

Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Nelson Marlborough 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 Nelson Marlborough DHB

Significant differences shown next to national average score*

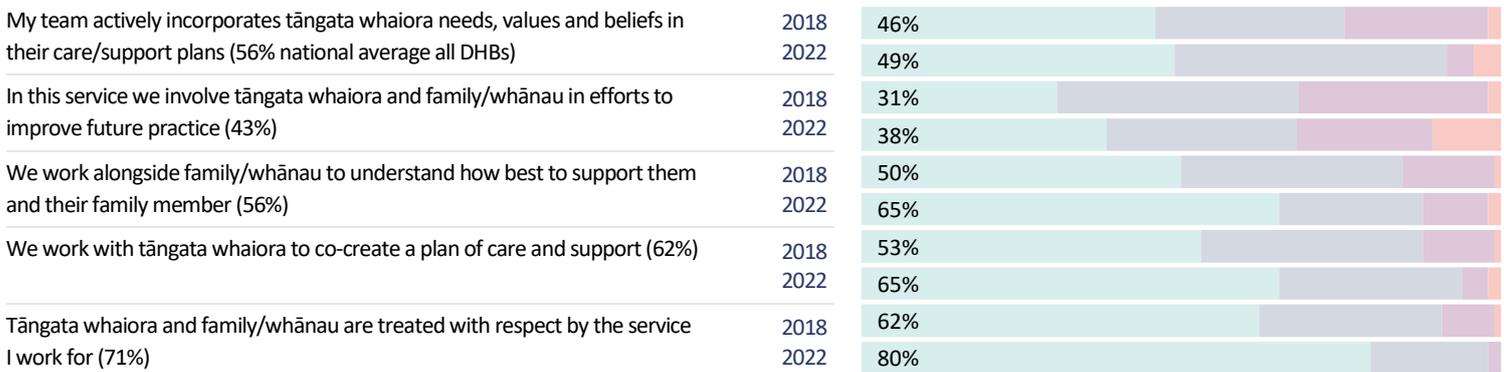
Highest positive scores:

Tāngata whaiora & family/whānau treated with respect, work alongside whānau, co-create plans of care and support

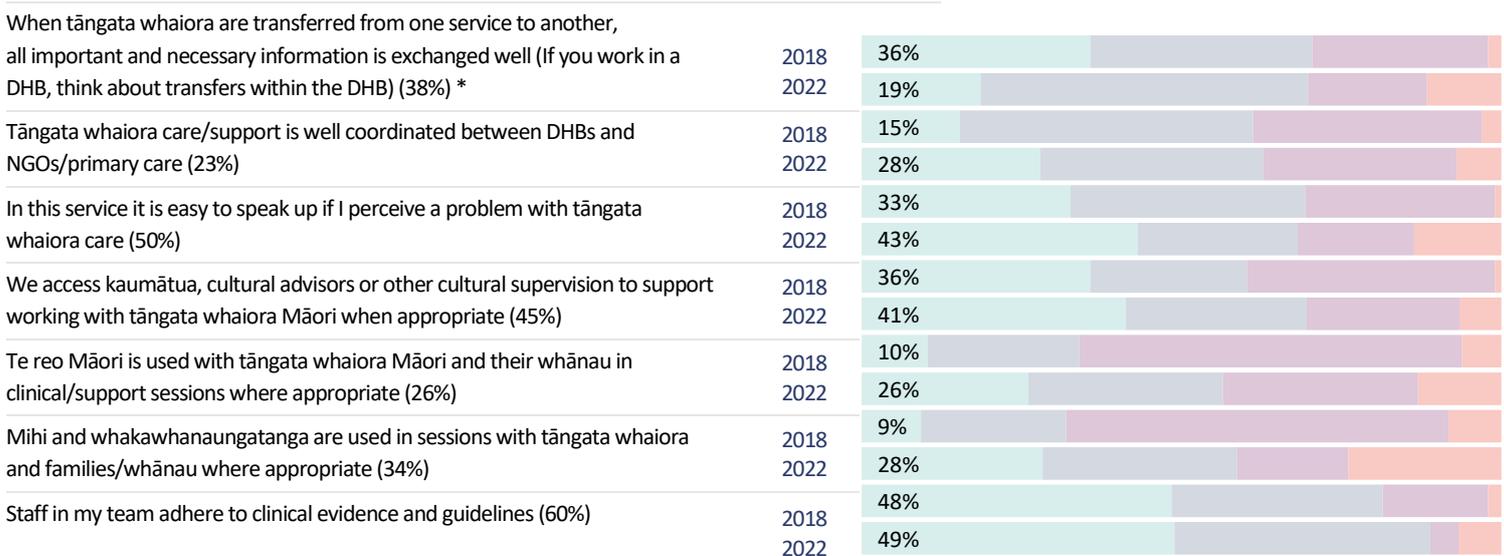
Lowest positive scores:

Transfers between services, effective systems for dealing with bullying.

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	24%
	2022	30%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	12%
	2022	26%
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	21%
	2022	23%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	37%
	2022	48%

Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	26%
	2022	33%
I feel supported by my manager(s) (54%)	2018	29%
	2022	53%
I have regular access to coaching or mentoring or supervision (53%)	2018	48%
	2022	44%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	40%
	2022	47%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	14%
	2022	12%

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

In words – what would make things better for tāngata whaiora



- "Better equipped spaces and non-judgement. More education"
- "Putting tāngata whaiora at the centre of documents written regarding them, e.g. directing assessment and care plan letters primarily to whanau and copying in GPs, rather than directing letters to GPs"
- "More cultural input"
- "More accommodation options in the community, especially supported accommodation/rest homes"

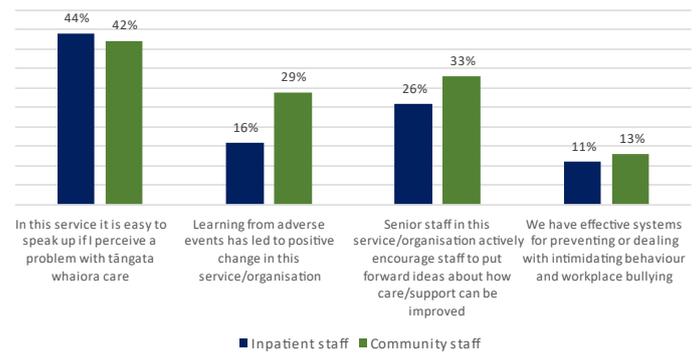
In words – what has been the impact of COVID-19 on quality improvement initiatives

- "Significant impact - more remote working, increased referrals and high wait lists"
- "Slower implementation of recommended changes"
- "Leadership attention and resources have been needed to address management of COVID concerns, has diverted resources from these efforts"
- "Service planning days have been put on hold indefinitely during COVID; group work that may have improved participation and feedback loops have also been suspended"

In words – what is one thing that currently works well

- "Waitlist has reduced significantly so clients can be seen quicker"
- "Core team of dedicated employees who strive to build rapport and working relationships with tāngata whaiora"
- "Ward activities that encourage participation, providing education on mental health and how to stay well"
- "Staff passion and desire to do best for clients"
- "Cultural diversity of 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 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 49 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.