Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Bay of Plenty 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 Bay of Plenty DHB

No significant differences compared to the national results Highest positive scores:

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

Lowest positive scores:

Use of te reo, co-ordination between DHB/NGO/primary care.

Engagement with tangata whaiora and family/whanau

My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans (56% national average all DHBs)	2018 2022	45%			
		54%			
In this service we involve tangata whaiora and family/whanau in efforts to improve future practice (43%)	2018 2022	39%			
		42%			
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018 2022	49%			
		57%			
We work with tangata whaiora to co-create a plan of care and support (62%)	2018 2022	58%			
		61%			
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018	55%			
	2022	66%			

Care and support provided

and and an place because			
When tangata 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) (38%)	2010	200/	
	2018 2022	39% 34%	
Tāngata whaiora care/support is well coordinated between DHBs and	2018	24%	
NGOs/primary care (23%)	2022	20%	
In this service it is easy to speak up if I perceive a problem with tangata	2018	41%	
whaiora care (50%)	2022	47%	
We access kaumātua, cultural advisors or other cultural supervision to support	2018	53%	
working with tāngata whaiora Māori when appropriate (45%)	2022	33%	
Te reo Māori is used with tāngata whaiora Māori and their whānau in	2018	29%	
clinical/support sessions where appropriate (26%)	2022	22%	
Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora	2018	27%	
and families/whānau where appropriate (34%)	2022	32%	
Staff in my team adhere to clinical evidence and guidelines (60%)	2018	47%	
, ,	2022	59%	







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% national average)	2018 2022	37% 33%		
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018 2022	27%		
		25%		
Learning from adverse events has led to positive change in this service/organisation (36%)	2018 2022	31%		
		33%		
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018 2022	47%		
		44%		

Engaged effective workforce

Lingaged, effective workforce				
Everybody in this service works together in a well-coordinated way (35%)	2018 2022	27%		
		36%		
I feel supported by my manager(s) (54%)	2018	49%		
	2022	50%		
I have regular access to coaching or mentoring or supervision (53%)	2018 2022	52%		
		58%		
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018 2022	33%		
		53%		
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	20%		
	2022	25%		

% Positive

% Neutral

% Negative

% Don't know

In words – what would make things better for tāngata whaiora



"Adequate resource. Nothing has been added to specialist teams for years"

- "More cultural training for staff"
- "Better visiting facilities so that more family/whānau members could come and visit at a time"
- "Respite for mental health. Better ED for mental health understanding and trained staff"
- "Involve allied health team's perspective with discharge plans"

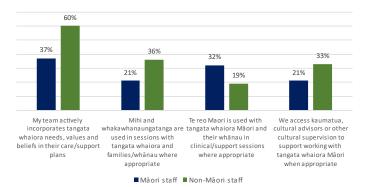
In words – what has been the impact of COVID-19 on quality improvement initiatives

- "It has made team members more focused on their organisation and delivery of service due to the impact"
- "Restrictive practice, feel clients lost a lot of face-to-face support"
- "Most training has been put on hold for two years"
- "Low staffing levels due to sickness meant that most courses cancelled. Ward initiatives are still and have been active"
- "Everything has been focused on COVID at the expense of all else"
- "It has slowed things down, created huge staff deficits"

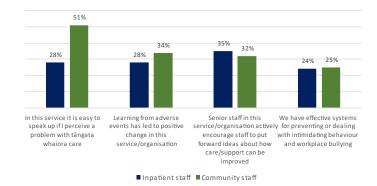
In words – what is one thing that currently works well

- "Services from cultural and whānau advisors, and chaplain services"
- "Multi-disciplinary approach"
- "The authenticity of the staff to help people. Supportive Team Leader"
- "Staff are all generally genuinely passionate and hard working with what they do and go the extra-mile for people"
- "Access to expertise, psychiatrists, professional staff"

Questions relating to cultural competency – comparing responses from Māori and non-Māori staff



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 https://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 99 responses from

Significant differences

your DHB.

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.