

Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Waitematā 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 Waitematā DHB

Significant differences shown next to national average score*

Highest positive scores:

Tāngata whaiora & family/whānau treated with respect, adhere to clinical evidence and guideline

Lowest positive scores

Effective systems-bullying, coordination between DHB/NGO/primary care, use of te reo.

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	59%
	2022	54%
In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice (43%)	2018	52%
	2022	42%
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018	59%
	2022	53%
We work with tāngata whaiora to co-create a plan of care and support (62%)	2018	66%
	2022	58%
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018	80%
	2022	71%

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	42%
	2022	41%
Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care (23%)	2018	29%
	2022	23%
In this service it is easy to speak up if I perceive a problem with tāngata whaiora care (50%)	2018	55%
	2022	48%
We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate (45%)	2018	58%
	2022	41%
Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate (26%)	2018	33%
	2022	28%
Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate (34%)	2018	44%
	2022	39%
Staff in my team adhere to clinical evidence and guidelines (60%)	2018	70%
	2022	61%

■ % 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	41%
	2022	36%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	43%
	2022	31%
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	42%
	2022	35%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	61%
	2022	51%

Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	38%
	2022	33%
I feel supported by my manager(s) (54%)	2018	52%
	2022	52%
I have regular access to coaching or mentoring or supervision (53%)	2018	52%
	2022	44%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)*	2018	46%
	2022	32%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	28%
	2022	25%

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

In words – what would make things better for tāngata whaiora



- "Find ways to encourage staff retention, so that we don't have high turnover and pressure on service provision (we need more experienced staff to carry out the intervention work also)"
- "Increase in resources/staff, funding for access, time availability of staff to work closely with whānau and tāngata whaiora"
- "Immediate access to cultural and peer support on entering service"
- "Dedicated funding for peer support roles"

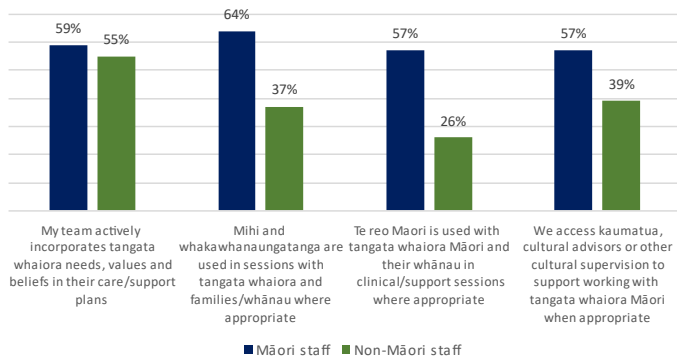
In words – what has been the impact of COVID-19 on quality improvement initiatives

- "A lot of trainings were cancelled"
- "Backlogs and now an unreasonable workload. Staff are off sick or on annual leave and not able to be replaced as are so short staffed"
- "Stalled, put on back-burner"
- "Implementing quality improvement initiatives was by and large not practical during COVID"
- "We weren't able to continue initiatives such as liaison meetings which improve quality"

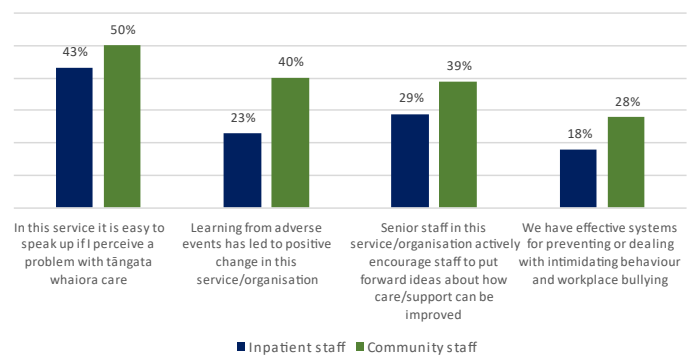
In words – what is one thing that currently works well

- "They get professional and evidence-based care with greater inclusion and collaboration now with cultural and community based services"
- "The way the team works very well together to provide care/support"
- "Team meetings that are used for discussing about supporting tāngata whaiora goes well"
- "Very caring and passionate team members"

Questions relating to cultural competency – comparing responses from Māori and non-Māori 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 197 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.