

Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Auckland 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 June 2022.

Thank you to the over 1,800 people around the country who participated in the survey. Here are the results for your DHB.

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 Auckland DHB

No significant differences compared to the national results

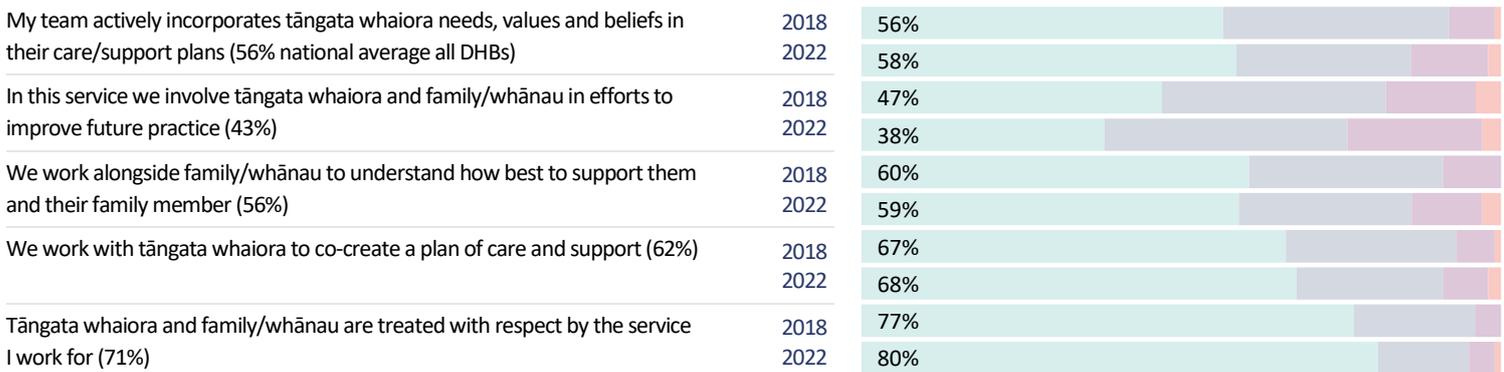
Highest positive scores:

Tāngata whaiora & family/whānau treated with respect, co-create a plan of care and support

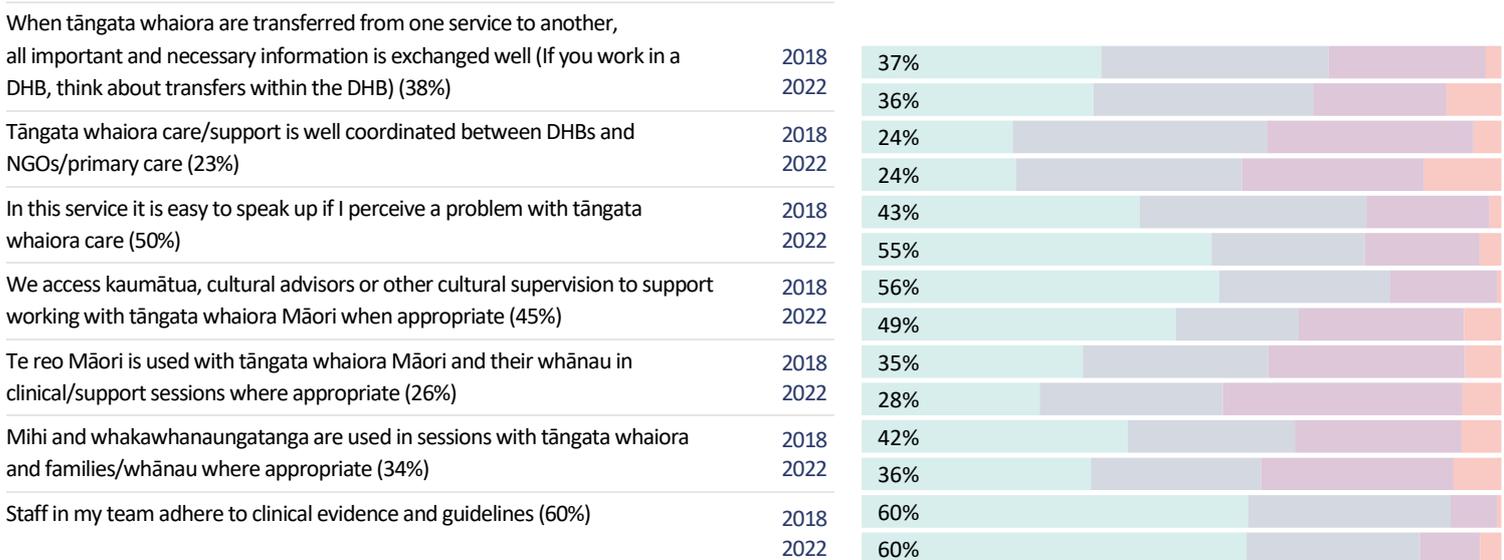
Lowest positive scores:

Use of te reo, effective systems to deal with bullying, coordination between DHB/NGO/primary care.

Engagement with tāngata whaiora and family/whānau



Care and support provided



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

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 (37%)	2018	41%
	2022	34%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	43%
	2022	33%
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	41%
	2022	39%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	51%
	2022	48%

Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	36%
	2022	37%
I feel supported by my manager(s) (54%)	2018	52%
	2022	55%
I have regular access to coaching or mentoring or supervision (53%)	2018	55%
	2022	44%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	44%
	2022	35%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	25%
	2022	28%

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

In words – what would make things better for tāngata whaiora



- "Better co-ordination between services"
- "Currently we are 50% short of staff. A full team to help to perform our tasks properly"
- "More resources in every respect; safe staffing, a lot more respite beds, more admission beds, more support for clients seeking decent affordable accommodation"
- "Smaller caseload, more time to spend on each whai ora"
- "More clinicians across the board to relieve caseload stress"

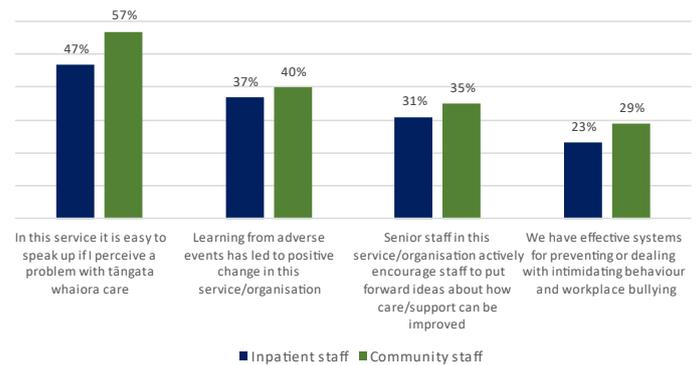
In words – what has been the impact of COVID-19 on quality improvement initiatives

- "Has diverted time away from these initiatives"
- "Huge impact. Lack of training, face-to-face meetings, workshops for new projects, all significantly delayed or stalled"
- "I believe there wasn't a focus on this at all as the greater focus was on managing with the pandemic"
- "Huge issues. Quality improvement grinds to a halt during surges and has been generally slower since the first lock down. Everything stops apart from acute clinical work"

In words – what is one thing that currently works well

- "Caring professional staff"
- "Regular follow-up of the progress of the tāngata whaiora recovery journey"
- "Team-work, commitment and hard work from colleagues"
- "Increased options for telehealth"
- "We have a great cultural advisor who helps. We support whānau to stay on the unit if at all possible"

Questions with the largest difference between inpatient and community staff



Why was the survey conducted?

This survey underpins the national mental health and addiction quality improvement programme, funded by DHBs and coordinated by Te Tāhū Hauora 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 June 2022.

The survey was conducted by Mobius Research Ltd on behalf of Te Tāhū Hauora 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 Te Tāhū Hauora Health Quality & Safety Commission website www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/quality-in-context-survey-of-mental-health-and-addiction/

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 142 responses from your DHB.

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.