

Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

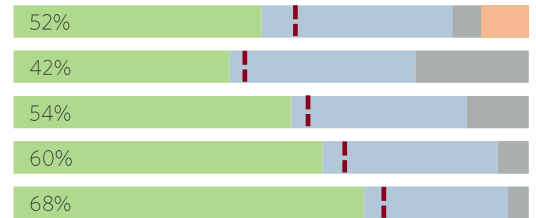
MidCentral DHB

Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

Thank you to the over 2,500 people around the country who participated in the survey. Here are the results for your DHB.

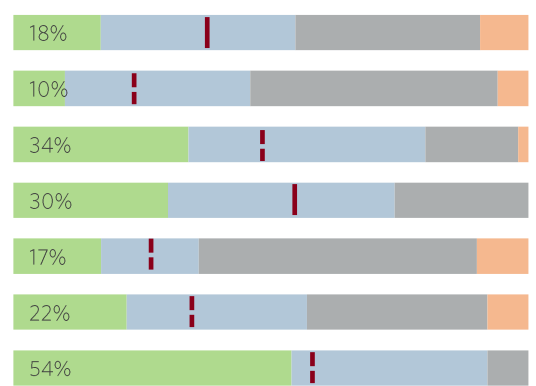
Engagement with tāngata whaiora and family/whānau

- My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans
- In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice
- We work alongside family/whānau to understand how best to support them and their family member
- We work with tāngata whaiora to co-create a plan of care and support
- Tāngata whaiora and family/whānau are treated with respect by the service I work for



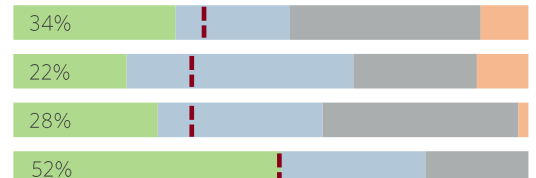
Care and support provided

- When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)
- Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care
- In this service it is easy to speak up if I perceive a problem with tāngata whaiora care
- We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate
- Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate
- Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate
- Staff in my team adhere to clinical evidence and guidelines



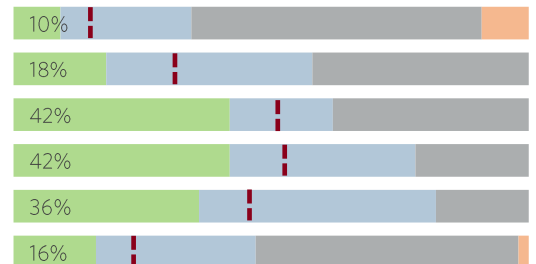
Learning and changing the care/support provided

- Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved
- In this service we use data to help us monitor and make improvements to our quality of care/support
- Learning from adverse events has led to positive change in this service/organisation
- In this service, recognising and reporting incidents is encouraged and valued



Engaged, effective workforce

- The wider organisation has a good understanding of the type of work we do in my service
- Everybody in this service works together in a well-coordinated way
- I feel supported by my manager(s)
- I have regular access to coaching or mentoring or supervision
- There are opportunities for professional development (including attending conferences, workshops and training sessions)
- We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying



■ % Positive ■ % Neutral ■ % Negative ■ % Don't know

— All-DHBs % positive — Statistically significant difference - - - No evidence of difference

How to use these survey results

These survey results can be used to support quality improvement in your organisation.

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

Most of the results for MidCentral DHB were consistent with the combined results across all DHBs.

MHA staff at this DHB were less likely to agree (ie, less likely to give a positive response) that:

- they access kaumātua or other cultural supervision to support work with tāngata whaiora Māori where appropriate, and
- when tāngata whaiora transfer between services (within the DHB) all important and necessary information is exchanged well.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora



These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your DHB:

- ‘That we (clinicians) develop better ways of talking with each other that are congruent with good relationships with our tāngata whaiora, ie, that we listen to and value tāngata whaiora and we listen to and value each other’
- ‘More resources, too few nurses and psychiatrists’
- ‘Whānau ora/peer support representation in our MDTs to assist with treatment planning and discharge planning’
- ‘Working across the care continuum and contextually, ie, in the person’s setting/ environment’

- ‘Caring staff who know one another and what each person does and are willing to refer on to them’
- ‘We have committed keyworkers and doctors in OUR small rural team, that provide holistic care and try to manage the clients’ needs despite a significant lack of community resources’
- ‘We have Māori support services, so we can referral a new admission who is Māori’
- ‘The commitment of experienced, long-standing staff members’

Why was the survey conducted?

This survey underpins the national mental health and addiction quality improvement programme, funded by DHBs and coordinated by the Health Quality & Safety Commission.

The survey was run to help identify where knowledge, culture or communication may impact the quality and safety of mental health and addiction services. The survey findings intend to be used to inform local quality improvement initiatives.

The survey was open for the month of August 2018.

The survey was conducted by Mobius Research Ltd on behalf of the Health Quality & Safety Commission.

Where can I find more information?

This report does not present all the information from the survey. There are a range of other reporting resources. You can find all of these resources on the Health Quality & Safety Commission website www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/projects/quality-in-context

Information not contained in these other resources is available by request. Refer to the above link for contact details.

How many people in my DHB completed the survey?

The results in this document are based on 50 responses from your DHB. This number of responses for your DHB means there is a margin of error of 14 percent for each of the quality and culture survey questions.

Significant differences

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.