Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Taranaki 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 Taranaki DHB

Significant differences shown next to national average score* Highest positive scores:

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

Lowest positive scores:

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

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	48%
In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice (43%)	2018	43%
	2022	29%
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018 2022	60%
		52%
We work with tangata whaiora to co-create a plan of care and support (62%)	aiora to co-create a plan of care and support (62%) 2018 63% 2022 55%	63%
		55%
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018 2022	70%
		79%

33%

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 tangata 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

33/0			
23%			
15%			
16%			
48%			
39%			
48%			
27%			
16%			
15%			
25%			
42%			
50%			
48%			







Learning and changing the care/support provided

2022	23%				
2018	40%				
2022	20%				
2018	30%				
2022	26%				
2018	45%				
2022	39%				
	2018 2022 2018 2022 2018	2018 40% 2022 20% 2018 30% 2022 26% 2018 45%			

Engaged, effective workforce

Lingaged, effective workforce			
Everybody in this service works together in a well-coordinated way (35%)	2018 2022	28%	
		21%	
I feel supported by my manager(s) (54%)	2018 2022	35%	
		34%	
I have regular access to coaching or mentoring or supervision (53%)	2018 2022	53%	
		52%	
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)*	2018 2022	25%	
		20%	
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	20%	
	2022	20%	



In words – what would make things better for tangata whaiora



- "Hiring enough staff so that we can see tangata whaiora in a timely manner/at all"
- "We are often working under pressure because of staffing shortages"
- "Have a diverse range of staff have at least one Māori or Pasifica practitioner in our team"
- "Adequate staff to provide access to necessary treatment in a timely manner"

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

- "COVID-19 has progressively made working in the ward harder due to already low staffing numbers"
- "Reduced staff due to illness/isolation, technical issues, limited zoom license causes scheduling/coordination problems, working from home at various points slows down everything and must focus on the most necessary and immediately urgent work"
- "It has prevented the delivery of training sessions in alternative model of care delivery"
- "More difficult to implement any initiatives"

In words – what is one thing that currently works well

- "Communication between disciplines on our team, communication between departments"
- "Many of the staff are skilled and experienced and dedicated to their roles"
- "24 hour support whilst in house"
- "Direct access to confer with psychiatrist for any tāngata whaiora/clinician concerns that need immediate review/reassess of medications"

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 33 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.