



# **COMPLAINTS**

**The views of 72 people about making complaints**

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# **CONTENTS**

<b>WHAT IS HUG?</b>	<b>3</b>
<b>INTRODUCTION</b>	<b>4</b>
<b>HOW TO MAKE A COMPLAINT</b>	<b>4</b>
<b>HOW HAVE COMPLAINTS BEEN DEALT WITH?</b>	<b>5</b>
<b>WHY WE COMPLAIN</b>	<b>7</b>
<b>WHAT WE WANT AS A RESULT OF A COMPLAINT</b>	<b>7</b>
<b>THE ISSUES WE FACE AND THINGS THAT WOULD MAKE COMPLAINTS EASIER</b>	<b>8</b>
<b>HOW WE WANT TO BE TREATED WHEN MAKING A COMPLAINT</b>	<b>9</b>
<b>THE LITIGATION CULTURE</b>	<b>10</b>
<b>DO WE FEEL THE COMPLAINTS SYSTEM IS INDEPENDENT ENOUGH?</b>	<b>11</b>
<b>ANYTHING ELSE THAT WOULD IMPROVE THE COMPLAINTS SYSTEM?</b>	<b>12</b>
<b>HOW WE DEAL WITH DIFFERENCES IN PERCEPTION</b>	<b>13</b>
<b>OTHER WAYS OF DEALING WITH GRIEVANCES</b>	<b>13</b>
<b>HAVING SUPPORT</b>	<b>14</b>
<b>DEALING WITH POSITIVE COMMENTS</b>	<b>14</b>
<b>CONCLUSION</b>	<b>15</b>
<b>APPENDIX - HOW TO MAKE A COMPLAINT</b>	<b>16</b>
<b>ACKNOWLEDGEMENTS</b>	<b>20</b>

## WHAT IS HUG?

HUG stands for the Highland Users Group, which is a network of people who use, or have used, mental health services in the Highlands.

At present, HUG has approximately 360 members and 13 branches across the Highlands. HUG has been in existence now for 9 years.

HUG wants people with mental health problems to live without discrimination and to be equal partners in their communities. They should be respected for their diversity and who they are.

We should:

- ◆ Be proud of who we are
- ◆ Be valued
- ◆ Not be feared
- ◆ Live lives free from harassment
- ◆ Live the lives we choose
- ◆ Be accepted by friends and loved ones
- ◆ Not be ashamed of what we have experienced

We hope to achieve this by:

- ◆ Speaking out about the services we need and the lives we want to lead.
- ◆ Educating the public, professionals and young people about our lives and experiences.

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.

### **HUG's aims are as follows:**

- ◆ To be the voice of people in Highland who have experienced mental health problems.
- ◆ To promote the interests of people in Highland who use or have used mental health services.
- ◆ To eliminate stigma and discrimination against people with mental health problems.
- ◆ To promote equality of opportunity for people with mental health problems irrespective of creed, sexuality, gender, race or disability.
- ◆ To improve understanding about the lives of people with a mental health problem.
- ◆ To participate in the planning development and management of services for users at a local, Highland and national level.
- ◆ To identify gaps in services and to campaign to have them filled.
- ◆ To find ways of improving the lives, services and treatments of people with mental health problems.
- ◆ To share information and news on mental health issues among mental health service user groups and interested parties.
- ◆ To increase knowledge about resources, treatments and rights for users.
- ◆ To promote cooperation between agencies concerned with mental health.

## **INTRODUCTION**

In December and January of 2005/6 we held discussions in the HUG network about complaints procedures.

The reason for this came from two of our members. One of our members had had the experience of not having his concerns in a complaint that he made accepted. His disillusion with the complaints system made him think that the obvious other course of action would be for people to use litigation as a way of resolving their grievances. He thought this would be regrettable and was keen that our present complaints system becomes robust enough for us all have to confidence in it.

Another person had been in the position where his perception of a professional's poor attitude towards him was challenged. He worried that his feeling about offensive attitudes from a professional were dismissed in favour of the professional's perception of the situation.

For this reason the HUG committee (the HUG Round Table) agreed that it would be a good idea to look at the subject.

We prepared a series of questions for our members as a guide to the discussions we would hold in our branches and checked with officials from the Highland Council and NHS Highland that they were appropriate.

We held meetings in 13 locations across the Highlands and met with 72 people.

The meetings were all written up and turned into this report which was ratified by the HUG committee.

When we looked at the subject we included complaints about a variety of services: Health services, Council services, Benefits services but the main areas people concentrated on were those to do with Health services followed by Social Work. We looked at the broad spectrum of complaints and hoped that this may act as a discussion point for a number of organisations but do appreciate that as we have not been very specific that this may detract from the detailed development of policies of different agencies. We were sent copies of complaints procedures by different organisations during our cycle of meetings which was helpful.

In the great majority of meetings one or more people had had direct experience of making a complaint with different agencies and many people felt able to contribute to the debate by describing how they would like a complaint to proceed in ideal circumstances.

Some of the comments that we received from HUG members were positive but it was sad to see just how little faith so many of our members had that a complaint would result in the changes they would have liked to have seen.

## **HOW TO MAKE A COMPLAINT**

Many of us don't know how to complain. Although nearly all of us were aware that it was possible to complain some of us felt that we weren't told how to complain and that we often had to ask first of all if we were unhappy with a service.

Some of us had no faith in making complaints and therefore would have no interest in this. Some of us felt that our health wouldn't be good enough to allow us to negotiate even the early stages of finding out how to make a complaint. For many of us, the fact that we lack confidence is a major barrier in contemplating making a complaint even though we may feel that we have been treated badly. For others there is a complete lack of confidence in the response that we would get either from the Council or the Health service.

However a few of us felt that we had a good knowledge of complaints procedures and that they were easy to find out about and to use. The process of making a complaint was, to us, relatively simple even if the outcome was more complex.

A lot of us who didn't know how to make a complaint felt that if we did wish to make one then it would be a simple task to discover how to. The favoured route would be to go the Citizens Advice Bureau where we felt confident that we would be given the necessary information to embark on the task. Other avenues were to ask a worker concerned with our care, maybe someone from the Richmond Fellowship, a Drop-In Centre, HUG or anyone else that we trust. We would also look in areas where information is kept. Some of us had noticed information in Service Points, GP surgeries and Hospitals. A few of us had wanted to make a complaint but didn't because we couldn't find anyone to help us with it.

A few of us made the point that it seemed to us as if staff in general hospitals were more pro-active in checking we were happy with our treatment and telling us how to make a complaint than those in a mental health setting.

However in contrast some of us had experience of staff in places such as New Craigs Hospital encouraging us to make a complaint. The staff were sometimes good at picking up when things were going wrong and supporting us to highlight this. To us it sometimes felt that the staff at a grass roots level were really keen to improve practice but didn't always feel that they had the avenues to allow this to happen. They may even have believed that we as patients, through our access to a complaints system, had more power and credibility than they did as workers.

Some of us had experienced the complaints system of many years ago and made the point that in those days to make a complaint would have been very unusual and would have required a great deal of confidence and courage for a patient to pursue (especially if the complaint was about a clinician). We felt that modern complaints systems were a great deal more accessible and less intimidating.

Some of us felt that once we were used to the system we became more knowledgeable but when we were younger we were unaware of how to make a complaint.

A few of us also made the point that it is only after reflection and time that we come to see our situation in a true perspective. We may, now that we are feeling better and have had time to consider past treatment, wish to complain but we believe that there are time limits to complaints which would stop us making complaints about events that occurred quite some time ago.

## **HOW HAVE COMPLAINTS BEEN DEALT WITH**

We had a mixed reaction to this. For some of us the complaints system was close to perfect; it was easy to use and navigate and all the things that people said should happen did happen. The procedure itself was flawless but, even in these cases, we were disappointed because, although we made a complaint with ease, it was rare for our complaint to be upheld in the way we wished.

This was reflected by the views of a majority of us who felt that there was little point in complaining as the outcome would rarely deliver the results that we wanted. Unfortunately we felt that the system itself was geared to supporting the service rather than the user.

Some of us had been successful in making complaints and yet had found the process long and wearying. The ingredient to our success was not giving up and taking the complaint up a level each time until we even went beyond the jurisdiction of Directors of Departments and on to the Ombudsman. For others success came about by having the support of an outside professional. Their belief in us, and the standing their presence gave, seemed to enhance our credibility. By having a supporter (even if they did nothing) we felt better able to put our point across and more capable of remaining calm.

A few of us felt that the experience was very negative. Despite gaining a positive outcome we felt that senior staff concerned with the case resented us and this made us feel bad in turn.

Others had a completely different experience which may be unique to areas such as ours where we are all well known to each other. We had staff, who knew us well, laughing off our concerns and giving the impression that they could sort the problem out themselves. Their light hearted and casual approach to the situation made us feel that our concerns were not serious or important.

A few of us lose confidence in the system and feel we have to pursue our actions outside of it in order to get results. We worry that the authorities do not recognise how important our concerns are to us and that they feel they have more important things to spend their time on. We did feel that only by "rattling cages" have we managed to get anywhere at all. By doing this we can feel embarrassed and that we are an inconvenience that doesn't really matter to them.

Some of us who hadn't made complaints worried that the fact that we are ill would be counted against us and that our judgement would be seen as distorted. We were afraid that if we complained then this would be held against us and may even lead to us being sectioned. We also said that when unwell we don't want to take on any tasks such as this and therefore would resist complaining. We thought that if we can appear controlled and calm then things go OK, but had a strong feeling that our illness can make this difficult - we can appear agitated and angry and worry that our concerns will be dismissed because of this. Some of us had started the complaints process but found the whole process so stressful that we became fearful for our health and stopped the complaint.

There was also the situation where if we had had sufficient information and education offered to us to start with then we might not have felt the need to complain. For some of us first admission to hospital is a frightening and alien experience, if we only had some sort of idea about what was likely to happen then we would be less angry and confused and less likely to need to complain.

We felt that for a complaints system to be effective it needs to be built on trust and honesty and to shy away from authority and power. We felt that we need to turn the complaints system around so that we are encouraged and helped to make complaints.

Many of us use support workers or see clinicians such as doctors or psychiatrists. We feel that it would be almost impossible to complain about them - not only might those that we depend on feel offended (which is not usually what we are wishing) but perhaps our relationship and treatment will be damaged by this step.

## **WHY WE COMPLAIN**

We had a series of broad reasons for why we might complain:

- Negative staff attitudes
- Poor treatment
- Not being listened to
- Having our freedom taken away
- Waiting times
- Not being given enough time
- Being given repeat prescriptions without checking our health
- Not being treated seriously
- Being rejected
- Lack of confidentiality
- Lack of privacy
- To right an injustice
- Attitudes of other people
- Lack of services and care
- Lack of thought
- Lack of concern
- To get an improvement in services
- To have poor treatment acknowledged
- To change our situation
- Stigma
- Being dealt with unfairly
- From fear of what we are experiencing
- Being left to get on with it
- Living in intolerable conditions
- Lack of consistency
- Being labelled, stereotyped or patronised
- Having no one to speak to
- Being looked down on
- Poorly handled admission to hospital and referrals to services

## **WHAT WE WANT AS A RESULT OF A COMPLAINT**

The things that we want from a complaint are basically the resolution of the issues we have raised above. We want the situation we are in to change for the better and also want to be sure that people in similar circumstances in the future don't go through the same sad things that we have.

We want people to change their attitudes towards us, to treat us more seriously and to gain a measure of respect and equality. We want people to learn from their mistakes and to improve life for everybody. We also want people to become aware that there is a problem in the first place.

We also want, above all, an apology, an acknowledgement and a validation of what we are saying. We want to be heard and are keen that everyone learns from the situation. We are especially keen to see justice occur and for the situation to be resolved.

Some of us feel that we have been treated badly, we may want revenge for this.

Some of us said that the conduct of some small businesses with a philosophy that the “customer is always right” should be compared to that of statutory organisations.

## **THE ISSUES WE FACE AND THINGS THAT WOULD MAKE COMPLAINTS EASIER**

Some of us have wanted to make a complaint but because we haven't known how to, have not pursued this or feel that it might be a difficult process. However this does not apply to all of us. Some of us do feel that making a complaint in Highland Region is an easier and more accessible process than we have encountered in other parts of the UK.

Some of us wanted to make a complaint but, hindsight some time later on, has made us realise that our perception was distorted at the time and that a complaint would not have been justified. However, at the time we did not realise this. Others wanted to make the point that it is only human to make mistakes and that we do not need to get people into trouble every time they make a mistake and as a result we would be reluctant to raise such issues.

We do feel that the formality of a complaint is hard to manage (especially the fear that we may get into a confrontational situation) and that they should represent the end of the process. Sometimes staff sort things out for us before they get out of hand - for instance one of our members had her psychiatrist changed for her by her community psychiatric nurse. She had thought that she would need to make a complaint but found that the help from her CPN made the situation easy to deal with.

We also feel that complaints would be easier to handle if we could speak out about treatment without staff feeling threatened by such actions. This may need a shift in the attitudes of those who care for us.

There are a number of barriers to this - for instance being known both by the people we are complaining about and also by the people handling the complaint. It is never easy to give criticism but it can be even harder when the people concerned know us quite well. We do worry that we can be seen as a part of the problem and this can be quite intimidating.

However some of us felt that despite these barriers it was important for us to speak out when we face problems and to have the confidence to put our concerns into writing.

Having said that, having to make a written complaint is not possible for some of us. Even very simple forms and short descriptions of the problem can be too much to handle - they can be hard to fill in and too stressful to engage with.

We had repeated comments on how difficult it was to complain about professionals, especially our doctors. Many of us were intimidated by their authority and worried that we may face harsh consequences or even be removed from their lists.

We wanted to press home the point that many of us would never make a complaint even if we felt we should. This is because of lack of confidence, illness and the lack of communication skills that can result from this, as well as a lack of motivation and because many people feel that it is a futile or a frightening procedure.



Other barriers included our own attitudes where we couldn't believe that we were justified in our feelings:

*"I couldn't challenge them; I felt awful about myself and that I must be in the wrong and therefore shouldn't complain but this wasn't true."*

*"I feel that I should feel satisfied and grateful for what I've got – the attitude of professionals is too off putting and too intimidating."*

We can also worry that we will be seen as attention seeking instead of making a serious point.

The system we face may also be alien and intimidating and make us wary about what will happen if we make a fuss:

*"I raised a complaint in a letter to the Council but never had a response. It makes me wary of complaining in case I have gone in a file as a nuisance."*

The effort that people have to make is too much for some of us - we feel that we have to put in a lot of energy and commitment to make a complaint. Making a complaint is not easy for us and therefore we do not do this readily. Ideally there would be a way of raising issues about simple situations with simple solutions that don't have to go through a long procedure.

The situation we are in can also be traumatic both because of illness and treatment as well as the cause of the complaint. We may not want to have to face memories of an experience that makes us very unhappy all over again.

Another way of letting us give feedback about our experiences both positive and negative would be the use of more feedback forms. These are often seen as an imposition on patients but in contrast the issue was raised in a number of branches as something that would be welcomed.

## **HOW WE WANT TO BE TREATED WHEN MAKING A COMPLAINT**

The ways in which we are seen and dealt with are very important and although predictable need to be remembered and dealt with by people involved in complaints.

We want to be:

- Respected
- Listened to and heard
- Taken seriously
- Not be patronised
- Made to feel understood
- Not given standard replies
- Treated as individuals
- Treat each complaint as unique
- Treat it as a matter of fact
- Validated
- Treated impartially

- Treated non judgementally
- Believed in
- Treated seriously
- Treated with openness
- Treated with honesty
- Have our complaint seen as a positive step
- Have what we are doing seen as an attempt to improve the system
- Treated positively
- Treated sympathetically
- Treated fairly
- Acknowledged
- Given reasons for the situation we are in
- Given balanced instead of defensive feedback
- Accepted
- Agree we have a valid point of view
- Given possibilities of compromise
- Given confidence that action will be taken
- Allowed room for mutual agreement
- Treated efficiently
- Treated compassionately
- Treated speedily
- Treated with care, concern and an open mind
- Treated with clarity

*“They should not assume that we are against them, we are really trying to improve things.”*

## **THE LITIGATION CULTURE**

We perceive the American system to be one where litigation is often seen as a first step in the resolution of grievances.

Whilst we do believe that there are situations where litigation and financial compensation is justified we do not want this to occur routinely in Scotland. We worry that it would make our services poorer and is a symptom of ‘a greedy, money grabbing culture’.

We feel that the use of litigation as a stock response will make services more cautious and less likely to help us and have a real fear that, despite our fears, such a situation may actually occur.

For most of us, compensation is not what we want. What we need is acknowledgment and a recognition of what we have gone through. We repeatedly said that if we were apologised to and told that action had been taken to stop things happening again then we would be content.

However we were also aware of a disbelief from our fellow members that agencies could actually apologise to us because that would be an admission of guilt that would make them liable in any court case. We felt this very attitude would stimulate some of us to use litigation.

However some of us do feel very disillusioned and feel that the present system feels so bad that we are already on a slippery slope where it would feel better and more productive to resort to legal advice.

We do worry that people who have pursued an issue and failed will lose faith in the present system and that outside pressures such as litigation may come to seem attractive. Many of us who don't want to see this occur do feel a sense of inevitability that we will be faced with it in the relatively near future. We would be glad if it could be avoided.

We wanted to say that justice doesn't have to involve money, but also that there is sometimes more injustice in our world than people would give credit for.

On a practical side, most of us do not have access to the finance or resources that would allow us to sue the authorities for malpractice.

We considered the things that may stop this situation from occurring. Many of us said that there was nothing that could stop it, that soon litigation would become an accepted part of our culture and we couldn't prevent it.

However we did have a few suggestions:

- If we had a good and effective complaints system driven on principles of truth and honesty then we could stop some litigation.
- We need to be sure that there is accountability.
- If we had independent mediation services they could help.
- If services had the courage to apologise this could make a great difference.
- If we could feel that complaints systems delivered an acceptable result to the complaints we raised then we would be less inclined to take matters further.
- We can sometimes resolve things through simple phone calls to each other, and sometimes if we all have the courage to speak to each other respectfully then the people we have problems with will be glad that we raised the issue and we can reach a mutual solution.

## **DO WE FEEL THE COMPLAINTS SYSTEM IS INDEPENDENT ENOUGH?**

Many of us didn't really know or have an opinion on this subject, but whilst some of us said that the present systems were better than in the past many of us felt that complaints that were managed internally had a clear conflict of interest both in our perception of them and how they dealt with the grievance.

We worried that the investigating officials would tend to side with fellow employees in their organisation and felt that this was one of the reasons we didn't have as much faith in such systems as we would like to have.

We also felt that internal investigations run by the organisation's own officials tended to create an in-built defensiveness and wished for a culture where our concerns had the same validity and power as those we were complaining about.

To create this degree of independence we felt that there was a need for an impartial independent organisation that deals with complaints about statutory organisations and other major service providers.

A small number of us worried that our perceptions may be influenced by previous experience and paranoia which influence how we act nowadays. If we assume that officials are in cahoots and

approach a complaint with that belief then the reactions that we receive may be just as much a response to our own actions and serve to confirm our paranoia rather than being a genuine reality.

Some of us felt internal systems could be helpful because the investigators would have such a comprehensive knowledge of the service we were concerned about.

## **ANYTHING ELSE THAT WOULD IMPROVE THE COMPLAINTS SYSTEM?**

It would be good to make leaflets and posters about complaints more visible in the places we go to (such as Service Points, Libraries, Drop in Centres, in the Media and Citizens Advice Bureaux) - although we are aware that they do already exist in some of these places already as well as in Hospitals and Health centres.

It would be helpful when we are trying to get information, if the leaflets provide a step by step guide, including details of who will be involved with the complaint. It would be good if this guide included tips on how to go about making a complaint and how to gather evidence to support our point.

We would welcome examples of previous complaints, how they were dealt with, and what sort of results occurred. It would be good to have publicity about the changes that have resulted from other peoples complaints and would also help if we could pick up information without being noticed by other people.

Again we have found some staff can be very encouraging when we contemplate making a complaint - we think that this sort of attitude should be celebrated.

It would be good to be sure that the person investigating our complaint really had enough time to look into it in detail and that they can respond promptly.

If we had very easy access to staff that would help.

We want to be sure that the right people investigate complaints and that they see both points of view, that they are impartial and objective, open minded and independent. It may be a good idea for people who may be faced with complaints from us to have some mental health awareness training so that they understand where we are coming from and why we act as we do.

We also felt that we need to try to react reasonably when making a complaint – we are also a part of the process and our behaviour influences how people react.

A very small number of us had no faith whatsoever in any system or service, the opinion being that justice and changes in government policy could only be created by rioting and violence in order to force change to occur. Without this there was no chance that anyone would listen to people such as ourselves.

For some of us the best option is to sort everything out informally:

*“It’s better to chap on somebody’s door and get them to listen to us first and then for both sides of the story to be heard together.”*

It may be a good idea to have complaints that can be put in a box and opened by an independent person.

## **HOW WE DEAL WITH DIFFERENCES IN PERCEPTION**

We do worry that our views and belief about a professional's attitude can be seen as inferior to the professional's and that sometimes this is seen as a product of our illness.

We think that training and education of staff would help in these sorts of circumstances. Whilst a staff member may feel offended by what they see as a distortion of the way they approach us, so do we also feel when our beliefs are dismissed.

Sometimes we could also do with some education ourselves, and even on occasion we may have to admit that we may have been wrong in our assessment.

In these sort of situations we think help from a supporter (for instance from Advocacy Highland) could help.

Also it may be more beneficial to have access to an unbiased person or a mediator to deal with situations such as this rather than having to use complaints procedures.

We need to do as much as we can to introduce objectiveness into the situation, to try to stop it being adversarial and for everyone, including ourselves, to try to keep calm.

Speaking to the person first about our concerns can solve a lot of problems informally and productively but some of us feel that to be able to do this we would need to feel very well in the first place.

It is important that we have access to people who can see the situation from both sides.

## **OTHER WAYS OF DEALING WITH GRIEVANCES**

Having access to supporters could be helpful, as could the use of some sort of mediation service which tries to resolve an issue to everyone's satisfaction instead of apportioning blame.

Some of us feel that if we could talk directly and informally with the person we have problems with (as sometimes happens already) then not only can we clear the air and resolve the problem quickly and effectively but we can also move to a new and improved service without having to enter into any sort of formal and possibly damaging procedure. This has worked well for some of us but can be too big a step when the person concerned provides a lot of our care.

However some of us did make the point that it is a stressful and awkward process to approach a person that we have some form of grievance with. We may feel intimidated and lack confidence and in fact can find it easier to go down a more formal route where we write down our story rather than speaking directly to the person concerned. It can feel easier to voice our concerns to someone else rather than the person concerned. This is a flaw in the system which makes it easier for some of us

to make a formal complaint rather than dealing with problems at the grass roots level before they escalate.

We also said that it is helpful if staff support us and follow up our concerns when we have concerns about our treatment. This can be very helpful and they can also act as a sounding board for us to test out our worries with.

We did think that despite our wish to resolve problems directly and informally the views we express don't necessarily have a formal recognition and therefore may not result in wider change, whilst a complaint can.

We said that confrontation is never easy, that dialogue is better but equally it can be hard to be assertive.

We wanted to establish a culture where when we raise an issue people immediately try to find out the reason for our unhappiness rather than trying to ignore it or dismiss it. Instead the emphasis should be on resolution and acknowledgment.

We also feel that we can witness poor treatment of other people and that we should be able to raise this as a complaint as not everyone is strong enough to state their own case.

## **HAVING SUPPORT**

Some of us have had independent support when we have complained or raised grievances and have found it very helpful.

We think that it should always be available if necessary and in most branches people said that help from Advocacy Highland may be the most appropriate agency to provide this. Other agencies mentioned were the CAB and the New Craigs Patients Council.

This can be especially important when we are raising issues, when we are feeling delicate or are acutely ill.

## **DEALING WITH POSITIVE COMMENTS**

We feel that the services we deal with have an emphasis on dealing with grievance, which is of course necessary but there is another side to feedback.

We are often very happy with the care we receive and have no clear route to let people know about this.

We can of course send staff a card, thank them personally or even give them a good handshake, but it would be good for us if we could formally highlight aspects of our care and treatment that we have found positive and beneficial and be sure that the staff concerned were made aware of this and praised and thanked for their work.

If staff know that they are generally doing a good job, and that we are thankful for what they do, then they may be happier and more positive in their work and the need and impact of complaints might be reduced.

We feel that giving praise can be just as important as highlighting mistakes. We would encourage the routine use of questionnaires and feedback sessions to ask how we felt about the help given to us.

## **CONCLUSION**

As we have described we see many barriers to making a complaint about the people who provide care for us. We have a strong feeling that we are unlikely to get a positive outcome, we worry that our concerns will be dismissed either because we have a mental illness (which may affect how we act) or because the system we complain about is protective of its own workers. This means that although we may want to make complaints we often do not.

We also feel that our illness hinders us when contemplating a complaint – we may worry that we will not be able to convey our message effectively. We are also often reluctant to complain about people who we usually have a lot of respect for and who we rely on routinely for the maintenance of our health.

One of the key messages that we would like to convey is that we see complaints as a gesture that encourages defensiveness instead of an action that could be embraced as it signals a mechanism for improving services. As a result workers fear complaints and we are reluctant to make a complaint especially if it may damage the people that help care for us. In order to change this we would need to see a change in the culture of how we view complaints and how we presume they are dealt with.

Many of the reasons we make complaints is to have our grievances acknowledged and to improve life for others - simple actions such as apologies may make a big difference to us.

Ideally we would be able to have support to make complaints if we wished and have a complaints system that we were sure was independent of the services we were concerned about.

We would also like better mechanisms for making positive comments about the services we use.

### HOW TO MAKE A COMPLAINT

#### **WHEN IT DOESN'T HELP:**

*"I was a patient in hospital some years ago in the locked ward and was told that I would be getting a depot injection. I didn't know what it was or what it was for and the other patients were all winding me up and saying that it would be sore. I told the staff that I wouldn't have the injection but they told me that I would get it anyway.*

*The next day I was walking into the room and there were five staff behind me. They just pulled me and forced me into a small room. One stood at the door and the others held me. The nurse said "drop them". I felt humiliated and intimidated. They just plunged the needle in and left me.*

*I just sat and cried for two hours. No one came to see me and I couldn't face going back to the ward.*

*I found or was given a complaints form afterwards but I didn't fill it in.*

*A few months later my mood was more stabilised but the issue was still seething away.*

*One day I heard that the Mental Welfare Commission were coming and that I could go to see them. I went to see them but I just cried and couldn't express it properly. I just cried and went home.*

*The next year they came again and I made an appointment to see them. I sat in the corridor and waited. I explained it better then and more calmly. The Commissioner said that I must have just been high at the time. She just dismissed it but the incident had made me scared to sleep at night.*

*I didn't know any other way of making a complaint and when I was ill I wasn't in a state to manage a complaints form.*

*I thought the treatment was barbaric. I don't know why they did what they did, there was no explanation and the complaint wasn't taken seriously".*

*[the Mental Welfare Commission no longer has a direct role in dealing with complaints although it is happy to hear of any persons concerns as a way of picking up on any wider problems]*

#### **WHEN IT DOES HELP:**

*"I was upset about an incident that happened in 2005. This was because my mother had died at this time of year.*

*I became very distressed and felt that I needed help at New Craigs and so I went there for help in the night time. I felt that it was somewhere safe for someone in my state, but when I got there I was turned away and locked out and made to find my own way home without enough money. I was so distressed. It was cold and dark, and I don't know what would have happened if the taxi driver hadn't reduced the fare.*



*I phoned Advocacy Highland and told the Manager about it and she put me in touch with an advocate who I met and explained to her what had happened.*

*I met the Manager of the hospital. The advocate came with me but just sat there, as I felt able to describe what happened myself. It felt very good to have her there. Sometimes it could be possible for someone to go off on a tangent or get mixed up - having an advocate there helps stop this.*

*The Manager was very nice, she listened closely and I felt that I was listened to with compassion and understanding. I felt confident that I had put myself across well and that my complaint would be dealt with accordingly and appropriately to all those concerned.*

*The Manager assured me that the situation wouldn't happen to me again. I would have liked to be sure that it wouldn't happen to anyone else either.*

*I am very happy that they agreed with my grievance and tried to stop it happening again".*

## **MAKING A COMPLAINT TO:**

### **JOB CENTRE PLUS**

If you think something has gone wrong we want to know so that we can try to put it right. Our complaints procedure is easy to use and helps make sure we give an equal service everywhere.

You can make a complaint in the way that suits you, including;

- ➔ By phone/textphone or fax
- ➔ Visiting the office
- ➔ In writing
- ➔ By e.mail

◆ If you complain to the office that you normally deal with, we aim to reply to your complaint within seven working days of receiving it, or

◆ Direct to the Chief Executive, we aim to reply within 10 working days.

If we cannot reply fully to your complaint within seven working days (or ten working days for complaints to the Chief Executive) we will tell you why. We will also tell you if there is anything you need to do and when you can expect a full reply.

You can get more information about how to complain from our leaflet called '**Tell us what you think**'. You can get this by contacting any Job Centre Plus Office, Job Centre or Social Security Office.

## **HIGHLAND COUNCIL SOCIAL WORK SERVICES**

If you are not happy with Social Work Service, or have particular concerns, you have a right to complain.

If you feel able to, speak to the person working with you, or their Manager, who will try to resolve the problem straight away. If they can't and need time to check it out they will get back to you within an agreed time.

You can make your complaint directly to your Area Social Work Team/Office.  
You can telephone, send a letter, e.mail or complete a comments and complaints leaflet and send this to:

Customer Care and Consultation Officer  
Highland Council Social Work Services  
Kinmylies Building  
Leachkin Road  
Inverness IV3 8NMN  
Tel: 01463 703575  
Freephone: 0800 214708  
e.mail [socialwork@highland.gov.uk](mailto:socialwork@highland.gov.uk)

The Customer Care Officer can help you with your complaint and pass on your concerns to the relevant department to investigate.

Alternatively - you can contact the Care Commission. The local office is:-

Care Commission  
Unit 4, 39 -41 Harbour Road  
Inverness IV1 1UF  
Tel: 01463 227630

### **NHS HIGHLAND**

To find out more about complaining about NHS Highland services please read the booklet '**How to make a complaint about the NHS**'.

To find out more about making a complaint contact:

The NHS Helpline: 0800 22 44 88  
NHS 24: 08454 242424 (textphone: 18001 08454 242424)  
Your local Citizens Advice Bureau (find your nearest Bureau on the website at [www.cas.org.uk](http://www.cas.org.uk) or in your local phone book).

If you want to make a complaint about NHS services in the Highlands contact:

The Complaints Team  
NHS Highland  
John Dewar Building, Highlander Way  
Inverness Retail and Business Park  
Inverness IV2 7GE  
Tel: 01463 706894  
Fax: 01463 713844  
e.mail [canwehelp@hpct.scot.nhs.uk](mailto:canwehelp@hpct.scot.nhs.uk)

Copies of the complaints leaflet can be obtained from:

GP surgeries, dental surgeries, hospitals and other places where you receive NHS care.

Also:

[www.scotconsumer.org.uk/hris](http://www.scotconsumer.org.uk/hris)

[www.shos.scot.nhs.uk/healthrights](http://www.shos.scot.nhs.uk/healthrights)

**HIGHLAND USERS GROUP / HIGHLAND COMMUNITY CARE FORUM**

If you want to make a complaint about HUG or Highland Community Care Forum you should contact:

Executive Director on 01463 718817

or request a complaints leaflet/form from:

Highland Community Care Forum  
Highland House  
20 Longman Road  
Inverness IV1 1RY  
Tel: 01463 718817  
Fax: 01463 718818  
e.mail: [hccf@hccf.org.uk](mailto:hccf@hccf.org.uk)

## ACKNOWLEDGEMENTS

With thanks to all the members of HUG, and other mental health service users, who contributed to this report.

*Please feel free to photocopy this report. The report can be supplied in large print or on tape.*

*However if you use this report or quote from it or use it to inform your practice or planning please tell us about this first. This helps us know what is being done on our behalf and helps us inform our members of the effect their voice is having.*

For more information on HUG, or an information pack, call:

Graham Morgan  
Highland Users Group  
c/o Highland Community Care Forum  
Highland House  
20 Longman Road  
Inverness  
IV1 1RY

Telephone: (01463) 718817  
Fax: (01463) 718818  
E-mail: [hug@hccf.org.uk](mailto:hug@hccf.org.uk)  
[www.hug.uk.net](http://www.hug.uk.net)



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