Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Northland 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 Northland DHB

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

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

Lowest positive scores:

Effective systems for dealing with workplace bullying, coordination 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	52%	
		56%	
In this service we involve tangata whaiora and family/whanau in efforts to improve future practice (43%)	2018 2022	45%	
		45%	
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018	45%	
	2022	58%	
We work with tangata whaiora to co-create a plan of care and support (62%)	2018	52%	
	2022	69%	
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018	61%	
	2022	71%	

37%

Care and support provided

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

3/70		
31%		
22%		
25%		
50%		
55%		
39%		
36%		
42%		
35%		
49%		
45%		
49%		
49%		







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 2022	44%
		36%
In this service we use data to help us monitor and make improvements to our	2018	35%
quality of care/support (34%)	2022	31%
Learning from adverse events has led to positive change in this	2018	34%
service/organisation (36%)	2022	36%
In this service, recognising and reporting incidents is encouraged and valued	2018 2022	57%
(52%)		54%

Engaged, effective workforce

Lingaged, effective workforce				
Everybody in this service works together in a well-coordinated way (35%)	2018 2022	31%		
		36%		
I feel supported by my manager(s) (54%)	2018 2022	61%		
	2022	53%		
I have regular access to coaching or mentoring or supervision (53%)	2018	48%		
	2022	52%		
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	52%		
	2022	44%		
We have effective systems for preventing or dealing with intimidating	2018 2022	30%		
behaviour and workplace bullying (24%)		24%		

% Positive

% Neutral

% Negative

% Don't know

In words – what would make things better for tangata whaiora



- "Co-ordination and transitions between secondary and primary care services is mentioned by clinical leaders as an area with room for significant improvement"
- "More doctors and more psychologists/therapists desperately needed!!!!!!"
- "Supporting staff mental health, and staffing levels/resourcing in order to deliver a robust service"
- "Full recruitment no vacancies"

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

- "Whānau struggle to engage as everything went digital and a lot of whānau don't have the resources or money to be able to connect in digital ways"
- "They have gone on the back burner while we deal with everchanging restrictions, and setting up bubbles, and covering for staff impacted by COVID themselves"
- "Short staffed and more referrals coming in and staff becoming overwhelmed and burning out"
- "It has been difficult to come together to discuss"

In words – what is one thing that currently works well

- "Psychology input and planning service provision for people when and where they need it"
- "Increasing proportion of Māori staff employed"
- "Staff particularly doctors using mobile phone numbers to speak directly to tangata whaiora to check in with them"
- "Cultural awareness is excellent within the service"
- "Non-judgmental, flexible, committed staff approach"
- "Having the right 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/

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 59 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.