# 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 August 2018.

Thank you to the over 2,500 people around the country who participated in the survey. Here are the results for your DHB.

## Engagement with tangata whaiora and family/whanau

My team actively incorporates tangata whaiora needs, values and beliefs in their care/support plans

In this service we involve tangata whaiora and family/whanau in efforts to improve future practice

We work alongside family/whānau to understand how best to support them and their family member

We work with tangata whaiora to co-create a plan of care and support

Tangata whaiora and family/whanau are treated with respect by the service I work for

# 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)

Tangata whaiora care/support is well coordinated between DHBs and NGOs/primary care

In this service it is easy to speak up if I perceive a problem with tangata whaiora care

We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate

Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate

Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate

Staff in my team adhere to clinical evidence and guidelines

# 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

In this service we use data to help us monitor and make improvements to our quality of care/support

Learning from adverse events has led to positive change in this service/organisation

In this service, recognising and reporting incidents is encouraged and valued

#### **Engaged, effective workforce**

The wider organisation has a good understanding of the type of work we do in my service

Everybody in this service works together in a well-coordinated way

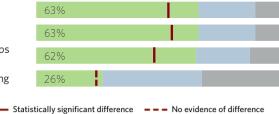
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

There are opportunities for professional development (including attending conferences, workshops and training sessions)

We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying

% Don't know



## How to use these survey results

% Neutral

% Positive

These survey results can be used to support quality improvement in your organisation.

% Negative

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 my DHB

Compared with the combined, all-DHB results, MHA staff at Southern DHB were more likely to agree (ie, gave a positive response) that:

- tāngata whaiora and families/whānau are treated with respect
- staff have access to coaching, mentoring and/or supervision
- staff feel supported by managers, and

65%

54% 61%

72%

83%

51%

64%

41%

there are opportunities for professional development.

Staff were less likely to agree that te reo Māori, mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate.





#### In words - what would make things better for tangata whaiora

# physical-environments under-pressure-smoother-transitions not-reactive handson-training pathways outcome-focus caseloads paper-work Maori-workforce cultural-training proactive waiting-lists bureaucracy consistency consistency public-understanding more-psychologists less-medication-garly-intervention response-times-polistic-approaches complements-swinger complements-swinger proactive waiting-lists bureaucracy consistency consistency public-understanding more-psychologists less-medication-garly-intervention response-times-polistic-approaches complements-swinger complements-swinger pathways caseloads paper-work deducation politic-approaches perworkers perworkers perworkers perworkers | Complements | Comple

#### In words - what currently works well for tangata whaiora



These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your DHB:

'Currently wait times to see our service are unreasonably long due to the numbers of people we see. I think we need more staff to shorten this wait time'

'A better physical environment and more staff to manage increasing referrals and acuity'

'Better liaison with other service providers in the community (regular attendance at interagency meetings, regular service presentations) so that the development of Wellness Recovery Action Plans can be supported in an informed and up-to-date manner'

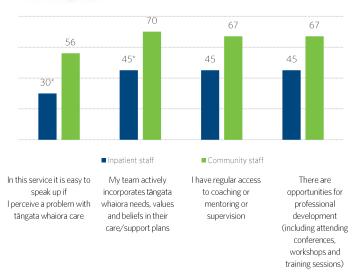
'Open communication when possible. Not always do clients want family involved or getting information, but it helps to listen and understand family concerns about clients'

'Respectful interaction/validation within the multidisciplinary clinical team; interactions between members of the clinical team allow positive modelling for work with tangata whaiora'

'The number of clinicians who care and go the extra mile to support tāngata whaiora'

'Community peer support groups are being established'

# Questions with the largest difference between inpatient and community staff



<sup>\*</sup> Indicates a statistically significant difference
Data in this graph is the percentage of people who gave a positive response
Comparisons between community and inpatient are shown only where there is a minimum of
20 people in each category

# Why was the survey conducted?

This survey underpins the national mental health and addiction quality improvement programme, funded by DHBs and coordinated by the 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 August 2018.

The survey was conducted by Mobius Research Ltd on behalf of the 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 Health Quality & Safety Commission website <a href="https://www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/projects/quality-in-context">www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/projects/quality-in-context</a>

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 101 responses from your DHB. This number of responses for your DHB means there is a margin of error of 7 percent for each of the quality and culture survey questions.

#### 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. Statistically significant differences are indicated on the graphs.