

# Results of mental health and addiction staff survey

## Ngā Poutama Oranga Hinengaro: Quality in Context

### Southern 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 Southern DHB

Significant differences shown next to national average score\*

Highest positive scores:

Tāngata whaiora & family/whānau treated with respect, staff adhere to clinical evidence, recognising/reporting incidents encouraged

Lowest positive scores:

Coordination between DHB/NGO/primary care, use of te reo, use of mihi and whakawhanaungatanga.

#### 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	65%
	2022	47%
In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice (43%)	2018	54%
	2022	38%
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018	61%
	2022	58%
We work with tāngata whaiora to co-create a plan of care and support (62%)	2018	72%
	2022	58%
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018	83%
	2022	66%

#### 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	32%
	2022	37%
Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care (23%)	2018	26%
	2022	18%
In this service it is easy to speak up if I perceive a problem with tāngata whaiora care (50%)	2018	51%
	2022	45%
We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate (45%)	2018	51%
	2022	43%
Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate (26%)	2018	11%
	2022	14%
Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate (34%)*	2018	16%
	2022	13%
Staff in my team adhere to clinical evidence and guidelines (60%)	2018	64%
	2022	66%

■ % 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	46%
	2022	36%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	41%
	2022	31%
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	41%
	2022	34%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	57%
	2022	58%

## Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	41%
	2022	31%
I feel supported by my manager(s) (54%)	2018	63%
	2022	56%
I have regular access to coaching or mentoring or supervision (53%)	2018	63%
	2022	52%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	62%
	2022	36%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	26%
	2022	26%

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

## In words – what would make things better for tāngata whaiora



- "A more welcoming entrance and waiting room area with signs in te reo Maori, artwork and culturally sensitive activities for tāngata whaiora to participate in"
- "More staff equals better follow-up"
- "More staff, money and resources"
- "More funding to improve the physical environment. More staff to create smaller caseloads for clinicians and therefore more carefully crafted care for our young people, less burnout amongst staff"

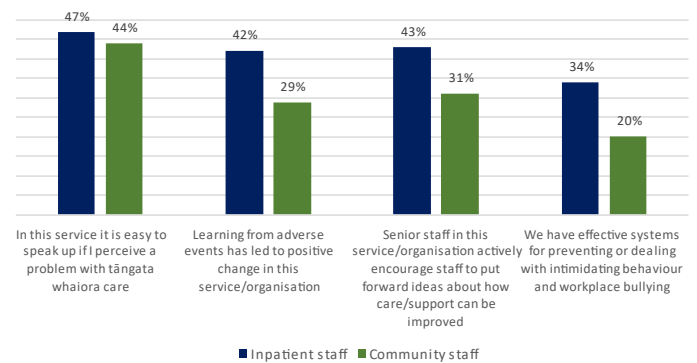
## In words – what has been the impact of COVID-19 on quality improvement initiatives

- "Broken up teams has put a stop to all quality improvement initiatives"
- "My ward has had to readjust many times because of COVID-19. Our ward has had to restructure and cut down on the amount of admissions and space to provide quality care and initiatives to better the workplace has taken a step back, which has been very disappointing. One of those initiatives being staff wards"
- "It has actually made work more difficult with increased demand and limited change in resource"

## In words – what is one thing that currently works well

- "Nursing team do support each other both in work and personal life"
- "The range of clinicians available with a range of experiences and talents. Increased use of telemedicine seems to work well for some whānau and young people"
- "We have one generous-sized room of sensory modulation tools"
- "Our committed young staff. They're exceptional"

## 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/](http://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 107 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.