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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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

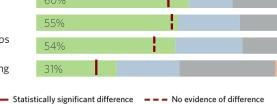
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for the combined 3DHB

All-DHBs % positive -

61%

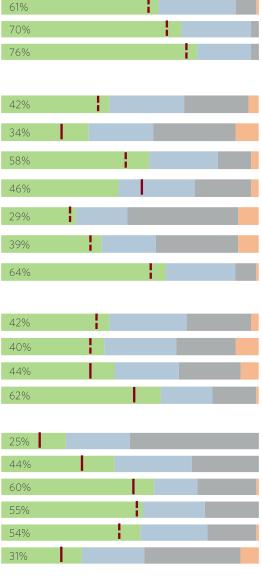
45%

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

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



physical-environments activities under-pressuresmoother-transitions not-receive under-pressuresmoother-transitions not-

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'

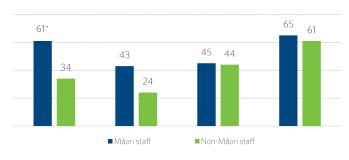
'The environment could be better, we need a place that does not resemble a hospital setting. [Where] family/tāngata whaiora feel welcome to come and support their loved one'

'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'

'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'

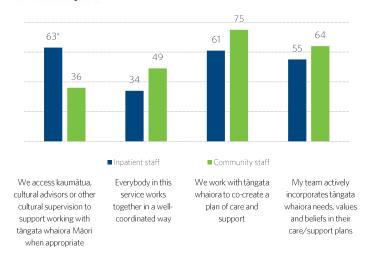
Questions relating to cultural competency – comparing responses from Māori and non-Māori staff



Mihi and whakawhanaungatanga are used in sessions with tängata 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



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

^{*} Indicates a statistically significant difference

Ngā Poutama Oranga Hinengaro: Quality in Context

Capital & Coast DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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

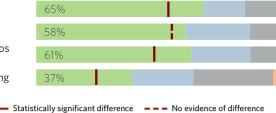
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

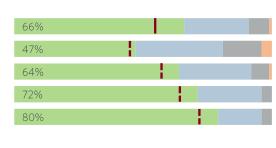
45%

49%

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 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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Ngā Poutama Oranga Hinengaro: Quality in Context

Hutt Valley DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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)

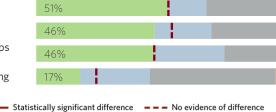
% Positive

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

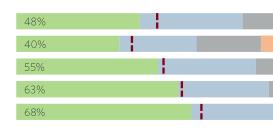
Key findings for my DHB

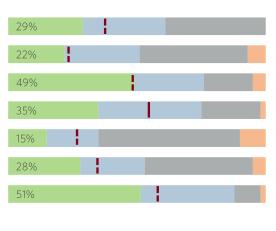
Overall, results for Hutt Valley DHB were consistent with the combined all-DHB results. However, staff at this DHB were less likely to agree that they access kaumatua or other cultural supervision to support work with tāngata whaiora Māori when appropriate.

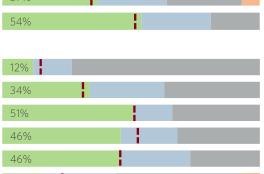
Within the results for Hutt Valley DHB:

- 68 percent of MHA staff agreed that tangata whaiora 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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Ngā Poutama Oranga Hinengaro: Quality in Context

Auckland 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.

56%

47% 60%

67%

24%

43%

56%

41%

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

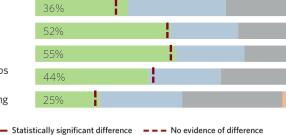
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

Overall, results for MHA staff at Auckland DHB were consistent with combined results across all DHBs. However, staff at this DHB were more likely to agree (ie, to respond positively) that:

- te reo Māori is used with tāngata whaiora Māori and their whānau when appropriate, and
- the service uses data to help monitor and make improvements to the quality of care/support provided.





physical-environments activities under-pressuresmoother-transitions independent-livinginformation-sharing collaboration goal-focus pathways caseloadspaper-work door-training collaboration goal-focus pathways caseloadspaper-work door-focus cultural-training proactive waiting-lists bureaucracy consistency and collaboration goal-focus purpose consistency and collaboration goal-focus cultural-training proactive waiting-lists bureaucracy consistency and collaboration goal-focus public-understanding more-psychologists capproaches rural-facilities better-building better-resourced complementary-services

In words - what currently works well for tangata whaiora



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

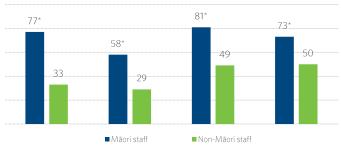
'We need to have more establishments in mental health to provide services to support our Māori and Pacific whānau'

'Communication improvement between organisation and middle and upper management responding within a time frame limit heading towards a deadline and a positive outcome'

'More availability of staff to cater to the demand, more staff to decrease waiting lists' $\,$

'Having more time to engage with them'

Questions relating to cultural competency – comparing responses from Māori and non-Māori staff

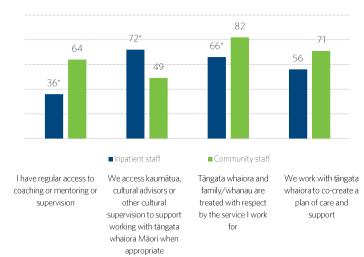


Mihi and whakawhanaungatanga are used in sessions with tängata whaiora and families/whānau where appropriate Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans 'We have an experienced cohesive team with a vision for the service and who holds the needs of tangata whaiora foremost in their minds when planning and implementing service delivery. There is a strong sense of empathy and compassion for the needs of tangata whaiora'

'We try to see everyone as they come through the door, and try our best with the limited services we are able to offer'

'Having family members stay 24/7 if this is what they want to do. Have a bed and food available for family members to stay to support their loved one'

Questions with the largest difference between inpatient and community staff



 * Indicates a statistically significant difference

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

 $Comparisons\ between\ M\bar{a}ori\ and\ non-M\bar{a}ori,\ and\ community\ and\ inpatient\ are\ shown\ only\ where\ there\ is\ a\ minimum\ of\ 20\ people\ in\ each\ category$

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 166 responses from your DHB. This number of responses for your DHB means there is a margin of error of 8 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Bay of Plenty DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

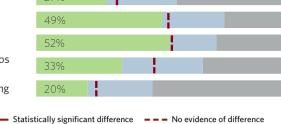
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

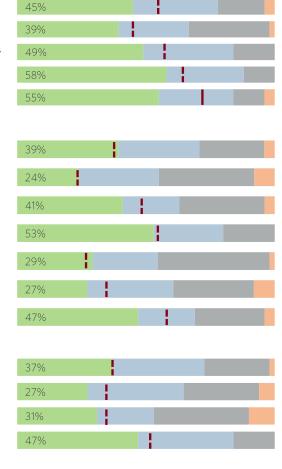
Overall, results for MHA staff at Bay of Plenty DHB were consistent with combined results across all DHBs. The one difference was that staff were less likely to agree that, in the service they work for, tangata whaiora and family/whanau are treated with respect, compared to all DHBs.

Looking at the results within this DHB:

 58 percent of staff who took part agreed that they co-create a care/support plan with tāngata whaiora; this measure had the highest percentage of positive scores.

> Health Quality & Safety Commission New Zealand

 18 percent of staff agreed that the work of their MHA service is wellunderstood by the wider organisation. This measure had the lowest percentage of positive scores.



physical-environments activities under-pressuresmoother-transitions ind-reactive independent-livinginformation-sharing collaboration goal-focus pathways caseloadspaper-work outcome-focus caseloadspaper-work outcome-focus bureaucracy consistency early for the consistency early e

In words - what currently works well for tangata whaiora



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

'More staff. It is very hard to do any 1:1 the rapeutic work as we are always under pressure'

'To work together as a team to make decisions for the better of the whaiora and their care/support'

'A better understanding, education and practice of Māori tikanga and kawa throughout mainstream mental health service for whānau'

'Better communication between clinical teams'

'Model of care for clinical staff to follow'

'A new service has been introduced, the 5 steps, specifically for families/tāngata whaiora, we also have access to NGOs who work with the same'

'The case management system ensures good information and a dedicated support context for the client'

'Having karakia meetings every day, and group meetings, discussing different topics which affect the whaiora and how they can learn how to better deal with situations which come up in their lives'

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 51 responses from your DHB. This number of responses for your DHB means there is a margin of error of 16 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Canterbury DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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)

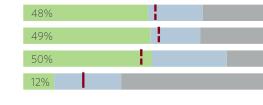
% Positive

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



Statistically significant difference
 No evidence of difference

How to use these survey results

% Neutral

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

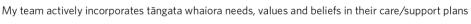
Key findings for my DHB

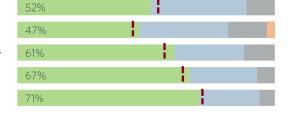
Most results from MHA staff at Canterbury DHB were consistent with the combined results across all DHBs. However, there were some key differences:

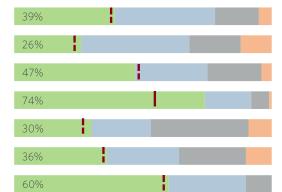
- Staff were more likely to agree (ie, to give a positive response) that they access kaumātua, cultural advisors or other cultural supervision to support their work with tangata whaiora Maori when appropriate.
- They were less likely to agree that there are effective systems in place for preventing or dealing with intimidating behaviour/ workplace bullying.



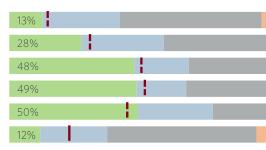












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In words - what currently works well for tangata whaiora



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

'Access to ongoing community support which is appropriate for tangata whaiora and their whanau to support them to continue to be well in their own homes'

'Improved access to medical staff, we are short on doctors and there can be a considerable delay in the ability to make appointments for clients. In addition, increasing heavy caseloads have an impact on our ability to provide consistent quality care to the level we prefer'

'Better physical facilities. Our building is outdated and not suited for purpose'

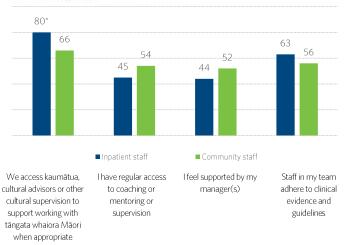
'Feeling supported and listened to by all staff'

'Commitment by staff to keep trying to achieve a quality service despite the challenges'

'A culture within the ward of caring and respect for patients and their right to make their own decisions (whenever possible)'

'Pukenga atawhai do a great job and make a huge difference to tāngata whaiora, they are true taonga and need more support and resourcing'

Questions with the largest difference between inpatient and community staff



^{*} 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 225 responses from your DHB. This number of responses for your DHB means there is a margin of error of 7 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Counties Manukau DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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

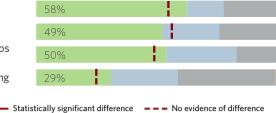
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

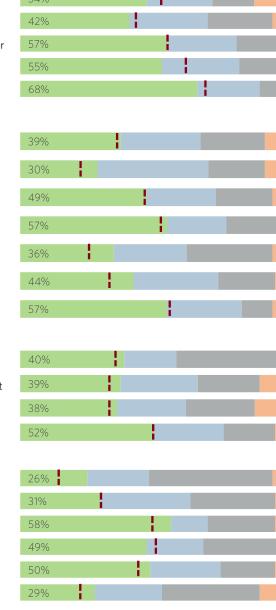
- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

The results for Counties Manukau DHB were consistent with the combined results across all DHBs; there were no statistically significant differences to the all-DHB results. Within Counties Manukau DHB:

- 68 percent of MHA staff who took part agreed that tangata whaiora and whānau are treated with respect; this measure had the highest percentage of positive scores.
- 26 percent of staff agreed that the work of their MHA service is wellunderstood by their organisation. Twenty-nine percent agreed there are effective systems in place for preventing/dealing with workplace bullying. These two measures had the lowest percentage of positive scores.

Health Quality & Safety Commission New Zealand



healing-methods support-services out-realing physical-environments activities under-pressuresmoother-transitions independent-living information-sharing handson-training collaboration goal-focus pathways caseloads paper-work outcome-focus cultural-training proactive waiting-lists bureaucracy consistency each, "Tomos cultural-training proactive waiting-lists bureaucracy consistency each, "Tomos cultural-training public-understanding more-psychologists less-medication early-intervention response-timesholistic-approaches rural-facilities better-buildings peerworkers better-resourced

In words - what currently works well for tangata whaiora



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

'We lost our kaumatua in a restructure so don't have easy access to cultural services'

complementary-services

'Ensuring that we have the appropriate facilities for tangata whaiora. This includes a safe, clean and friendly environment and easy access'

Better coordination of care particularly between community and inpatient, adequate staffing levels, adequate follow-up in community'

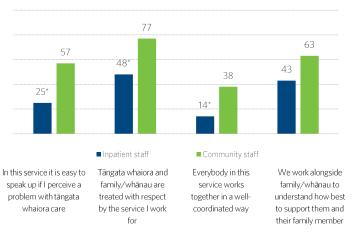
'Communication and having more support from senior management when there is a concern'

'Individual tangata whaiora often receive good care depending on which clinicians they work with. Approaches, skills and level of commitment differ, yet there are many caring clinicians providing a good service'

'Currently awaiting the completion of the new inpatient unit which is designed for our model of care to enhance cultural reference for Māori and Pacific based on the Mason Durie model Whare Tapu Wha'

'Fairly swift access to assessment and treatment'

Questions with the largest difference between inpatient and community staff



 $^{^{\}star}$ 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 83 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

Ngā Poutama Oranga Hinengaro: Quality in Context

Hawke's Bay DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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

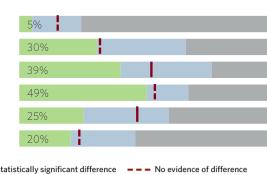
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

Most of the results for Hawke's Bay DHB were consistent with the combined results across all DHBs. However, staff at this DHB were less likely to agree (ie, less likely to give a positive response) that:

- recognising and reporting of incidents is encouraged and valued
- there are opportunities for professional development, and
- they feel supported by their manager(s).

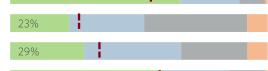


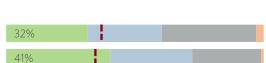


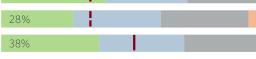
We work with tangata whaiora to co-create a plan of care and support













physical-environments activities under-pressuresmoother-transitions not-reactive handson-training collaboration goal-focus outcome-focus Case loads paper-work outcome-focus Case loads paper-work outcome-focus Case loads paper-work outcome-focus Cultural-training proactive waiting-lists bureaucracy Consistency and Foundation of the Cultural Support of the Cultural

In words - what currently works well for tangata whaiora



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

'We need more staff and more consulting rooms. The whole physical environment is old, tired, cramped, too hot or too cold and needs to be updated'

'Listen to them! Provide more staff so that staff are not forced to provide limited services. HBDHB have less crisis staff than they did 15 years ago! Also have a place to see them in crisis rather than an ED corridor'

'Encouragement (in time and finances) to help us learn te reo'

'In team meetings we have our complete team and are able to seek support where needed' $\,$

 ${\rm II}$ think some clinicians are good at getting alongside whānau and understanding their needs'

'We have good expertise in almost all areas to identify mental health problems correctly and have reasonable treatment available for almost all' 'Independently minded clinicians that teach resilience to the client'

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.hgsc.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 79 responses from your DHB. This number of responses for your DHB means there is a margin of error of 10 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Lakes DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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)

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

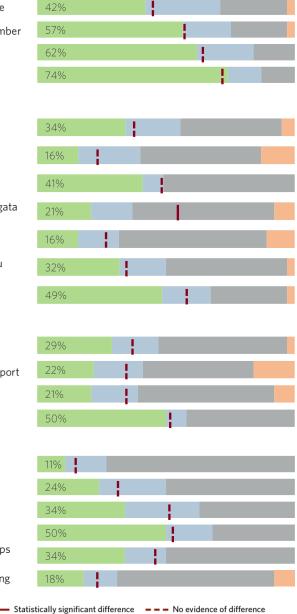
- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

 $Most\ of\ the\ results\ for\ Lakes\ DHB\ were\ consistent\ with\ the\ combined\ results$ across all DHBs. However, staff at this DHB were less likely to agree that they access kaumātua/other cultural supervision to support work with tāngata whaiora Māori when appropriate.

- 74 percent of MHA staff who took part agreed that tāngata whaiora and whānau are treated with respect; this measure had the highest percentage of positive scores
- 11 percent agreed the work of their MHA service is well-understood by their organisation. This measure had the lowest percentage of positive

Health Quality & Safety Commission New Zealand



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In words - what currently works well for tangata whaiora



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

'More staff when busy, we seem to be over our numbers more often than not, this leads to stress within staff members so trying to cover for staff that have taken sick leave or to cover a bigger work load than normal'

'Programmes in the community, there is a severe lack of community placements for service users which places a huge burden of care on families'

'Having kaumatua on staff'

'Strong commitment to ensuring participation in their care'

'My team is amazing, go above and beyond and advocate for their clients, keep the client centre to their delivery of therapy/care'

'Having a competent and caring key worker who has time and commitment for the benefit of the client and their whānau. An ideal situation we try to achieve but are not always successful'

'Easy access for people who are in crisis'

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 38 responses from your DHB. This number of responses for your DHB means there is a margin of error of 16 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

MidCentral DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

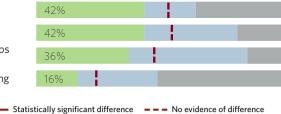
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part
 of the plan-do-study-act cycle.

Key findings for my DHB

42% 54%

60%

68%

30%

54%

34%

28%

Most of the results for MidCentral DHB were consistent with the combined results across all DHBs.

MHA staff at this DHB were less likely to agree (ie, less likely to give a positive response) that:

- they access kaumātua or other cultural supervision to support work with tāngata whaiora Māori where appropriate, and
- when t\u00e4ngata whaiora transfer between services (within the DHB) all important and necessary information is exchanged well.





healing-methods support-services counselling support-services counselling support-services counselling support-services counselling support-services counselling support-services counterpressure smoother-transitions under-pressure smoother-transitions under-pressure support-independent-living information-sharing collaboration goal-focus pathways case loads paper-work outcome-focus could be a considered and support counselve waiting-lists bureaucracy consistency and support support consistency and support s

In words - what currently works well for tangata whaiora



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

'That we (clinicians) develop better ways of talking with each other that are congruent with good relationships with our tāngata whaiora, ie, that we listen to and value tāngata whaiora and we listen to and value each other'

'More resources, too few nurses and psychiatrists'

'Whānau ora/peer support representation in our MDTs to assist with treatment planning and discharge planning'

'Working across the care continuum and contextually, ie, in the person's setting/environment'

'Caring staff who know one another and what each person does and are willing to refer on to them' $\,$

'We have committed keyworkers and doctors in OUR small rural team, that provide holistic care and try to manage the clients' needs despite a significant lack of community resources'

'We have Māori support services, so we can referral a new admission who is Māori'

'The commitment of experienced, long-standing staff members'

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 50 responses from your DHB. This number of responses for your DHB means there is a margin of error of 14 percent for each of the quality and culture survey questions.

Significant differences

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.

46%

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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)

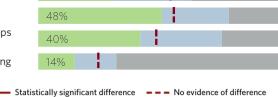
% Positive

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

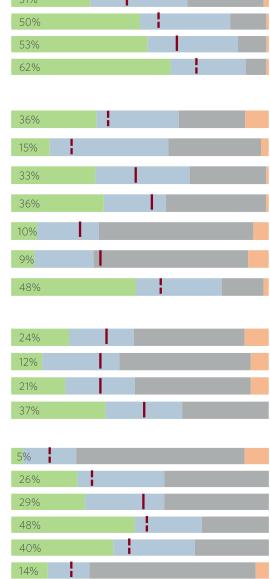
Key findings for my DHB

Compared with the 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 tangata 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.

Health Quality & Safety Commission New Zealand



healing-methods support-services our selling physical-environments under-pressures moother-transitions ind-reactive handson-training collaboration goal-focus outcome-focus caseloadspaper-work outcome-focus caseloadspaper-work outcome-focus caseloadspaper-work outcome-focus cultural-training proactive waiting-lists bureaucracy outcome-focus cultural-training more-psychologists less-medication-garly-intervention response-timesholistic-approaches rural-facilities better-buildings peerworkers better-resourced complementary-services

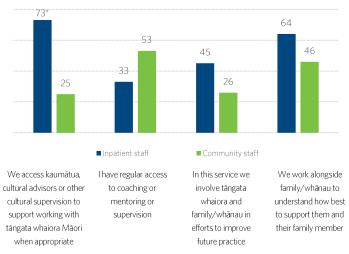
In words - what currently works well for tangata whaiora



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

- '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



^{*} 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

Why was the survey conducted?

minimum of 20 people in each category

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?

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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

Ngā Poutama Oranga Hinengaro: Quality in Context

NGO Central Region

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 NGO region.

Engagement with tangata whaiora and family/whanau

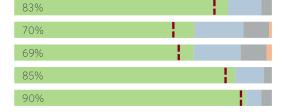
My team actively incorporates tangata whaiora needs, values and beliefs in their care/support plans

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

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

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

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



Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well ([NGO] Think about transfers from your organisation and other NGOs/primary care)

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

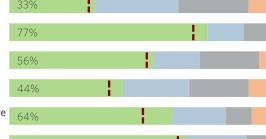
In this service it is easy to speak up if I perceive a problem with tangata whaiora care

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 tāngata whaiora and families/whānau where appropriate

Staff in my team adhere to clinical evidence and guidelines



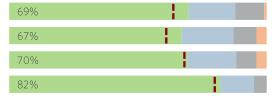
Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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



Engaged, effective workforce

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

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

I feel supported by my manager(s)

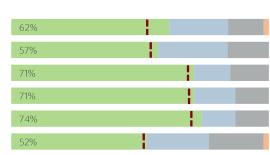
% Positive

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part
 of the plan-do-study-act cycle.

Key findings for my NGO region

The results for the NGO Central Region were consistent with the combined results across all NGO regions; there were no statistically significant differences to the all-NGO regions results.

Statistically significant difference
 No evidence of difference

Within NGO Central Region:

All-NGO regions % positive -

- 90 percent of MHA staff who took part agreed (ie, gave a positive response) that tangata whaiora and whanau are treated with respect; this measure had the highest percentage of positive scores
- 33 percent of staff agreed that tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care; this measure had the lowest percentage of positive scores.



physical-environments activities under-pressuresmoother-transitions under-pressure

In words - what currently works well for tangata whaiora



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

'Funding to include working with whānau. Currently we are only contracted to work with whaiora'

'Greater awareness and facilitate processes to ensure our services are more responsive and appropriate to Māori'

'Easier access or processes with other services and networks in the community' 'The ability to provide our clients with respite'

'To celebrate and use indigenous models to enhance relationships and to strengthen partnerships'

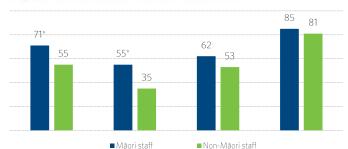
'We are recovery focused and supporting whaiora to independence is the goal, we exit clients with positive outcomes for them'

They are well informed with good information and our service is hugely peer led so the TW have a strong voice in regards to service delivery'

'Peer support access a safe and nurturing environment where education, support and resources are offered'

'Our respite whare is a safe place where whānau are made welcome. Relationships evolve'

Questions relating to cultural competency – comparing responses from Māori and non-Māori staff



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

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

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

Comparisons between Māori and non-Māori 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?

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Information not contained in these other resources is available by request. Refer to the above link for contact details.

How many people in my NGO completed the survey?

The results in this document are based on 184 responses from your NGO. This number of responses for your NGO means there is a margin of error of 7 percent for each of the quality and culture survey questions.

Significant differences

^{*} Indicates a statistically significant difference

Ngā Poutama Oranga Hinengaro: Quality in Context

NGO Midland Region

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 NGO region.

Engagement with tangata whaiora and family/whanau

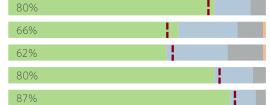
My team actively incorporates tangata whaiora needs, values and beliefs in their care/support plans

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

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

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

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



Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well ([NGO] Think about transfers from your organisation and other NGOs/primary care)

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

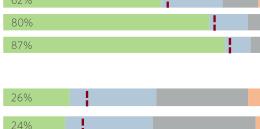
In this service it is easy to speak up if I perceive a problem with tangata whaiora care

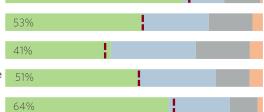
We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate

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 whaiora and families/whanau where appropriate

Staff in my team adhere to clinical evidence and guidelines





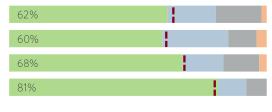
Learning and changing the care/support provided

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

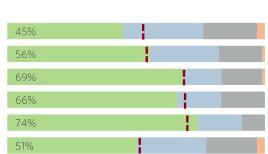
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my NGO region

The results for the NGO Midland Region were consistent with the combined results across all NGO regions; there were no statistically significant differences to the all-NGO regions results.

Statistically significant difference
 No evidence of difference

Within NGO Midland Region:

All-NGO regions % positive -

- 87 percent of MHA staff who took part agreed (ie, gave a positive response) that tangata whaiora and whanau are treated with respect; this measure had the highest percentage of positive scores
- 24 percent of staff agreed that tangata whaiora care/support is well coordinated between DHBs and NGOs/primary care; this measure had the lowest percentage of positive scores.



physical-environments physical-environments activities under-pressuresmoother-transitions independent-livinginformation-sharing collaboration goal-focus pathways caseloadspaper-work outcome-focus collaboration goal-focus producive waiting-lists bureaucracy collaboration goal-focus producive waiting-lists collaboration goal-focu

In words - what currently works well for tangata whaiora



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

'Continue to support the advocacy and peer support drive and determination throughout the culture of the DHB'

'More available funding for holistic approaches to facilitate overall wellness for tāngata whaiora'

'Working collaboratively with other services/organisations'

'More options in relation to spaces for sessions, eg, we need more counselling-only rooms'

'More flexibility in where and how we work with tāngata whaiora. Less paperwork'

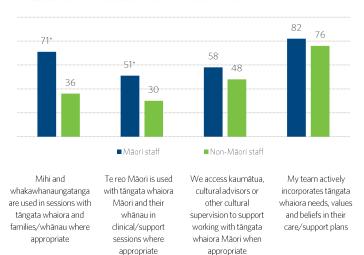
'We are able to provide flexible, individualised support which aim to meet to evolving needs of our tangata whaiora'

'Tāngata whaiora and whānau have voiced "Māori looking after Māori" 'Having them fully involved in the planning and implementation of the goals. understanding that sometimes their needs may change and listen if they want to do something else instead'

'Workers are really caring and go the extra length for them despite management lack of understanding/insight'

'We do attend cultural competency training on a regular basis'

Questions relating to cultural competency – comparing responses from Māori and non-Māori staff



^{*} 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 are shown only where there is a minimum of 20 people in each category

Why was the survey conducted?

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Information not contained in these other resources is available by request. Refer to the above link for contact details.

How many people in my NGO completed the survey?

The results in this document are based on 179 responses from your NGO. This number of responses for your NGO means there is a margin of error of 7 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

NGO Northern Region

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 NGO region.

Engagement with tangata whaiora and family/whanau

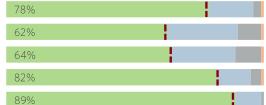
My team actively incorporates tangata whaiora needs, values and beliefs in their care/support plans

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

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

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

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



Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well ([NGO] Think about transfers from your organisation and other NGOs/primary care)

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

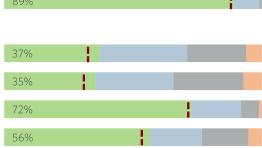
In this service it is easy to speak up if I perceive a problem with tangata whaiora care

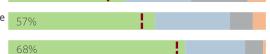
We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate

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 whaiora and families/whanau where appropriate

Staff in my team adhere to clinical evidence and guidelines





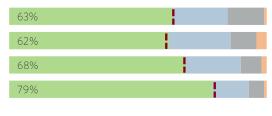
Learning and changing the care/support provided

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

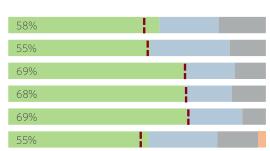
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
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Key findings for my NGO region

The results for the NGO Northern Region were consistent with the combined results across all NGO regions; there were no statistically significant differences to the all-NGO regions results.

Statistically significant difference
 No evidence of difference

Within NGO Northern Region:

All-NGO regions % positive -

- 89 percent of MHA staff who took part agreed (ie, gave a positive response) that tangata whaiora and whanau are treated with respect; this measure had the highest percentage of positive scores
- 35 percent of staff agreed that tangata whaiora care/support is well coordinated between DHBs and NGOs/primary care; this measure had the lowest percentage of positive scores.



physical-environments activities under-pressuresmoother-transitions independent-ivinginformation-sharing hadson-training collaboration goal-focus pathways caseloads paper-work outcome-focus Maori-workforce Cultural-training proactive waiting-lists bureaucracy coconsistency so, so rooms Cultural-support public-understanding more-psychologists less-medication-gary-intervention response-times-folistic-approaches rural-facilities better-buildings better-resourced complementary-services

In words - what currently works well for tangata whaiora



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

'As an NGO we still struggle to work alongside the DHB, not from trying on our side. It's really frustrating and doesn't lead to a great experience for our whaiora'

'Better access without the red tape. Better information sharing of critical client information'

'Encourage people with mental health issues to reconnect with whānau whenever possible'

'A more accessible residential programme'

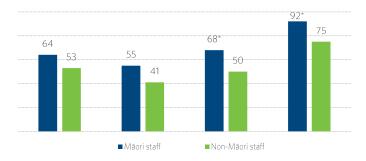
'Collaboration, inclusion, they have a voice that is listened to and considered, the whole care plan includes whānau supporters'

'I acknowledge the strong support from my colleagues (strong team work)'
'Our open-door policy where family can communicate, visit and engage with

'The open communication that we have with the tangata whaiora to put forward ideas about what they would like to see in their care plan'

'Sharing personal experiences'

Questions relating to cultural competency – comparing responses from Māori and non-Māori staff



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

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

Comparisons between Māori and non-Māori are shown only where there is a minimum of 20 people in each category

Why was the survey conducted?

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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 NGO completed the survey?

The results in this document are based on 229 responses from your NGO. This number of responses for your NGO means there is a margin of error of 6 percent for each of the quality and culture survey questions.

Significant differences

^{*} Indicates a statistically significant difference

Ngā Poutama Oranga Hinengaro: Quality in Context

NGO South Island Region

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 NGO region.

Engagement with tangata whaiora and family/whanau

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

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

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

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

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



Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well ([NGO] Think about transfers from your organisation and other NGOs/primary care)

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

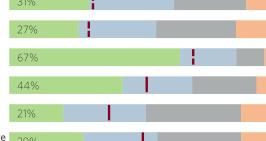
In this service it is easy to speak up if I perceive a problem with tangata whaiora care

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 whaiora and families/whanau where appropriate

Staff in my team adhere to clinical evidence and guidelines



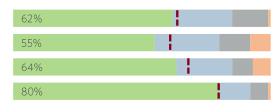
Learning and changing the care/support provided

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

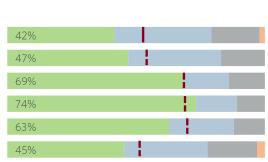
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my NGO region

All-NGO regions % positive -

Compared to MHA staff results combined across all NGOs, staff in the South Island Region were less likely to agree (ie, less likely to give a positive response) that:

Statistically significant difference
 No evidence of difference

- 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
- their service involves tāngata whaiora and families/whānau in efforts to improve future practice
- the wider organisation has a good understanding of the type of work done in their service.

Health Quality & Safety Commission New Zealand

physical-environments activities under-pressuresmoother-transitions not-reactive independent-livinginformation-sharing handson-training collaboration goal-focus pathways caseloadspaper-work outcome-focus Maori-workforce Cultural-training proactive waiting-lists bureaucracy consistency of Frooms Cultural-support public-understanding more-psychologists less-medication-garly-intervention response-limesholistic-approaches rural-facilities better-buildings better-resourced complementary-services

In words - what currently works well for tangata whaiora



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

- 'A van for group outings. Better addiction support'
- 'Training for staff to ensure we can engage well with all cultures'
- 'Consistent access to specialist care where needed'
- 'More clinical collaboration, appropriate budget'
- 'Allow key workers who have the best knowledge of the clients hopes and wishes to advocate for them and act on their behalf. Risk management is "out of control" and disallows clients' full participation in the community'

'The empathy shown by the community support workers team'
'Our team works well together which in turn improves care for clients'
'An environment that working collaboratively with other service providers in

'We work together as a team, covering for each other's absences and are up-to-date with all cases - which is often commented on positively by tāngata whaiora'

'Feedback and engagement is actively sought'

my area is encouraged'

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 NGO completed the survey?

The results in this document are based on 161 responses from your NGO. We estimate this as an approximate 17 percent response rate. This number of responses for your NGO means there is a margin of error of 8 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Northland DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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

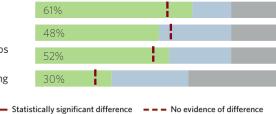
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

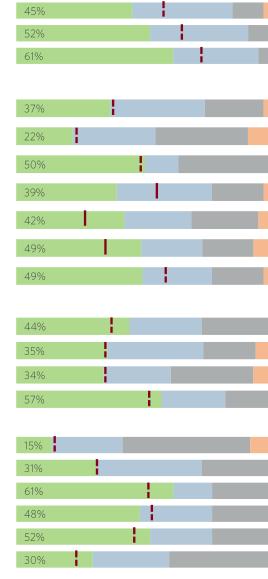
Key findings for my DHB

Overall, the results for Northland DHB were consistent with the combined results across all DHBs. However, MHA staff at this DHB were more likely to agree (ie, to give a positive response) that:

- te reo Māori is used with tangata whaiora Māori and their families/whānau when appropriate
- mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate.

Staff were less likely to agree that they access kaumātua or other cultural supervision were accessed to support their work with tangata whaiora Māori.

Health Quality & Safety Commission New Zealand



45%

physical-environments activities under-pressuresmoother-transitions independent-living information-sharing handson-training collaboration goal-focus pathways caseload spaper-work outcome-focus cultural-training proactive waiting-lists bureaucracy consistency act, coomstency act, coomst

In words - what currently works well for tangata whaiora



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

'More access to options for providing cultural support'

'Manaakitanga where we as Māori workers are able to work with our people how we do it best. Not a two-minute job'

'Understand the overall wellness process and ensure a positive approach (not deficit focus)'

'Adequately trained practitioners in evidenced-based practice and techniques, and using feedback from tangata whaiora sessions, to improve service delivery and accountability'

'The communication and programmes that are being delivered to tangata whaiora are working well. The group information is specific to mental health and addictions'

'Having one-on-one care and discussions about their journey'

'Having NGO providers as part of our team'

'Emerging increased engagement of family, earlier in SEA investigation process'

'Passionate committed clinicians'

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 54 responses from your DHB. This number of responses for your DHB means there is a margin of error of 13 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

South Canterbury 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.

63%

56% 72%

75%

69%

25%

81%

34%

48%

25%

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

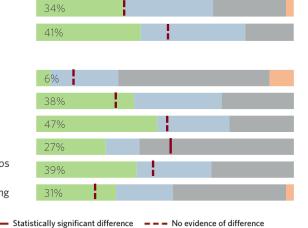
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

Overall, results for South Canterbury DHB were consistent with the combined results across all DHBs. However, there were some key differences:

- MHA staff at this DHB were more likely to agree (ie, to give a
 positive response) that they access kaumātua or other cultural
 supervision to support their work with tāngata whaiora Māori where
 appropriate
- Staff were less likely to agree that they have access to coaching, mentoring or supervision.



In words - what currently works well for tangata whaiora





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

'A good deal more clinical psychology time. Clinical psychologists are capable of adding hugely to patient wellbeing but are woefully underemployed by DHBs everywhere in NZ^\prime

'A more holistic approach to assessment and treatment by all MH workers, instead of relying on Māori MH team to do this'

'A separate room that is available for patients/family to go to when someone is extremely distressed so they are not having to sit in the main waiting room with other people'

'More nurses with lower caseload numbers'

'The ground floor staff work together as a well-oiled team to provide the best care for clients'

'Referral to Māori MH team, referral to FAMHs, allowing them in session during initial appointment, and doctors' visits'

'Our Hauora Health Team are amazing and do great work with tāngata whaiora'

'Because we are a smaller service we work well between internal teams'

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 32 responses from your DHB. This number of responses for your DHB means there is a margin of error of 14 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Southern DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

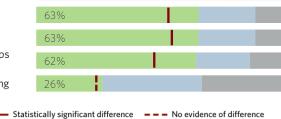
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

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

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

65%

54% 61%

72%

83%

51%

64%

41%

there are opportunities for professional development.

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





physical-environments under-pressure-moother-transitions not-reactive independent-living information-sharing pathways caseloads paper-work outcome-focus cultural-training proactive waiting-lists bureaucracy consistency acceptanting more-psychologists less-medication-parly-intervention response-times-nolistic-approaches personse-times-nolistic-approaches personse-t

In words - what currently works well for tangata whaiora



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

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

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

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

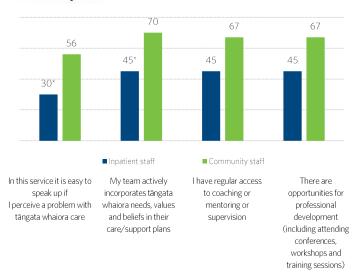
'Open communication when possible. Not always do clients want family involved or getting information, but it helps to listen and understand family concerns about clients'

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

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

'Community peer support groups are being established'

Questions with the largest difference between inpatient and community staff



^{*} 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?

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Information not contained in these other resources is available by request. Refer to the above link for contact details.

How many people in my DHB completed the survey?

The results in this document are based on 101 responses from your DHB. This number of responses for your DHB means there is a margin of error of 7 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Tairāwhiti DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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)

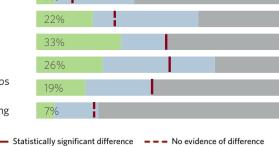
% Positive

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

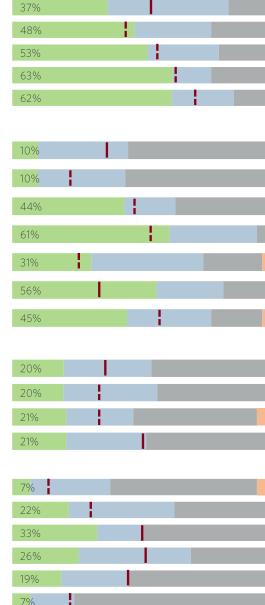
Key findings for my DHB

Compared with the all-DHB results, MHA staff at this DHB were more likely to agree (respond positively) that mihi and whakawhanaungatanga are used with tāngata whaiora/whānau, but less likely to agree that:

- they have opportunities for professional development, access to coaching/mentoring/supervision, and feel supported by managers
- tāngata whaiora needs, values and beliefs are actively incorporated in
- important information is exchanged well in transfers between services

Health Quality & Safety Commission New Zealand

recognising/reporting incidents is encouraged and valued, and senior staff actively encourage ideas for improvement of care/support.



physical-environments activities under-pressuresmoother-transitions under-pressuresmoother-pressuresmoother-transitions under-pressuresmoother-transitions u

In words - what currently works well for tangata whaiora



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

'Establish smooth transition of care on entry into the services, through the services and exit from the service with appropriate supports in place to support exiting MHS'

'Smaller, more specific caseload'

'Improving communication in all areas'

'Maintaining and sustaining consistently the service recovery plan for tangata whaiora'

'More qualified staff, more training opportunities'

'Appropriate levels of Māori staff in the Service'

'Knowledge and skill of clinicians when providing assessments'

'We allow whānau to stay on the ward. We work closely with whānau to give good education to aid wellness'

The staff have well researched therapies in use. The staff have great care and support for tāngata whaiora and whānau, and do all they can to support them in their time of need'

'Consistency in keyworker, therefore continuity of care and better outcomes' 'Following up with our clinical and cultural practices'

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 42 responses from your DHB. This number of responses for your DHB means there is a margin of error of 13 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Taranaki 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.

48%

43%

63%

48%

40%

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

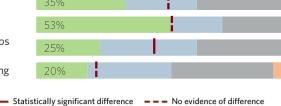
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

The results for Taranaki DHB were consistent overall with the results combined across all DHBs.

However, MHA staff at this DHB were less likely to respond positively about having opportunities for professional development.





physical-environments physical-environments activities under-pressuresmoother-transitions underpendent-livinginformation-sharing collaboration goal-focus pathways caseloadspaper-work outcome-focus cultural-training proactive waiting-lists bureaucracy consistency and proposed consistency and proposed consistency and public-understanding more-psychologists Less-medication early-intervention response-times polistic-approaches rural-facilities better-buildings better-resourced complementary-services

In words - what currently works well for tangata whaiora



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

'Continuity of care. The tāngata whaiora have to see several different people over a 2/52 period and for some tāngata whaiora this becomes overwhelming'

'A willingness by different services to work together for the benefit of tāngata whaiora, rather than working in silos, with staff seemingly putting up barriers and obstacles that affect our clients'

'Increased cultural competency and effective working relationship with kaupapa Māori services'

'More allied health staff to offer assessment and treatment'

'Our new Rimu Secure area in the inpatient unit which replaced the old prison like IPC. This environment enables and promotes individualised care, staff/tāngata whaiora engagement and also family/whānau inclusion' 'Changing culture of inpatient service, reducing seclusion. More focus on

'Our service is community based and has a functional MDT. We regularly meet with whānau and have a comprehensive MDT'

'Awesome caring staff'

de-escalation'

Why was the survey conducted?

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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 40 responses from your DHB. This number of responses for your DHB means there is a margin of error of 16 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Waikato DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

Mihi and whakawhanaungatanga are used in sessions with tangata whaiora 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

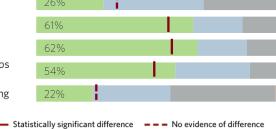
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

Overall, results for Waikato DHB were consistent with the combined DHB results.

MHA staff at this DHB were more likely to give a positive response for measures relating to:

- having opportunities for professional development
- having regular access to coaching, mentoring and supervision, and
- feeling supported by their manager.

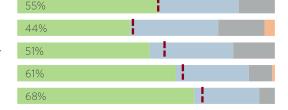




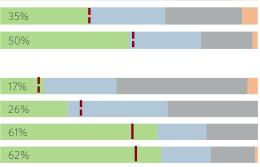
My team actively incorporates tangata whaiora needs, values and beliefs in their care/support plans

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



53% 55% 24%



healing-methods support-services councelling physical-environments activities under-pressures moother-transitions not-reactive under-pressures moother-transitions pathways collaboration-good collaboration goal-focus pathways case loads paper-work outcome-focus cultural-training proactive waiting-lists bureaucracy collaboration goal-workforce cultural-training proactive waiting-lists bureaucracy collaboration goal-focus cultural-training procedure waiting-lists bureaucracy collaboration goal-focus cultural-training procedure waiting-lists bureaucracy collaboration goal-focus cultural-training proactive waiting-lists cultural-training proactive waiting-li

In words - what currently works well for tangata whaiora



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

'More staff so that caseloads can be reduced and staff be less exhausted. The members of the team work really hard to provide the best service we can for our clients and I've noticed that the ongoing high caseload of complex clients is taking a physical toll on the health of all of us' 'Being able to access Kaitakawanga in the rural sectors rather than only in the city'

'Allowing them to have better access to whanau while in inpatient care'

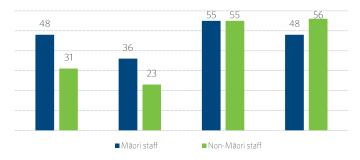
'The small improvements within the building at London St. Client driven feedback, the support staff in the facility doing a great job'

'Access to a range of healthcare disciplines working together as a team'
'The relationships formed with some staff which gives a feeling of family and respect both ways'

'Our service responds amazingly to actual and potential adverse risk - among child and adolescent mental health services consumers' $\,$

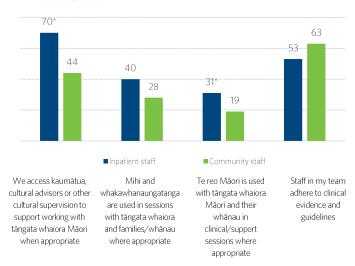
'Their involvement in their own care'

Questions relating to cultural competency – comparing responses from Māori and non-Māori staff



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 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



* 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?

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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 206 responses from your DHB. This number of responses for your DHB means there is a margin of error of 6 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Waitemata DHB

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

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

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

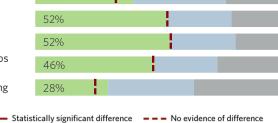
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

Results from this DHB were more positive than the combined DHB results for:

- tāngata whaiora and family/whānau being treated with respect, and involved in efforts to improve future practice
- $\bullet\$ the use of mihi and whakawhanaungatanga where appropriate
- staff being easily able to speak up about problems

59%

66%

80%

29%

55%

58%

44%

70%

43%

42%

- teams adhering to clinical evidence and guidelines
- recognition/reporting of incidents being encouraged and valued
- learning from adverse events, and
- using data to help monitor and make improvements.



physical-environments activities under-pressuresmoother-transitions not-reactive independent-livinginformation-sharing collaboration goal-focus pathways caseload spaper-work outcome-focus cultural-training proactive waiting-lists bureaucracy consistency so, so consistency so co

In words - what currently works well for tangata whaiora



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

'More staff. There are never enough staff to cover shifts and some staff are working very long hours'

'In my region, tāngata whaiora would greatly benefit if there were additional community support services to augment the work that we do'

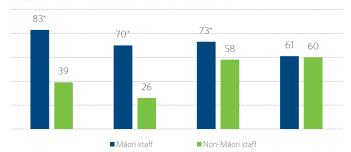
'Cultural support - most clients are Māori - most clinical staff are European' 'A better environment with single rooms and ensuite facilities. Room for group activities and quiet times [when] people need a quiet space.'

'I believe that the majority of people that work in mental health have a genuine desire to make things better for tāngata whaiora'

'Staff still wanting the best for tangata whaiora with limited resources, they are still passionate about wanting the best but with ever-increasing population growth and not being matched by staffing levels it is harder'

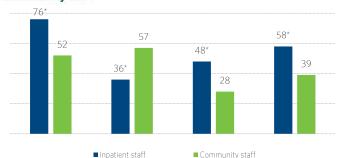
'Our cultural advisors are actively involved: engaging and gaining feedback from clients and whānau to improve our tāngata whaiora in our services'

Questions relating to cultural competency – comparing responses from Māori and non-Māori staff



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 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 I have regular access to coaching or mentoring or supervision Tereo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate

Data in these graphs is the percentage of people who gave a positive response Comparisons between Māori and non-Māori, and community and inpatient ar

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.hgsc.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 224 responses from your DHB. This number of responses for your DHB means there is a margin of error of 7 percent for each of the quality and culture survey questions.

Significant differences

 $^{^{\}star}$ Indicates a statistically significant difference

Ngā Poutama Oranga Hinengaro: Quality in Context

West Coast 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.

45%

25% 60%

80%

80%

20%

45%

60%

20%

55%

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

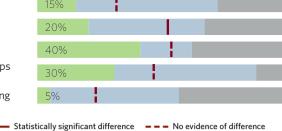
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

The small sample size in this DHB limited statistical testing. The only statistically significant finding was that staff were less likely to report feeling supported by their manager, compared with the all-DHB result.

Looking at the results within this DHB:

- 80 percent of MHA staff who took part agreed (ie, gave a positive response) that tangata whaiora and whanau are treated with respect, and staff work with tangata whaiora to co-create care plans; these two measures had the highest percentage of positive scores
- 5 percent of staff who took part agreed there were effective systems for preventing or dealing with intimidating behaviour and bullying.



physical-environments activities under-pressures-worker-transitions activities under-pressures-moother-transitions activities under-pressures-moother-transitions activities under-pressures-moother-transitions independent-living information-charing handson-training collaboration goal-rocus pathways caseloads paper-work outcome-focus cultural-training proactive waiting-lists bureaucracy coconsistency activities and the proaches cultural-support public-understanding more-psychologists cultural-support public-understanding more-psychologists less-medication-garly-intervention response-times-polistic-approaches rural-facilities better-buildings better-resourced complementary-services

In words - what currently works well for tangata whaiora



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

'Improving social support and regular follow ups after discharge from in patient wards'

'More involvement with treatment planning, earlier engagement with whānau'

'Be more culturally aware of tikanga. Process and procedure need to incorporate whānau as well not just the tāngata whaiora. Clinical practice includes whānau ora. Pukenga Tiaki to work generic not just with mental health issues. Cultural assessment includes and encompasses the whānau katoa'

'Weekly tāngata whaiora/staff meeting where everyone's voice is valued, with feedback and recommendations for changes in how the service provides care in this unit'

'Dedication of staff'

'Involving their family in their treatment and recovery'

'All staff are willing to work as a team to the benefit of a client'

'Availability of groups in the community that help with de-stigmatisation, and grapple with life with anxiety' $\,$

Why was the survey conducted?

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Where can I find more information?

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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 20 responses from your DHB. This number of responses for your DHB means there is a margin of error of 23 percent for each of the quality and culture survey questions.

Significant differences

Ngā Poutama Oranga Hinengaro: Quality in Context

Whanganui 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.

66%

56% 70%

70%

84%

47%

50%

Engagement with tangata whaiora and family/whanau

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

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

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

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

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

Care and support provided

When tangata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB)

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

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

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

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

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

Staff in my team adhere to clinical evidence and guidelines

Learning and changing the care/support provided

Senior staff in this service/organisation actively encourage staff to put forward ideas about how care/support can be improved

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

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

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

Engaged, effective workforce

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

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

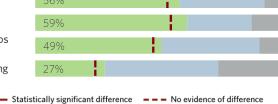
I feel supported by my manager(s)

I have regular access to coaching or mentoring or supervision

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

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

We encourage frontline staff to use the results to support quality improvement projects, by:

- displaying the results in staff areas
- talking about the results in team meetings and with colleagues
- using the results to develop change ideas and test changes, as part of the plan-do-study-act cycle.

Key findings for my DHB

In general, results from this DHB were consistent with the combined all-DHB results. MHA staff at Whanganui DHB were more likely to agree (give a positive response) that:

- recognising and reporting incidents is encouraged and valued in the service they work in
- learning from adverse events has led to positive change in the service/organisation, and
- senior staff actively encourage staff to put forward ideas.







In words - what currently works well for tangata whaiora



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

'Having Māori health workers visible in our teams'

'More collegiality between doctors and nurses - nurses voice listened to and respected by doctors'

'Better provision for involving families in their loved one's care and discharge planning'

'Accurate staffing ratios to tāngata whaiora acuity on the ward, in order to meet their health needs, power them through their recovery during the acute phase of their unwellness and keep them safe'

'More staff, lighter caseloads'

'Choice and partnership system is going well'

'We try to work closely with primary care and NGO support services so that patients are followed up as closely as is appropriate'

'Taking time to hear what they speak - to feel heard'

'The design of the ward with plenty of light, space, and different areas'

'Having well-established relationships with community services'

'We are a small team and mostly can provide consistent care, with the same staff where possible or at least a limited pool, covering from community to inpatient and back out again'

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 45 responses from your DHB. This number of responses for your DHB means there is a margin of error of 15 percent for each of the quality and culture survey questions.

Significant differences