

Guidelines for trauma-informed mental health complaints resolution



Acknowledgement of Country

We would like to acknowledge the Wurundjeri People of the Kulin nation as the Traditional Owners/Custodians of the land on which we conduct our work. We recognise their continuing connection to land, water, and community. We pay our respect to Elders past, present and the emerging leaders of the future.

Acknowledgment of lived and living experience

We acknowledge people with lived experiences of mental and emotional distress as consumers, family members and carers, including those who have gone before us or are no longer with us. It is only by being informed and driven by the voices, collective experience, and wisdom of those with lived experience that we can create meaningful change.

Authors acknowledgements

We would also like to acknowledge and thank people who participated and shared their perspectives, opinions, experiences and were supportive of this research. For their generous contribution to this project and the development of guidelines for trauma-informed mental health complaints resolution, we thank members of the MHCC's advisory council (including consumers, carers, and persons who have made complaints to the MHCC or services directly), MHCC's Senior lived and living experience advisors, MHCC's complaints resolution and investigation officers, and public mental health service providers across Victoria.

Published by The Mental Health Complaints Commissioner
Level 26, 570 Bourke Street, Melbourne, VIC 3000



LA TROBE
UNIVERSITY



It is common for people who access mental health services to have experienced trauma (Isobel, S., et al., 2021). If people using mental health services and making complaints about the care they receive have experiences of trauma, these may influence their experience of the complaint process. Trauma can have an impact on how a person feels about making a complaint, how a person experiences the complaints process, and how a person feels about the outcomes of their complaint. These guidelines were developed to adopt a trauma-informed approach to addressing complaints made about mental health services in Victoria. The aim is that they will assist Mental Health Complaints Commissioner (MHCC) resolution officers and mental health service providers in considering the impacts of trauma when supporting a person making a complaint about a public mental health service.

The purpose of these guidelines is also to take active steps to resist re-traumatisation (Huang, et al., 2014). These guidelines have been drafted and co-produced with a trauma-lens and a focus on lived and living experience of mental illness or psychological distress. The co-production process took place through consulting with and incorporating the voices of members of the MHCC's advisory council (including consumers, carers, and persons who have made complaints to the MHCC or services directly), lived and living experience advisors, MHCC complaints resolution and investigation officers, and public mental health service providers across Victoria.



"... it does not matter what background the person making the complaint has, we need to be trauma informed."

(MHCC Advisory Council member)

The guidelines are not a step process and each of the guidelines is as important as the others. They are not meant to be followed in a specific order because they are all valuable in maintaining a trauma-informed approach. Instead, each of the guidelines should be taken into consideration when working with a person making a complaint or seeking support about their experience in a mental health service. Neither should they be considered to be a one size fits all approach and should be used to provide direction on being trauma informed in every interaction with a person making a complaint. While these guidelines primarily focus on mental health complaints, they can be helpful in many areas of work with persons with lived and living experience of trauma, mental illness, or psychological distress because they reflect a trauma-informed approach.

GUIDELINES

Be aware that a lived and living experience of trauma is common in persons who use mental health services.

Understand that using mental health services, including making a complaint about their experience, can be difficult, scary and a source of trauma.

Listen to the person's experience and focus on what they are sharing.

PRACTICES & CONSIDERATIONS

- Every person experiences trauma differently.
- Be mindful that different things can be traumatising, re-traumatising, or triggering for different people.
- Learn to identify signs of trauma to better support those with a lived and living experience of trauma.
- Consider that trauma can be [relational](#), [cumulative](#), [collective](#), [vicarious](#), [intergenerational](#), and/or [systemic](#).
- Accessing services can be distressing and negative experiences can occur.
- Be mindful of the impact this can have on the person making a complaint.
- Making a complaint may be triggering of past trauma around complaints made in the past.
- Be aware that not everyone using a mental health service does so by choice, some persons are there on a compulsory basis.
- Consider that making a complaint can make the person [feel vulnerable](#) within the service, particularly about the impact it might have on their care.
- Ask questions about what happened to the person, not what is wrong with the person.
- Do not make assumptions or judge them based on their diagnosis.
- Listen to their experience and allow time for the person to communicate in a way they are comfortable and able to do so.



GUIDELINES

Affirm and acknowledge the person's experiences and reflections.

PRACTICES & CONSIDERATIONS

- Thank the person for sharing their experiences and making a complaint, as well as highlight the value of their complaint for themselves and others.
- Accept the person's experience as the primary evidence in the complaint investigations and resolution processes.
- Make it clear to the person that they do not need to justify their complaint.

"... making a complaint is worthwhile and not only good for the person themselves, but also good for others..."

(Lived Experience Advisor)

Co-create a safe space in which you can hear, value, and respect the person sharing their experience.

- Hearing and believing a person's story are essential for building trust and supporting the person.
- Co-creating a safe space where the person feels respected and valued is equally important.
- Remember that a safe space is not the same for everyone - ask 'what would make this safe for you?'.
- Making a complaint should be a safe space.

Acknowledge that speaking about a traumatic experience can be retraumatising, the person should guide the pace of their sharing process.

- Avoid asking insensitive questions and repeating the same questions on more than one occasion.
- Aim to speak about the traumatic event in a way that is comfortable for the person, seeking consent to continue delving into a person's experience only when necessary and relevant.
- This should be done with regular check ins about the person's distress levels, asking 'is this going ok for you?'
- Tailor your communication to the person and their needs.

GUIDELINES

Promote and support the person's self-determination and decision making in making a complaint and throughout the complaints process.

Outline the complaints process and discuss expectations to minimise uncertainty.

Keep the person informed in a timely and accessible manner.



PRACTICES & CONSIDERATIONS

- Provide options to the person who is making a complaint from initiating a complaint and throughout the complaints process, including providing options for who manages a complaint when there is a conflict of interest (for example, someone from outside the person's treating team).
- Support the person to make decisions during the complaints process, seeking consent to progress with the process when necessary.
- Making a complaint can be full of uncertainty for the person, this can lead to anxiety as lack of control is a characteristic of traumatic experiences.
- Ensure that you are mapping out the steps of the complaint process and setting clear expectations, while allowing for flexibility depending on the person's decisions and needs.
- Some services have a timeline for managing complaints, ensure you communicate this to the person making a complaint.
- Ensure that you communicate at different stages of the complaints process, even when there has not been a significant outcome.
- It is important for the person to know how long they might need to wait for a response and to be kept in the loop about why something might be taking longer than initially expected.
- Ensure that the way you are communicating with the person making the complaint is in line with their preferred form of contact.
- If there is to be a handover due to change in staff, ensure this is done in a comprehensive manner, to avoid the person making a complaint having to re-tell their story, and communicate this to the person before staff changeover.

GUIDELINES

Manage power imbalances.

- Explore and acknowledge existing power differences within the service together with the person making a complaint and consider how these might impact on the person and the process.
- Ask the person if there is anything you can do to address or compensate for the power imbalance.
- Be impartial and ensure that you do not replicate power imbalances.
- Redress power imbalances by ensuring appropriate supports are put in place, for example by including a lived experience worker in the complaints process.

Be culturally aware and sensitive.

- Pay attention to [cultural](#) safety and [intersectionality](#) throughout the complaints process.
- Ensure that you provide culturally and intersectional appropriate resources and seek consultation when necessary.
- Ensure that you provide appropriate resources to First Nations people and seek consultation when necessary.

"... there is certain language we can use to make people feel more comfortable to reach out to us..."
(Advisory Council Member MHCC)

Be mindful of the language you use.

- [Language](#) can be a source of trauma.
- Be mindful of the words that you are using and ask the person to advise if there is specific language they would like used or avoided.
- Encourage the person to correct you when wrong words are used but do not expect them to continue to correct you when you make the same mistake and take responsibility for the words you use.

GUIDELINES

Be kind and supportive.

Consult with lived experience workforce where relevant and appropriate for the person.

Consider other support services the person might need.

PRACTICES & CONSIDERATIONS

- In a state of psychological distress human contact is important for the person to feel valued and their experience acknowledged.
- Social support and feeling supported can make a difference to the person making a complaint.
- A lived experience lens should be part of the complaints process.
- Encourage and support the person by offering connection to lived experience workforce in their health service.
- Take a person-centred approach and explore with the person what other support and services they might need and proactively take steps to connect them to the services with appropriate follow up to ensure access has been achieved.

Throughout the development of these guidelines, we learned that persons who make complaints about mental health services want to be heard, believed, understood, and supported. The guidelines are also aligned with the MHCC's Driven by lived experience framework and strategy and the action statements that define the ways in which we strive to honour, and respect lived experience in all our work. Particularly, these

guidelines build on the action statement 'We acknowledge that safety is not the same for everyone, and includes physical, emotional, relational, and cultural elements. We believe and acknowledge experiences of trauma and do all we can to ensure each person feels safe when engaging with the MHCC' (MHCC, 2020). These trauma-informed guidelines were developed to improve the experiences and outcomes of persons making complaints.



Trauma informed

FREQUENTLY ASKED QUESTIONS, DEFINITIONS AND EXAMPLES

What is trauma?

There are various ways to define trauma, but it is generally understood that trauma results from being in states of heightened stress from experiencing events like violence, abuse, neglect, war, and natural disasters. The effects of these events on a person's emotions can overwhelm their capacity to cope in the moment or into the future (The Bouverie Centre, 2013).

Does everyone have trauma?

No, not everyone experiences trauma. While most people will have difficult events in their lifetime these will not necessarily affect their ability to cope. Traumatic events may affect a person's sense of safety and the way they perceive the world.

What is relational trauma?

Relational trauma is based on a person's social relationships and interpersonal connections. It is the result of a sense of one's emotional and/or physical safety ruptured or violated by people whom one relates to, and usually it develops over a period of time from being exposed to repeated incidents (True & Sheinberg, 2008).

What is cumulative trauma?

Cumulative trauma differs from single event trauma and is used to describe trauma resulting from a person being exposed to multiple traumatic events over their lifetime, and each affecting their ability to cope and make sense of their experiences and responses to them (Suliman, et al., 2009).

What is collective trauma?

Collective trauma refers to traumatic events that are shared by a group of people; this might be a family, a community, or an entire country (Krieg, 2009). An example of collective trauma is being exposed to a war or natural disaster such as floods or bushfires.

What is vicarious trauma?

Vicarious trauma, also called secondary trauma, describes the trauma experienced by someone exposed to someone else's trauma story or details of a traumatic event. It can also include seeing other people experience traumatic events or witnessing adverse events (Monash Gender and Family Violence Prevention Centre, 2021). These can be through exposure to them firsthand such as watching people being forcibly restrained in an inpatient unit, or events that are more removed from the person, for example, exposure to news stories that are triggering can cause trauma to a person.

What is intergenerational trauma?

Intergenerational trauma refers to trauma passed on from a trauma survivor or community to their descendants. An example of intergenerational trauma is racism or histories of displacement of communities from their lands and culture, such as the case with First Nations people in Australia (Healing Foundation, 2023).

FREQUENTLY ASKED QUESTIONS, DEFINITIONS AND EXAMPLES

What is systemic trauma?

Systemic trauma refers to trauma or re-traumatisation that arises from engaging with environments and institutions that inadvertently cause it by their contextual features and the ways they operate (Goldsmith, Gamache Martin, & Parnitzke Smith, 2014). For example, institutions like the government, legal system, mental health system, etc. sometimes inadvertently cause harm to those who engage with them.

What are some examples of feelings of vulnerability when making a complaint?

It is not uncommon for people to feel nervous around making a complaint and what this might mean for their experience using a service and the care they receive. Some examples of ways people feel they might be vulnerable when making a complaint include:

- *Worrying there might be changes to their treatment in the service*
 - *Being concerned that they be taken back to hospital if they complain about their community treatment*
- Building a positive complaints culture across services can help mitigate these feelings.



What is a safe place or space?

A safe place or space is an environment in which a person feels comfortable, protected, and secure in that what they share will not face discrimination or criticism and that they will not be exposed to emotional or physical harm. A safe place or space also includes being respectful, open, and transparent with the person, and being aware and sensitive to gender, cultural diversity, and considering the language used or need for interpreters.

What are some examples of insensitive questions and potentially triggering language?

Because language can be a source of trauma it is best to avoid words that are controversial or not politically and socially correct. Similarly, avoiding clinical language will help the person understand better and feel more at ease in the interaction.

Some examples of insensitive questions are:

- *What is wrong with you?*
- *Are you sure that's what happened?*

Meanwhile, some examples of triggering language are:

- *Gendered language a person might not identify with*
- *Explicit terms or clinical terms, for example avoid using terms like suicidal ideation or clinical terms for body parts*
- *Labelling language, for example it is best to refer to someone as a person with a mental health condition rather than saying they are mentally ill*

When in doubt, it is best to take the lead from the person making the complaint and use the words they are using to describe their experience.

FREQUENTLY ASKED QUESTIONS, DEFINITIONS AND EXAMPLES

What is self-determination?

Self-determination refers to a person's ability to make choices about their life and to shape and have control over managing their own life. It is a right that all people have to shape their own life and have the freedom to do so (Australian Human Rights Commission, 2023).

What are some examples of power imbalances?

Power imbalances occur in situations in which a person due to different factors such as age, gender, experience, qualifications, authority, has the upper hand in a social interaction with another person.

Some examples of power imbalances include:

- *Clinician – patient relationships*
- *Older person – younger person relationships*
- *Person in a role of authority – person not in a role of authority*

What is culture?

Culture has many definitions and uses, but it is commonly used as a concept to encompass the social aspects or ways of life shared by people that define them as a group. Culture consists of the customs, norms, values, beliefs, knowledge, languages, arts, and institutions that are shared by a society or community. Culture can be shared by people who live in the same place and time, can be shared by a religious group, can be shared by a group of the same ethnicity, or can be shared by a social group including a family (CESCR, 2009).

What is intersectionality?

Intersectionality refers to the ways in which different aspects of a person's identity can put them at risk for being discriminated or disadvantaged by systems and structures. These characteristics include race, sex, gender, sexuality, religion, disability, neurodiversity, class, lived experience of mental illness or psychological distress, among others (Family Safety Victoria, 2019). Taking an intersectional approach means that a person will consider all aspects of the person's identity when addressing a complaint to provide the best support.



Person centered

FREQUENTLY ASKED QUESTIONS, DEFINITIONS AND EXAMPLES

What is lived experience?

"The term 'lived experience' is used by the MHCC in an inclusive way to refer to the experiences of people living with mental and emotional distress and those accessing mental health services (consumers), as well as the experiences of 'families and carers', which includes families of choice and any person who is in a care relationship. 'Lived experience' includes the diversity of people's experiences across different communities, ages, gender and sexual identities, disabilities, and cultural backgrounds. We acknowledge and respect that lived experience differs from person to person" (MHCC, 2020).

Examples of services to refer a person making a complaint to:

Independent Mental Health Advocacy:
<https://www.imha.vic.gov.au/>

Victoria Mental Illness Awareness Council: <https://www.vmiac.org.au/>

Tandem Carer Support:
<https://www.tandemcarers.org.au/>

Office of the Public Advocate:
<https://www.publicadvocate.vic.gov.au/>

Mental Health Tribunal:
<https://www.mht.vic.gov.au/>

Victoria Legal Aid:
<https://www.legalaid.vic.gov.au/>

Lived experience led



REFERENCES

- Australian Human Rights Commission (2023). 'Self-determination' [Online]. Available at: [Self-determination | Australian Human Rights Commission](#) (Accessed: 23 March 2023)
- Family Safety Victoria (2019). 'Everybody matters: inclusion and equity statement'. State Government of Victoria, Melbourne
- Goldsmith R.E., Gamache Martin C. & Parnitzke Smith C. (2014) 'Systemic Trauma'. Journal of Trauma & Dissociation, 15:2, 117-132.
- Healing Foundation (2023). 'What is intergenerational trauma?'[Online]. Available at: [Intergenerational trauma | The Healing Foundation](#) (Accessed: 23 March 2023)
- Huang, L.N., et al., Substance Abuse and Mental Health Services Administration. (2014) 'SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach'. HHS Publication No. (SMA) 14-4884. Rockville, MD
- Isobel S, Wilson A, Gill K, Schelling K, Howe D. (2021) 'What is needed for Trauma Informed Mental Health Services in Australia? Perspectives of clinicians and managers'. Int J Ment Health Nurs. 30(1):72-82.
- Krieg A. (2009) 'The experience of collective trauma in Australian Indigenous communities'. Australas Psychiatry. Suppl 1:S28-32
- Mental Health Complaints Commissioner (MHCC). (2020) 'Mental Health Complaints Commissioner Driven by lived experience framework and strategy'.
- Monash Gender and Family Violence Prevention Centre. (2021) 'Best Practice Guidelines: Supporting the Wellbeing of Family Violence Workers During Times of Emergency and Crisis'. Monash University.
- Suliman S, Mkabile SG, Fincham DS, Ahmed R, Stein DJ, Seedat S. (2009) 'Cumulative effect of multiple trauma on symptoms of posttraumatic stress disorder, anxiety, and depression in adolescents'. Compr Psychiatry. 50(2):121-7.
- The Bouverie Centre, La Trobe University. (2013) 'Guidelines for Trauma-informed Family Sensitive Practice in Adult Health Services'.
- True F., Sheinberg M. (2008) 'Treating Family Relational Trauma: A Recursive Process Using a Decision Dialogue'. Family Process, Vol. 47, No. 2
- UN Committee on Economic, Social and Cultural Rights (CESCR) (2009). 'General comment no. 21, Right of everyone to take part in cultural life (art. 15, para. 1a of the Covenant on Economic, Social and Cultural Rights)' E/C.12/GC/21, available at: <https://www.refworld.org/docid/4ed35bae2.html> [accessed 8 March 2023]