

Results of mental health and addiction staff survey

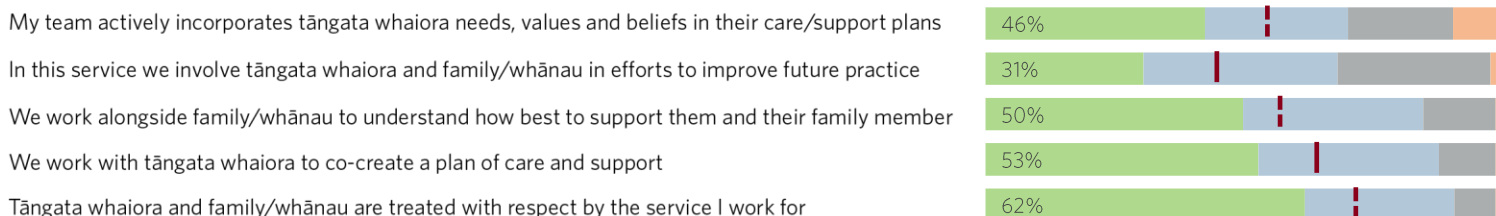
Ngā Poutama Oranga Hinengaro: Quality in Context

Nelson Marlborough DHB

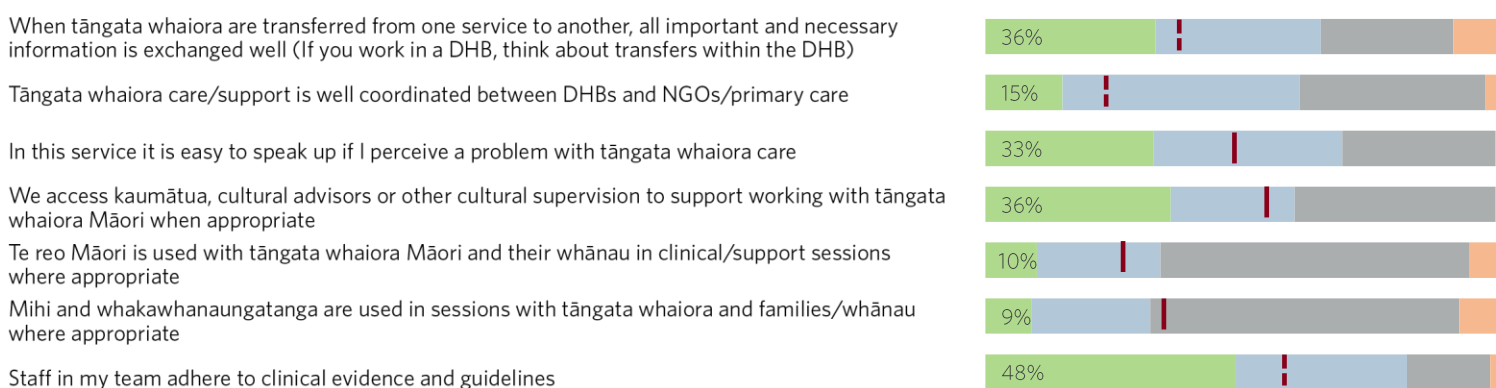
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

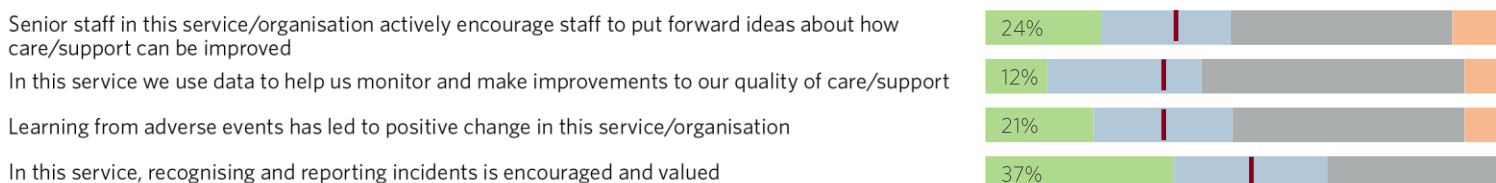
Engagement with tāngata whaiora and family/whānau



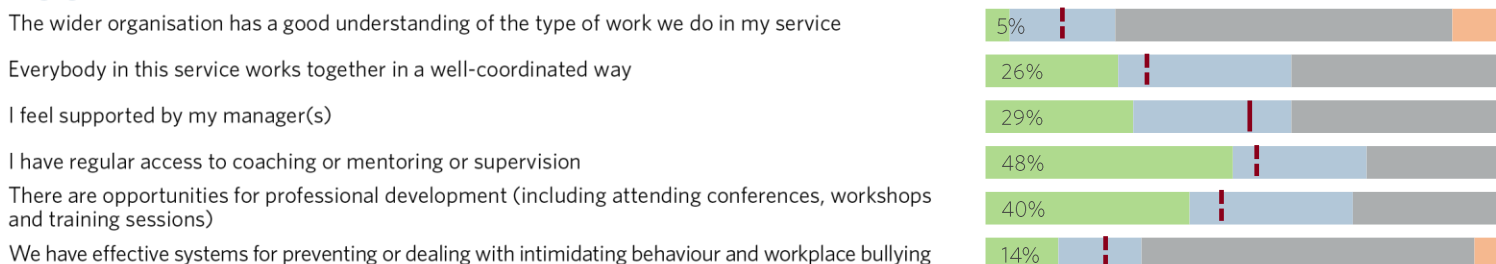
Care and support provided



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 my DHB

Compared with the all-DHB results, MHA staff at Nelson Marlborough DHB were less likely to agree (ie, less likely to give a positive response) that:

- they access kaumātua/other cultural supervision to support work with tāngata whaiora Māori, and use whakawhanaungatanga, mihi and te reo Māori with tāngata whaiora, whānau and families, where appropriate
- staff involve tāngata whaiora and family/whānau to improve future practice, and to co-create a plan of care and support
- recognising and reporting incidents is encouraged and valued; learning from adverse events has led to positive change; data is used to make improvements; and senior staff encourage new improvement ideas
- staff feel supported by their managers, and it is easy to speak up about problems with care.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

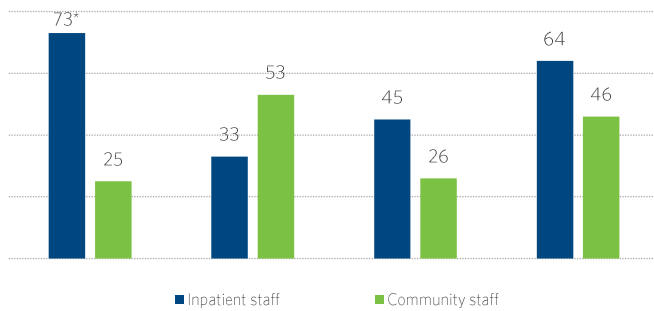


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your DHB:

- 'More cultural support from people trained in a MH perspective'
- 'More psychologists – they have long waiting lists so even if clients are stable on medication and supported, they have to wait for therapy that makes the changes'
- 'More inclusive practice. More peer roles. Better access to support networks, ie, housing'
- 'Review of management and management style with clear direction on who the service is trying to serve and a move away from a blame culture'

- 'Staff going above and beyond to maintain good care'
- 'Front-line clinicians continue to provide dedicated and effective care despite feeling very unsupported by management and the DHB direction'
- 'Nurses and allied staff that are dedicated to providing the best service possible with limited resources and time'
- 'Genuine, respectful supportive caring from clinicians'
- 'Our Māori support people liaising with the client/whānau'

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
- I have regular access to coaching or mentoring or supervision
- In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice
- We work alongside family/whānau to understand how best to support them and their family member

* 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 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 98 responses from your DHB. This number of responses for your DHB means there is a margin of error of 11 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.