

Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Hutt Valley 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 Hutt Valley DHB

Significant differences shown next to national average score*

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, access kaumatua, systems-bullying, coordination between DHB/NGO/primary care.

Engagement with tāngata whaiora and family/whānau

My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans (56% national average all DHBs)	2018	48%
	2022	69%
In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice (43%)	2018	40%
	2022	35%
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018	55%
	2022	53%
We work with tāngata whaiora to co-create a plan of care and support (62%)	2018	63%
	2022	71%
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018	68%
	2022	82%

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) (38%)	2018	29%
	2022	31%
Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care (23%)	2018	22%
	2022	13%
In this service it is easy to speak up if I perceive a problem with tāngata whaiora care (50%)	2018	49%
	2022	56%
We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate (45%)*	2018	35%
	2022	18%
Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate (26%)	2018	15%
	2022	18%
Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate (34%)	2018	28%
	2022	29%
Staff in my team adhere to clinical evidence and guidelines (60%)	2018	51%
	2022	65%

■ % 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	32%			
	2022	35%			
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	32%			
	2022	35%			
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	37%			
	2022	29%			
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	54%			
	2022	50%			

Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	34%			
	2022	35%			
I feel supported by my manager(s) (54%)	2018	51%			
	2022	53%			
I have regular access to coaching or mentoring or supervision (53%)	2018	46%			
	2022	69%			
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	46%			
	2022	53%			
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	17%			
	2022	18%			

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

In words – what would make things better for tāngata whaiora



- "More front line staff at the community level. More nurse, support workers, doctors etc."
- "Short staffed. Under paid - colleagues leave DHB because salary scale is too low and difficult to motivate merit progression"
- "More clinical staff and larger, better designed premises e.g. there is no public toilets in our current building"
- "Having resident cultural support"
- "More staff, more access to resources"

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

- "Face-to-face sessions could not take place"
- "Increased demands of managing changing guidelines, etc. around COVID have reduced capacity in service and individually on engaging in quality improvement projects"
- "Huge increase in demand leading to waitlists, increased pressure on clinicians, more acute and crisis work"
- "Huge pressures have led to significant pauses/delays"
- "COVID-19 has increased the workload"

In words – what is one thing that currently works well

- "Small and responsive team of passionate healthcare professionals"
- "CHOICE approach works well for those who have insight and are motivated to manage their mental illness/distress actively"
- "Team working well beyond what is required to follow up person who are distressed and need help"
- "Walk-ins are seen"
- "Clinic and daily contact with clients"

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 17 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.