Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

Capital & Coast, Hutt Valley and Wairarapa DHBs

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

Tāngata whaiora and family/whānau are treated with respect by the service I work for

Care and support provided

When tangata whatora 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)

Tāngata 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 tangata whai
ora and families/whanau 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)

% Don't know

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

% Positive % Neutral

tral % Negative

All-DHBs % positive

Statistically significant difference – – No evidence of difference

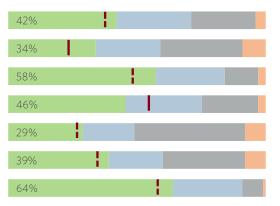
How to use these survey results

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- 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.

61%	
45%	
61%	
70%	
76%	



	-	
42%		
40%		
44%		
62%		

25%		
44%		
60%		
55%		
54%		
31%		

Key findings for the combined 3DHB

Compared with the combined all-DHB results, staff at 3DHB MHAIDS were more likely to agree (ie, to respond positively) that:

- recognising and reporting incidents is encouraged and valued, and learning from adverse events has led to positive change
- they feel supported by their manager(s), everyone in the service works together in a well-coordinated way and there are effective systems for dealing with workplace bullying
- the work of their service is well-understood by the wider organisation, and tangata whaiora care is coordinated well between DHBs, NGOs and primary care.

They were less likely to agree that they access support from kaum_{ātua} or other cultural supervision



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In words – what would make things better for tangata whaiora

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 the combined 3DHB: 'Offer more group meetings to discuss overall wellbeing at present'

'Better coordination and shared understanding of service provision and goals between NGO and clinical teams'

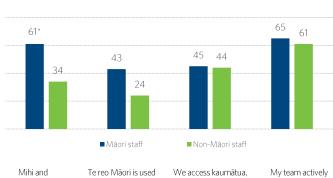
'Increase in established staffing (all disciplines) to reflect the increase in the rate of referrals and acuity over the years'

'Have a Māori mental health unit for the Lower Hutt region'

responses from Māori and non-Māori staff

'The environment could be better, we need a place that does not resemble a hospital setting. [Where] family/tangata whaiora feel welcome to come and support their loved one'

Questions relating to cultural competency – comparing



whakawhanaungatanga with tāngata whaiora cultural advisors or incorporates tângata are used in sessions with Māori and their other cultural whaiora needs, values tāngata whaiora and whānau in supervision to support and beliefs in their families/whānau where clinical/support working with tängata care/support plans whaiora Māori when appropriate sessions where appropriate appropriate

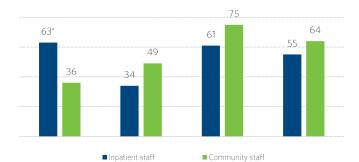
Home-based-care support Focus Valuin Family Prompt-attention dation Approachab Focus-on-needs Highly-skilled 🕥 *o*Experience Can-do-attitude Dedication Highly-specialised* RespectListening Sempathy Knowledge Cultural-support passio Dedication 0

'Involvement in their care - they attend ward rounds and have a clear voice in their overall care and treatment'

'Compassion prioritised despite the constant risk of staff burnout' 'I feel as though the staff communicate really well with each other and support each other if needed or asked'

'We aim to be as flexible as we can regarding appointments. Access to an onsite respite facility has proven to be quite beneficial in preventing further deterioration in MH and possible hospital admission'

Questions with the largest difference between inpatient and community staff



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

Everybody in this service works together in a wellcoordinated way

We work with tangata My team actively whaiora to co-create a incorporates tāngata plan of care and whaiora needs, values and beliefs in their care/support plans

support

* Indicates a statistically significant difference

Data in these graphs is the percentage of people who gave a positive response

Comparisons between Māori and non-Māori, and 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 www.hqsc.govt.nz/our-programmes/mental-health-and-addictionquality-improvement/projects/quality-in-context

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 163 responses across the three DHBs. This number of responses across your DHBs means there is a margin of error of 10 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.

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Capital & Coast DHB

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Key findings for my DHB

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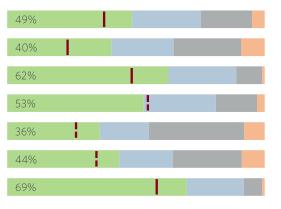
- tāngata whaiora needs, values and beliefs are incorporated into their care/support plans, and their care is well-coordinated between DHBs and NGOs/primary care.
- everyone in the service works together in a well-coordinated way, and when tangata whaiora transfer between services within the DHB, all important information is exchanged well.
- there are opportunities for professional development, staff feel supported by their manager(s) and there are effective systems for dealing with workplace bullying.



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66%		
47%		
64%		
72%		
80%		



	_		
46%			
45%			
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28%			
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61%			
37%			

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Key findings for my DHB

Overall, results for Hutt Valley DHB were consistent with the combined all-DHB results. However, staff at this DHB were less likely to agree that they access kaumatua or other cultural supervision to support work with tāngata whaiora Māori when appropriate.

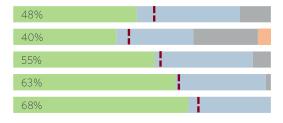
Within the results for Hutt Valley DHB:

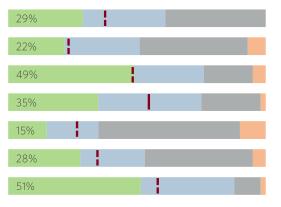
- 68 percent of MHA staff agreed that tangata whatora and whanau are treated with respect; this measure had the highest percentage of positive scores
- 12 percent of staff agreed that the work of their MHA service is well-understood by their organisation. This measure had the lowest percentage of positive scores.

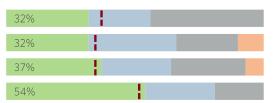




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12%		
34%		
51%		
46%		
46%		
17%		