



Mental Health 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 details how the research was conducted
- Survey results which presents a description of the findings supported by charts and tables
- Conclusions, which identifies 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 patient, carer or nominated person is invited to 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, family and nominated persons have been combined due to their small sample size and overlap between categories. Due to the small sample sizes, results have not been tested for significance and comparisons between groups should be read as indicative only. Where percentages do not add to 100% this is due to a rounding effect and/or a multiple-choice question.

Definitions and abbreviation list

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

Executive summary

The Mental Health Tribunal (the Tribunal) commenced operation on 1 July 2014 under the Mental Health Act (the Act). The Tribunal's vision is to ensure that the principles and objectives of the Act are reflected in the experience of patients, carers, family and nominated persons. Since 2018, the Tribunal Hearing Experience (THE) Survey has provided one avenue for patients, carers, family members and nominated persons to give feedback to the Tribunal on the implementation of this vision.

Purpose

The purpose of this project was to provide an opportunity for people who were invited to attend a Tribunal hearing to give feedback on their experience. The results will be used to measure the performance of the Tribunal over time and identify opportunities to improve the experience and participation of patients, carers, family and nominated persons in hearings.

Method

All patients, carers, family and nominated persons who were invited to a Tribunal hearing between 1 October and 31 October 2019 were posted an information sheet and THE Survey to provide feedback on their experience related to the hearing. For the first time, both attendees (Appendix A) and non-attendees (Appendix B) were invited to complete a survey. Non-attendees were given a slightly abridged version of THE Survey. During October, 1,059 eligible participants were invited to a hearing, with 110 participants returning THE Survey. With 110 participants returning THE Survey, adjusting for returned mail and estimated non-returned incorrectly addresses mail, the effective response rate was 10% (8% for non-attendees and 15% for attendees), much lower than the 21% response rate in 2018 (which was for attendees only).

Findings

Overall, the Tribunal performed well on all measures in THE Survey. The findings were consistent with the 2018 findings for attendees. Overall, across all survey respondents:

Before the hearing

- 56% received a copy of *'How to prepare for your Tribunal hearing'*
- 56% had enough time to prepare for the hearing
- 60% had enough information to prepare for the hearing
- 75% knew they could bring someone to support them to the hearing (such as a lawyer, nominated person, carer, other family member or friend).

Further analysis showed a trend where non-attendees reported lower levels of agreement on every question, demonstrating they had less access to information and support to prepare for the hearing in comparison to attendees.

During the hearing

- 91% felt the Tribunal members explained what the hearing was about (including what they needed to decide)
- 78% considered that the Tribunal members listened to their opinions
- 80% considered that the Tribunal members treated them fairly throughout the hearing
- 84% felt the Tribunal members explained their decision in an understandable way
- 79% were given a copy of the determination.

After the hearing

- 79% received a copy of the determination in writing
- 64% received a copy of the Order or decision made by the Tribunal within two weeks
- 64% agreed with the outcome of the hearing
- 61% were informed that patients could appeal the outcome or request another hearing.

Conclusion

The following conclusions are based on the findings of THE Survey 2019 results.

Conclusion 1:

Strong performance by the Tribunal

THE Survey results continue to be very positive for the Tribunal in all areas measured. The Tribunal performed exceptionally well in areas related to respect, fairness and recovery focus – *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 poor and had notably declined since the previous survey administration. This may be due to other factors impacting on the ability of partners to promote participation in THE Survey (such as the *Royal Commission into Victoria's Mental Health System*). Sending a combined reminder/ thank-you follow-up letter a week or two after the initial invitation to complete THE Survey may help increase the response rate in the future.

As would be expected, the response rate to THE Survey was lower for non-attendees. In 2018 THE Survey results demonstrated 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 work with local venues to promote awareness and encourage participation in THE Survey.

In some cases, people did not attend a hearing because the hearing had been cancelled or adjourned to a later date. The eligibility criteria for the non-attendees' survey should be reviewed, to ensure that a hearing has not been cancelled, postponed or rescheduled before a client is offered THE Survey.

Conclusion 3:

Increasing opportunities to attend hearings

In open-ended feedback, patients, carers, family members and nominated persons identified a range of barriers that prevented participation at hearings, some of these were preventable. For example, ensuring that people are invited to a hearing, ensuring invitees are notified of changes to the time of the hearing and that patients are provided with information ahead of the hearing to prepare their case. Just over half of the patients surveyed did not recall receiving a copy of the '*How to prepare for a Tribunal hearing*' booklet. Similarly, many people identified transport and distance to hearing venues as barriers to participation. The opportunity to attend the hearing by video or telephone conference should have reduced these barriers. The Tribunal could engage with stakeholders, including the Consumer and Carer Tribunal Advisory Group (TAG), to review the hardcopy materials provided to participants by the Tribunal to ensure messaging is clear, particularly alternative methods of attending a hearing.

Conclusion 4:

Materials presented to the Tribunal

Patients and others have consistently questioned the accuracy of the information provided in health service reports to the Tribunal. They applauded the ability of some Tribunal members to question staff and identify inaccuracies in these reports. As one carer identified, incorrect information is cut and pasted into reports, and if the source is not corrected, the errors can persist across hearings. Patients have also questioned the accuracy of reports and opinions prepared by health professionals who may not have seen them or who are not part of their treating team. This suggests that the Tribunal should consider reviewing the advice and training provided to health services on the preparation of reports for hearings.

Before the hearing, patients receive information to help their preparation, including the *'What I want to tell the Tribunal'* form. At the hearing, a minority of patients felt rushed and had insufficient time to read their statements or present documents. A minority of carers and family felt unwelcome (by the patient) at the hearing and excluded from the process. These carers, family and nominated persons have the option of submitting written information to the Tribunal (which will be shared with the patient). However, from a review of the website, there appears to be no information about how patients can make a submission to the Tribunal before the hearing. Such an opportunity, providing equivalency with others invited to the hearing, may reassure patients that the Tribunal members will have read their documentation before the hearing. For patients not attending the hearing, this would provide an opportunity to ensure their voice is heard.

Introduction

The vision of the Mental Health Tribunal (the Tribunal) 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, family and nominated persons in decision making. A key strategic priority of the Tribunal is maximising patient and carer participation at hearings. The Tribunal has over 140 members with hearings taking place at 58 venues in Victoria. It conducted over 8,600 hearings in 2018-2019. During this time, patients attended 56% of hearings with family members, carers and nominated persons attending less frequently (18%, 5%, and 3% respectively)¹ (Mental Health Tribunal 2019).

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.

Early 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, it 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.

After the successful implementation of THE Survey in 2018, the Tribunal worked with internal stakeholders, including the Consumer and Carer Tribunal Advisory Group (TAG) to develop a version of THE Survey suitable for use with people invited to a hearing but who did not attend.

Purpose of this research

The purpose of this project was to provide an opportunity for people who were invited to attend a Tribunal hearing to give feedback on their experience. The results will be used to measure the performance of the Tribunal over time, identify opportunities to improve attendees' experiences at hearings and/or to support invitees to attend hearings.

Structure of the survey

THE Survey includes questions related to:

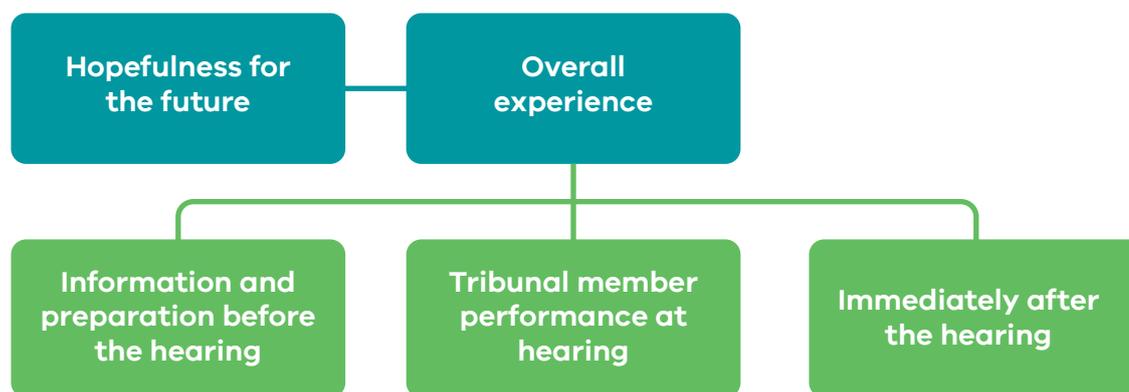
- **Preparing for the hearing** – such as accessing information and help with hearing preparation
- **Conduct related to the hearing** – such as reasons for non-attendance, getting support to attend the hearing, access to information about rights and responsibilities, the performance of the Tribunal members and 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 patient and carer experiences at the Tribunal hearing. THE Survey is included in Appendix A: Attendees and Appendix B: Non-attendees.

THE Survey is structured to separate experience before, during and after the hearing. This model of experience was developed and evaluated through research with patients and carers and reflects the expected activities of the Tribunal at each stage (Figure 1).

1. Not all patients have family members, carers and nominated persons

Figure 1: Model of hearing experience



Research method

All patients, carers, family members and nominated persons invited to a Tribunal hearing between 1 October and 31 October 2019 were posted an information sheet and THE Survey to provide feedback on their experience related to the hearing. For the first time, both attendees and non-attendees were invited to complete a survey. Non-attendees were given a slightly abridged version of THE Survey. Based on the Tribunal’s data (Table 1), 879 hearings were held in October 2019. Patients attended 59% of hearings and carers, family or nominated persons attended less often.

Table 1: Tribunal hearing participation data

	Attended hearing (n=879)	% of all hearings
Patient	516	59%
Carer	40	5%
Family	157	18%
Nominated person	31	4%

All eligible participants were invited to complete a survey. With 110 participants returning THE Survey, adjusting for returned mail and estimated non-returned incorrectly addresses mail,² the effective response rate was 10% (8% for non-attendees and 15% for attendees), much lower than the 21% response rate in 2018 (which was for attendees only).

A small number of patients, carers and nominated persons were invited to attend more than one hearing and were eligible to receive multiple surveys.

Surveys were returned from respondents who had attended hearings at an estimated 39 venues out of a possible 52 venues, giving a response rate by venue of 75%.

Conclusion

The response rate to the survey was much lower in 2019 than in 2018. While the accuracy of the database provided by health services to the Tribunal can contribute to this rate, other differences that contributed to this decline in returns should be investigated, particularly changes in the distribution of surveys by health services and other partners.

2. Estimates were treated as equivalent to the return to sender rate based on the work of Leigh and Leigh (2018).

Survey Results

This section provides an overview of the survey results.

Who completed a survey?

Most of the respondents to THE Survey were patients (57%) either in hospital (28%) or not in hospital (29%) (Figure 2). However, while the number of surveys completed was much lower for carers (11%), family members (16%) and nominated persons (12%), their response rate was high given the smaller population with these roles. These groups were also particularly likely to respond to the non-attendees' survey (Table 2).

Most respondents attended the hearing in person (92%) with few appearing by video or telephone conference (8%). There were no substantial differences in the method of hearing attendance by the role of the respondent.

Figure 2: Who completed a survey? (n=103)

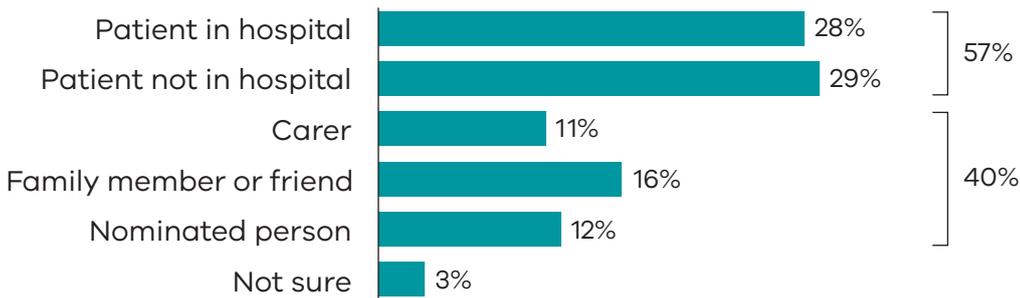


Table 2: Which survey did they complete?

	Attendees (n=72)	Non-Attendees (n=38)
Patient in hospital	32%	22%
Patient not in hospital	33%	22%
Family	17%	13%
Carer	7%	19%
Nominated person	7%	22%
Not sure	1%	3%

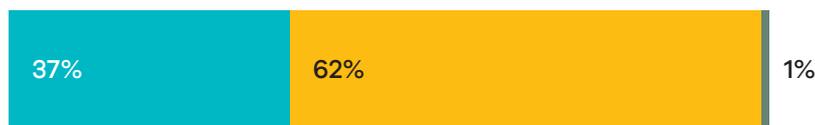
When did people attend a hearing and had they been invited to attend before?

Most people responding to the attendees' survey (62%) had been to a hearing before, however, a large number (37%) were attending for the first time (1% were unsure if they had previously been to a hearing) (Figure 3). For respondents who did not attend the hearing, 23% had been invited for the first time. This demonstrated that most non-attendees have some familiarity with the Tribunal.

Patients and their carers, family and nominated persons had similar rates of first-time attendance overall (36% and 43% respectively) (Table 3). However, inpatients were twice as likely as patients not in hospital to have attended for the first time (50% compared to 22%).

Figure 3: First time attending a hearing (time comparison)

First time attending (*n*=71)



First time invited (did not attend) (*n*=35)



■ Yes ■ No ■ Not sure

Table 3: First time invited/attending by role at hearing

	Subtotal Patient	Subtotal family, carers and nominated persons
First time invited (non-attendees, n=38)		
Yes	20%	21%
No	73%	68%
Note sure	7%	11%
First time attending a hearing (attendees, n=72)		
Yes	36%	43%
No	62%	57%
Note sure	2%	0%

Survey data indicated that most respondents had attended their most recent hearing within the last four weeks (62%). The recency of the hearing suggests that recall of the event should be high, increasing the face validity of the survey results.

How did people prepare for a hearing?

Preparing for a hearing includes a range of activities such as receiving information, collating materials, communicating with relevant parties and knowing rights and responsibilities. Most respondents (68%) had some help preparing for a hearing. There were similar rates of access and sources of support by role (Table 4).

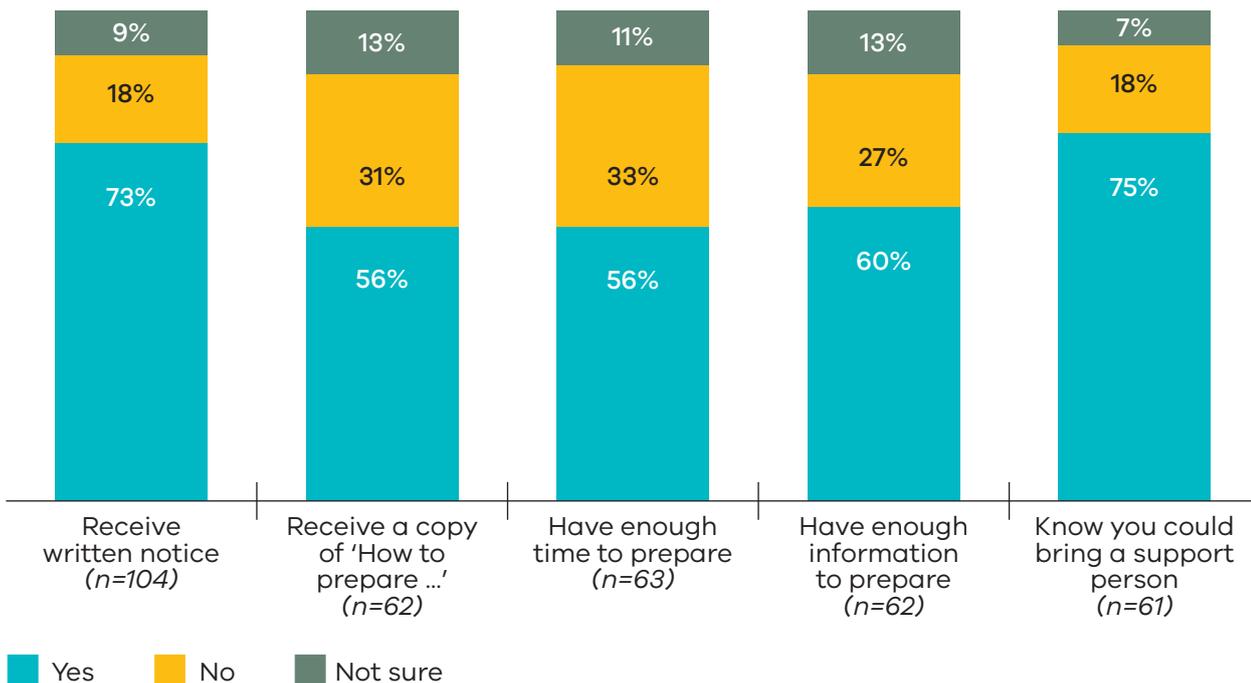
The most likely group to provide help with hearing preparation across patients, carers, family and nominated persons, was the staff from the mental health service (26%).

Table 4: Source of help with hearing preparation by role at the hearing

	Total (n=85)	Patient in hospital (n=21)	Patient not in hospital (n=23)	Carer, family and nominated person (n=20)
No one	32%	24%	35%	35%
Staff from the health service	32%	24%	35%	35%
Lawyer	22%	38%	17%	15%
Family	13%	19%	9%	15%
Carer	6%	5%	9%	—
IMHA	6%	10%	9%	—
Not sure	6%	10%	4%	5%
Nominated person	4%	—	9%	5%
Other	3%	—	4%	5%

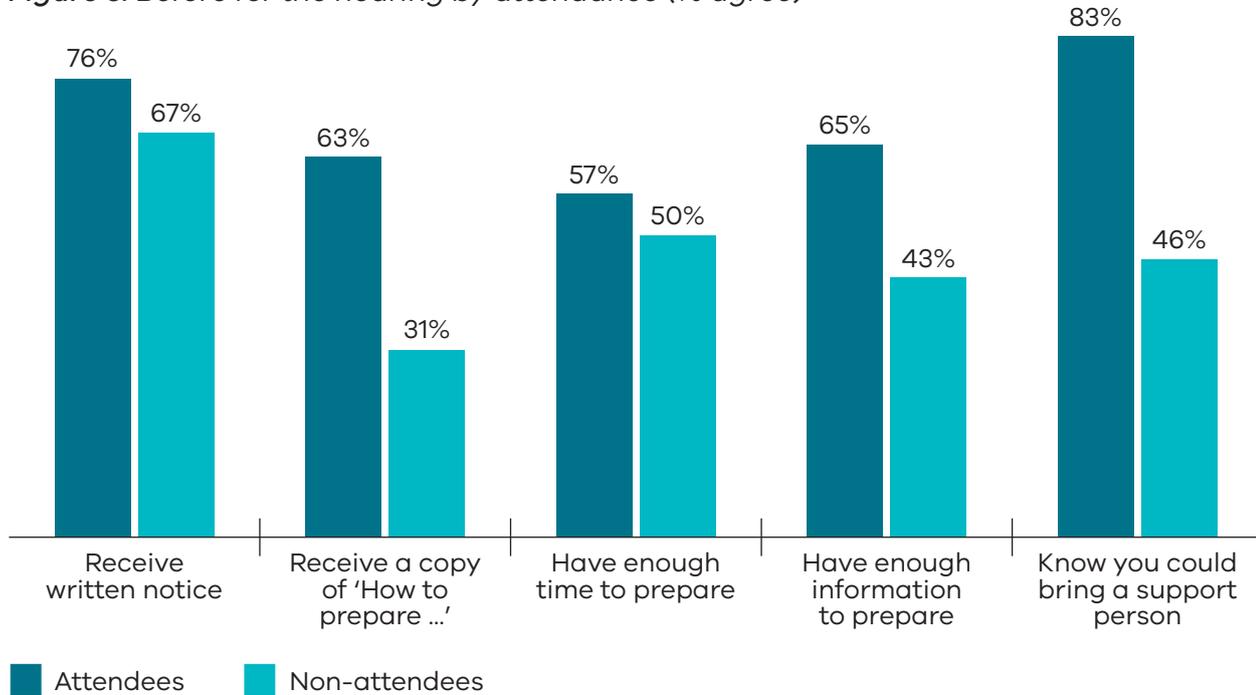
The Tribunal is responsible for ensuring that patients (and in some cases carers, family and nominated persons), receive information about the hearing, their rights and to help them prepare. Approximately three quarters of respondents (73%) received a written notice about the hearing (Figure 4).

Figure 4: Before the hearing



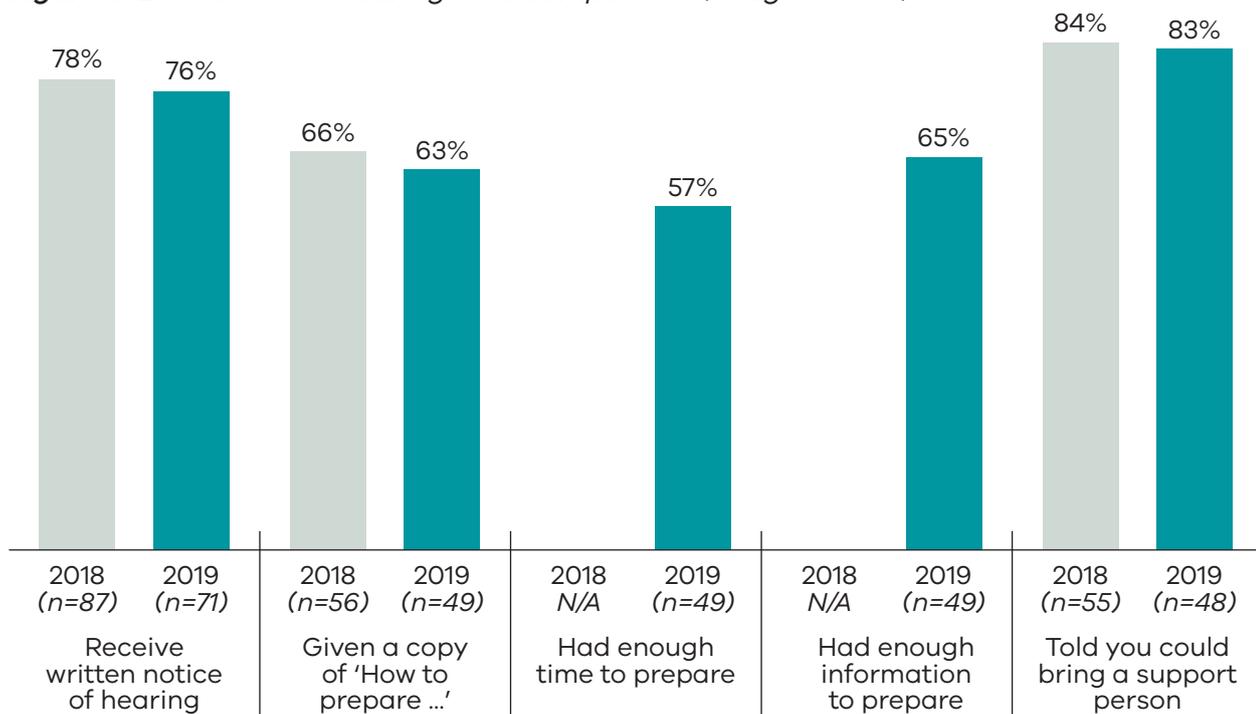
People who did not attend the hearing reported lower access to information to support their preparation (Figure 5). They were less likely to have received a written notice (67% compared to 76% for attendees), less likely to have received a copy of 'How to prepare for your Tribunal hearing' (31% compared to 63% for attendees), less likely to know they could bring a support person (46% compared to 83% for attendees) or feel they had enough information to prepare (43% compared to 65% for attendees).

Figure 5: Before for the hearing by attendance (% agree)



Overall, where comparisons were possible, these results are consistent with 2018 findings (Figure 6).

Figure 6: Before for the hearing time comparison (% agreement)



Patients who attended a hearing were asked four additional questions. Their responses revealed that (Figure 4):

- 56% received a copy of 'How to prepare for your Tribunal hearing'
- 56% had enough time to prepare for the hearing.
- 60% had enough information to prepare for the hearing.
- 75% knew they could bring someone to support them at the hearing (such as a lawyer, nominated person, carer, other family member or friend).

There were some marginal differences between inpatients and patients not in hospital, with a trend for inpatients to be less informed. This included the proportion of those receiving a copy of 'How to prepare for your Tribunal Hearing' (54% compared to 62% of patients not in hospital), having enough information to prepare (56% compared to 67%) and knowing they could bring a support person (74% compared to 83%) (Table 5).

Table 5: Experience before the hearing by role at the hearing (% agreement)

Did you...?	Patient in hospital (n=29)	Patient not in hospital (n=30)	Carer, family, nominated person (n=40)
Receive written notice	72%	73%	75%
Receive a copy of 'How to prepare ...'	54%	62%	NA
Have enough time to prepare	54%	60%	NA
Have enough information to prepare	56%	67%	NA
Know you could bring a support person	74%	83%	NA

In open ended feedback, respondents who did not attend a hearing mentioned a range of reasons:

Problems with transport (including the distance required to travel, lack of parking and problems with public transport).

- 🗨 *Due to a bus not coming at all.* [Patient not in hospital]
- 🗨 *I am retired and cannot afford to travel to Victoria.* [Carer]
- 🗨 *I did not attend the hearing as it is too hard to get a car park during the week. Because of my age and health I am unable to travel on public transport.* [Carer]
- 🗨 *Unable to get transport.* [Role not provided]
- 🗨 *We live in NE Victoria which is a 4 1/2 to 5 hour drive.* [Nominated person]

Lack of notice/No notice

- 🗨 *Written notice was received 4 days before the hearing and there was no time to prepare. Received too late through mail. Did not feel well and was sick in bed. Could not get there as well so I gave up.* [Nominated person]
- 🗨 *Because I didn't know about the hearing.* [Nominated person]
- 🗨 *I did not receive any upfront information. I believe it was an emergency hearing so there was no time to provide information on the hearing.* [Patient in hospital]
- 🗨 *I didn't receive written notice about the new hearing date.* [Patient not in hospital]

Changes in the hearing time, adjournments and cancellations

- Was advised that the hearing was at 2:30pm. Arrived at [WITHHELD] only to discover the hearing was held at 9am that day. No one called me and I came all the way from [several hours away] through peak traffic for a complete waste of my time ... a day off work for nothing.** [Family member]
- My hearing was adjourned as my nominated person could not attend.**
[Patient not in hospital]
- I could not attend the hearing so contacted the Tribunal and requested it be adjourned this was agreed ...** [Nominated person]
- Family was advised by the hospital and doctor that the hearing had been cancelled.** [Family member]
- My daughter (the patient) and I were informed a few days before the hearing that we did not need to attend as the psychiatrist had cancelled the meeting.** [Carer]

The patient was well supported by other family members or did not want the carer or family to attend

- I cannot attend when my brother is at the Tribunal, because he can become violent ...** [Carer]
- I did attend with the intention of being part of the hearing. At the last minute [my daughter] advised she would handle it with the Legal Aid lawyer. I was therefore surplus to the hearing. I was not invited to say anything.**
[Nominated person]
- I was in hospital with my own medical issues. My wife (our son's mother) was going to attend but our son requested that she did not go in to the hearing.**
[Family member]
- The Mental Health Tribunal hearing was attended by ... his mother ...**
[Role not provided]
- My husband and I have attended on numerous occasions but have not been admitted. Our daughter is unwell mentally and has been for over 20 years. We are stymied at every attempt to help her by the "privacy" environment.**
[Family member]
- Work commitments. Wife and son attended on my behalf.** [Family member]

Feeling that attendance would not change the outcome

- Couldn't be bothered. I knew it would be an outcome of another 52 weeks.**
[Patient not in hospital]
- Because it's pointless, there's the same outcome whether I attend or not.**
[Patient in hospital]
- I realised my health had not improved so my appeal was not going to be successful.**
[Patient in hospital]

Conclusion

Some patients, carers, family and nominated persons do not have the opportunity to attend a hearing because of late or no notice, unplanned changes in hearing times or difficulties in accessing the venue.

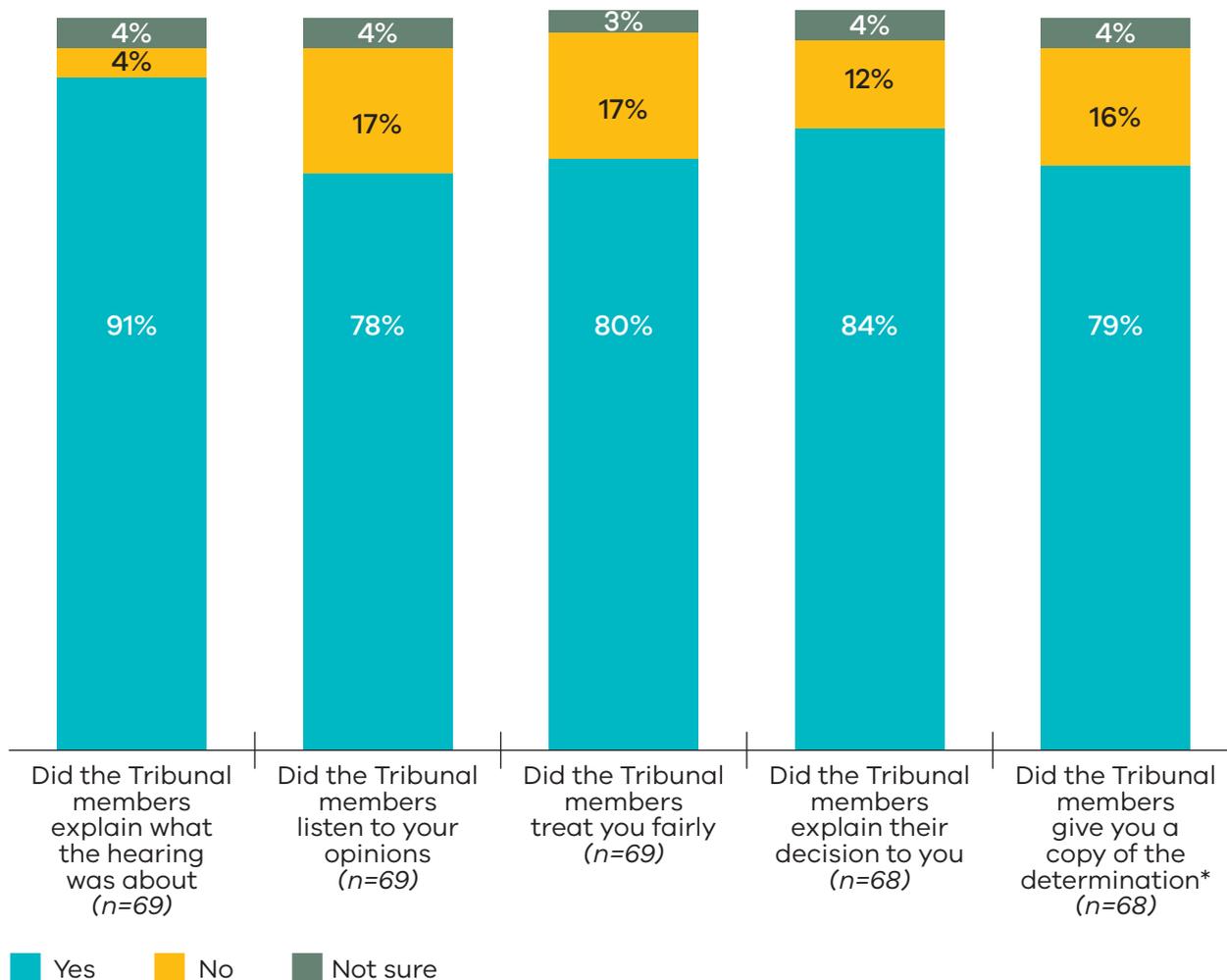
For patients, there also appears to be inconsistent access to information such as the 'How to prepare for your hearing' booklet. A lack of notice, insufficient time to prepare and feelings of helplessness have also prevented greater patient participation at hearings.

What happened when people attended a hearing?

How the Tribunal members conduct the hearing has a big impact on how patients, carers and others experience the process. Despite the difficult circumstances, people who attended a hearing were very positive regarding the conduct of Tribunal members. Overall survey results of hearing attendees (Figure 7) indicated:

- 91% felt the Tribunal members explained what the hearing was about (including what they needed to decide)
- 78% considered that the Tribunal members listened to their opinions
- 80% considered that the Tribunal members treated them fairly throughout the hearing
- 84% felt the Tribunal members explained their decision in an understandable way
- 79% were given a copy of the determination

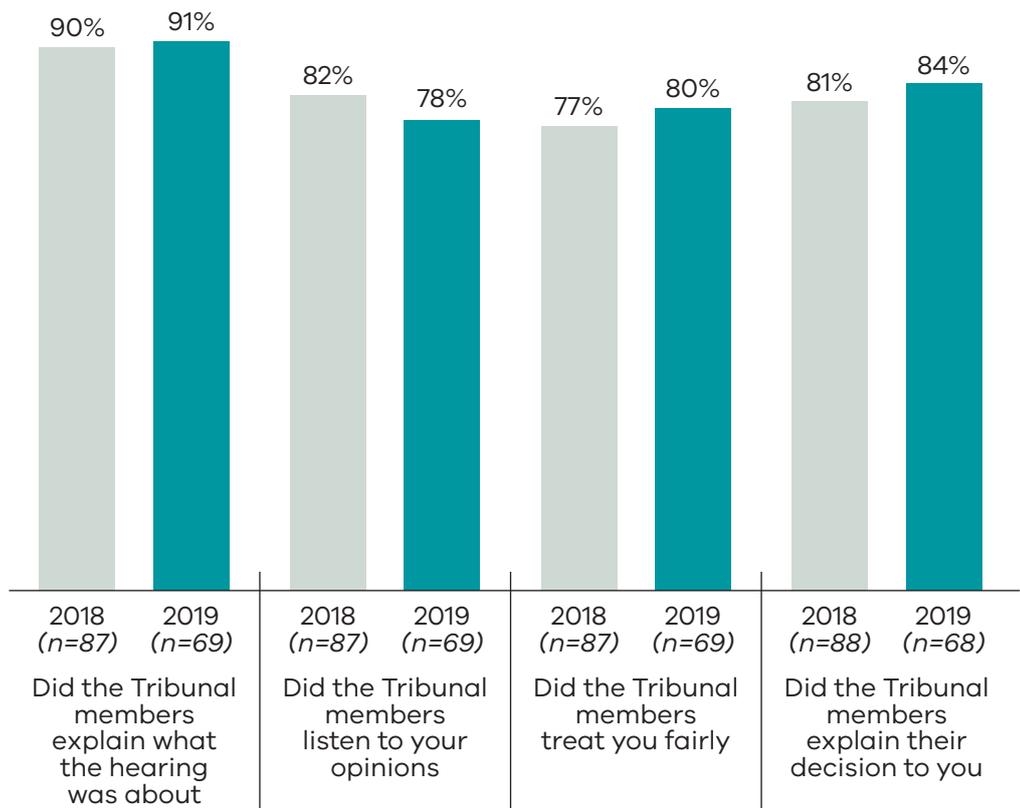
Figure 7: Experience at the hearing



*Determinations are given to patients only

This result is consistent with and reinforces the positive experiences Tribunal hearing attendees reported in the previous survey (Figure 8).

Figure 8: Experience at the hearing time comparison (% agreement)



Conclusion

Continuing the findings of the 2018 survey, people attending hearings valued the fairness, respect and recovery focus of Tribunal members. Patients not in hospital were slightly less positive, with comments reflecting on the length of CTOs, the dosage of medications, and stigma of home visits to monitor treatment adherence.

Family, carers and nominated persons consistently reported more positive experiences than patients at the hearing (Table 6). They typically perceived that they were given clear explanations, their opinions were heard, they received fair treatment and that decisions were explained, with levels of agreement ranging from 95-100%. Receipt of a copy of the determination was marginally less consistent, with 84% in agreement that this had occurred.

Table 6: Experience attending by role at the hearing (% agreement)

Did the Tribunal members ...?	Patient in hospital (n≈21)	Patient not in hospital (n≈23)	Carer, family, nominated persons (n≈20)
Explain what the hearing was about	86%	91%	100%
Listen to your opinions	86%	61%	95%
Treat you fairly	81%	65%	95%
Explain their decision to you	86%	74%	95%
Give you (the patient) a copy of the determination	81%	78%	84%

In open ended feedback, family, carers and nominated persons focussed positively on the time taken by the Tribunal to understand the issues, question reports and listen to patients, carers family and nominated persons.

The members of the Tribunal were very good with my mum, listening to her, adjusting to her behaviour (walking around the desk due to anxiety) and ... not saying anything about it, or making an issue of it. My dad and myself felt respected by the Tribunal as they listened to our opinions and took them into consideration. The Tribunal stayed at least an extra 30 minutes at the end of their day to accommodate a second hearing my mum required at short notice. This communicated to me and my father that my mum's wellbeing was paramount. [Family member]

I felt that the Tribunal listened to my daughter and I and did not take for granted the report from the treating team. The reports are often inaccurate and the history 'cut and paste' so errors continue. They challenged the treating team about what was written, which is the first time this has occurred. I felt they judged my daughter on facts, not on the opinion of a team who did not know her well. [Family member]

Very good at introducing themselves, listened to what I had to say and I agreed with everything [they] had to say. [Family member or friend]

Overall, patients had a less positive hearing experience compared to their carers, family and/or nominated persons. There was some variation in patients' perceived experience of the hearing, which was dependent on whether they were or were not a hospital inpatient. Although overall, both groups felt that the reason for the hearing was well explained (86% and 91% respectively), patients not in hospital reported a poorer experience than hospital inpatients, particularly in terms of having their opinions heard (61% compared to 86%) and being treated fairly (74% compared to 86%) (Table 6).

In open-ended feedback, a small minority of patients raised issues related to the ability of Tribunal members to understand the impact of treatments on their lifestyle and health, and the efficacy of treatment:

-  **The medical representative on the panel seemed to have more say, but I feel that she ignored my cultural and religious belief over the medical understanding.** [Patient not in hospital]
-  **I have had ... [numerous] hearings, same result...trying to get a second opinion is just about impossible because I have no money.** [Patient in hospital]
-  **They never let you off** [Patient, no further information]
-  **I question the competence [of the Tribunal legal representative] in respect to actually understanding the impact of psychiatric drug dependence and [diagnosis] of a disorder of thought was damaging and dehumanising.** [Patient not in hospital]

Conclusion

A minority of patients felt that the Tribunal hearing can seem rushed and that they have insufficient time to read their statements or present documents. The accuracy of health service reports was also questioned on occasion.

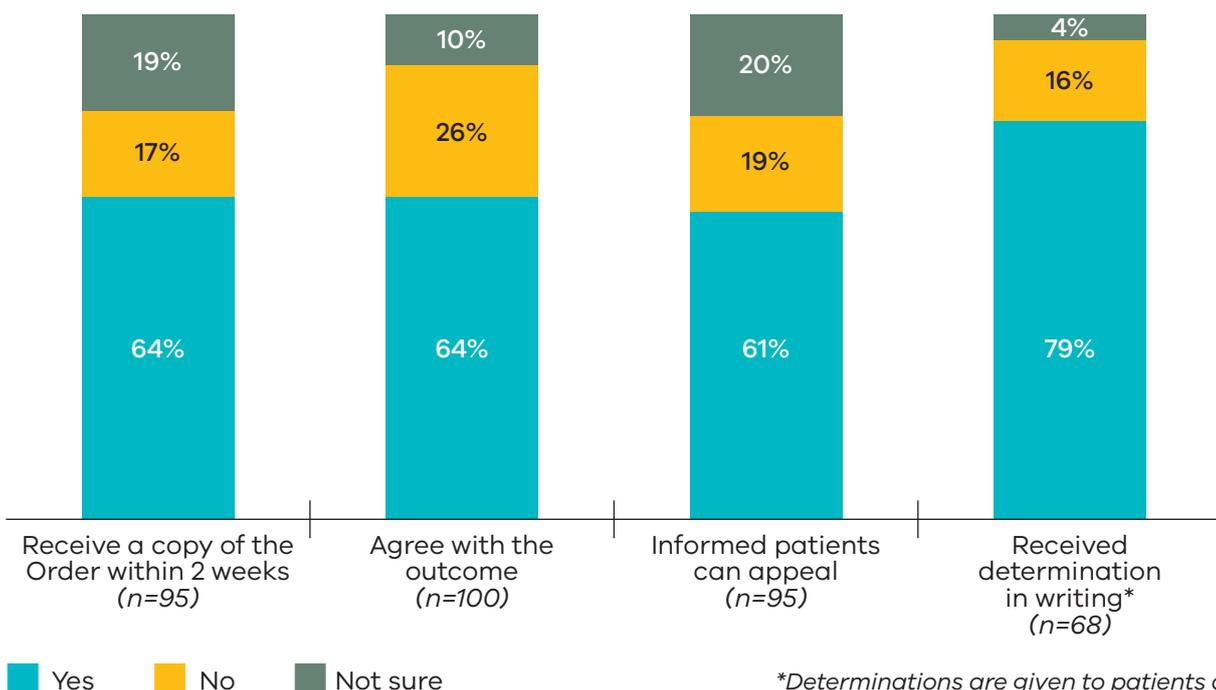
Some patients did not attend their hearing because they felt their opinion would not affect the outcome of the case.

What happened after the hearing?

The Tribunal performed well in relation to what happened after the hearing. The majority of respondents agreed that they (Figure 9):

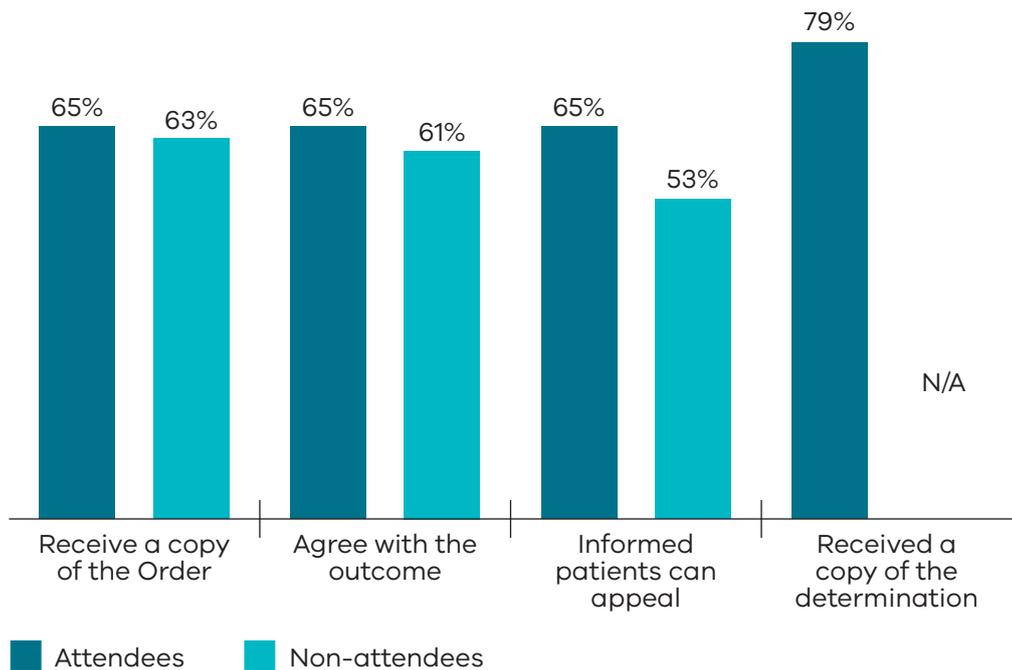
- Received a copy of the determination in writing (79%)
- Received a copy of the Order or decision made by the Tribunal within two weeks (64%)
- Agreed with the outcome of the hearing (64%)
- Were informed that patients can appeal the outcome or request another hearing (61%).

Figure 9: Experience after the hearing



There were no significant differences in experience after the hearing in the areas measured between people who attended the hearing and those who did not (Figure 10).

Figure 10: Experience after the hearing by attendance (% agree)

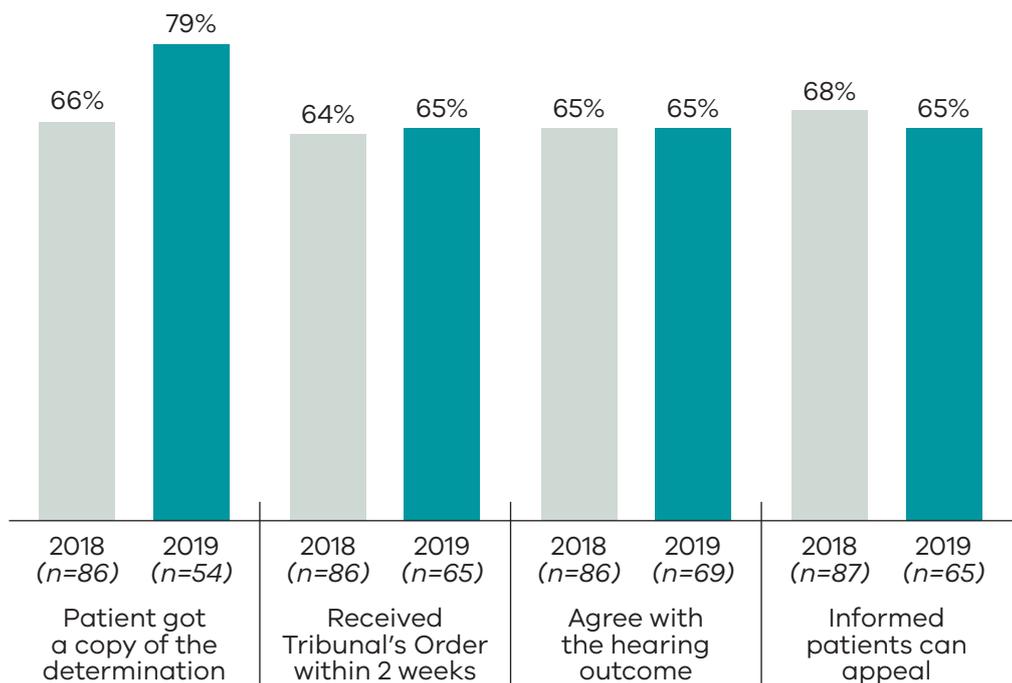


Open-ended feedback was very positive, with the hearing experience noted to be supportive, sensitive to needs and in the best interests of the patient:

-  ***Impressed with the sensitivity and care shown to my husband (the patient)***
[Family member]
-  ***I felt comfortable with the Hearing and of the outcome. I am on a 52-week community treatment order which I have gladly accepted. I need the support to solve my issues.*** [Patient not in hospital]
-  ***I am the nominated person for my son. He also came to the hearing but is not the best for representing himself due to his mental health condition. I thought everything went very well with the best outcome that is in the interests of keeping my son safe with continued treatment.*** [Nominated person]
-  ***My experience with the Mental Health Tribunal helped me to be more confident with their service. I am really very thankful and I appreciate their support.***
[Patient not in hospital]

Overall results are consistent with the feedback received in 2018, with more people receiving a copy of the determination (Figure 11).

Figure 11: Experience after the hearing time comparison (% agreement)



Family, carers and nominated persons tended to be more positive about the experience after the hearing. In particular, they were more likely than patients to agree with the decision made by the Tribunal (79%, compared to 67% of inpatients and 48% of patients not in hospital) and have received a copy of the order (71% compared to 58% of inpatients and 66% of patients not in hospital).

Table 7: Experience after the hearing by role at the hearing (% agreement)

Did you ...?	Patient in hospital (n≈27)	Patient not in hospital (n≈29)	Carer, family, nominated person (n≈38)
Receive a copy of the Order	58%	66%	71%
Agree with the outcome	67%	45%	79%
Informed patients can appeal	67%	48%	68%
Receive a copy of the determination (patients only)	81%	78%	84%

There were some minor differences between the experience of inpatients and patients not in hospital after the Tribunal hearing. Patients not in hospital were less likely to agree with the outcome (45% compared to 67% of inpatients) or to be informed that they could appeal the judgement (48% compared to 67%).

Open-ended feedback indicated that when patients disagreed with the outcome of a hearing, the issues generally related to feeling the hearing was rushed, evidence or second opinions were not given sufficient weight, in accuracies in the medical reports, the level of treatment (e.g. dosage) and/or duration of a CTO:

-  ***The statements were completely false, and [I had] no time to prepare my point of view! The report on my record was prepared by someone who was not involved in my case ...*** [Inpatient]
-  ***Neither my lawyer or yours truly were allowed to either rebut errors of fact and misinformation provided by the facility psychiatrist and community psychiatric nurse or allowed to present positive evidence and five affidavits ...***
[Patient not in hospital]
-  ***Not all of my evidence was heard despite my request to discuss several times (namely the inconsistencies and garbage in the report ...) and a non-authorized psychiatrist that had never seen me carried more weight at the hearing than what I had to say ...*** [Patient not in hospital]
-  ***I was told there was not enough time to go through the mental health report. Some things mentioned were not true [and showed a lack of] awareness of trauma.***
[Patient not in hospital]
-  ***They didn't explain the CTO was to be placed on for 2 to 3 months. Felt an invasion of privacy as the nurses came to my front door at night and I was to take my medication in front of them and the whole neighbourhood was free to see ...***
[Inpatient]
-  ***Lower doses would be better for me.*** [Patient not in hospital]
-  ***[The decision] was based on lies, decided on unanimously, with an unnecessary decision that has had serious detrimental effects to [my] lifestyle. [I] was told a different set of notes would be submitted to the inaccurate ones presented.***
[Patient not in hospital]

What were the outcomes for people?

The Tribunal performed well on the outcome measures. While overall experience was rated relatively highly (42% excellent/very good) respondents were less hopeful for the future (34% excellent/very good) (Figure 12). People who attended a hearing were much more positive than those who did not (Figure 13). This may reflect the importance of participation in recovery. It is also likely that where the patient is acutely unwell or has a long history of compulsory treatment, participation by the patient and their carers, family and/or nominated person is less likely.

Family, carers and nominated persons had a more positive overall experience than did patients (52% compared to 37% inpatients and 40% patients not in hospital). They were however, substantially less hopeful for the future (15% compared to 44% inpatients and 47% patients not in hospital) (Table 8).

Figure 12: Overall outcomes

Hopefulness for the future (n=97)

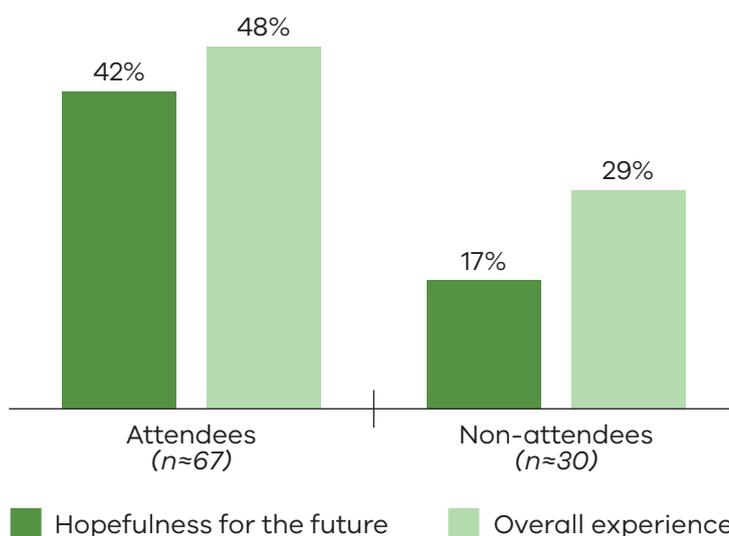


Overall experience (n=95)



Not sure Poor Fair Good Very good Excellent

Figure 13: Outcomes by attendance at the hearing (% Excellent/Very good)



Hopefulness for the future Overall experience

Table 8: Outcomes by role at the hearing (% Excellent/Very good)

How would you rate your...?	Patient in hospital (n=27)	Patient not in hospital (n=29)	Carer, family, nominated person (n=38)
Hopefulness for the future	44%	47%	15%
Overall experience	37%	40%	52%

Measuring the Mental Health Tribunal Strategic Plan 2018-2020

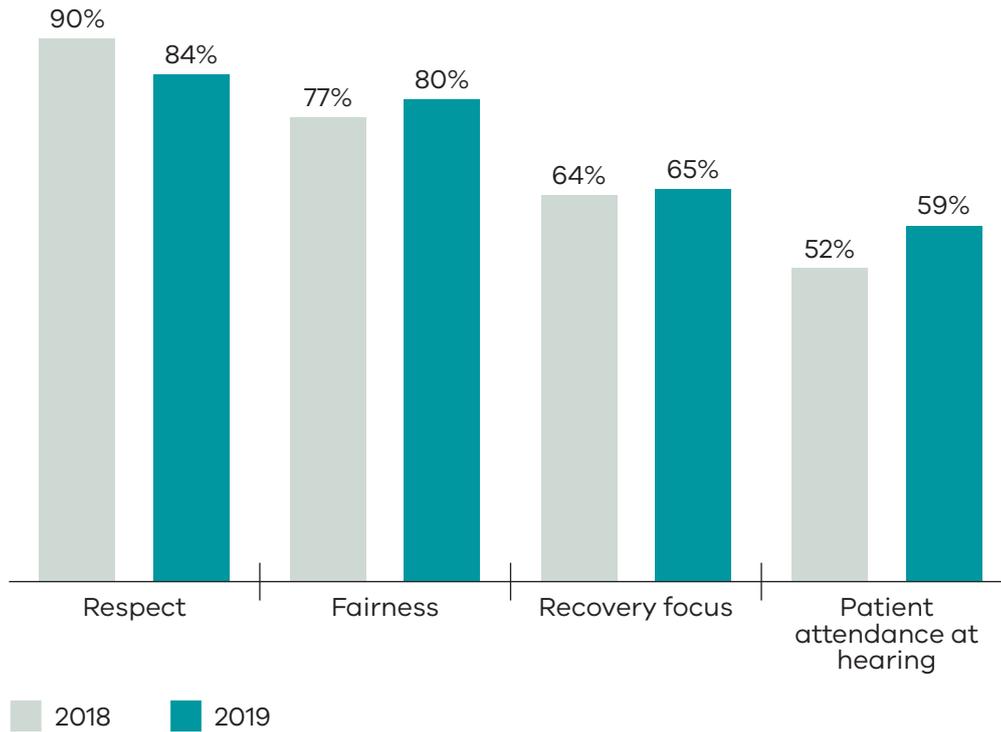
In late 2017, The Tribunal developed a Strategic Plan to guide its future operations. The Plan identifies the core values under which the Tribunal operates. The core values are *collaborative, fair, respect* and *recovery focused*. These values can be measured through THE Survey (Table 9).

The Tribunal performed well across the three core value indexes (Figure 14). The Tribunal performed best in relation to areas that it could directly control such as *respect* and *fairness*. While still performing well, the index was lower for *recovery focus* which includes the respondent’s hopefulness for the future. Patient attendance at hearings had improved the most since the previous year (59% compared to 52%).

Table 9: Measuring the outcomes of the Strategic Plan (2018-2020)

Core value	Measurement calculation
Collaborative	Collaboration can be measured, in part, by the proportion of patients who attended a hearing in the month of October. Because not all patients have a carer or nominated person, these attendees have not been included in the calculation. As collaboration is broader than patient attendance at hearings, this index has been labeled as <i>patient 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 14: Indices of the Tribunal's core values



Conclusion

A The Tribunal performed very well in all areas related to its core values, particularly respect, with improvements in patient attendance at hearings, *fairness* and *recovery focus*.

Conclusion

The following conclusions are based on the findings of THE Survey 2019 results.

1: Strong performance by the Tribunal

THE Survey results continue to be very positive for the Tribunal in all areas measured. The Tribunal performed exceptionally well in areas related to respect, fairness and recovery focus – *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 poor and had notably declined since the previous survey administration. As would be expected, the response rate was lower for non-attendees. In 2018 THE Survey results demonstrated 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 materials at venues to promote awareness and encourage participation in THE Survey.

In some cases, people did not attend a hearing because the hearing had been cancelled or adjourned to a later date. Future surveys of non-attendees should consider excluding adjourned and cancelled hearings from the eligibility criteria.

3: Increasing opportunities to attend hearings

In open-ended feedback, patients, carers, family members and nominated persons identified a range of barriers that prevented participation at hearings, some of these were preventable. For example, ensuring that people are invited to a hearing, ensuring invitees are notified of changes to the time of the hearing and that patients are provided with information ahead of the hearing to prepare their case. Just over half of the patients surveyed did not recall receiving a copy of the '*How to prepare for a Tribunal hearing*' booklet. Similarly, many people identified transport and distance as barriers to participation at hearings. The opportunity to attend the hearing by video or telephone conference should have reduced these barriers. It is difficult to know if non-attendees are aware of the availability of these alternative participation methods. Similarly, it is difficult to know if materials such as '*How to prepare for a Tribunal hearing*' are not received or overlooked given the person's illness and amount of collateral received.

4: Materials presented to the Tribunal

Patients and others have consistently questioned the accuracy of the information provided in health service reports to the Tribunal. Patients and others have applauded the ability of some Tribunal members to question staff and identify inaccuracies in these reports. It is also likely that some reports are accurate, but the content may challenge a person's perception. As one carer identified, incorrect information is cut and pasted into reports, and if the source is not corrected, the errors can persist across hearings. Patients have also questioned the accuracy of reports and opinions prepared by health professionals who may not have seen them or are not part of their treating team.

A minority of respondents felt that the Tribunal hearing can seem rushed and they have insufficient time to read their statements or present documents. A minority of carers and family felt unwelcome (by the patient) at the hearing and excluded from the process. These carers, family and nominated persons have the option of submitting written information to the Tribunal (which will be shared with the patient).

However, from a review of the website, there appears to be no information about how patients can make a submission to the Tribunal before the hearing (E.g. in writing). Such an opportunity, providing equivalency with others attending the hearing, may reassure patients that the Tribunal members will have read their documentation before the hearing. For patients not attending the hearing, this would provide an opportunity to ensure their voice is heard.

Appendix A: THE Survey (Attendees)

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 2019. All information collected in this survey is anonymous.

The survey can also be completed online at www.mht.vic.gov.au/survey. You can get help filling in the survey by ringing the Consumer and Carer Engagement Officer on 9032 3200. The survey is voluntary and you can skip questions you do not wish to answer.

1. What was your main role in this hearing? (tick one box)	Patient – in hospital	<input type="checkbox"/>	Carer	<input type="checkbox"/>
	Patient – not in hospital	<input type="checkbox"/>	Nominated Person	<input type="checkbox"/>
	Family member or friend	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

2. How did you attend this Tribunal hearing? (tick one box)	In person	<input type="checkbox"/>
	By video/ tele conference	<input type="checkbox"/>

3. Who helped you prepare for the hearing? (tick all that apply)	No one	<input type="checkbox"/>	IMHA-Independent Mental Health Advocacy	<input type="checkbox"/>
	Family or friend	<input type="checkbox"/>	Lawyer	<input type="checkbox"/>
	Carer	<input type="checkbox"/>	Staff from health service	<input type="checkbox"/>
	Nominated person	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Not sure	<input type="checkbox"/>		

These questions are about your experience <i>preparing</i> for the Mental Health Tribunal (tick one box for each question)	Yes	No	Not sure
4. Was this the first time you have been to a hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you receive a written notice about the hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT AND CONSUMER ONLY QUESTIONS (OTHER PEOPLE SHOULD GO TO 9)	Yes	No	Not sure
6. Did you receive a copy of How to prepare for your Tribunal hearing ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you get enough time to prepare for your hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you get enough information to prepare for your hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVERYONE CAN ANSWER THESE QUESTIONS about your experience <i>during</i> the hearing	Yes	No	Not sure
10. Did the Tribunal members explain what the hearing was about (including what they needed to decide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the Tribunal members listen to your opinions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Did the Tribunal members treat you fairly throughout the hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the Tribunal members explain their decision to you in a way that you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did the Tribunal members give a written copy of the determination (decision) to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not sure
15. Did you receive a written copy of the Tribunal's Order within 2 weeks of the hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you agree with the outcome of the hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Were you informed that patients can appeal the hearing outcome or ask for another hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about your experience after the Tribunal hearing (tick one box for each question)	Poor	Fair	Good	Very good	Excellent	Not sure
18. How do you rate your hopefulness for the future?	<input type="checkbox"/>					
19. Overall, how would you rate your experience with the Mental Health Tribunal on this occasion?	<input type="checkbox"/>					

20. Did someone help you complete this survey? (tick one box)	No	<input type="checkbox"/>
	YES – Family/Carer or Nominated person	<input type="checkbox"/>
	YES – Someone from the service	<input type="checkbox"/>
	YES – Tribunal staff member	<input type="checkbox"/>
	YES - other	<input type="checkbox"/>

21. When did you attend the most recent hearing of the Mental Health Tribunal? (tick one box)	Today	<input type="checkbox"/>
	Within the last 2 weeks	<input type="checkbox"/>
	2 to 4 weeks ago	<input type="checkbox"/>
	Longer ago than 4 weeks	<input type="checkbox"/>

22. What is the name of your mental health service where the hearing was?

23. 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 B: THE Survey (Non-Attendees)



We missed you at your Tribunal hearing

This survey is for patients, consumers, family, carers or nominated persons, aged 18 and older who were invited to a Mental Health Tribunal hearing from 1 October 2019. All information collected in this survey is anonymous. The survey can also be completed online at: www.mht.vic.gov.au/survey. You can get help filling in the survey by ringing the Consumer and Carer Engagement Officer on (03)9032 3200. **The survey is voluntary and you can skip questions.**

1. What was your main role for the hearing? (Tick one box)

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

These questions are about your experience before the Mental Health Tribunal hearing (Tick one box)

- 2. Was this the first time you have been invited to a hearing?** Yes No Not sure
3. Did you receive a written notice about the hearing? Yes No Not sure

These questions are for patients and consumers ONLY (Tick one box) **Other people should go to Q.8**

- 4. Did you receive a copy of How to prepare for your Tribunal hearing?** Yes No Not sure
5. Did you get enough time to prepare for your hearing? Yes No Not sure
6. Did you get enough information to prepare for your hearing? Yes No Not sure
7. 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

Everyone can answer these questions from here (Tick one box)

- 8. Did you receive a written copy of the Tribunal's Order within 2 weeks of the hearing?** Yes No Not sure
9. Did you agree with the outcome of the hearing? Yes No Not sure
10. Were you informed that patients can appeal the hearing outcome or ask for another hearing? Yes No Not sure

These questions are about how you feel now (Tick one box)

- 11. How do you rate your hopefulness for the future?**
 Poor Fair Good Very good Excellent Not sure
12. Overall, how would you rate your experience with the Mental Health Tribunal on this occasion?
 Poor Fair Good Very good Excellent Not sure

13. Did someone help you complete this survey? (Tick one box)

- No Yes (Someone from the service) Yes (Other)
 Yes (Family/Carer or Nominated person) Yes (Tribunal staff member)

Continued over ↪

Appendix C: References

Leigh, Gweneth, and Andrew Leigh. 2018. The Misaddressed Letter Experiment. Germany: IZA Institute of Labor Economics.

Mental Health Tribunal. 2019. Annual Report 2018-2019. Melbourne.