptionally highly in areas related to respect and fairness – core values for the Tribunal. While still rated highly, performance was less positive in areas where the Tribunal does not have direct control, for example, receipt of written notification (which is dependent on the accuracy of the database received by the Tribunal) or hopefulness for the future (a concept which encompasses more than the hearing process).

Conclusion 2: Engagement

The response rate to THE Survey was good overall and this is likely to increase over time as services and hearing attendees become familiar with THE Survey. The response rate varied by venue, with some venues having no returns at all. This is in part due to the small number of hearings held at some venues but it does also demonstrate the importance of the Tribunal's work with venues to ensure that the contact database provided to the Tribunal is accurate and up-to-date. It also reinforced the need to continue to use local promotional materials at venues to encourage participation.

Recommendation:

Continue to work with mental health services to gain timely and accurate contact details for consumers and others attending hearings, and continue to promote THE Survey during the fieldwork period at Tribunal venues and more broadly within the mental health service.

The number of surveys returned does not allow sufficient sample to understand the experience of different groups attending hearings (for example, consumers, carers and Nominated Persons). As the response rate is already quite good, obtaining more sample will require an increase in the survey period (say from one month to two months). This would provide a sample of around 200 and allow greater analysis of the data.

Similarly, the current collection focusses on stakeholders who attended a hearing. Many of THE Survey questions are suitable for use with people who did not attend a hearing, particularly questions related to the period leading up to the hearing and the period immediately after the hearing. Surveying non-participants could provide valuable insight on why people do not attend a hearing and what, if anything, the Tribunal could do to increase attendance at hearings. This should be considered as a quality improvement activity, making minor alterations to the existing survey to maintain comparability between the experience of those who attended a hearing and those who did not.

Recommendation:

Develop a version of THE Survey for use with people who did not attend a hearing to identify ways the Tribunal may be able to increase attendance at hearings by consumers, carers, Nominated Persons and other family members.

Conclusion 3: Timeliness of hearing

In open-ended feedback, some consumers and carers identified occasions when hearing times were brought forward on the day of a hearing with minimal or no notice. This caused additional stress to these participants. Similarly, in the closed questions, the lowest rated area was having enough time and information to prepare for a hearing. The combination of these factors suggests that the Tribunal should work with stakeholders to encourage practices that support the maintenance of hearing schedules. Furthermore, in relation to the survey design, the inclusion of information and time to prepare in the one question does not help to identify which of these two areas is underperforming, although the open-ended feedback did not identify any specific issues with a lack of information.

Recommendation: The Tribunal should work with stakeholders to encourage the development of practices that allow hearings to run to schedule.

Recommendation: Question 7 should be split into two questions to separate time to prepare from information needed to prepare. For example,

Did you have enough time to prepare for the hearing?

Did you have enough information to prepare for the hearing?

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Conclusion 4: Support to prepare for a hearing

THE Survey identified the important role that mental health service staff play in supporting consumers, carers, family members and Nominated Persons to prepare for a Tribunal hearing. It is important that these staff have access to consistent and reliable information and support to fulfil this role.

Recommendation: The Tribunal should work with stakeholders to develop processes to support mental health service staff working with consumers, carers, family members and Nominated Persons, particularly in their preparation for hearings, to ensure the provision of consistent information.

Introduction

The Tribunal's vision is to promote the rights of people affected by the Tribunal's decisions by ensuring the participation of people with mental illness and their carers in decision making.

A key strategic priority of the Tribunal is maximising consumer and carer participation at hearings. The Tribunal conducts around 8,000 hearings per annum. It has over 140 members and conducts hearings at over 50 venues in Victoria. In around 60% of hearings, a consumer attends either in-person (76%) or by video-conference (24%). Carers only attend a hearing in 5% of cases.

About this project

In Australia, consumer and carer experience of service surveys have been used nationally as both a process and outcome indicator of quality. As a process indicator, the offering of a survey demonstrates the importance of user experience within the system. As an outcome indicator, survey results measure the performance of the system. By focussing on observable (external) experiences more so than (internal) satisfaction or feelings, experience surveys are particularly useful in quality improvement.

Earlier in 2018, the Tribunal completed the development of the Tribunal Hearing Experience (THE) Survey. THE Survey is a self-completed user experience survey. In addition to providing data for quality improvement, THE Survey provides a measure of the effectiveness of the Tribunal and can assist in benchmarking the performance of the Tribunal against other services supporting people with mental illness and their carers.

Purpose of this research

The purpose of this project is to provide people who attend hearings of the Mental Health Tribunal with the opportunity to provide feedback on their experience.

Structure of THE Survey

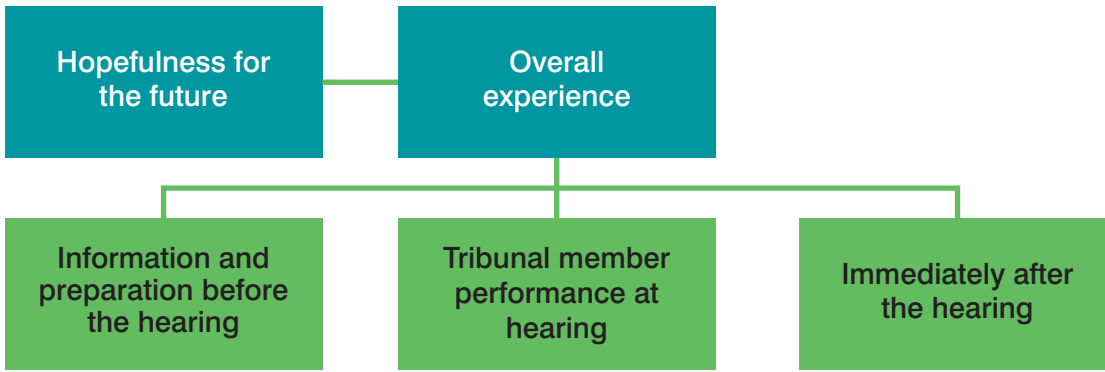
THE Survey includes questions related to:

- **Preparing for the hearing:**
such as accessing information and help to prepare for the hearing.
- **Attending the hearing:**
such as getting support to attend the hearing, access to information about rights and responsibilities, the performance of the Tribunal members, the outcome and appeal processes.
- **After the hearing:**
such as hopefulness for the future and overall experience.

THE Survey also included one open-ended question to capture other consumer and carer experiences at the Tribunal hearing. THE Survey is included in Appendix A.

THE Survey is structured in such a way that the general experience questions (preparing for the hearing, attending the hearing and immediately after the hearing) are able to predict overall experience of the hearing.

Table 1: Model of hearing experience



A linear regression model was used to test this model, identifying if the detailed questions (Q5 to Q16) could predict consumers' overall experience with the Mental Health Tribunal (Q18). This type of analysis can be useful in helping to prioritise areas for improvement to positively impact on consumers experience. While the sample was small, a stepwise linear regression identified that the questions in the survey could reliably predict consumers' overall experience at the hearing with 69% probability². This is an excellent result for the survey and confirms that the survey includes those items that are important to consumers.

Research method

All consumers who attended a Tribunal hearing between 1 October and 31 October 2018 were posted an information sheet and THE Survey to provide feedback on their experience related to the hearing. When carers, family and Nominated Persons were identified as having attended a hearing within the timeframe, they too were posted an information sheet and THE Survey. The materials provided stakeholders with the option of completing the survey online if they wished. Just 15 people took up this option.

Where a person was listed as having no fixed address, or no known address, the Tribunal Consumer and Carer Engagement Officer used available telephone numbers and liaised with health services in an effort to ensure that the person received a survey. In total, 42 surveys were either not able to be sent or returned to sender. Therefore, of the 482 occasions when a consumer, carer or nominated person attended a hearing, there were 440 occasions when a person could have received a survey. Ninety-one (91) completed surveys were returned, providing a response rate of 21%. This is an excellent response rate for a mail survey. With a similar cohort, using a face-to-face offer, which should attract a higher participation rate, the Queensland YES survey had a response rate of 18%^[1] and the NSW YES survey had a response rate of 14%^[2].

During the survey period there were 814 hearings, with a consumer attending the hearing about half of the time (51%), carers and Nominated Persons attending much less often (5% and 3% respectively) (Figure 1, Table 2).

1. The model was limited to consumers as they were the only group asked all questions.

2. $F(1,22)=52.80, p<.0001$

Figure 1: Proportion attending a hearing (October 2018)

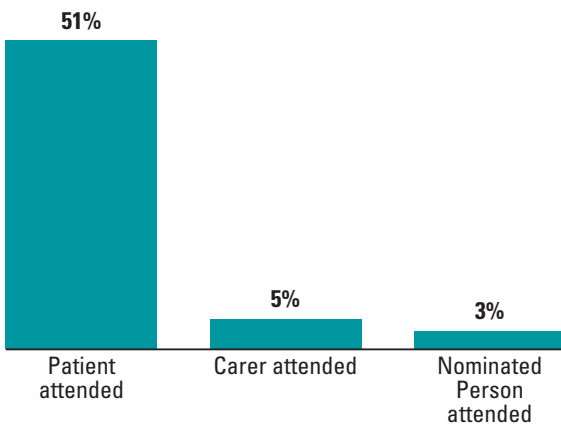


Table 2: Number attending a hearing (October 2018)

Attendance by hearings	Yes – attended
Total hearings	814
Patient attended	416
Carer attended	43
Nominated Person attended	23

A small number of consumers (28), carers (3) and Nominated Persons (2) attended more than one hearing and were eligible to receive multiple surveys.

Surveys were returned from respondents who had attended hearings at 29 venues out of a possible 52 venues (response rate by venue of 56%). The response rate varied from 0% to 86% for individual venue (Appendix B)³, although some venues had a very small sample size (i.e. number of hearings) (Appendix C).

Conclusion

The different levels of participation by hearing venue may reflect several factors.

Firstly, and probably most significantly, is the accuracy of the information provided by venues to the Tribunal to distribute THE Survey.

Secondly, is the number of people who have hearings at each venue.

Thirdly, is the different levels of engagement, marketing and promotion at each venue to encourage people to complete the survey.

3. The response rate for an individual venue was calculated based on the total number of surveys received divided by the number of hearings held so the rate could exceed 100% (as more than 1 person attending a hearing could have returned a survey).

Survey results

This section provides an overview of the survey results.

Who completed a survey?

Most of the respondents to THE Survey were consumers (61%) either in hospital (44%) or the community (17%) (Table 3). However, while the number of surveys completed was much lower for carers (8%), family members (22%) and Nominated Persons (8%), their response rate was much higher (52% in total, compared to 11% for consumers) given the smaller numbers of people who attended hearings with these roles.

Most respondents attended the hearing in person (85%) with fewer attending by video or telephone conference (15%) (Figure 2). Family and carers were most likely to attend in person (Table 4).

Table 3: Who completed a survey?

Patient – in hospital	44%
Patient – not in hospital	17%
Family	22%
Carer	8%
Nominated Person	8%
Not sure	1%

Figure 2: Method of attending hearing

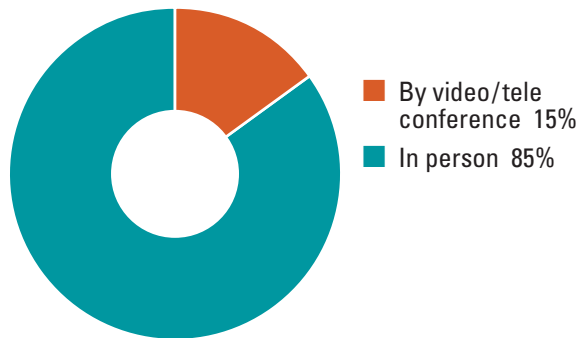


Table 4: Method of attending hearing

	Consumer (n=41)	Family/carer (n=25)	Nominated Person (n=7)*
In person	83%	96%	57%
By video/tele conference	17%	4%	43%

*Small sample

Conclusion

Carers, family and Nominated Persons who attend hearings, have a high level of commitment and are more likely to subsequently engage with the Tribunal (for example, through THE Survey). This may provide an opportunity for the Tribunal to develop relationships with these stakeholders to support the broader engagement with carers, families and Nominated Persons.

When did people attend a hearing and had they been before?

Most respondents (55%) had attended a hearing before, however, a large number (44%) were attending for the first time (1% were unsure if they had previously been to a hearing) (Figure 3). These first-time attendees are particularly important as we know they have not accumulated their knowledge and experience over time so their responses will relate to their experience in October 2018. While consumers and carers/ family members had similar rates of first-time attendance overall (46% and 44% respectively) (Table 5) inpatients had particularly high rates of first-time attendance (61%).

Figure 3: First time attending a hearing

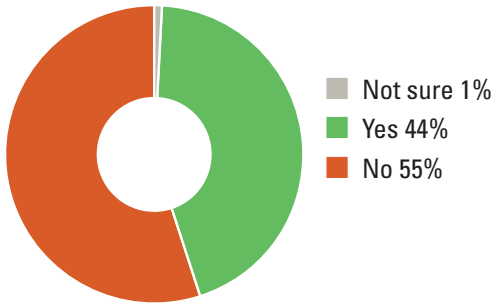


Table 5: First time attending a hearing by segment

	Consumer (n=52)	Family/ carer (n=27)	Nominated Person (n=7)*
Yes	46%	44%	43%
No	54%	52%	57%
Not sure	46%	44%	43%

*Small sample

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Most respondents had attended their most recent hearing within the last four weeks (69%) so they should be able to recall their experience at the hearing (Figure 4). There was little difference by segment (Table 6).

Figure 4: When attended most recent hearing

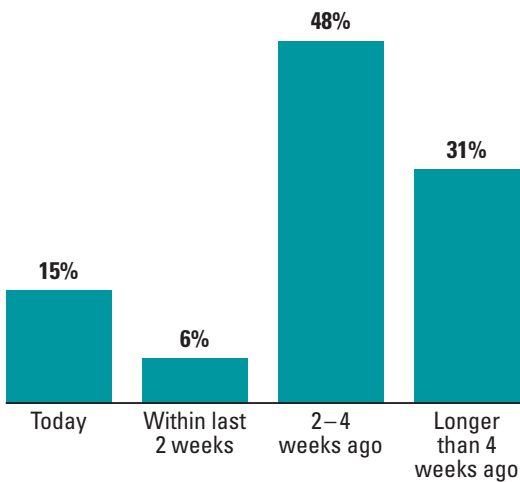


Table 6: When attended hearing by segment

	Consumer (n=52)	Family/ carer (n=27)	Nominated Person (n=7)*
Today	21%	8%	0%
Within last 2 weeks	2%	4%	43%
2-4 weeks ago	43%	65%	29%
Longer than 4 weeks ago	34%	23%	29%

*Small sample

How did people prepare for a hearing?

Preparing for the hearing includes a range of activities such as receiving information and knowing your rights and responsibilities.

Most respondents (64%) had some help preparing for the hearing (Figure 5). Family/carers were the least likely group to get help to prepare for the hearing (48% had no help) (Table 7).

The most likely group to provide help preparing for the hearing, across consumers, family/ carers and Nominated Persons, was the staff from the mental health service (26%).

Figure 5: Who helped you prepare for the hearing?

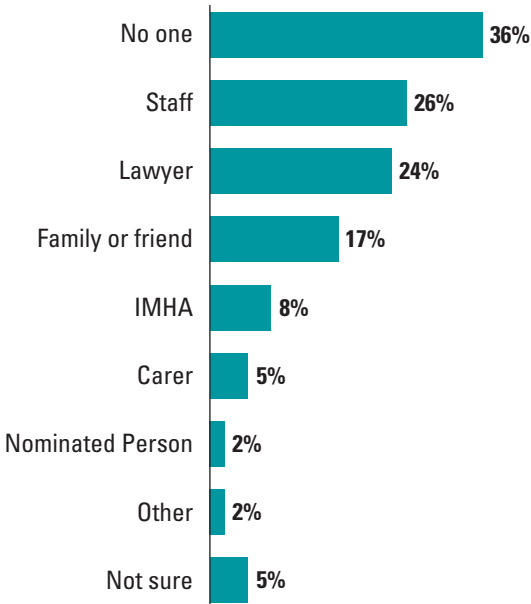


Table 7: Help preparing for hearing by segment

	Consumer (n=52)	Family/carer (n=27)	Nominated Person (n=7)*
No one	31%	48%	33%
Staff	18%	40%	50%
Lawyer	31%	12%	17%
Family or friend	20%	12%	17%
IMHA	10%	4%	17%
Carer	8%	0%	0%
Nominated Person	2%	0%	0%
Other	4%	4%	17%
Not sure	2%	0%	0%

**Small sample*

Conclusion

With a high proportion of consumers receiving support from mental health service staff to prepare for their hearing, support for staff to provide consistent information is important.

Tribunal is responsible for ensuring that consumers, carers and Nominated Persons receive information about the hearing. (Figure 6, Table 8). Over three quarters of respondents (78%) received a written notice about the hearing.

- Two-thirds of respondents who did not receive a notice (67%) were attending for the first time.

Consumers were asked three additional questions. Their responses revealed that (Figure 6):

- Around two-thirds of respondents (65%) received a copy of 'Your Rights at a Hearing'
- Just over half of the respondents (54%) felt they had enough time and information to prepare for the hearing. This was one of the lowest rated questions
- Over four fifths of respondents (82%) knew they could bring someone to support them at the hearing (such as a lawyer, Nominated Person, carer, other family member or friend).

Conclusion

The lowest rated question in THE Survey was having enough time and information to prepare for the hearing. As this question includes two concepts – time and information – it is not possible to be certain which concept is driving this low result. However, the open-ended feedback suggests that time may be more problematic than information.

Figure 6: Preparing for the hearing

Received written notice (n=83)



Copy of Your Rights (n=52)*



Enough time and information to prepare (n=48)*



Know you could bring someone (n=54)*



* Consumer only

Table 8: Consumer and carer experience preparation for the hearing

		Consumer (n=52)	Family/ carer (n=27)	Nominated Person (n=7)*
Received written notice	Yes	80%	78%	57%
	No	14%	19%	43%
	Not sure	6%	4%	–

*Small sample

In open-ended feedback, several respondents commented on the hearing time being brought forward. This caused difficulties for both consumers and carers in attending hearings. Several people also commented on feeling rushed, unprepared and stressed when hearing times were brought forward on the day of the hearing.

Conclusion

An area of weakness in preparing for the hearing was having enough time and information. This is exacerbated when hearings are brought forward with no, or minimal notice. These changes in scheduling can affect participants' physical and mental preparation for the hearing. In one case, a carer reported missing a hearing because it was brought forward without notification. While delays may be unavoidable, bringing forward hearings on the day of the hearing seems inconsistent with the values of the Tribunal or the expectations of participants.

What respondents had to say ...

I started to go through the 2014 Act Criteria (5) but didn't get to finish. [The] panel's decision was reasonable and their questions relevant. I wasn't well prepared.

Consumer (community)

The time set for the hearing was 12.30. At 11 I was called by the case worker that the time would now be 11 and that he was driving over to collect my daughter. Both he and I were late and I found this set me off on the back foot...

If cancellations are made the next hearing can be brought forward with plenty of time for the other parties to attend then this is fine, however in this case it was not fine and I found myself anxious due to being late as the Tribunal had started when I arrived.

Nominated Person

I have attended three Tribunals this year. One Tribunal was held 3 hours earlier than scheduled and no one bothered to contact me.

Carer

What happened when people attended a hearing?

How the Tribunal members conduct the hearing has a big impact on consumer and carer experience of the process. Despite the difficult circumstances, both consumers and carers were very positive of the conduct of Tribunal members (Figure 7):

- 90% felt the Tribunal members explained what the hearing was about (including what they needed to decide)
- 82% considered that the Tribunal members listened to their opinions
- 77% considered that the Tribunal members treated them fairly throughout the hearing
- 81% felt the Tribunal members explained their decision in an understandable way.

Figure 7: Experience attending the hearing

Explain what the hearing was about (n=87)



■ Yes ■ No ■ Not sure

Listen to your opinion (n=87)



Where percentages do not add to 100% this will be due to a rounding effect or multiple-choice questions

Treat you fairly (n=87)



Explain their decision (n=88)



Table 9: Consumer and carer experience attending the hearing

		Consumer (n=52)	Family carer (n=27)	Nominated Person (n=7)*
Tribunal members explained what the hearing was about	Yes	84%	100%	86%
	No	8%	–	14%
	Not sure	8%	–	–
Tribunal members listened to your opinions	Yes	73%	100%	71%
	No	15%	–	29%
	Not sure	12%	–	–
Tribunal members treated you fairly throughout the hearing	Yes	67%	100%	57%
	No	17%	–	14%
	Not sure	15%	–	29%
Tribunal members explained their decision to you in a way that you could understand	Yes	73%	96%	71%
	No	17%	–	14%
	Not sure	10%	4%	14%

*Small sample

On all of these measures, family/carers rated the performance of Tribunal members higher than did consumers or Nominated Persons (Table 10). Family/carers were particularly positive, providing a rating of 100% agreement, on the ability Tribunal members to explain of what the hearing was about, listening to their opinion and fair treatment. This is an exceptional result.

What respondents had to say ...

Good people. They listen.

Consumer (Inpatient)

We are very grateful for the understanding of the Tribunal. The law needs to listen to parents when it comes to their children on mental health no matter their age for their safety.

Family member

I found the process fair. Panel [was] genuine, fair, direct, just.

Consumer (Inpatient)

The Tribunal did not hear me. I told them I did not want the injection but they forced me to have the injection.

Consumer (Inpatient)

What happened after the hearing?

The Tribunal did not perform as well after the hearing, with less than two thirds of respondents agreeing that they (Figure 8):

- Received a copy of the determination (72%)
- Received a copy of the Order or decision made by the Tribunal (64%)
- Agreed with the outcome of the hearing (65%)
- Were informed that consumers can appeal the outcome or request another hearing (68%).

Consumers were less likely than carers to agree with the decision (Table 10).

Figure 8: Experience after the hearing

Received copy of determination (n=71)*



Received copy of Order (n=86)



Agree with outcome (n=86)



Know patients can appeal (n=87)



* Consumer only

Table 10: Consumer and carer experience after the hearing

		Consumer (n=52)	Family carer (n=27)	Nominated Person (n=7)*
Tribunal members gave a written copy of the determination (decision) to the patient**	Yes	80%	67%	100%
	No	11%	12%	–
	Not sure	9%	21%	–
Receive a written copy of the Tribunal's Order within two weeks of the hearing	Yes	70%	62%	29%
	No	18%	19%	43%
	Not sure	12%	19%	29%
Agreed with the outcome of the hearing	Yes	51%	96%	43%
	No	39%	–	57%
	Not sure	10%	4%	–
Informed that patients can appeal the hearing outcome or ask for another hearing	Yes	73%	65%	43%
	No	24%	12%	43%
	Not sure	4%	23%	14%

*Small sample

**People attending the hearing by video/tele-conference were excluded from this calculation as they receive the determination by post.

What respondents had to say...

As a mother and Nominated Person, I found this hearing upsetting. It was the first time my daughter had chosen to be present at a hearing. She was still very delusional, especially concerning me. No one [from the mental health team] asked afterwards if I was okay coping with it all or offered support ...

Nominated Person

It was a good experience. We were treated with respect.

Consumer (Community)

I found the members of the Tribunal to be fair, professional and empathetic. They listened to what all attending parties had to say and explained their decisions and comments in a courteous and non-condescending manner.

Family member

What were the outcomes for people?

The Tribunal performed well on the outcome measures. Overall experience was rated relatively high (52% excellent/ very good) but respondents were not very hopeful for the future (38% excellent/ very good) (Figure 9). Family/carers had a more positive overall experience than did consumers but were less hopeful for the future (Table 11).

Figure 9: Outcomes

Overall experience (n=84)



■ Poor ■ Fair ■ Good
■ Very good ■ Excellent

Hopefulness (n=76)



Where percentages do not add to 100% this will be due to a rounding effect or multiple-choice questions

Table 11: Outcome for consumers and carers

		Consumer (n=51)	Family carer (n=22)	Nominated Person (n=7)*
How do you rate your hopefulness for the future?	Poor	25%	–	29%
	Fair	17%	22%	57%
	Good	17%	39%	–
	Very good	17%	28%	14%
	Excellent	25%	11%	–
Overall, how would you rate your experience with the Mental Health Tribunal on this occasion?	Poor	26%	–	29%
	Fair	12%	–	29%
	Good	20%	17%	29%
	Very good	24%	35%	14%
	Excellent	20%	48%	–

*Small sample

As an additional measure of overall experience with the hearing, respondents' answers to Q5 to Q16 were combined to identify the proportion of positive responses received (i.e. all the occasions a respondent answered 'yes' were combined). It was found that respondents had a positive experience on 81% of occasions. By hearing venue, the level of total agreement (i.e. the sum of all 'yes' scores) ranged from 36% to 100%.

The linear regression model discussed earlier, identified that agreement with the outcome of the hearing (Q15) was the single most important predictor of consumers' overall experience at the hearing, accounting for 84% of the variance in the data. This demonstrates the importance of ensuring that consumers understand why a decision has been made and that their views and wishes are considered in the decision-making process.

Measuring the Mental Health Tribunal Strategic Plan 2018 - 2020

In late 2017, The Tribunal developed a Strategic Plan to guide its future operations. The Plan identifies the core values under which the Tribunal operates. The core values are collaborative, fair, respectful and recovery focused. These values can be measured through THE Survey (Table 12).

The Tribunal performed well across the three core value indexes (Figure 10). The Tribunal performed best in relation to areas that it could directly control such as respect and fair treatment. While still performing well, the index was lower for recovery focus which includes the respondent’s hopefulness for the future. Consumer attendance at hearings was the lowest area of performance at 51%.

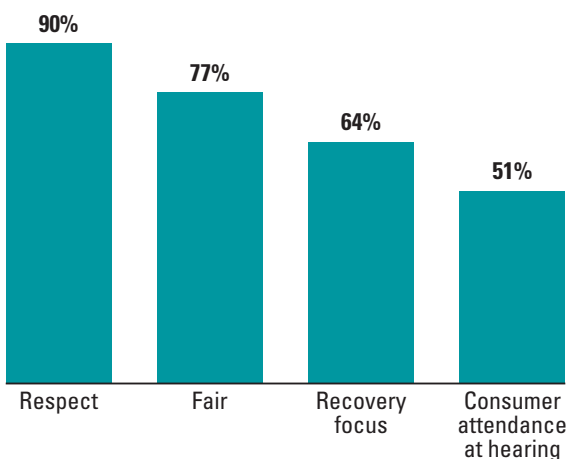
Conclusion

The Tribunal performed very well in two areas related to its core values – respect and fairness. The Tribunal also performed well, but had more room for improvement, in relation to recovery focus and consumer attendance at hearings.

Table 12: Measuring the outcomes of the Strategic Plan (2018–2020)

Core value	Measurement calculation
Collaborative	Collaboration can be measured, in part, by the proportion of consumers who attended a hearing in the month of October. Because not all consumers have a carer or Nominated Person, these attendees have not been included in the calculation. As collaboration is broader than consumer attendance at hearings, this index has been labeled as <i>consumer attendance at hearings</i> .
Fair	The survey includes a question on <i>fair treatment</i> (Q11). The proportion of respondents that agree they were treated fairly throughout the hearing was used as an index of fairness.
Respect	Respectfulness has been measured by calculating the proportion of respondents that agreed the Tribunal members <i>explained what the hearing was about, listened to the opinion of the respondent and explained their decision clearly</i> .
Recovery focused	The National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers identifies that while there is no simple definition of recovery, experience and hope are central concept. To develop an index of recovery focus, a mean was constructed for overall experience with the Tribunal and hopefulness for the future. This figure was then converted to an index out of 100.

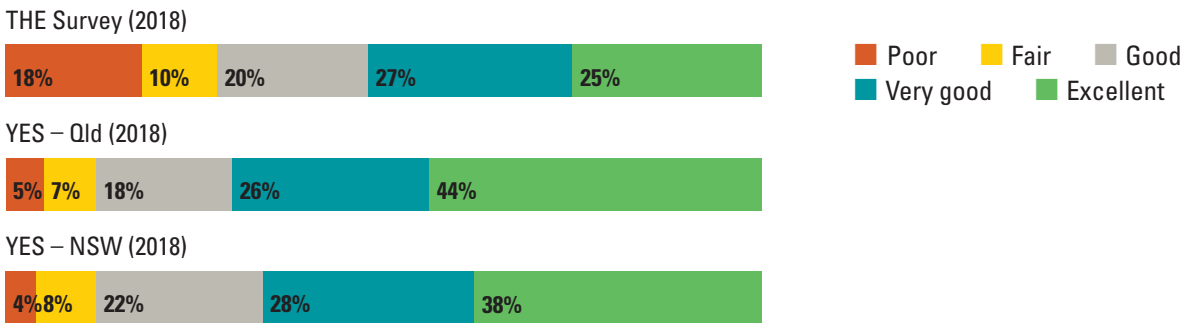
Figure 10: Indices of the Tribunal's core values



How do THE Survey results compare to other similar surveys?

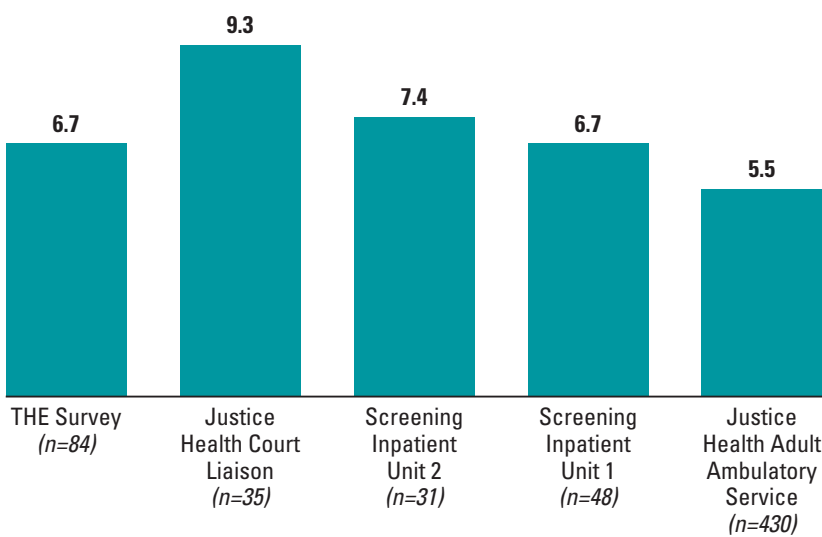
Most states and territories of Australia conduct Your Experience of Service (YES surveys) with consumers of public funded mental health services. The YES survey and THE Survey share some common questions, including overall experience. This provides a point of comparison between the two surveys. However, the cohort is quite different, so it would not be expected that THE Survey would be able to achieve results as high as the YES survey. Unfortunately, Victoria has not published the results of the YES survey and other states do not all publish results in an easily comparable format. Comparing THE Survey results to the YES results for QLD and NSW (Figure 11) revealed that the Tribunal was less likely to be rated as excellent (25% compared to 44% and 38% respectively).

Figure 11: Comparison of overall experience results



More recently, NSW InforMH has published overall consumer experience figures for Justice Health Services[2]. While still a distinct cohort to those completing THE Survey, this group is more similar to hearing attendees given the medicolegal role of Justice Health. Many of the consumers are receiving compulsory treatment and many community patients are receiving outreach care in a correctional setting. Converting THE Survey results for overall experience to an average out of 10 to allow comparison with the NSW Justice Health results gave a result of 6.7 out of 10. The Tribunal performed better than the Justice Health Adult Ambulatory Service (5.5 out of 10) and on par with the Screening Inpatient Unity 1 (6.7 out of 10) (Figure 12).

Figure 12: Comparison of overall experience (average out of 10)



Conclusion and recommendations

The following conclusions and recommendations have been made based on the findings of THE Survey.

Conclusions

1: Strong performance by the Tribunal

The results of THE Survey are very positive for the Tribunal in all areas measured. The Tribunal was rated exceptionally highly in area related to respect and fairness – core values for the Tribunal. While still rated highly, performance was less positive in areas where the Tribunal does not have direct control, for example, receipt of written notification (which is dependent on the accuracy of the database received by the Tribunal) or hopefulness for the future (a concept which encompasses more than the hearing process).

2: Engagement

The response rate to THE Survey was good overall and this is likely to increase over time as services and hearing attendees become familiar with THE Survey. The response rate varied by venue, with some venues having no returns at all. This is in part due to the small number of hearings held at some venues but it does also demonstrate the importance of the Tribunal's work with venues to ensure that the contact database provided to the Tribunal is accurate and up-to-date. It also reinforced the need to continue to use local promotional materials at venues to encourage participation.

The number of surveys returned does not allow sufficient sample to understand the experience of different groups at hearings (for example, consumers, carers and Nominated Persons). As the response rate is already quite good, obtaining more sample will require an increase in the survey period (say from one month to two months). This would provide a sample of around 200 and allow greater analysis of the data.

Similarly, the current collection focusses on stakeholders who attended a hearing. Many of THE Survey questions are suitable for use with people who did not attend a hearing, particularly questions related to the period leading up to the hearing and the period immediately after the hearing. Surveying non-participants could provide valuable insight on why people do not attend a hearing and what, if anything, the Tribunal could do to increase attendance at hearings. This should be considered as a quality improvement activity, making minor alterations to the existing survey to maintain comparability between the experience of those who attended a hearing and those who did not.

3: Timeliness of hearing

In open-ended feedback, some consumers and carers identified occasions when hearing times were brought forward on the day of a hearing with minimal or no notice. This caused additional stress to these participants. Similarly, in the closed questions, the lowest rated area was having enough time and information to prepare for a hearing. The combination of these factors suggest that the Tribunal should work with stakeholders to encourage practices that support the maintenance of hearing schedules. Furthermore, in relation to the survey design, the inclusion of information and time to prepare in the one question does not help to identify which of these two areas is underperforming, although the open-ended feedback did not identify any specific issues with a lack of information.

4: Support to prepare for a hearing

THE Survey identified the important role that mental health service staff play in supporting consumers, carers, family members and Nominated Persons to prepare for a Tribunal hearing. It is important that these staff have access to consistent and reliable information and support to fulfil this role.

Recommendations

Based on these conclusions, the following recommendation are made:

1. Continue to work with mental health services to gain timely and accurate contact details for consumers and others attending hearings, and continue to promote THE Survey during the fieldwork period at Tribunal venues and more broadly within the mental health service.
2. Develop a version of THE Survey for use with people who did not attend a hearing to identify ways the Tribunal may be able to increase attendance at hearings by consumers, carers, Nominated Persons and other family members.
3. The Tribunal should work with stakeholders to encourage the development of practices that allow hearings to run to schedule.
4. Question 7 should be split into two questions to separate time to prepare from information needed to prepare. For example,
 - Did you have enough time to prepare for the hearing?
 - Did you have enough information to prepare for the hearing?
5. The Tribunal should work with stakeholder to develop processes to support mental health service staff working with consumers, carers, family members and Nominated Persons, particularly in their preparation for hearings, to ensure the provision of consistent information.

Tribunal Hearing Experience Survey



This survey is for patients, consumers, family, carers or nominated persons, aged 18 and older who have attended a Mental Health Tribunal hearing from October 1 2018. All information collected in this survey is anonymous.

The survey can be completed online at www.mht.vic.gov.au/survey, by mail, or by ringing the Consumer and Carer Engagement Officer for assistance on 9032 5200. The survey is voluntary and you can skip questions.

1. What was your main role in this hearing? (tick one box)

Patient – in hospital	Carer
Patient – not in hospital	Nominated Person
Family member or friend	Not Sure

2. How did you attend this Tribunal hearing? (tick one box)

By video/ tele conference	In person
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3. Who helped you prepare for the hearing? (tick all that apply)

No one	IMHA-Independent Mental Health Advocacy
Family or friend	Lawyer
Carer	Staff from health service
Nominated person	Other
Not sure	

These questions are about your experience preparing for the Mental Health Tribunal (tick one box for each question)

4. Was this the first time you have been to a hearing?

Yes	No	Not sure
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5. Did you receive a written notice about the hearing?

Yes	No	Not sure
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PATIENT AND CONSUMER ONLY QUESTIONS (OTHER PEOPLE SHOULD GO TO 9)

6. Before the hearing, were you given a copy of Your Rights at a Tribunal hearing?

Yes	No	Not sure
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7. Did you get enough time and information to prepare for your hearing?

Yes	No	Not sure
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8. Before the hearing, were you told that you could bring someone to support you at the hearing (such as a lawyer, nominated person, carer, other family member, or friend)?

Yes	No	Not sure
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EVERYONE CAN ANSWER THESE QUESTIONS about your experience during the hearing

9. Did the Tribunal members explain what the hearing was about (including what they needed to decide)?

Yes	No	Not sure
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10. Did the Tribunal members listen to your opinions?

Yes	No	Not sure
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11. Did the Tribunal members treat you fairly throughout the hearing?

Yes	No	Not sure
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12. Did the Tribunal members explain their decision to you in a way that you could understand?	Yes	No	Not sure
13. Did the Tribunal members give a written copy of the determination (decision) to the patient?	Yes	No	Not sure
14. Did you receive a written copy of the Tribunal's Order within 2 weeks of the hearing?	Yes	No	Not sure
15. Did you agree with the outcome of the hearing?	Yes	No	Not sure
16. Were you informed that patients can appeal the hearing outcome or ask for another hearing?	Yes	No	Not sure

These questions are about your experience after the Tribunal hearing (tick one box for each question)

17. How do you rate your hopefulness for the future?

Poor	Fair	Good	Very good	Excellent	Not sure
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18. Overall, how would you rate your experience with the Mental Health Tribunal on this occasion?

Poor	Fair	Good	Very good	Excellent	Not sure
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19. Did someone help you complete this survey? (tick one box)

YES – Family/Carer or Nominated person	No
YES – Someone from the service	
YES – Tribunal staff member	
YES - other	

20. When did you attend the most recent hearing of the Mental Health Tribunal? (tick one box)

Today	Within the last 2 weeks	2 to 4 weeks ago	Longer ago than 4 weeks
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21. Where did you attend your hearing? (please write in)

22. Is there anything else you would like to say about your experience with the Mental Health Tribunal? (Write your response below)

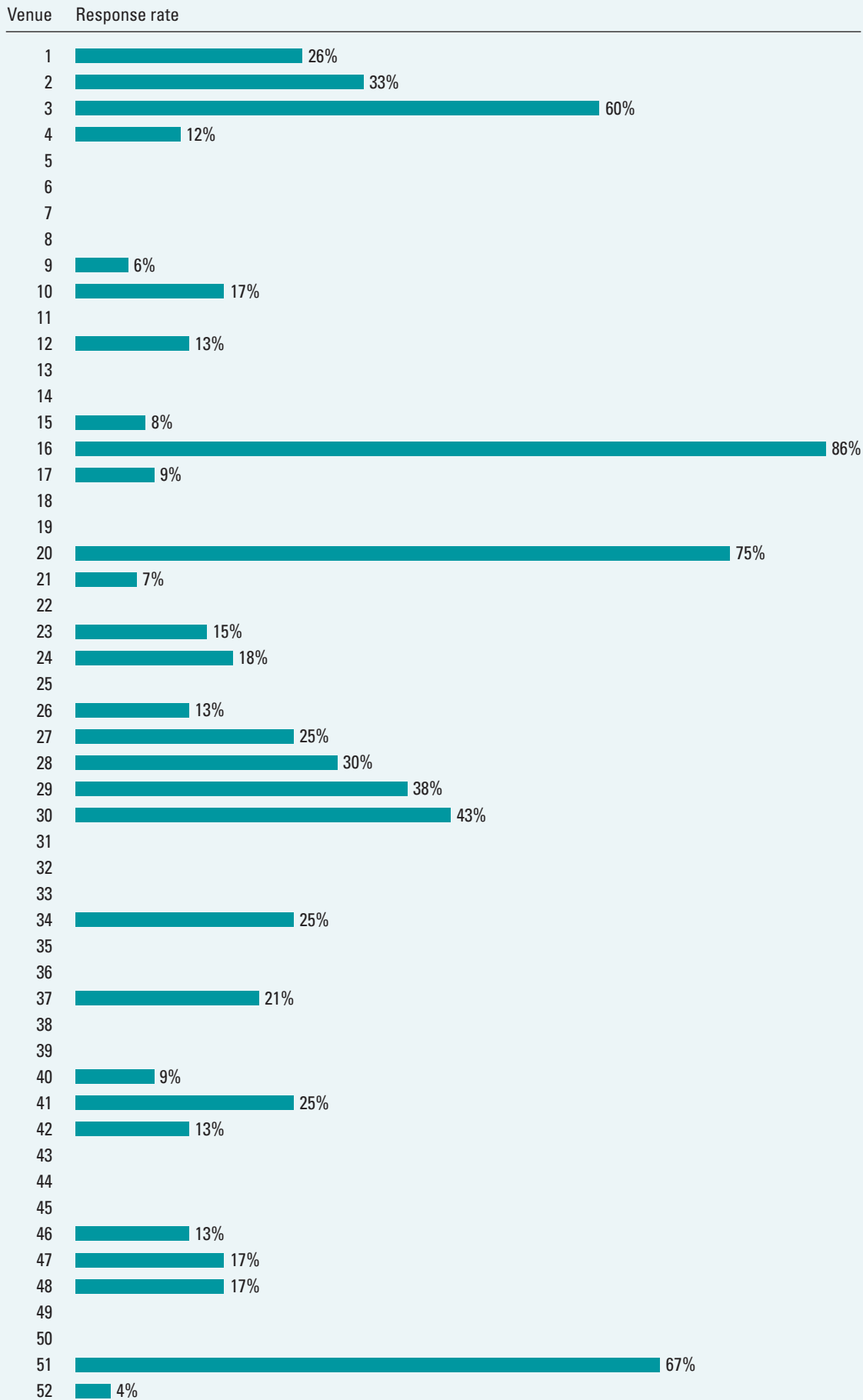
Thank you for your time and comments. Please place the completed questionnaire in the pre-paid envelope provided and return it to the Tribunal by mail.

If doing this survey caused you distress please contact Lifeline on 13 11 14 or contact your mental health support worker or mental health treating team.

Appendix A: THE Survey

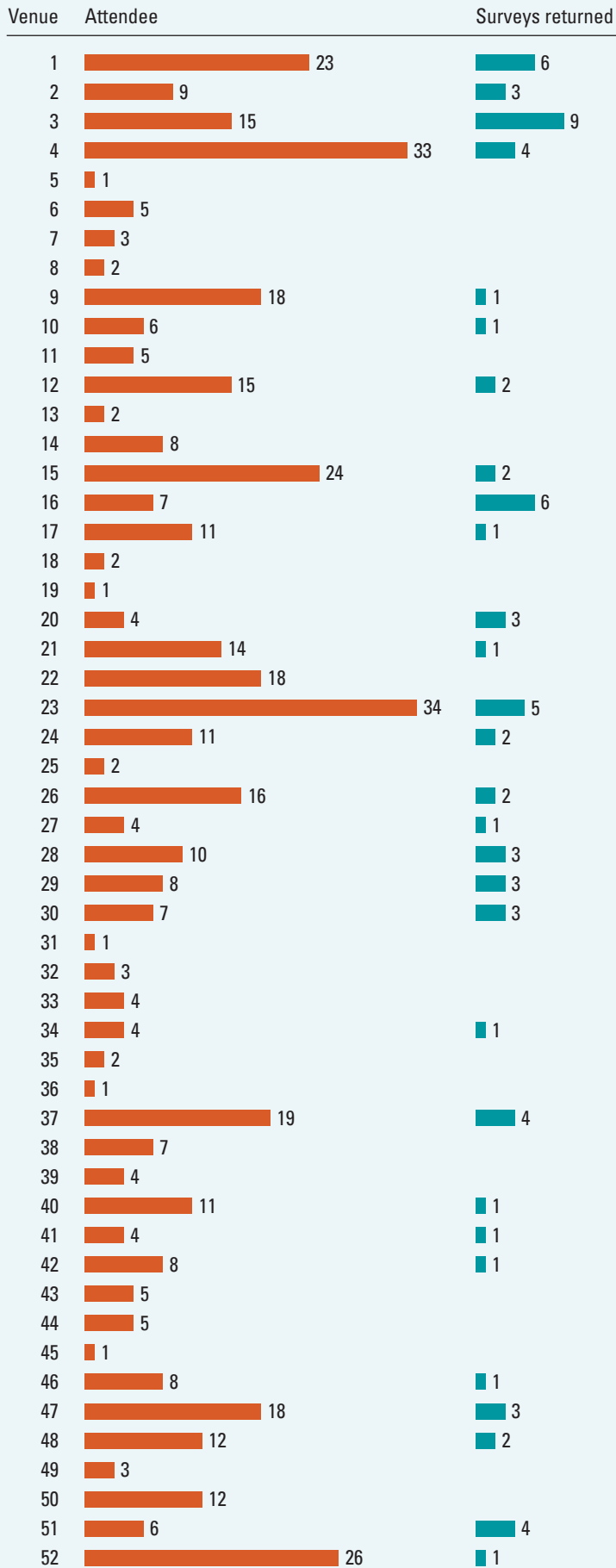
Appendix B:

Response rate by venue



Appendix C:

Number of hearings and surveys returned by venue



Appendix D:

References

1. Mental Health Alcohol and Other Drugs Branch, *Your Experience of Service Statewide Report 2016*, Q. Health, Editor. 2017, Queensland Government.
2. Health System Information and Performance Reporting Branch, *Your Experience of Service: What consumers say about NSW Mental Health Services 2017–2018* 2018, NSW Ministry of Health.