

Results of mental health and addiction staff survey

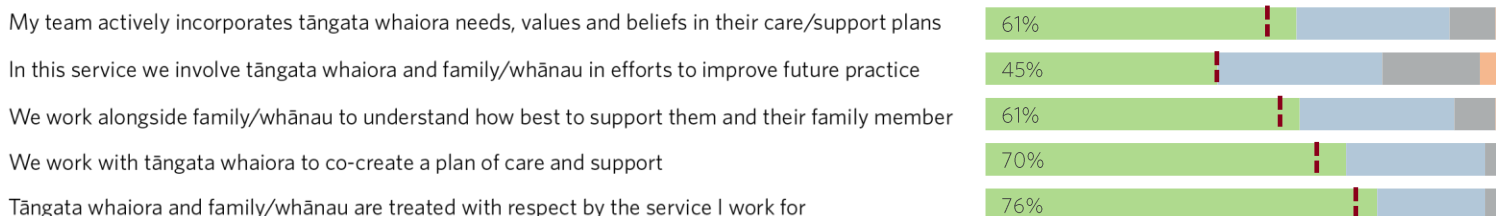
Ngā Poutama Oranga Hinengaro: Quality in Context

Capital & Coast, Hutt Valley and Wairarapa DHBs

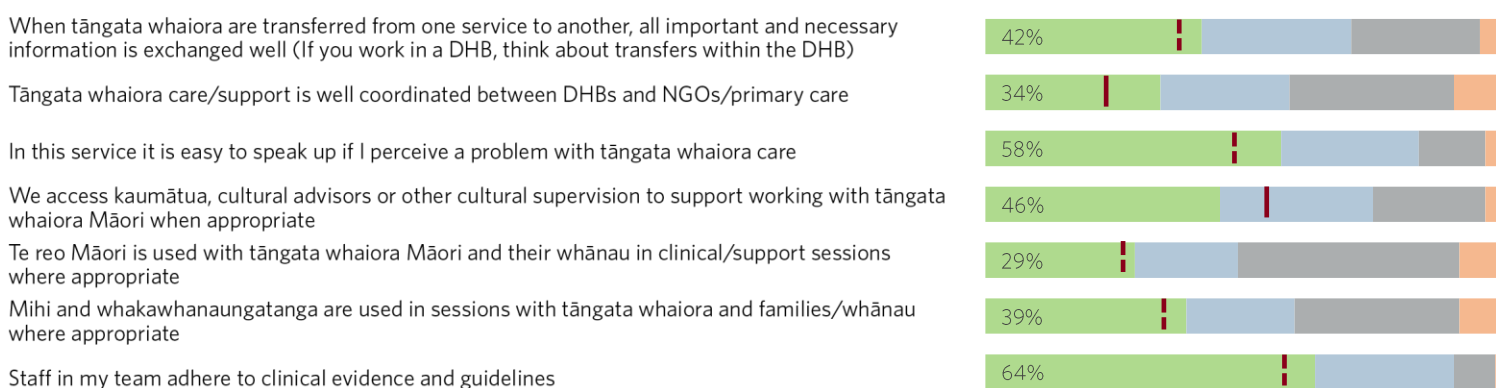
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

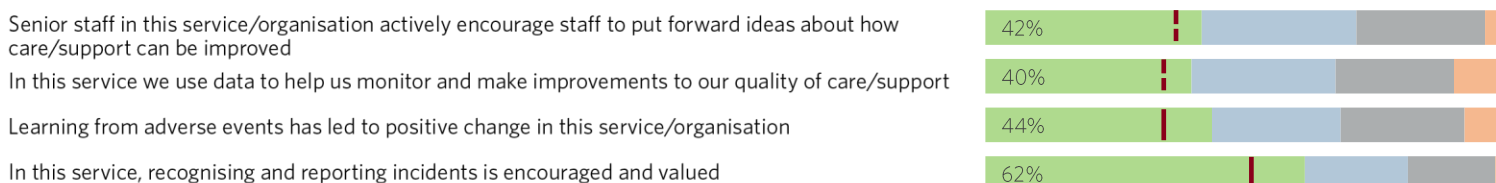
Engagement with tāngata whaiora and family/whānau



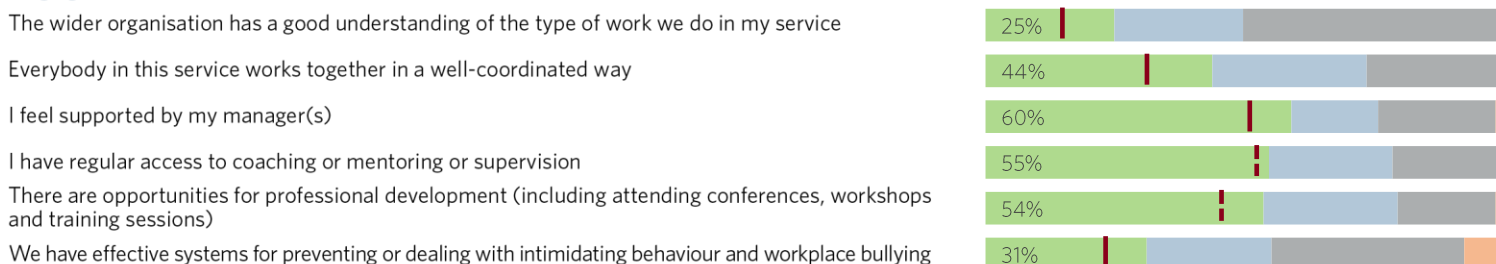
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



■ % Positive
 ■ % Neutral
 ■ % Negative
 ■ % Don't know
 All-DHBs % positive
 — Statistically significant difference
 - - - No evidence of difference

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 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 tāngata whaiora care is coordinated well between DHBs, NGOs and primary care.

They were less likely to agree that they access support from kaumātua or other cultural supervision.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

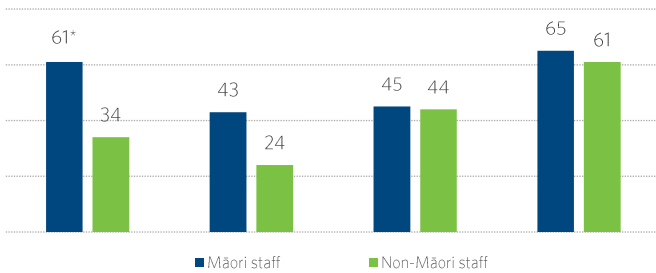


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from the combined 3DHB:

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

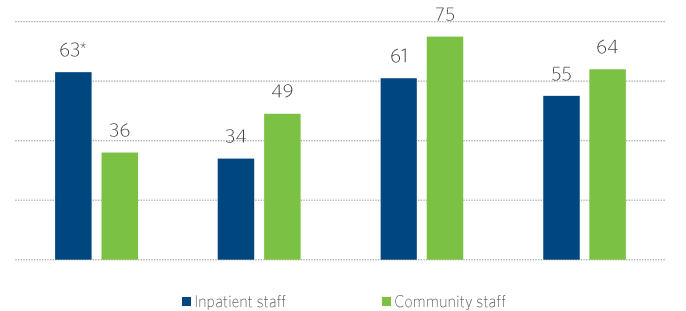
- 'Involvement in their care - they attend ward rounds and have a clear voice in their overall care and treatment'
- 'Compassion prioritised despite the constant risk of staff burnout'
- 'I feel as though the staff communicate really well with each other and support each other if needed or asked'
- 'We 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 relating to cultural competency – comparing responses from Māori and non-Māori staff



- Mihi and whakawhānau are used in sessions with tāngata whaiora and families/whānau where appropriate
- Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate
- We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate
- My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans

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

* 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-addiction-quality-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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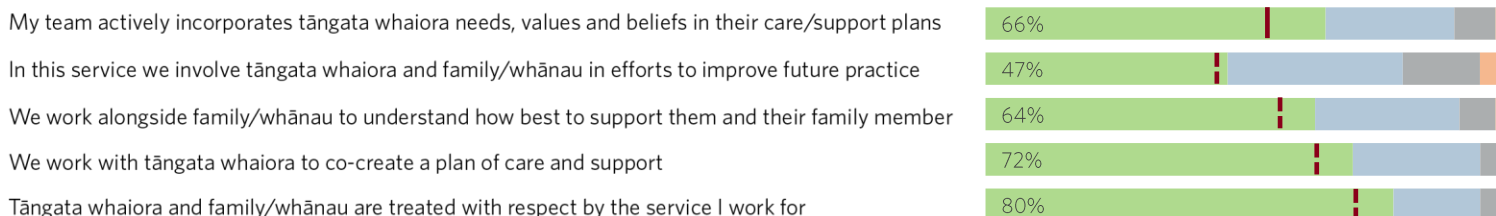
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Capital & Coast DHB

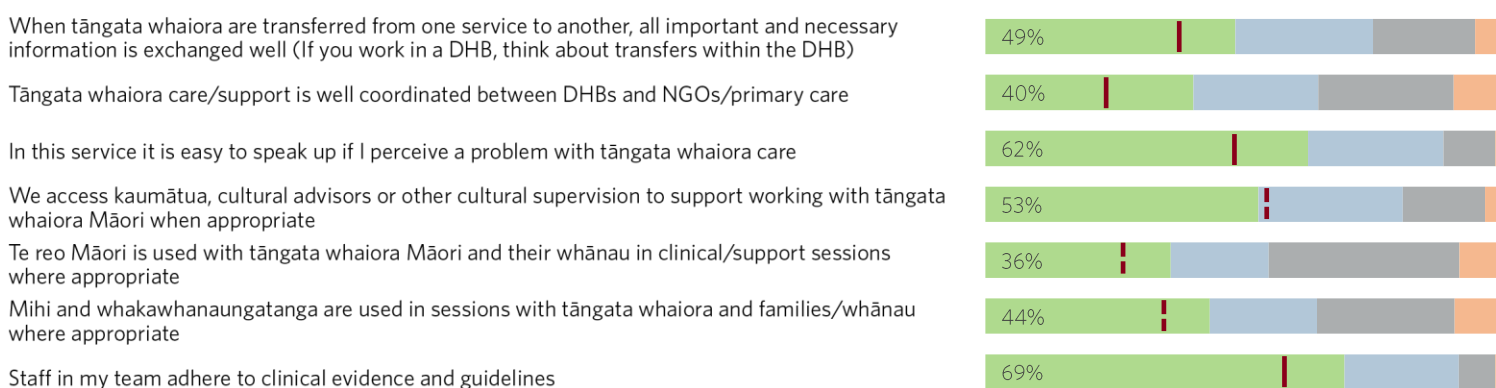
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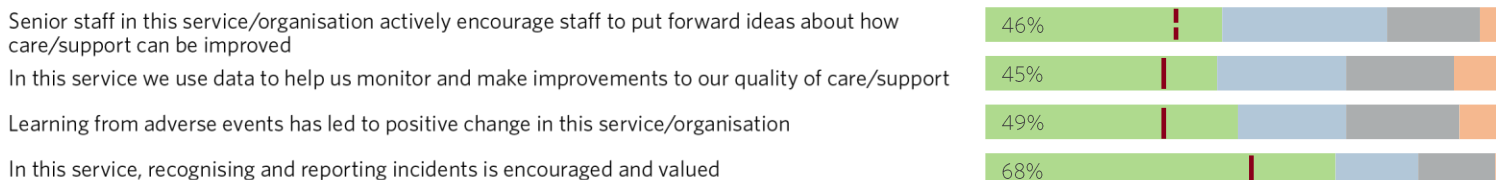
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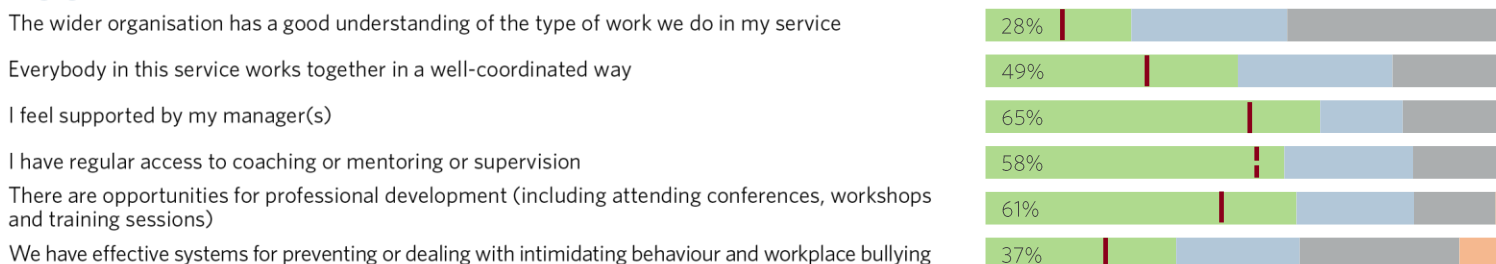
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Key findings for my DHB

Compared to the combined all-DHB results, staff at Capital & Coast DHB were more likely to respond positively (ie, to agree) on many measures, including:

- 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 tāngata 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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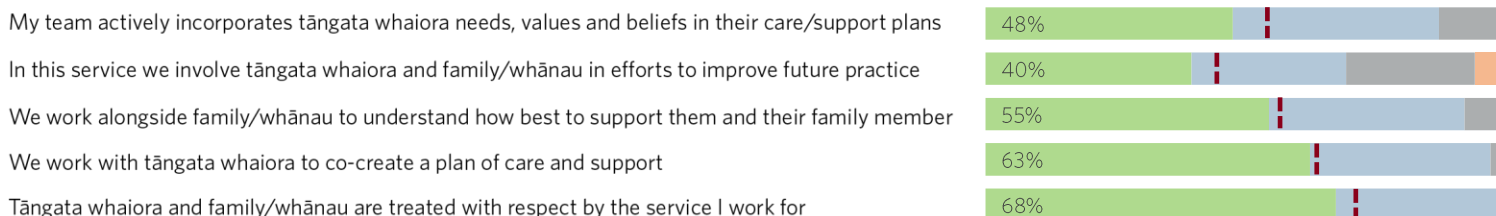
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Hutt Valley DHB

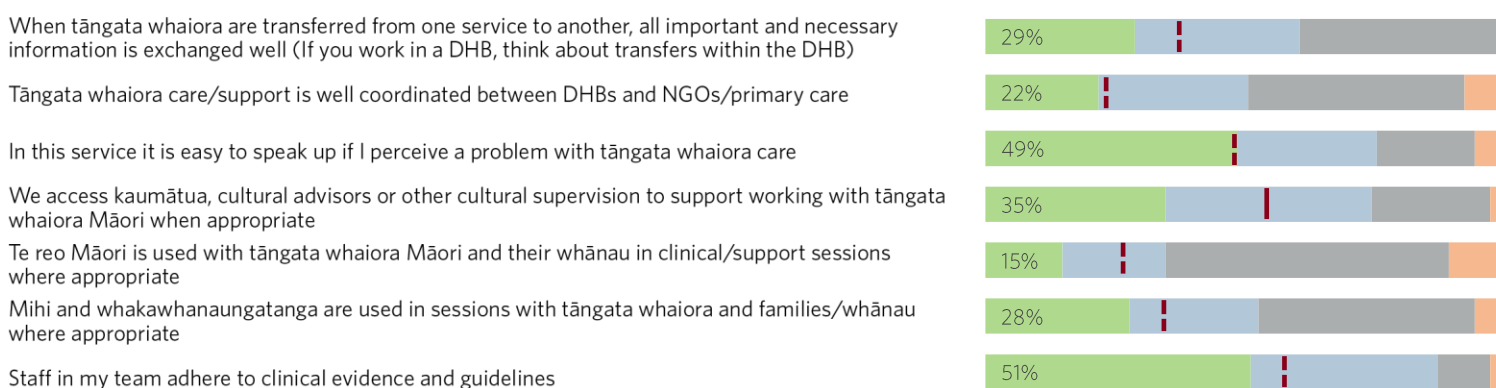
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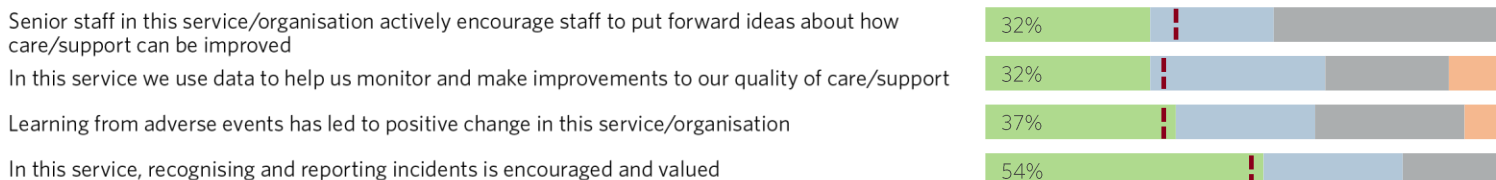
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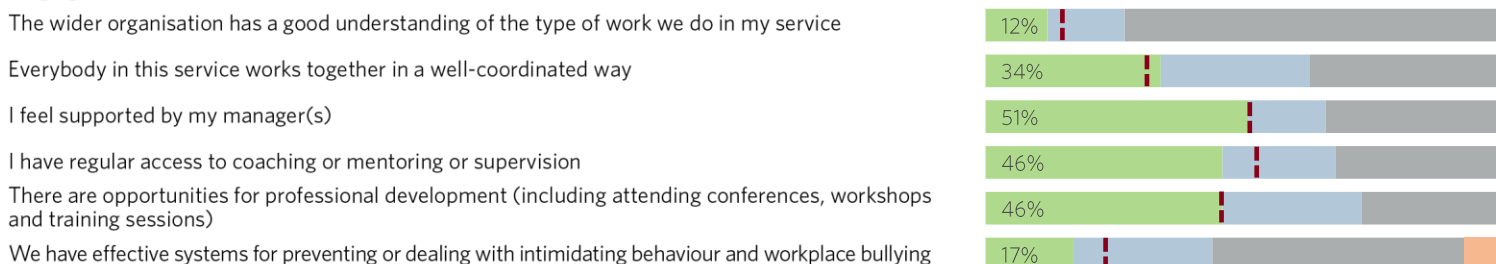
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Key findings for my DHB

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 kaumātua 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 tāngata whaiora and whānau 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.