Ngā Poutama Oranga Hinengaro: Quality in Context survey of mental health and addiction services

National report

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by Mobius Research and Strategy Ltd.

Acknowledgements

Thank you to the over 2,500 staff in mental health and addiction services who participated in this survey.

Executive summary

This is the national report of the national survey – Ngā Poutama Oranga Hinengaro: Quality in Context in mental health and addiction services.[1] This survey was conducted for the national mental health and addiction (MHA) quality improvement programme, coordinated by the Health Quality & Safety Commission.

Ngā Poutama took a closer look at MHA quality and safety culture. It is the first national survey of its kind in this sector.

Quality and safety culture is known to impact the experience of consumers, their families and whānau, and the ultimate outcomes of care. A positive quality and safety culture in all levels of an organisation is recognised as fundamental to quality improvement.

In August 2018, over 2,500 MHA staff participated in this national survey. The following were its key findings.

- Questions about tāngata whaiora[2] engagement and participation received the highest percentage of positive responses nationally. These questions included treating tāngata whaiora with respect, working with them to co-create a plan of care and support, and actively incorporating their needs, values and beliefs in care and support plans.
- The questions with the lowest percentage of positive responses concerned coordination of care between district health boards (DHBs) and non-governmental organisations (NGOs) or primary care, wider organisational understanding of MHA services, and use of te reo Māori with tāngata whaiora Māori. Other responses rating lower overall were to questions on coordination within the team and workplace bullying.
- MHA staff in NGOs and primary health care gave a higher percentage of positive responses to the quality and safety culture questions than those working in a DHB context. These differences were statistically significant across most questions.
- Māori MHA staff, and in particular Māori working in a kaupapa Māori service, gave a higher percentage of positive scores than non-Māori in response to questions relating to cultural competency. These differences were statistically significant.
- Some findings varied by DHB. For example, the level of positive response varied considerably for questions on access to kaumātua and recognising and reporting incidents. This variation remains even when accounting for the differences in role profile between DHBs.
- Staff in different roles within the MHA sector differed in their responses to quality and safety culture questions. Support workers and staff in a leadership or management role rated most questions more positively than those in other roles.

We encourage the MHA sector to use these survey findings as one of a number of resources to inform future quality improvement initiatives.

[1] The survey name reflects the shared commitment of the Health Quality & Safety Commission and the MHA sector to the continued support and improvement of MHA services. Oranga hinengaro encompasses a broad understanding of mental wellbeing. Poutama are the stepped patterns seen in tukutuku panels on the wall of the wharenui (meeting house). They climb upward to meet at the tāhuhu (ridgepole), symbolising a cooperative journey of advancement to the highest levels of knowledge.

[2] The term 'tāngata whaiora' ('people seeking wellness') refers to MHA consumers, patients, service users and clients.

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Introduction

Survey objectives

During August 2018, the mental health and addiction (MHA) sector took part in a national survey – Ngā Poutama Oranga Hinengaro: Quality in Context in mental health and addiction services (Ngā Poutama). This survey was conducted to inform the Health Quality & Safety Commission's national MHA quality improvement programme.

Ngā Poutama gathered information from MHA staff about their beliefs, attitudes and behaviours regarding quality and safety in their organisation.

The objectives of Ngā Poutama were to:

1. inform local quality improvement initiatives in the sector, both within and independently of the national MHA quality improvement programme
2. measure improvement over time. The Commission intends to repeat the survey in two or three years to assess the programme's impact on quality and safety culture in the sector. The 2018 survey provides baseline data.

Methodology

Ngā Poutama was an online survey conducted with people working in publicly funded MHA services in New Zealand. This included MHA staff in:

- district health board (DHB) inpatient services and community services
- non-government organisation (NGO) services[3]
- primary mental health care (excluding general practitioners).

Older adult mental health services were also included in the above.

The final sample size was 2,564 people, which included 2,342 fully and 222 partially completed surveys. This is an estimated response rate of 19 percent.[4]

For a full description of the methodology, see the separate technical report. The survey questionnaire is also available online (see Other resources available).

[3] MHA staff working in Vote Health-funded NGOs were invited to participate in the survey.

[4] This response rate is based on Te Pou o te Whakaaro Nui's 2014 *More than Numbers* organisation workforce survey. The 2014 data was used as that survey counted the number of people employed in most organisations surveyed, rather than the 2018 survey, which estimated full-time equivalent positions using various sources. The 2014 survey included staff working in DHB or NGO adult MHA services, but not those in child and youth or older adult services. Hence the response rate is estimated only for Ngā Poutama survey respondents in DHB or NGO services for adults (2,026 of the total 2,564 sample). Response rates for child and youth services, older adult services and primary mental health care could not be estimated.

Quality and safety culture

The following charts provide an overview of the results at a national level, and for DHBs, NGOs and primary health care services overall.

The term ‘tāngata whaiora’ used in these questions refers to MHA consumers, patients, service users and clients. It can be translated as ‘people seeking wellness’.

Question reporting scale

Data in this report is presented as a percentage of positive responses.

Respondents rated the 22 quality and safety organisational culture questions against a 1–7 Likert agreement scale (ranging from ‘Strongly disagree’ to ‘Strongly agree’).

A score of 6–7 on the Likert scale was coded as a positive response. All responses in the figures that follow reflect the percentage of positive responses for each question.[5]

Appendix 1 provides detailed data tables.

Figures 1 and 2 show the national results by question in order of level of agreement.

Questions with the highest levels of agreement (the greatest percentage of positive responses) were about tāngata whaiora engagement and participation. This includes staff views of tāngata whaiora being treated with respect, co-creating plans of care and support and incorporating tāngata whaiora needs, values and beliefs in care and support plans.

Lower levels of agreement (fewer positive responses) were to do with:

- cultural competency (use of te reo Māori, and mihi and whakawhanaungatanga)
- organisational processes and integration (processes for dealing with bullying, wider organisational understanding of MHA services)
- the extent to which the sector functions in a cohesive way (including coordination and transfers between services).

[5] Not applicable responses have been excluded from the percentage denominator.

Figure 1: National results (50%+ agreement)

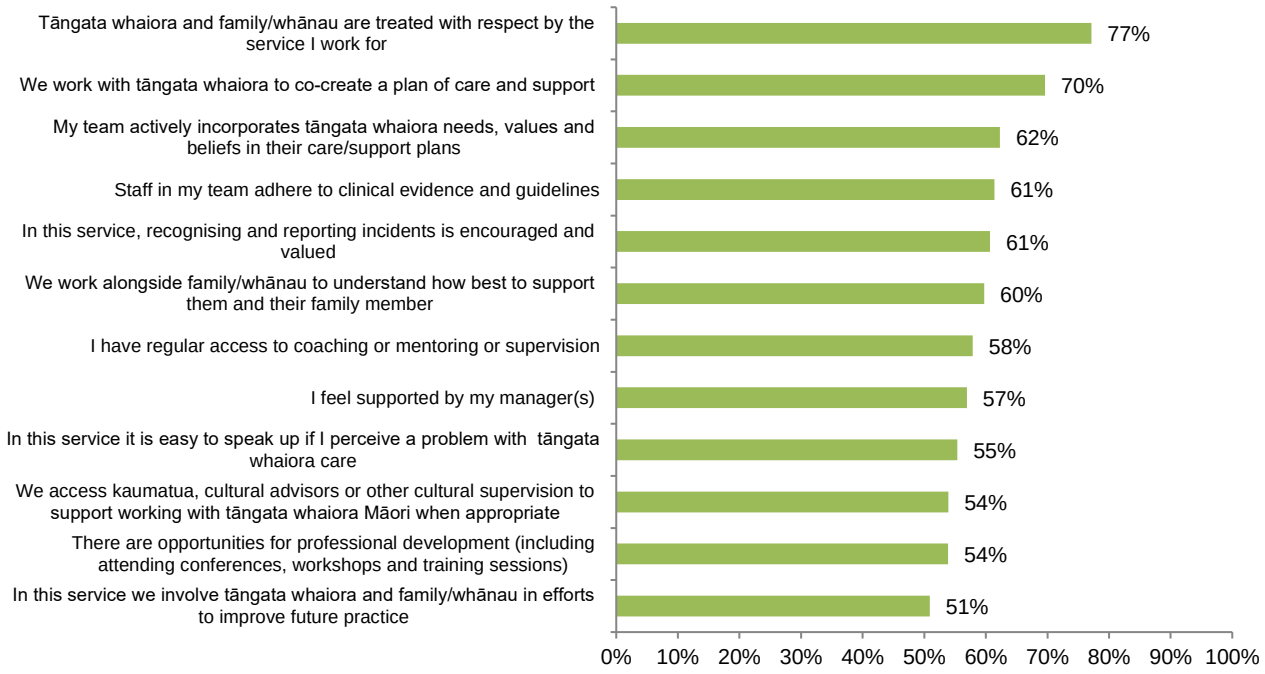
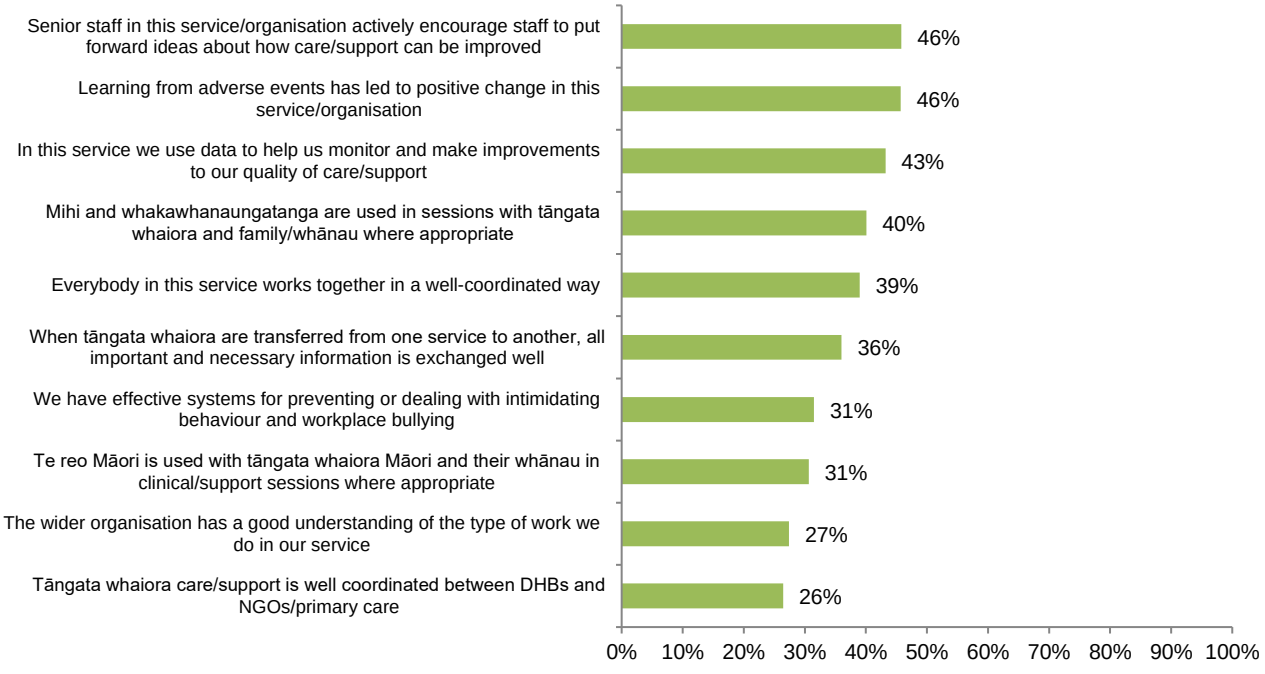


Figure 2: National results (under 50% agreement)



Organisation type

Figures 3–6 show the national results compared with the total results from each of three types of organisation: DHBs, NGOs and primary mental health care services.

NGO staff and primary mental health care staff gave a higher percentage of positive responses than the national result for many of the questions. Conversely, DHB staff gave a lower percentage of positive responses for many of the questions.

Comparisons between NGO and national results, and between DHB and national results, found these differences were statistically significant across most questions (ie, NGO staff were more likely to respond positively and DHB staff less likely to respond positively).

There was no evidence of a statistically significant difference between DHB and national results for the following questions:

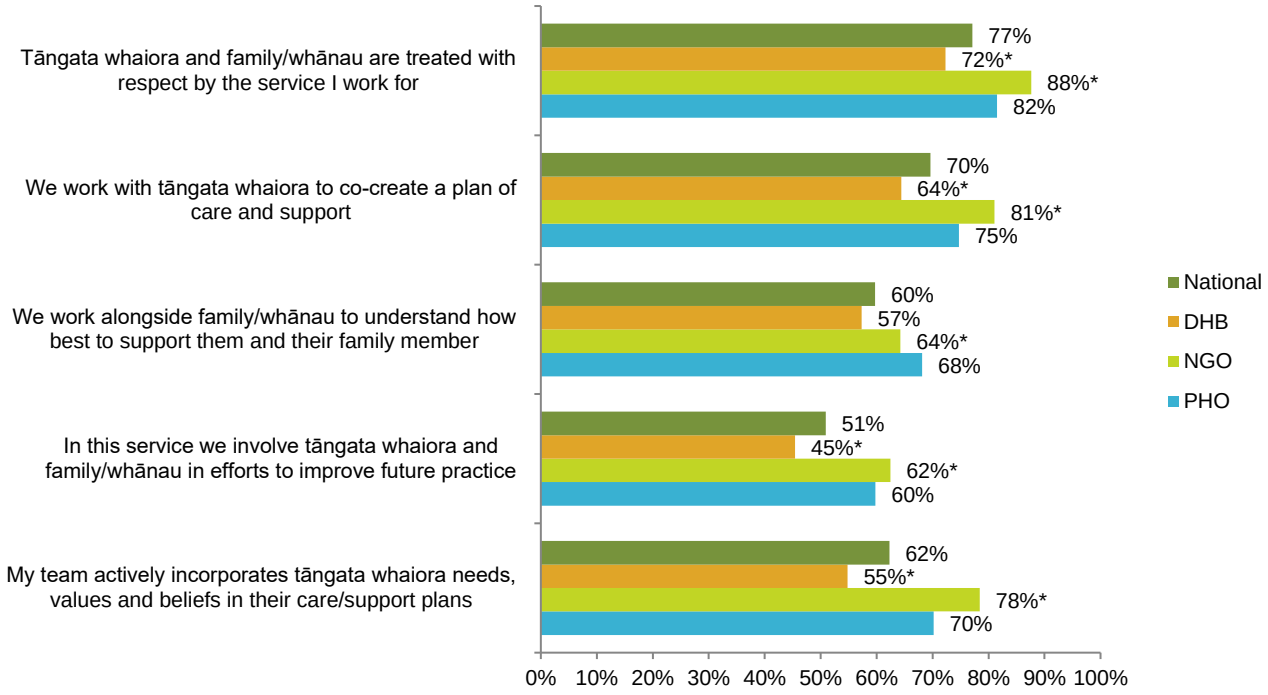
- 'We work alongside family/whānau to understand how best to support them and their family member'
- 'We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate'
- 'Staff in my team adhere to clinical evidence and guidelines'
- 'Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care'
- 'When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well'.

There was no evidence of a statistically significant difference between NGO and national results for the question about access to cultural support: 'We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate'.

Examples of questions where primary mental health care staff were more likely to give a positive response than the national result (with a statistically significant difference) include:

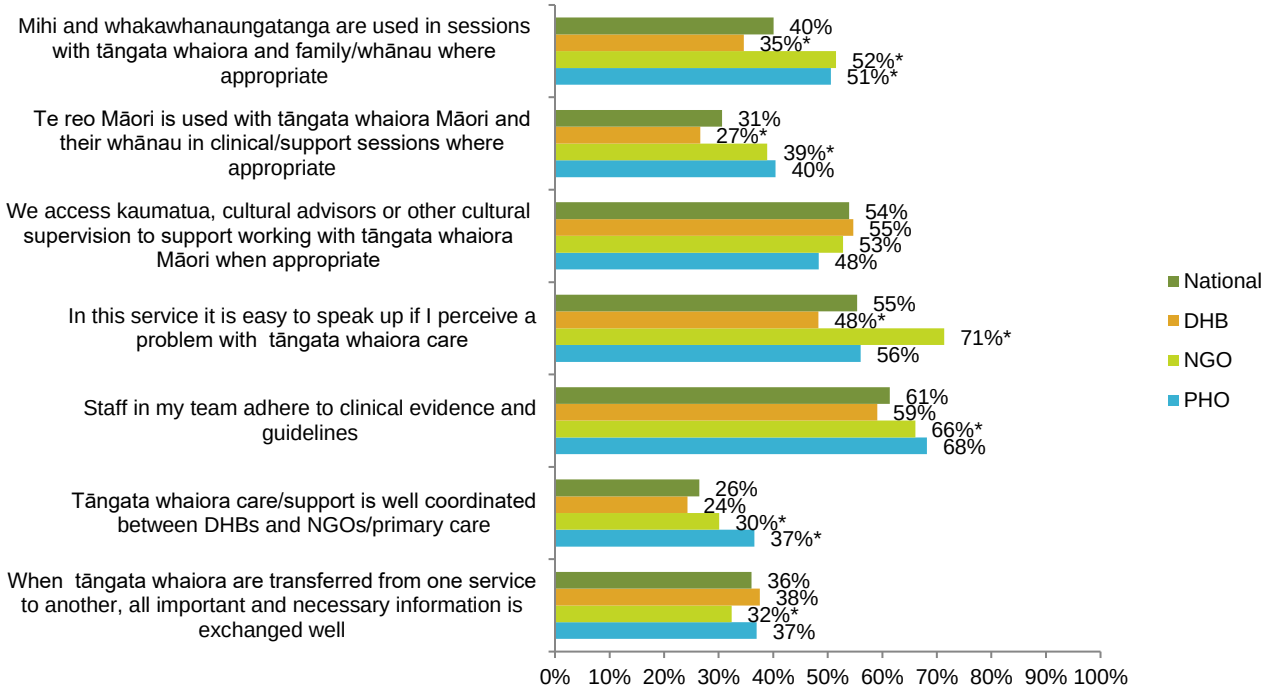
- 'The wider organisation has a good understanding of the type of work we do in our service' (17 percent higher)
- 'I feel supported by my manager(s)' (15 percent higher)
- 'Learning from adverse events has led to positive change in this service/organisation' (14 percent higher)
- 'There are opportunities for professional development' (15 percent higher)
- 'Everybody in this service works together in a well-coordinated way' (12 percent higher).

Figure 3: Engagement with tāngata whaiora – national, DHB, NGO and primary mental health care results



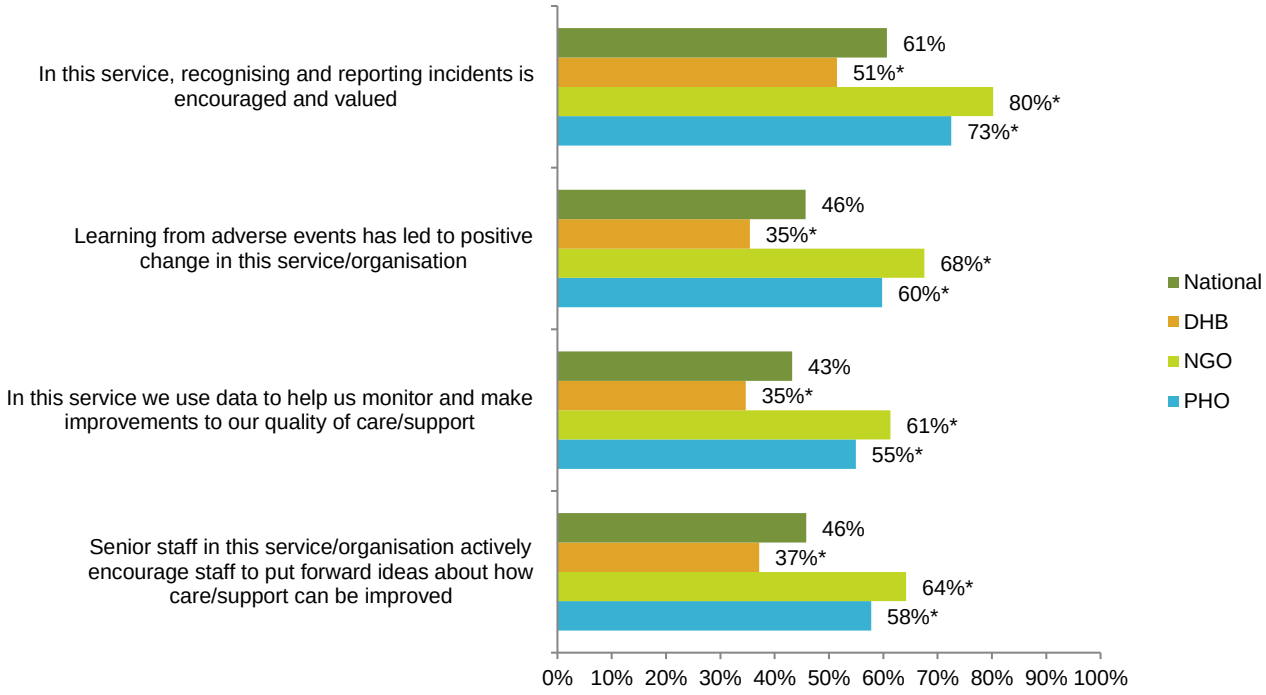
* Statistically significant difference compared with national result.

Figure 4: Care and support provided – national, DHB, NGO and primary mental health care results



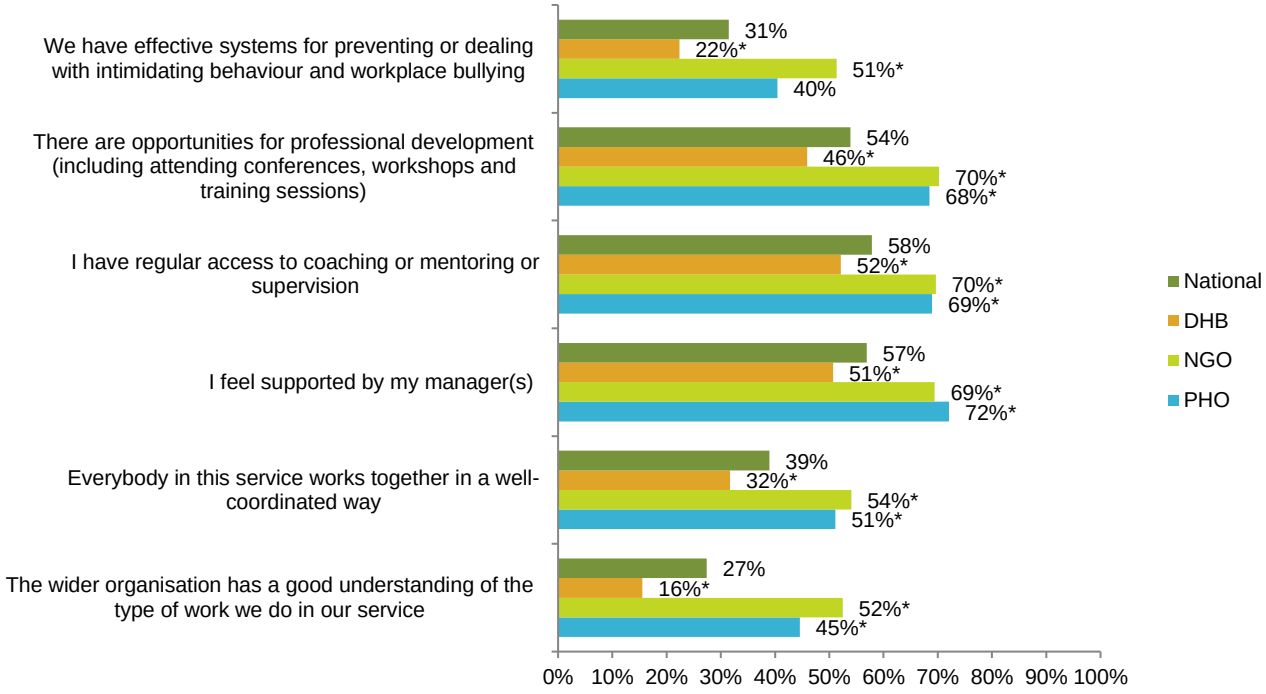
* Statistically significant difference compared with national result.

Figure 5: Learning and changing the care and support provided – national, DHB, NGO and primary mental health care results



* Statistically significant difference compared with national result.

Figure 6: Engaged, effective workforce – national, DHB, NGO and primary mental health care results



* Statistically significant difference compared with national result.

DHBs and NGO regions

DHBs

The percentage of positive responses varies across DHBs. The largest range is for a question that drew 25 percent positive scores from one DHB and 66 percent from another.

Figure 7 shows a funnel plot of the average percentage of positive scores for the 22 quality and safety culture questions across DHBs (unidentified).

How to read the funnel plots

The following funnel plots show which DHBs have an unusually high or low percentage of positive scores.

Each blue dot represents a DHB. DHBs with a larger sample size (ie, more survey responses) are placed further to the right, and those with a smaller sample size are placed further to the left.

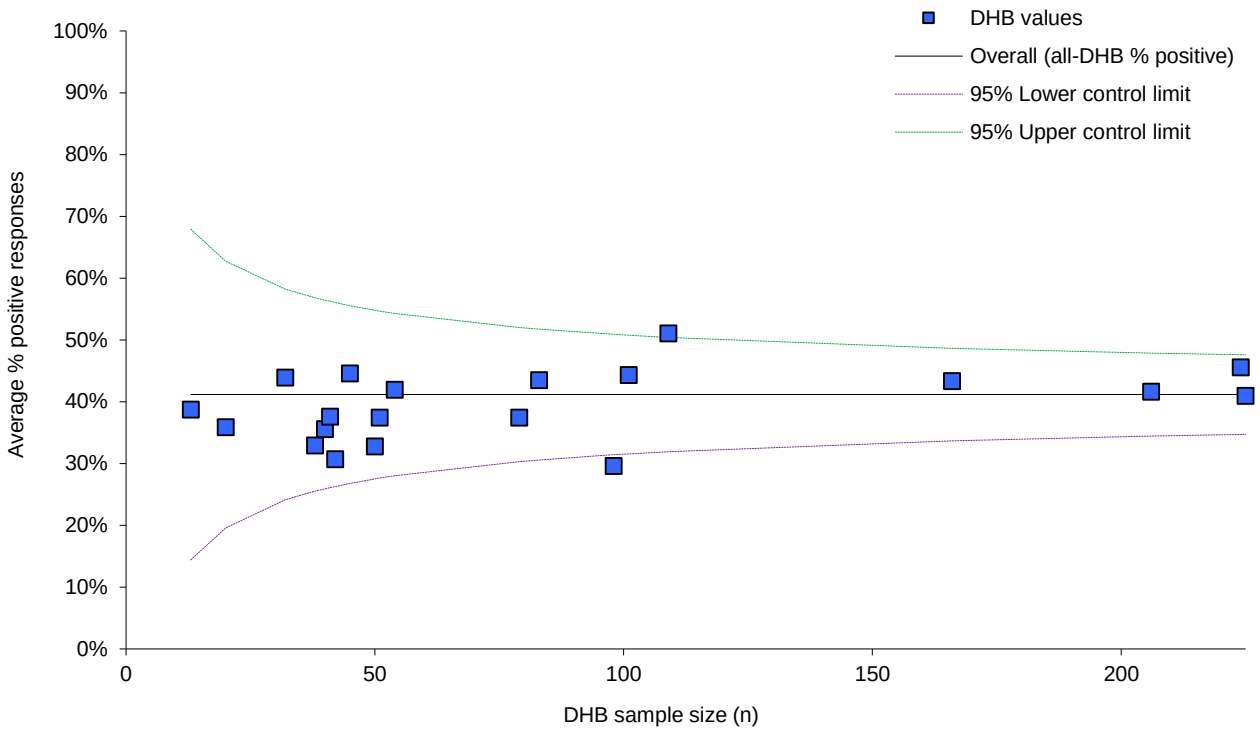
DHBs with a higher percentage of positive responses to the survey question appear further up the vertical axis.

The funnel between the curved dotted lines represents the expected range of results, given results around the country and differences in sample size. DHBs with fewer survey responses have a wider level of uncertainty.

The straight black line at the centre of the funnel is the percentage of positive scores averaged across all DHBs.

DHB dots positioned within the funnel limits are within the expected range of results, with no evidence of a statistically significant difference from the national average. DHBs that are outside the funnel are outliers – that is, their percentage of positive survey responses is outside the expected range of results.

Figure 7: Quality and safety culture questions – average percentage of positive responses across DHBs



For the following four questions, DHBs with the highest and lowest percentage of positive responses differed by more than 40 percentage points between the percentage positive score of the highest and lowest DHBs:

- 'We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate' (66 percentage points difference)
- 'In this service, recognising and reporting incidents is encouraged and valued' (49 percentage points difference)
- 'Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and family/whānau where appropriate' (47 percentage points difference)
- 'I feel supported by my manager(s)' (45 percentage points difference).

The following funnel plots (Figures 8–11) illustrate the variation for these four questions.

Figure 8: DHB positive responses to: 'We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori where appropriate' (66 percentage points difference)

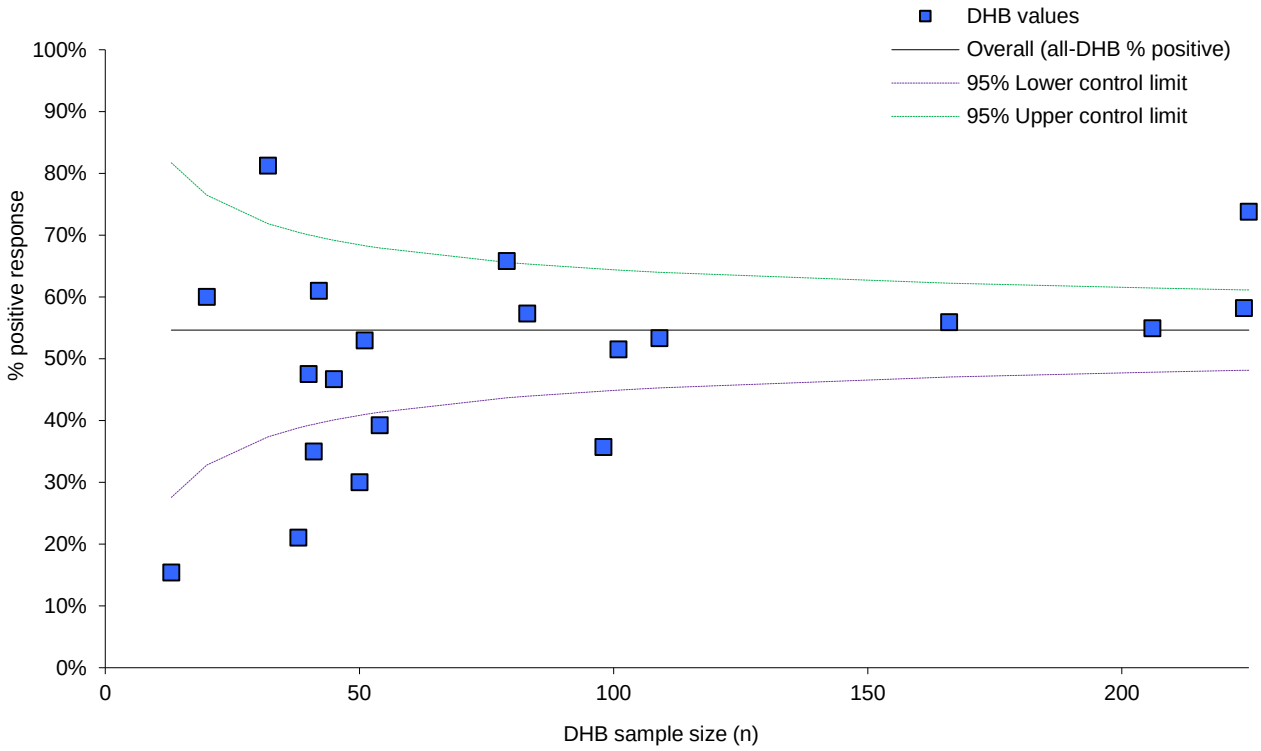


Figure 9: DHB positive responses to: 'In this service, recognising and reporting incidents is encouraged and valued' (49 percentage points difference)

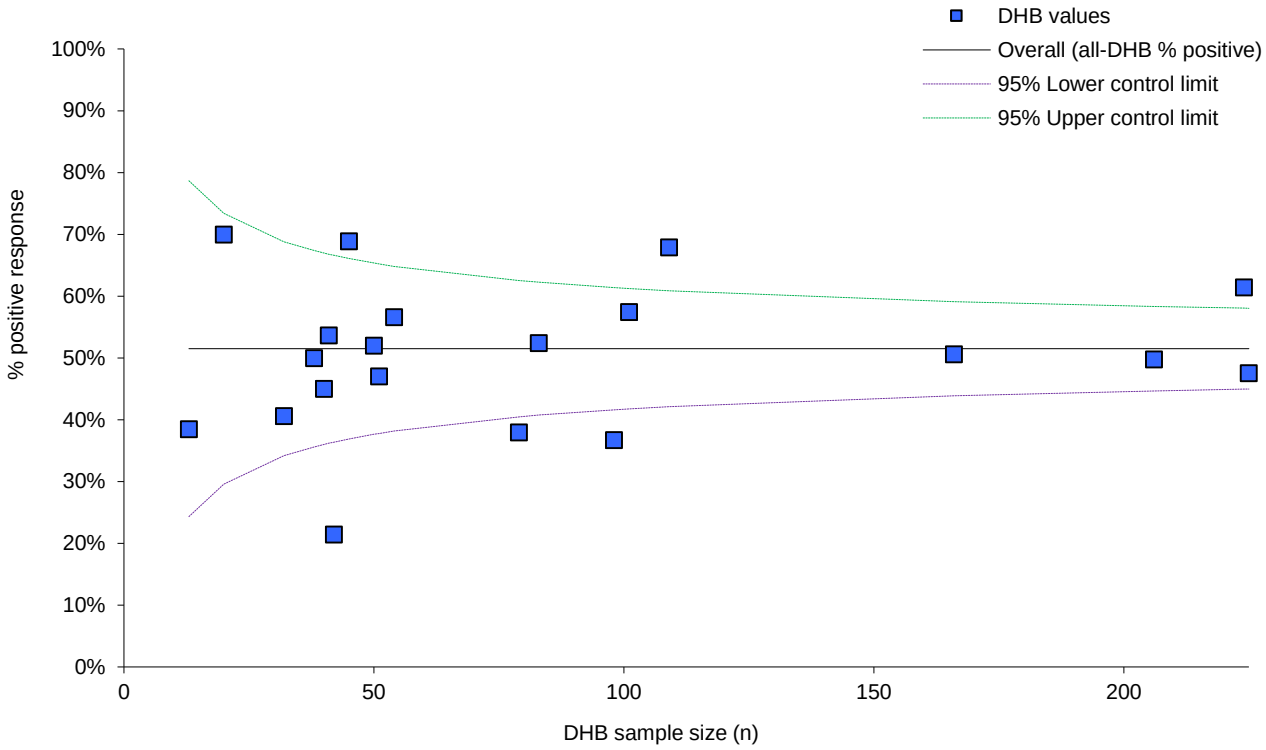


Figure 10: DHB positive responses to: 'Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and family/whānau where appropriate' (47 percentage points difference)

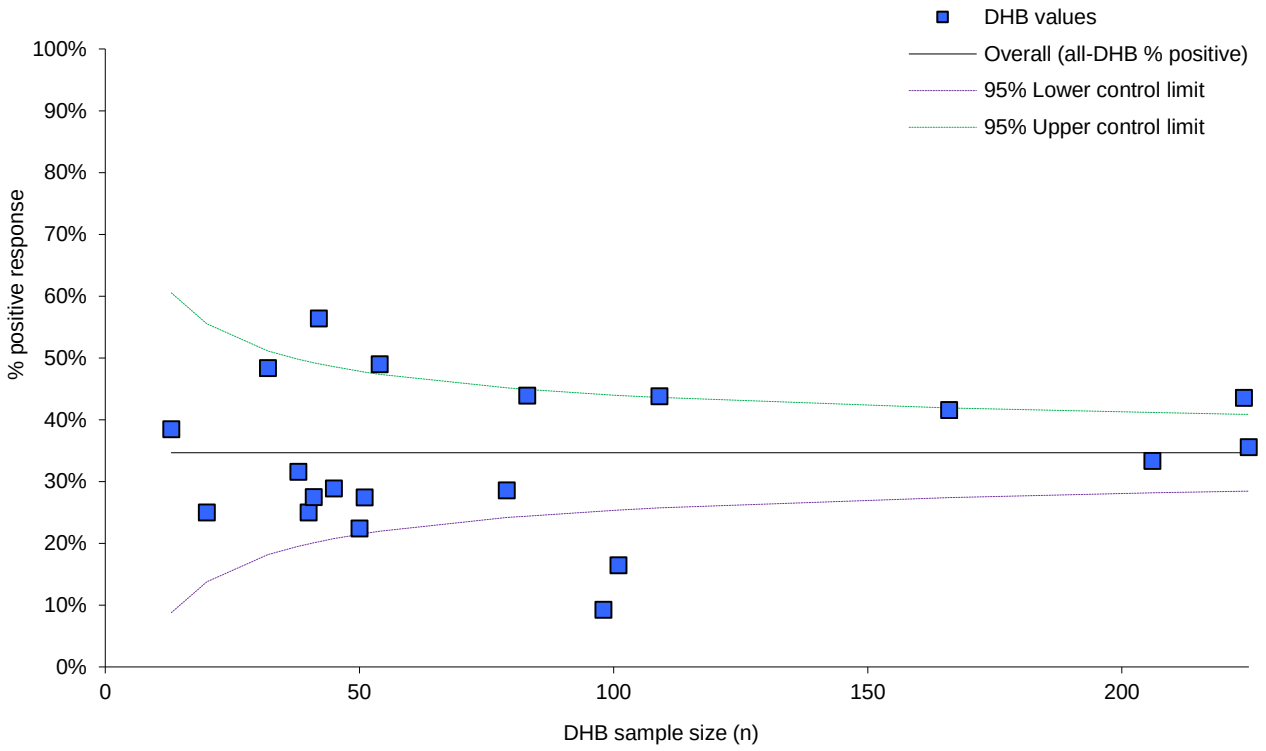
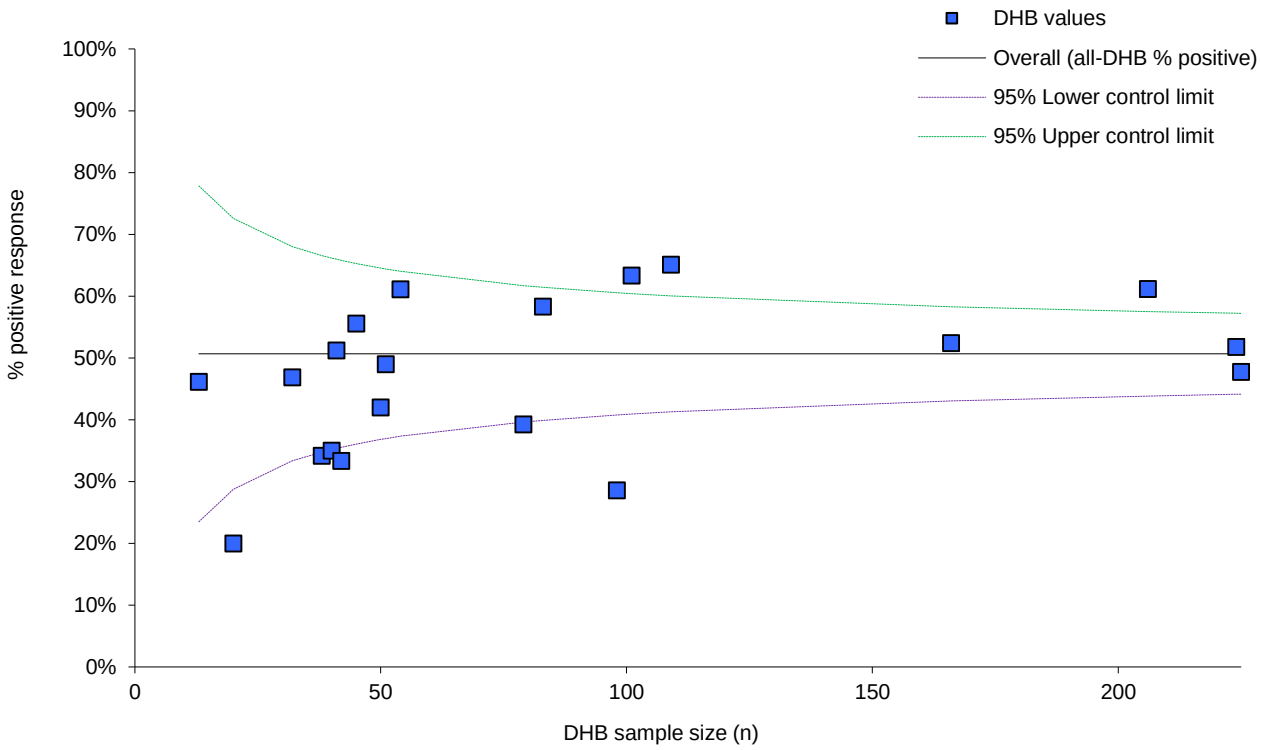


Figure 11: DHB positive responses to: 'I feel supported by my manager(s)' (45 percentage points difference)



Within the pool of survey respondents, the role profiles of respondents differed somewhat between DHBs. That is, the percentage of respondents who were nurses, allied health professionals, medical practitioners and so on varied. Results presented later in this report show that staff in different roles within the MHA sector differ in their responses to quality and safety culture. However, even when taking into account the different role profiles of survey respondents in each DHB,[6] the variation in quality and safety culture responses between DHBs remains. When the role profiles of DHB respondents are adjusted to be equivalent, the difference between the DHBs with the highest and lowest scores increases or decreases (depending on the question) by only a few percentage points.

[6] Role profile was calculated by first giving each DHB the same major role profile as the all-DHB result. That is, it was assumed they had the same percentage of staff who worked as nurses, medical practitioners, leadership and management role, allied health professional and administrative/technical roles. These major roles account for 85 percent of all survey respondents. The survey results were then weighted to reflect this standardised role profile (eg, nurses in DHBs with lower-than-average responses were given higher weighting and nurses in DHBs with higher-than-average responses were given lower weighting). The percentage of positive response to each survey question for each DHB for the weighted data was calculated and the variation was compared with the unweighted percentage of positive response. This method was applied to 17 out to 20 DHBs – three DHBs were excluded from this method as they did not have a minimum of one respondent in each of the five major roles to enable reweighting.

NGOs

No statistically significant differences were evident between NGO national responses and responses for the Northern, Midland and Central regions.

South Island NGOs were **less likely** to give a positive response to the following questions:

- ‘In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice’
- ‘Mihi and whakawhanaungatanga 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’
- ‘The wider organisation has a good understanding of the type of work we do in our service’.

Role

Responses by role produced many statistically significant differences compared with national results.

Where results were statistically different, allied health professionals were **less likely** to give a positive response compared with national results for all but one of the survey questions. In the one exception, allied health professionals were more likely to give a positive response to ‘I have regular access to coaching or mentoring or supervision’.

Nurses were also **less likely** to give a positive response compared with national results for all but one of the statistically significant results. In the one exception, nurses were more likely to respond positively to ‘We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’.

Some statistically significant differences were evident for MHA staff working in a medical practitioner role. Medical practitioners were **less likely** to respond positively across many of the questions. Examples of questions with the largest difference between medical practitioners and the national result include the following:

- ‘The wider organisation has a good understanding of the type of work we do in our service’ (18 percentage points lower)
- ‘Learning from adverse events has led to positive change in this service/organisation’ (15 percentage points lower)
- ‘Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved’ (15 percentage points lower)
- ‘In this service we use data to help us monitor and make improvements to our quality of care/support’ (12 percentage points lower)
- ‘Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care’ (11 percentage points lower).

Support workers were **more likely** to give a positive response compared with national results for most questions. Some examples of questions where results followed this pattern include:

- ‘The wider organisation has a good understanding of the type of work we do in our service’ (21 percentage points higher)
- ‘Learning from adverse events has led to positive change in this service/organisation’ (21 percentage points higher)
- ‘In this service, recognising and reporting incidents is encouraged and valued’ (20 percentage points higher)
- ‘We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying’ (18 percentage points higher).

Some statistically significant differences were also evident for staff working in leadership or management roles. Compared with national results, examples where staff in a leadership or management role were **more likely** to give a positive response include the following:

- ‘Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved’ (16 percentage points higher)
- ‘Learning from adverse events has led to positive change in this service/organisation’ (16 percentage points higher)
- ‘In this service, recognising and reporting incidents is encouraged and valued’ (15 percentage points higher)
- ‘In this service we use data to help monitor and make improvements to our quality of care/support’ (14 percentage points higher)
- ‘I feel supported by my manager(s)’ (11 percentage points higher).

They were **less likely** to give a positive response to the following:

- ‘When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well’ (9 percentage points lower)
- ‘Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care’ (9 percentage points lower).

Ethnicity

There were many statistically significant differences between ethnic groups and the national results.

Pacific MHA staff were **more likely** to give a positive response across each of the 22 quality and safety culture questions. Māori MHA staff were also **more likely** to give a positive response across most questions.

Within the pool of survey respondents, a higher percentage of Māori and Pacific MHA staff worked in NGO services than in DHB services, and on average staff in NGO services were more likely to give a positive response. However, even when taking into account that Māori and Pacific staff had a different organisation profile[7] from other respondents, Māori and Pacific staff were still more likely to give a positive response across more than half of the questions.

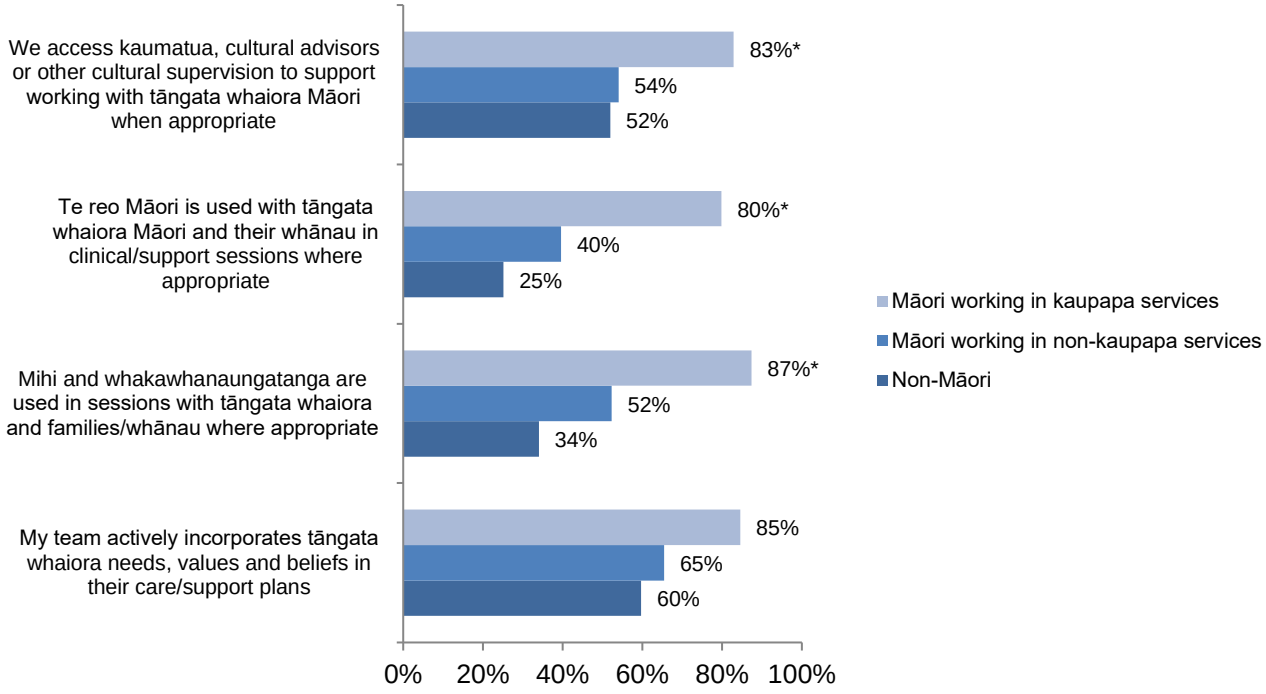
[7] Organisation profile was calculated by, first, giving each ethnic group the same organisation profile (that is, the same percentage of staff who worked in DHB inpatient services, DHB community services, NGOs and primary care). The survey results were then weighted to reflect this standardised organisation profile (eg, Māori and Pacific in NGO services were given a lower weighting and Māori and Pacific in DHB services were given a higher weighting). The percentage of positive responses to each survey question for each ethnic group for the weighted data was calculated and tested for statistical significance compared with the national result. Appendix 1 provides the standardised differences.

Some examples of questions to which a higher percentage of Pacific staff gave a positive response compared with the national result, even after considering differences in organisation profiles, include the following:

- 'We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying' (19 percentage points higher)
- 'Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved' (18 percentage points higher)
- 'Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care' (18 percentage points higher)
- 'Everybody in this service works together in a well-coordinated way' (17 percentage points higher).

In an analysis of the four cultural competency questions, the percentage of Māori working in a kaupapa Māori service who gave positive responses was higher than the percentage of Māori working in a non-kaupapa service and higher than the percentage of non-Māori. These differences were statistically significant (see Figure 12).

Figure 12: Positive responses to cultural competence questions among Māori working in kaupapa Māori services, Māori in non-kaupapa services, and non-Māori



* Statistically significant difference between Māori working in a kaupapa service and Māori working in a non-kaupapa service

Gender

There were no statistically significant differences when comparing quality and safety culture responses between genders.

MHA service and area

The term ‘area’ used in this report refers to categorising results by mental health, addiction, intellectual disability, forensic, etc. The term ‘service’ refers to categorising results by child and youth, adult and older adult services.

Service

MHA staff working in ‘mental health – general’ were less likely to give a positive response across the majority of questions.

MHA staff working in ‘addiction services – general’ were **more likely** to give a positive response to the following questions:

- ‘Tāngata whaiora and family/whānau are treated with respect by the service I work for’ (6 percentage points higher)
- ‘Staff in my team adhere to clinical evidence and guidelines’ (8 percentage points higher)
- ‘I have regular access to coaching, mentoring and supervision’ (7 percentage points higher).

MHA staff in ‘addiction services – general’ were **less likely** to give a positive response to the following questions:

- ‘We work alongside family/whānau to understand how best to support them and their family member’ (5 percentage points lower)
- ‘Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’ (6 percentage points lower)
- ‘Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’ (8 percentage points lower)
- ‘We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’ (6 percentage points lower).

MHA staff working in forensic services were **more likely** to agree that:

- ‘Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate’ (15 percentage points higher)
- ‘Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate’ (10 percentage points higher)
- ‘We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’ (19 percentage points higher)
- ‘Staff in my team adhere to clinical evidence and guidelines’ (9 percentage points higher)
- ‘Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care’ (8 percentage points higher)
- ‘When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well’ (13 percentage points higher).

MHA staff working in forensic services were **less likely** to agree that:

- ‘I have regular access to coaching or mentoring or supervision’ (9 percentage points lower).

Area

MHA staff working in child and youth services were **more likely** to give a positive response to the following questions:

- 'We work with tāngata whaiora to co-create a plan of care and support' (7 percentage points higher)
- 'We work alongside family/whānau to understand how best to support them and their family member' (11 percentage points higher).

They were **less likely** to give a positive response to the following questions:

- 'Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care' (6 percentage points lower)
- 'When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well' (5 percentage points lower)
- 'In this service, recognising and reporting incidents is encouraged and valued' (10 percentage points lower)
- 'Learning from adverse events has led to positive change in this service/organisation' (6 percentage points lower)
- 'In this service, we use data to help us monitor and make improvements to our quality of care/support' (8 percentage points lower)
- 'I feel supported by my manager(s)' (4 percentage points lower)
- 'The wider organisation has a good understanding of the type of work we do in our service' (7 percentage points lower).

MHA staff working in older adult services were **more likely** to give a positive response to the following questions:

- 'We work alongside family/whānau to understand how best to support them and their family member' (18 percentage points higher)
- 'When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well' (14 percentage points higher).

They were **less likely** to give a positive response to the following questions:

- 'Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved' (9 percentage points lower)
- 'I feel supported by my manager(s)' (11 percentage points lower)
- 'The wider organisation has a good understanding of the work we do in our service' (13 percentage points lower).

Length of time in role

MHA staff who had been in their role for less than one year were **more likely** to give a positive response to the following questions:

- 'Tāngata whaiora and family/whānau are treated with respect by the service I work for' (4 percentage points higher)
- 'Recognising and reporting incidents is encouraged and valued' (8 percentage points higher)

- ‘There are opportunities for professional development’ (12 percentage points higher)
- ‘I have regular access to coaching or mentoring or supervision’ (6 percentage points higher)
- ‘I feel supported by my manager(s)’ (14 percentage points higher)
- ‘Everybody in this service works together in a well-coordinated way’ (8 percentage points higher)
- ‘The wider organisation has a good understanding of the type of work we do in our service’ (7 percentage points higher).

MHA staff who had been in their role for between one and two years were **less likely** to give a positive response to the following question:

- ‘We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate’ (6 percentage points lower).

MHA staff who had been in their role for more than 10 years were **more likely** to give a positive response to the following question:

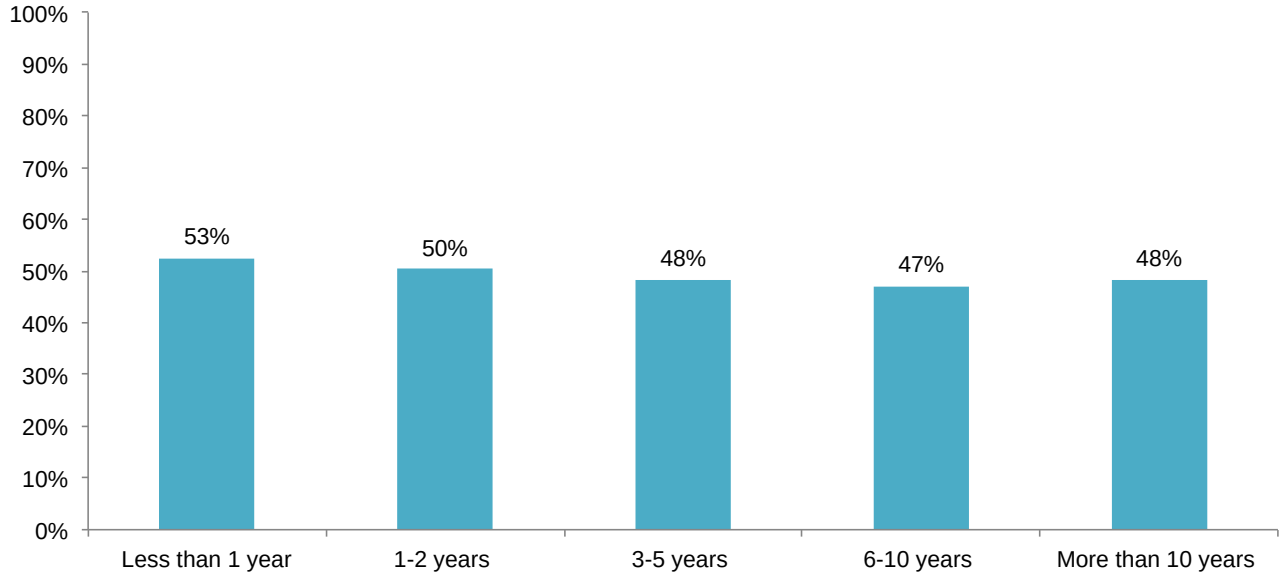
- ‘We access kaumātua, cultural advisors or other cultural supervision when appropriate’ (4 percentage points higher).

MHA staff who had been in their role for more than 10 years were **less likely** to give a positive response to the following questions:

- ‘There are opportunities for professional development’ (7 percentage points lower)
- ‘I feel supported by my manager(s)’ (7 percentage points lower).

Figure 13 shows the average percentage of positive responses across all 22 quality and safety culture questions among respondents based on the length of time in their role.

Figure 13: Average percentage of positive scores across 22 quality and safety culture questions by the length of time in their role



In words

The survey asked respondents to describe one thing in their service that would make things better for tāngata whaiora care and support, and one thing that currently works well.

The responses to these two open-ended questions were grouped under themes (for the methodology, see the technical report). Appendix 2 provides the full set of results from the themes. The following quotes in response to each question help to illustrate the themes, while Figure 14 offers a visual summary of the responses to 'What would make things better for tāngata whaiora?'

In words: a sample of responses to: 'What would make things better for tāngata whaiora?'

- Better after-care support when they leave, such as a wraparound service for accommodation/housing (long term/security) and other services they require to help them live a good life.
- Cultural awareness and education to be provided to staff on a regular basis.
- Good communication between both tāngata whaiora and the different kaimahi [staff], both clinical and non-clinical.
- It would be more resources. Our service is demanding as we deal with mental health together with social issues, eg, housing. We have a lot of appointments for our clients, and sometimes emergency appointments where we need cars but cannot access [them]. Maybe more cars allocated to staff will be a lot more helpful especially being in a service that is busy and demanding most times.
- Increased access to funding opportunities and involvement in all aspects of the work.
- Greater range and quantity of therapy and support service available in the community… to help transition back to care outside specialist MHS. Specific culturally and linguistically appropriate services for Asian clients (we have such service for Māori and PI [Pacific] population but not for Asians although there is a cultural support service for Asians).
- Working in an NGO we always work under financial constraints, which often mean we are not always able to provide the best, evidence-based care.

Figure 14: A summary of themes in responses to: 'What would make things better for tāngata whaiora?'

In words: a sample of responses to: 'What works well for tāngata whaiora?'

- We have an extraordinary MDT [multidisciplinary team] who all work together to provide the best care possible under the circumstances in which we work.
- Hard-working, compassionate and very experienced staff.
- All clients are treated with utmost respect and validated. They have their OWN goals to work towards (ie, client-led).
- We offer people a great deal of ongoing support in their training and employment journey. We spend a lot of time encouraging, advising and motivating people on what can be a difficult and discouraging journey. We broker and organise many opportunities at a community level. We inject hope when people are losing it. We are determined and don't give up on people. We work as closely as we are able to with case managers and clinicians. We include family in the journey.
- They are far more better understood. The communication is already on the way in connection with tāngata whaiora, as we had to go through a lot of changes when our new service took over. We are finally seeing the end results and new beginnings.
- Team approach which is truly multidisciplinary.
- Tāngata/whaiora are encouraged to stay with their whānau when they are unwell as much as is possible.
- As a team we are proactive in establishing networks with wider service systems and addressing barriers/access to services to ensure our tāngata whaiora are provided with the supports they need. We assertively outreach wherever possible to pre-empt need and ensure pathways to care are as responsive as they can be but there is still work to do in this area.

Other resources available

Other resources containing results from the Ngā Poutama survey are available at: www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/projects/quality-in-context.

These include:

- the technical report
- individual DHB and NGO region summaries
- the survey questionnaire.

For information not contained in the above resources, please contact the Commission MHA team at: MentalHealthAddiction@hqsc.govt.nz

Appendix 1: Data tables

This appendix contains detailed data tables of the survey results. All results are shown as percentage positives (scores of 6–7).

An asterisk (*) next to a percentage in a table indicates the score represents a statistically significant difference compared with the national results.

As this is a survey, all percentages are subject to sampling error. The margins of error for the survey results are:

- national results +/– 1.9 percent
- DHBs overall +/– 2.4 percent
- NGOs overall +/– 3.6 percent.

To calculate the margin of error for the other categories based on their sample size (*n*), the following formula was used:

$$\sqrt{\frac{0.25}{n}} \times 1.96$$

Organisation type

Table 1: Percentages of positive results nationally and by DHBs overall, and DHB range

	National	DHB overall	DHB low	DHB high	Variation low–high
	n = 2,564	n = 1,717[#]			
Engagement with tāngata whaiora					
Tāngata whaiora and family/whānau treated with respect	77	72*	55	84	30
Work with tāngata whaiora to co-create a plan of care and support	70	64*	52	80	28
Work alongside family/whānau to understand how best to support them and their family member	60	57	45	72	27
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	45*	25	56	31
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	55*	37	66	29
Care and support provided					
Mihi and whakawhanaungatanga used where appropriate	40	35*	9	56	47
Te reo Māori used where appropriate	31	27*	10	42	32
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	55	21	81	60
Easy to speak up if I perceive a problem with care	55	48*	33	62	30
Staff in my team adhere to clinical evidence and guidelines	61	59	45	70	25
Care/support well coordinated between DHBs and NGOs/primary care	26	24	10	40	30
Transfers from one service to another – important and necessary information exchanged well	36	38	10	49	39
Learning and changing care and support provided					
Recognising and reporting incidents encouraged and valued	61	51*	21	70	49
Learning from adverse events has led to positive change	46	35*	21	56	35
Use data to help monitor and make improvements	43	35*	12	45	33
Senior staff actively encourage staff ideas	46	37*	20	56	36
Engaged, effective workforce					
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	22*	5	37	32
Opportunities for professional development	54	46*	19	62	43
Regular access to coaching or mentoring or supervision	58	52*	26	63	37
I feel supported by my manager(s)	57	51*	20	65	45
Everybody in this service works together in a well-coordinated way	39	32*	15	49	34
Wider organisation has a good understanding of the work we do in our service	27	16*	5	28	23

Sample sizes vary by DHB from *n* = 13 to *n* = 225. The DHB with a sample size of 13 was excluded from the reporting in the 'DHB low' and 'DHB high' columns as this sample size is below the minimum reporting threshold of 20.

* Statistically significant difference from the national result.

Table 2: Percentages of positive responses nationally, for NGOs overall and by region

	National	NGO overall	NGO Northern	NGO Midland	NGO Central	NGO South Island
	n = 2,564	n = 753	n = 229	n = 179	n = 184	n = 161
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	77	88*	89	87	90	85
Work with tāngata whaiora to co-create a plan of care and support	70	81*	82	80	85	77
Work alongside family/whānau to understand how best to support them and their family member	60	64*	64	62	69	62
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	62*	62	66	70	49*
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	78*	78	80	83	72
Care and support provided						
Mihi and whakawhanaungatanga used where appropriate	40	52*	57	51	64	29*
Te reo Māori used where appropriate	31	39*	45	41	44	21*
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	53	56	53	56	44*
Easy to speak up if I perceive a problem with care	55	71*	72	69	77	67
Staff in my team adhere to clinical evidence and guidelines	61	66*	68	64	69	63
Care/support well coordinated between DHBs and NGOs/primary care	26	30*	35	24	33	27
Transfers from one service to another – important and necessary information exchanged well	36	32*	37	26	35	31
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	61	80*	79	81	82	80
Learning from adverse events has led to positive change	46	68*	68	68	70	64
Use data to help monitor and make improvements	43	61*	62	60	67	55
Senior staff actively encourage staff ideas	46	64*	63	62	69	62
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	51*	55	51	52	45
Opportunities for professional development	54	70*	69	74	74	63
Regular access to coaching or mentoring or supervision	58	70*	68	66	71	74
I feel supported by my manager(s)	57	69*	69	69	71	69
Everybody in this service works together in a well-coordinated way	39	54*	55	56	57	47
Wider organisation has a good understanding of the work we do in our service	27	52*	58	45	62	42*

* Statistically significant difference from the national result.

Role

Table 3: Percentages of positive responses nationally and by role

	National	Allied health professional	Nurse	Medical practitioner	Support worker	Leadership and management
	n = 2,564	n = 428	n = 642	n = 128	n = 417	n = 345
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	77	72*	72*	79	86*	83*
Work with tāngata whaiora to co-create a plan of care and support	70	63*	66	61*	80*	72
Work alongside family/whānau to understand how best to support them and their family member	60	53*	59	62	68*	56
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	42*	44*	41*	67*	48
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	51*	55*	57	78*	64
Care and support provided						
Mihi and whakawhanaungatanga used where appropriate	40	33*	33*	30*	51*	40
Te reo Māori used where appropriate	31	24*	26*	21*	38*	31
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	44*	59*	54	51	56
Easy to speak up if I perceive a problem with care	55	44*	48*	48	70*	65*
Staff in my team adhere to clinical evidence and guidelines	61	57	59	54	69*	62
Care/support well coordinated between DHBs and NGOs/primary care	26	21*	24	16*	41*	18*
Transfers from one service to another – important and necessary information exchanged well	36	33	40	30	40	28*
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	61	48*	45*	53	80*	76*
Learning from adverse events has led to positive change	46	34*	31*	31*	66*	62*
Use data to help monitor and make improvements	43	29*	30*	31*	61*	58*
Senior staff actively encourage staff ideas	46	36*	33*	31*	61*	62*
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	22*	17*	21*	50*	41*
Opportunities for professional development	54	46*	40*	61	68*	64*
Regular access to coaching or mentoring or supervision	58	67*	46*	55	60	68*
I feel supported by my manager(s)	57	50*	46*	52	68*	68*
Everybody in this service works together in a well-coordinated way	39	35	28*	32	54*	43
Wider organisation has a good understanding of the work we do in our service	27	19*	11*	9*	49*	35*

* Statistically significant difference from the national result.

Table 4: Percentages of positive responses nationally and by role (continued)

	National	Consumer advisor/ leader	Family/ whānau advisor	Cultural advice and support role	Administrative /technical role	Other
	n = 2,564	n = 40	n = 28	n = 40	n = 126	n = 172
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	77	55	57	80	74	83
Work with tāngata whaiora to co-create a plan of care and support	70	43	40	78	65	78
Work alongside family/whānau to understand how best to support them and their family member	60	46	50	77	59	61
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	40	70	70	58	60
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	59	44	68	65	76
Care and support provided						
Mihi and whakawhanaungatanga used where appropriate	40	38	43	80	37	51
Te reo Māori used where appropriate	31	24	33	75	28	36
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	50	41	85	60	55
Easy to speak up if I perceive a problem with care	55	54	46	78	46	65
Staff in my team adhere to clinical evidence and guidelines	61	35	37	79	65	65
Care/support well coordinated between DHBs and NGOs/primary care	26	16	21	41	36	26
Transfers from one service to another – important and necessary information exchanged well	36	16	7	53	42	36
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	61	66	54	73	67	65
Learning from adverse events has led to positive change	46	46	36	68	46	53
Use data to help monitor and make improvements	43	49	32	65	55	54
Senior staff actively encourage staff ideas	46	50	43	63	44	54
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	35	32	55	29	40
Opportunities for professional development	54	50	39	68	51	63
Regular access to coaching or mentoring or supervision	58	64	64	48	39	69
I feel supported by my manager(s)	57	64	61	58	54	67
Everybody in this service works together in a well-coordinated way	39	43	29	55	36	46
Wider organisation has a good understanding of the work we do in our service	27	33	29	53	34	42

* Statistically significant difference from the national result.

Ethnicity

Table 5: Percentages of positive responses nationally and by ethnic group

	National	NZ European	Māori	Pacific peoples	Asian#	Other##
	n = 2,564	n = 1,375	n = 466	n = 156	n = 159	n = 470
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	77	75	80	79	85*	76
Work with tāngata whaiora to co-create a plan of care and support	70	66*	75*	75	80*	66
Work alongside family/whānau to understand how best to support them and their family member	60	56*	64	68*	70*	55
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	45*	63*	68*	61*	46
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	56*	70*	77*	74*	59
Care and support provided						
Mihi and whakawhanaungatanga used where appropriate	40	32*	61*	57*	54*	32
Te reo Māori used where appropriate	31	23*	49*	45*	45*	22
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	50*	61*	59	62*	50
Easy to speak up if I perceive a problem with care	55	50*	66*	68*	62	53
Staff in my team adhere to clinical evidence and guidelines	61	58*	64	69*	70*	58
Care/support well coordinated between DHBs and NGOs/primary care	26	21*	33*	43*	40*	21
Transfers from one service to another – important and necessary information exchanged well	36	32*	36	50*	55*	32
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	61	57*	69*	74*	66	56
Learning from adverse events has led to positive change	46	40*	57*	63*	59*	41
Use data to help monitor and make improvements	43	38*	51*	58*	59*	39
Senior staff actively encourage staff ideas	46	42*	52*	65*	50	41
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	26*	41*	54*	39*	26
Opportunities for professional development	54	50*	61*	71*	58	50
Regular access to coaching or mentoring or supervision	58	56	57	66*	66*	57
I feel supported by my manager(s)	57	53*	61*	67*	64*	53
Everybody in this service works together in a well-coordinated way	39	35*	47*	58*	52*	34
Wider organisation has a good understanding of the work we do in our service	27	21*	37*	47*	45*	23

Asian includes Indian, Chinese, Southeast Asian and other Asian.

Other includes Middle Eastern, Latin American, African, other European and other.

* Statistically significant difference from the national result.

Table 5a: Percentages of positive responses nationally and among Māori and Pacific peoples, standardised for different organisation profile

	National	Māori – standardised^	Pacific peoples – standardised^
	n = 2,564	n = 466	n = 156
Engagement with tāngata whaiora			
Tāngata whaiora and family/whānau treated with respect	77	78	78
Work with tāngata whaiora to co-create a plan of care and support	70	72*	74
Work alongside family/whānau to understand how best to support them and their family member	60	62	67
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	61*	68*
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	66	75*
Care and support provided			
Mihi and whakawhanaungatanga used where appropriate	40	59*	56*
Te reo Māori used where appropriate	31	48*	45*
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	60*	63*
Easy to speak up if I perceive a problem with care	55	63*	65*
Staff in my team adhere to clinical evidence and guidelines	61	63	70*
Care/support well coordinated between DHBs and NGOs/primary care	26	33*	44*
Transfers from one service to another – important and necessary information exchanged well	36	36	52*
Learning and changing care and support provided			
Recognising and reporting incidents encouraged and valued	61	64	74*
Learning from adverse events has led to positive change	46	53*	61*
Use data to help monitor and make improvements	43	48*	57*
Senior staff actively encourage staff ideas	46	49	64*
Engaged, effective workforce			
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	38*	51*
Opportunities for professional development	54	57	69*
Regular access to coaching or mentoring or supervision	58	54	64
I feel supported by my manager(s)	57	59	64
Everybody in this service works together in a well-coordinated way	39	45*	56*
Wider organisation has a good understanding of the work we do in our service	27	32	44*

* Statistically significant difference from the national result.

^ The standardised figures adjust the data to take into account the different organisation profile of ethnic groups – as within the pool of survey respondents, a higher percentage of Māori and Pacific MHA staff worked in NGO services than in DHB services. The standardised figures were calculated by, first, giving each ethnic group the same organisation profile (that is, the same percentage of staff who worked in DHB inpatient services, DHB community services, NGOs and primary care). The survey results were then weighted to reflect this standardised organisation profile (eg, Māori and Pacific peoples in NGO services were given a lower weighting and Māori and Pacific peoples in DHB services were given a higher weighting). The percentage of positive response to each survey question for each ethnic group for the weighted data is presented.

Gender

Table 6: Percentages of positive responses by gender

	Male/tāne	Female/wāhine	Gender diverse
	n = 592	n = 1,537	n = 25
Engagement with tāngata whaiora			
Tāngata whaiora and family/whānau treated with respect	78	78	100
Work with tāngata whaiora to co-create a plan of care and support	69	70	88
Work alongside family/whānau to understand how best to support them and their family member	59	60	80
Involve tāngata whaiora and family/whānau in efforts to improve future practice	52	51	88
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	62	92
Care and support provided			
Mihi and whakawhanaungatanga used where appropriate	41	39	76
Te reo Māori used where appropriate	32	29	61
Access kaumātua, cultural advisors or other cultural supervision when appropriate	53	55	60
Easy to speak up if I perceive a problem with care	60	55	88
Staff in my team adhere to clinical evidence and guidelines	62	61	88
Care/support well coordinated between DHBs and NGOs/primary care	27	26	56
Transfers from one service to another – important and necessary information exchanged well	37	36	60
Learning and changing care and support provided			
Recognising and reporting incidents encouraged and valued	65	60	88
Learning from adverse events has led to positive change	49	45	72
Use data to help monitor and make improvements	47	43	72
Senior staff actively encourage staff ideas	47	47	68
Engaged, effective workforce			
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	36	30	60
Opportunities for professional development	56	54	68
Regular access to coaching or mentoring or supervision	58	59	75
I feel supported by my manager(s)	59	57	76
Everybody in this service works together in a well-coordinated way	41	39	68
Wider organisation has a good understanding of the work we do in our service	30	26	56

* Statistically significant difference from the national result.

MHA area and service

Table 7: Percentages of positive responses nationally and by MHA area

	National	Child and youth	Adult	Older adult
	n = 2,564	n = 267	n = 1,880	n =129
Engagement with tāngata whaiora				
Tāngata whaiora and family/whānau treated with respect	77	79	77	84
Work with tāngata whaiora to co-create a plan of care and support	70	76*	68	74
Work alongside family/whānau to understand how best to support them and their family member	60	71*	57	78*
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	49	51	50
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	62	62	60
Care and support provided				
Mihi and whakawhanaungatanga used where appropriate	40	41	40	33
Te reo Māori used where appropriate	31	29	30	27
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	51	53	61
Easy to speak up if I perceive a problem with care	55	53	56	56
Staff in my team adhere to clinical evidence and guidelines	61	59	60	69
Care/support well coordinated between DHBs and NGOs/primary care	26	20*	26	30
Transfers from one service to another – important and necessary information exchanged well	36	31*	35	50*
Learning and changing care and support provided				
Recognising and reporting incidents encouraged and valued	61	51*	61	60
Learning from adverse events has led to positive change	46	39*	46	44
Use data to help monitor and make improvements	43	35*	44	39
Senior staff actively encourage staff ideas	46	44	46	36*
Engaged, effective workforce				
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	29	32	24
Opportunities for professional development	54	54	53	56
Regular access to coaching or mentoring or supervision	58	61	58	52
I feel supported by my manager(s)	57	53*	58	46*
Everybody in this service works together in a well-coordinated way	39	40	38	40
Wider organisation has a good understanding of the work we do in our service	27	20*	29	14*

* Statistically significant difference from the national result.

Table 8: Percentages of positive responses by MHA service

	Mental health general	Addiction general	Mental health kaupapa Māori	Addiction kaupapa Māori	Intellectual disability services	Forensic	Other
	n = 1,691	n = 298	n = 120	n = 53	n = 26	n = 165	n = 259
Engagement with tāngata whaiora							
Tāngata whaiora and family/whānau treated with respect	74*	83*	89*	93*	88	76	82
Work with tāngata whaiora to co-create a plan of care and support	66*	75	86*	84*	68	66	76
Work alongside family/whānau to understand how best to support them and their family member	57	54*	79*	73	64	58	71
Involve tāngata whaiora and family/whānau in efforts to improve future practice	47*	51	75*	62	40	50	59
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	58*	64	86*	79*	52	64	71
Care and support provided							
Mihi and whakawhanaungatanga used where appropriate	35*	34*	84*	79*	17	55*	36
Te reo Māori used where appropriate	26*	23*	75*	74*	18	41*	29
Access kaumātua, cultural advisors or other cultural supervision when appropriate	51	48*	78*	67	59	73*	54
Easy to speak up if I perceive a problem with care	51*	60	80*	67	68	57	62
Staff in my team adhere to clinical evidence and guidelines	57*	69*	76*	56	48	70*	64
Care/support well coordinated between DHBs and NGOs/primary care	24	27	47*	21	20	34*	26
Transfers from one service to another – important and necessary information exchanged well	34	38	42	26	40	49*	37
Learning and changing care and support provided							
Recognising and reporting incidents encouraged and valued	58	65	81*	63	80	61	62
Learning from adverse events has led to positive change	42*	48	72*	53	68	41	51
Use data to help monitor and make improvements	40	47	70*	49	48	41	50
Senior staff actively encourage staff ideas	42*	49	70*	49	48	41	54
Engaged, effective workforce							
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	28*	34	57*	47*	44	28	36
Opportunities for professional development	52	54	69*	70*	60	48	57
Regular access to coaching or mentoring or supervision	56	65*	66	77*	64	49*	59
I feel supported by my manager(s)	55	57	73*	60	64	59	57
Everybody in this service works together in a well-coordinated way	35*	40	68*	49	44	33	47
Wider organisation has a good understanding of the work we do in our service	24*	30	56*	47*	44	24	25

* Statistically significant difference from the national result.

Length of time in role

Table 9: Percentages of positive responses nationally and by length of time in role

	National	Less than 1 year	1–2 years	3–5 years	6–10 years	More than 10 years
	n = 2,564	n = 333	n = 410	n = 487	n= 391	n = 707
Engagement with tāngata whaiora						
Tāngata whaiora and family/whānau treated with respect	77	82*	79	74	75	78
Work with tāngata whaiora to co-create a plan of care and support	70	72	70	68	67	69
Work alongside family/whānau to understand how best to support them and their family member	60	59	55	57	60	64
Involve tāngata whaiora and family/whānau in efforts to improve future practice	51	50	52	49	48	53
Actively incorporate tāngata whaiora needs, values and beliefs in their care/support plans	62	63	66	63	59	59
Care and support provided						
Mihi and whakawhanaungatanga used where appropriate	40	39	42	43	36	38
Te reo Māori used where appropriate	31	31	35	33	30	30
Access kaumātua, cultural advisors or other cultural supervision when appropriate	54	52	48*	55	52	58*
Easy to speak up if I perceive a problem with care	55	58	56	55	53	56
Staff in my team adhere to clinical evidence and guidelines	61	65	59	56	60	63
Care/support well coordinated between DHBs and NGOs/primary care	26	27	26	27	21	27
Transfers from one service to another – important and necessary information exchanged well	36	34	34	32	33	40
Learning and changing care and support provided						
Recognising and reporting incidents encouraged and valued	61	68*	60	59	60	58
Learning from adverse events has led to positive change	46	48	46	47	47	43
Use data to help monitor and make improvements	43	42	44	44	42	44
Senior staff actively encourage staff ideas	46	51	50	44	41	44
Engaged, effective workforce						
Effective systems for preventing/dealing with intimidating behaviour and workplace bullying	31	33	32	33	29	30
Opportunities for professional development	54	66*	59	53	51	47*
Regular access to coaching or mentoring or supervision	58	64*	61	56	56	56
I feel supported by my manager(s)	57	70*	62	55	54	50*
Everybody in this service works together in a well-coordinated way	39	47*	42	35	39	36
Wider organisation has a good understanding of the work we do in our service	27	34*	30	27	25	24

* Statistically significant difference from the national result.

Appendix 2: Key themes from open-ended questions

The survey contained two open-ended questions. The first asked respondents to identify one thing in their service that could make things better for tāngata whaiora care and support. The second asked respondents to describe one thing that currently works well for tāngata whaiora care and support in their service.

What would make things better for tāngata whaiora care and support?

Key themes

1. **Increase funding for the MHA sector. This would enable:**
    - better resourcing for services in terms of staffing levels (across all roles – nurses, clinicians, support workers, cultural support staff, peer workers etc)
    - involving key workers earlier to facilitate active and effective tāngata whaiora engagement
    - reducing caseloads for staff, giving them extra time to spend with individual tāngata whaiora, as well as more opportunity to work alongside families and whānau
    - making more staff available from specific disciplines, for example, clinical psychologists
    - increasing flexibility in terms of access to services (ie, not limited to a set number of sessions)
    - reducing waiting lists and improving bed availability issues
    - reducing pressure on MHA staff
    - providing access to a wider range of activities (including goal-related, recreational outings, gym equipment)
    - providing access to respite care
    - providing access to counselling
    - improving staff access to transport (to carry out their role)
    - increasing support available during service hours or after-hours support
    - increasing the number of permanent staff (fewer short-term contracts)
    - increasing access to services in the regions.
2. **Continue to focus on cultural training for MHA staff and increase the focus on cultural support, including:**
    - increasing education (including regular cultural training)
    - increasing the size of the Māori workforce
    - providing cultural support in rural areas
    - increasing the focus on Māori models of health
    - providing ready access to cultural mentoring and support – ‘having access’ does not always mean ‘ready access’.

3. **Increase after-care support and outreach programmes, including:**
    - providing ongoing ‘after-care’ support (eg, accommodation, transport, skills to assist in community integration)
    - increasing the focus on encouraging and assisting with independent living
    - providing more accessible residential programmes.
4. **Improve physical environments, with concerns that:**
    - physical environments can be rundown and uncomfortable (temperatures, lighting, not inviting, not welcoming)
    - physical spaces need to be more culturally appropriate
    - more flexible spaces are needed
    - there are shortages of consulting rooms
    - there are shortages of private spaces for both tāngata whaiora and family and whānau.
5. **Improve communication and sector-wide collaboration, which includes:**
    - addressing the siloing of MHA services within DHBs
    - DHBs and NGOs working more effectively together – lack of cohesiveness can impact negatively on the experience for tāngata whaiora
    - information sharing of critical information on tāngata whaiora
    - better connections between services.

Secondary themes were:

- improve or increase access to alternative healing methods (including culturally focused healing methods)
- reduce paperwork or ‘red tape’
- change community attitudes and reduce the stigma
- increase the focus on hands-on training
- recognise other (non-Māori) cultural needs
- improve management understanding and support (feedback was polarised on management support)
- provide rural and regional facilities.

What works well for tāngata whaiora care and support?

Key themes

1. **The MHA workforce is dedicated, passionate, caring, kind and empathetic, which includes:**
    - a supportive, nurturing, listening, non-judgemental, respectful, safe environment for tāngata whaiora
    - continuing dedication in the face of funding, resourcing and caseload issues (including thinking outside the square, having a can-do attitude)
    - a genuine desire by staff (in all roles) to provide the best level of care
    - dedicated and supportive management teams (polarised responses).

2. **The MHA workforce works well in terms of levels of knowledge, expertise, experience and training, which includes:**
    - multidisciplinary collaboration for the best outcomes
    - regular group meetings
    - consistency of MHA staff – building positive working relationships and understanding tāngata whaiora needs
    - evidence- and research-based approaches.
3. **Where cultural support is readily available and accessible, it works very well. It includes:**
    - incorporating cultural practices in day-to-day interactions (not only relying on dedicated cultural support staff)
4. **Access to peer support and key worker support works well.**
5. **Services are increasingly focusing on co-design, which includes:**
    - involving tāngata whaiora in their own care and support plans
    - flexible, individualised support.
6. **Services are engaged with family and whānau, which includes:**
    - open access for family and whānau
    - open-door policies, with no time restrictions
    - overnight stays.

Secondary themes were:

- access to services – and in particular, crisis services
- group activities, such as communal dinners, opportunities to connect with other tāngata whaiora, and activities in the community
- renovated buildings and spaces (where this has happened) – enabling and promoting care, and providing welcoming spaces,