

Results of mental health and addiction staff survey

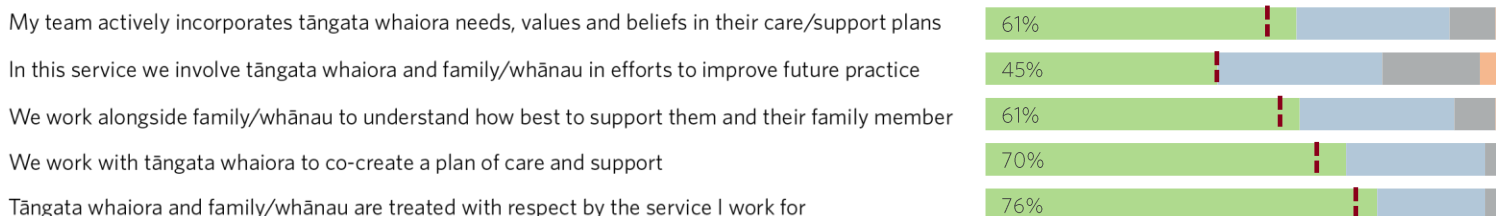
Ngā Poutama Oranga Hinengaro: Quality in Context

Capital & Coast, Hutt Valley and Wairarapa DHBs

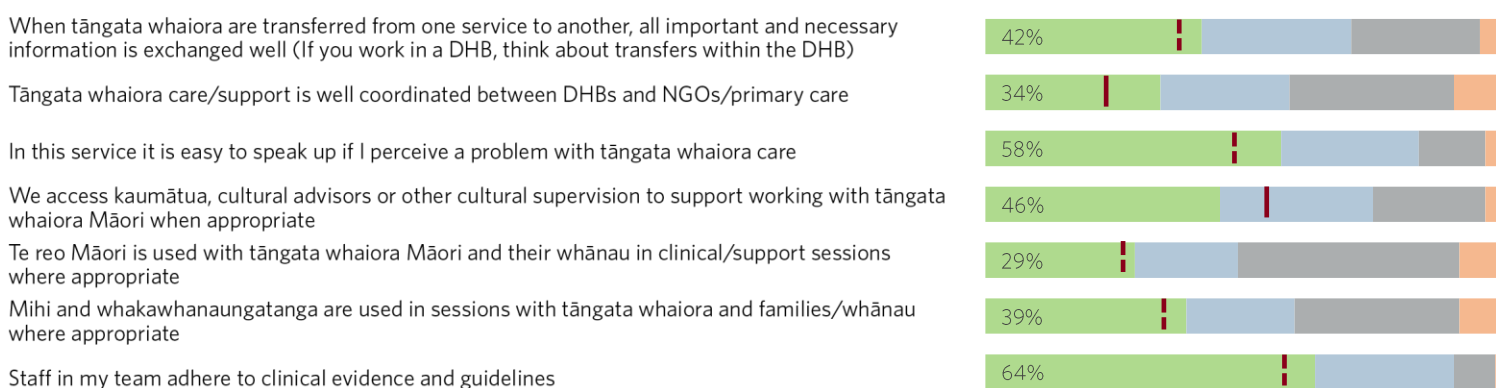
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

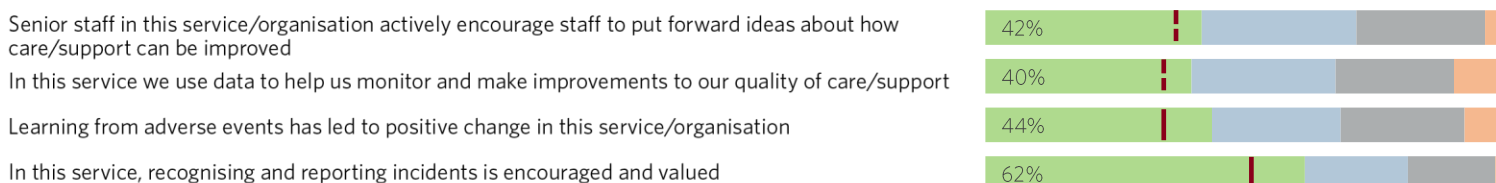
Engagement with tāngata whaiora and family/whānau



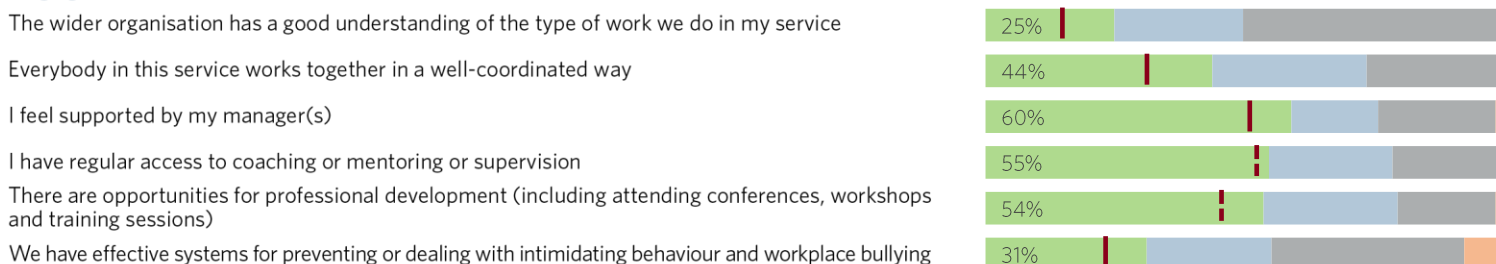
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for the combined 3DHB

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

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

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

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

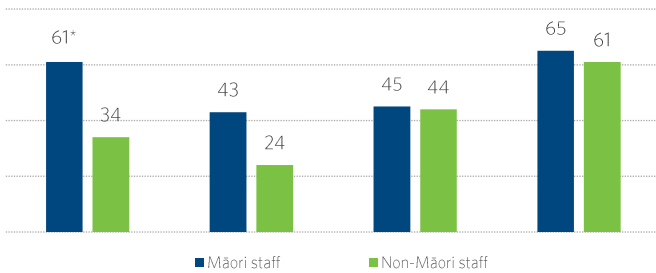


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from the combined 3DHB:

- 'Offer more group meetings to discuss overall wellbeing at present'
- 'Better coordination and shared understanding of service provision and goals between NGO and clinical teams'
- 'Increase in established staffing (all disciplines) to reflect the increase in the rate of referrals and acuity over the years'
- 'Have a Māori mental health unit for the Lower Hutt region'
- 'The environment could be better, we need a place that does not resemble a hospital setting. [Where] family/tāngata whaiora feel welcome to come and support their loved one'

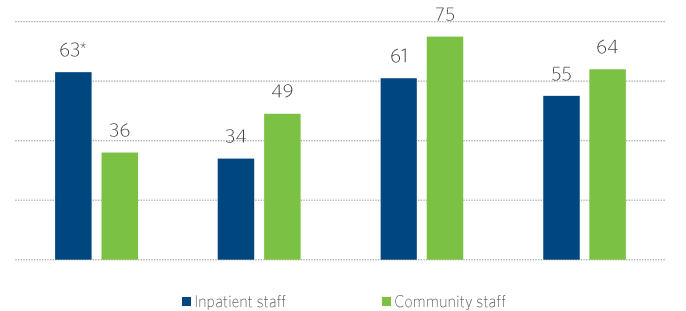
- 'Involvement in their care - they attend ward rounds and have a clear voice in their overall care and treatment'
- 'Compassion prioritised despite the constant risk of staff burnout'
- 'I feel as though the staff communicate really well with each other and support each other if needed or asked'
- 'We aim to be as flexible as we can regarding appointments. Access to an onsite respite facility has proven to be quite beneficial in preventing further deterioration in MH and possible hospital admission'

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



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

Questions with the largest difference between inpatient and community staff



- We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate
- Everybody in this service works together in a well-coordinated way
- We work with tāngata whaiora to co-create a plan of care and support
- My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans

* Indicates a statistically significant difference

Data in these graphs is the percentage of people who gave a positive response. Comparisons between Māori and non-Māori, and community and inpatient are shown only where there is a minimum of 20 people in each category

Why was the survey conducted?

This survey underpins the national mental health and addiction quality improvement programme, funded by DHBs and coordinated by the Health Quality & Safety Commission.

The survey was run to help identify where knowledge, culture or communication may impact the quality and safety of mental health and addiction services. The survey findings intend to be used to inform local quality improvement initiatives.

The survey was open for the month of August 2018.

The survey was conducted by Mobius Research Ltd on behalf of the Health Quality & Safety Commission.

Where can I find more information?

This report does not present all the information from the survey. There are a range of other reporting resources. You can find all of these resources on the Health Quality & Safety Commission website www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/projects/quality-in-context

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

How many people in my DHB completed the survey?

The results in this document are based on 163 responses across the three DHBs. This number of responses across your DHBs means there is a margin of error of 10 percent for each of the quality and culture survey questions.

Significant differences

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

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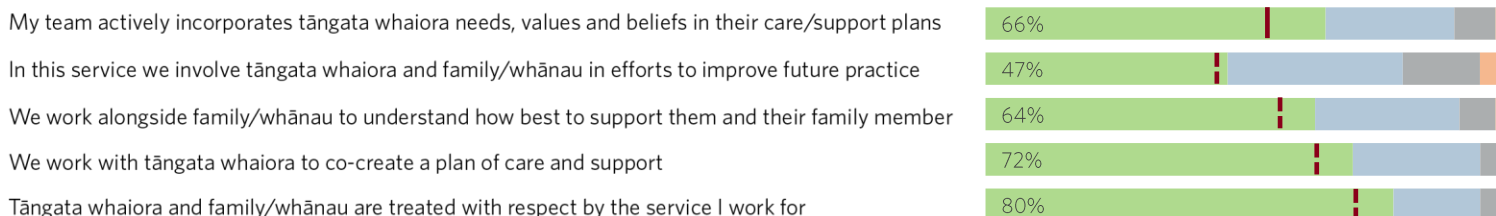
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Capital & Coast DHB

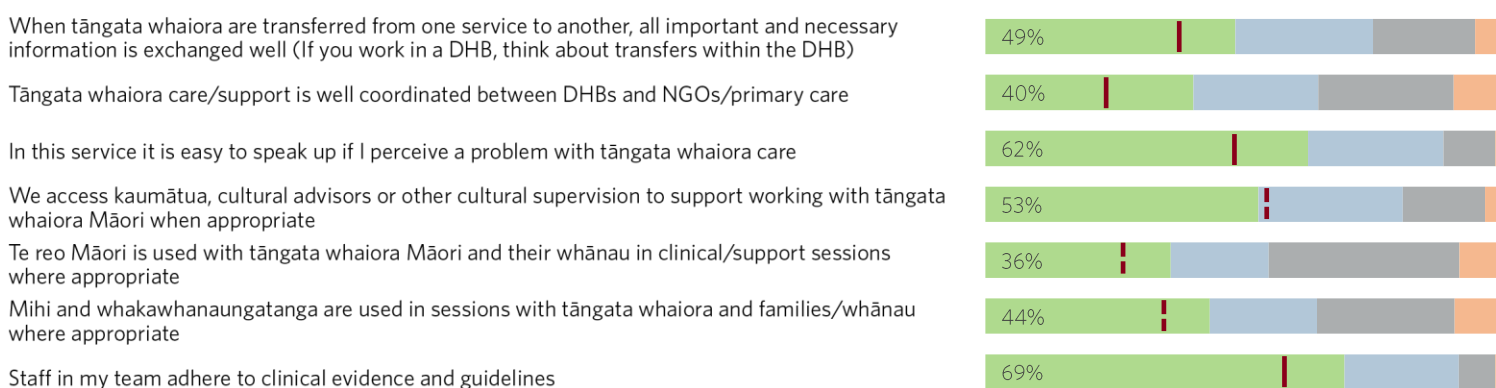
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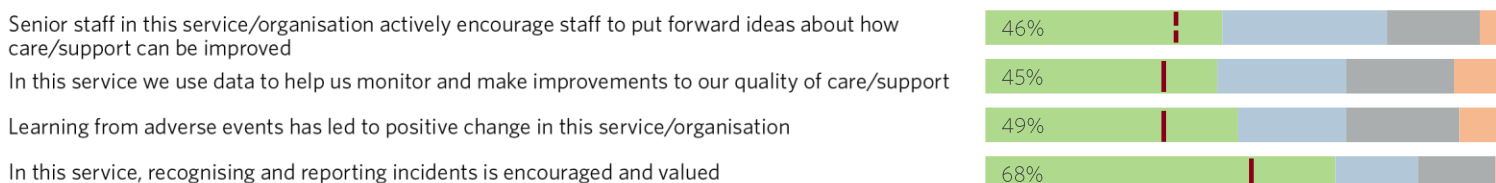
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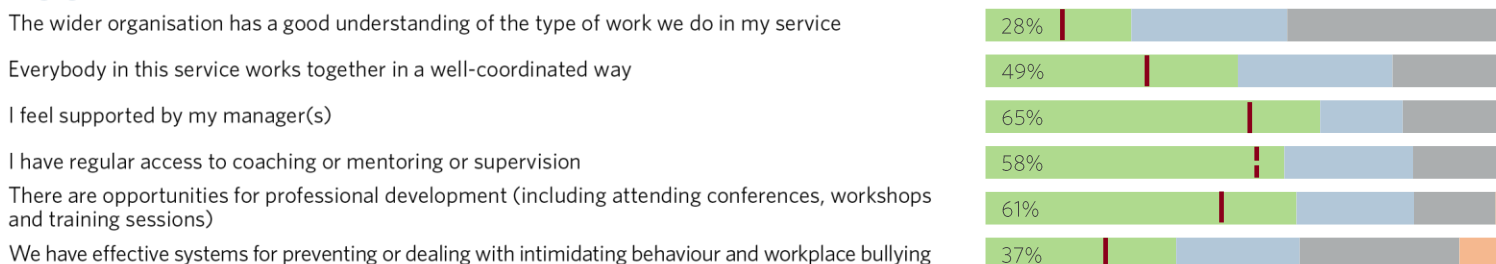
Care and support provided



Learning and changing the care/support provided



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Key findings for my DHB

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

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

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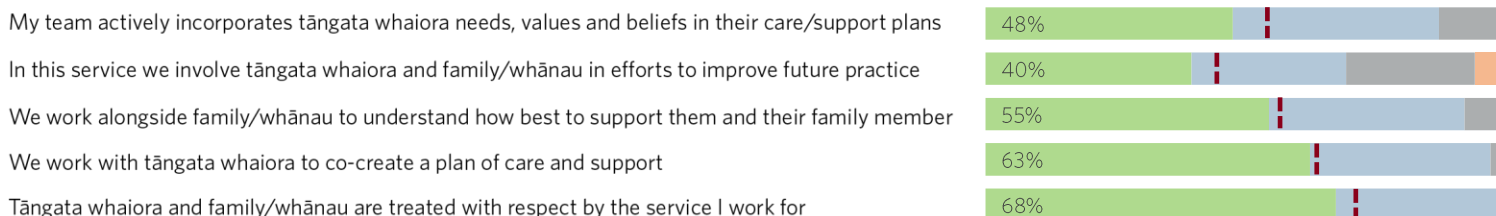
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Hutt Valley DHB

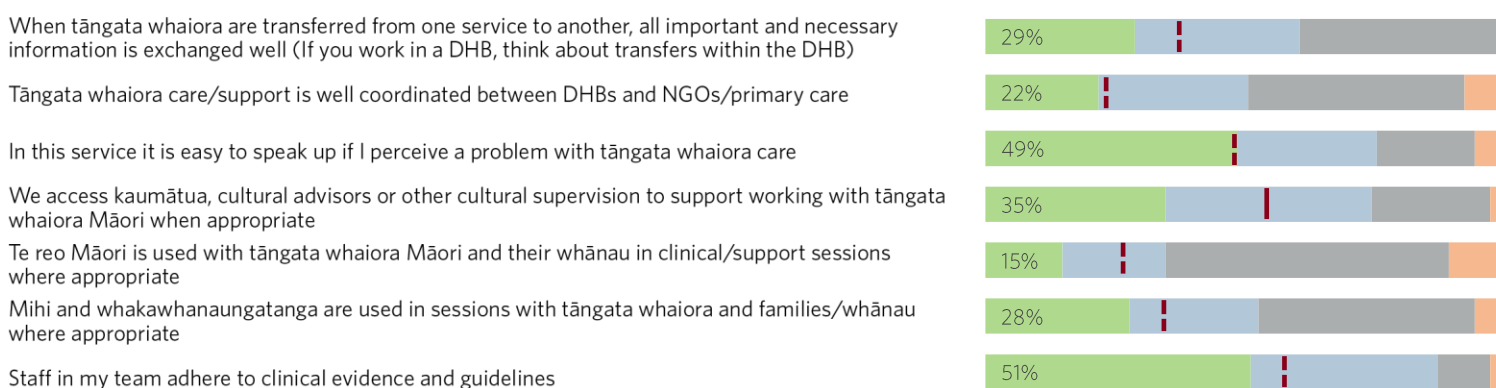
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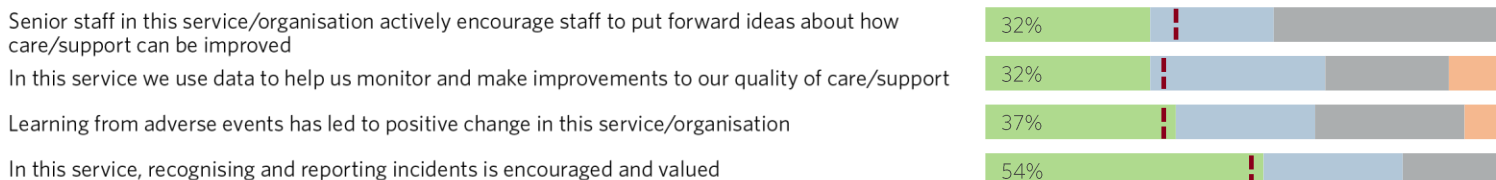
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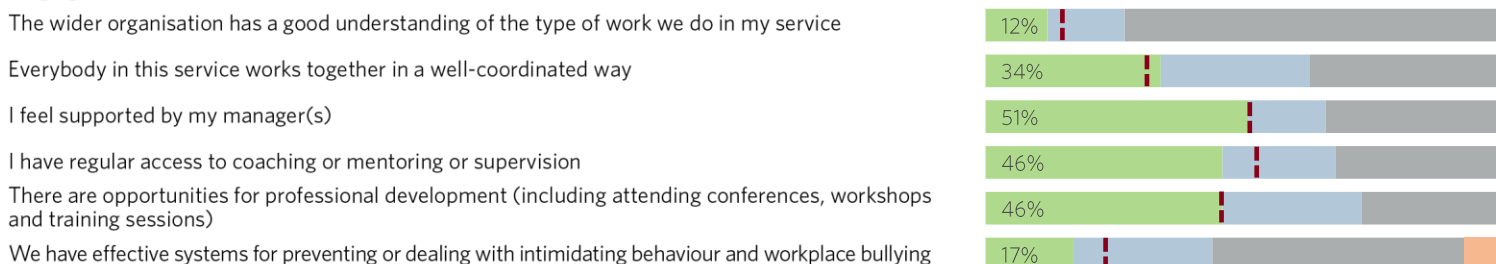
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Key findings for my DHB

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

Within the results for Hutt Valley DHB:

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

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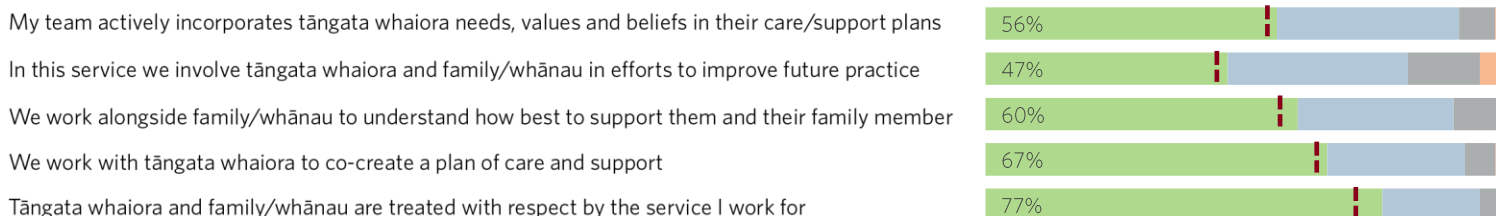
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Auckland DHB

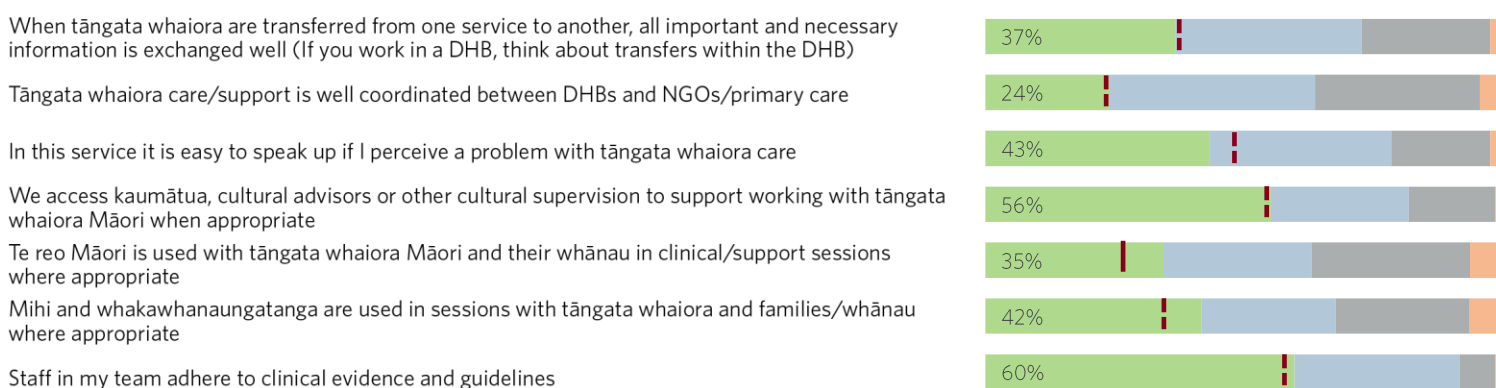
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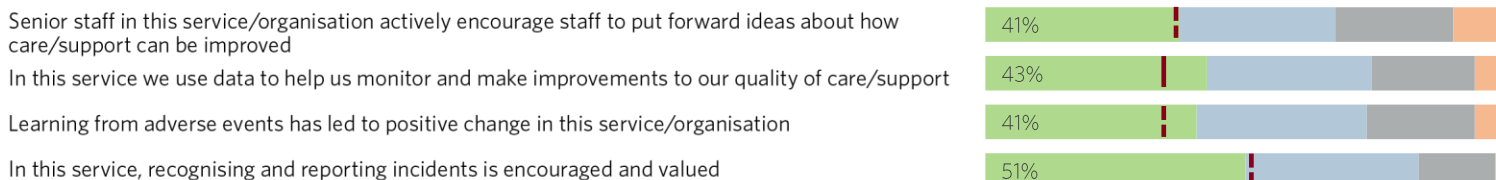
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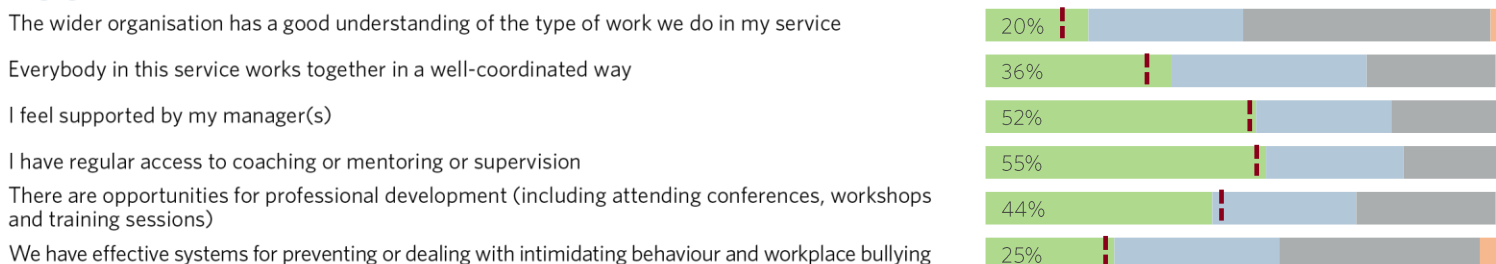
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Key findings for my DHB

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.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

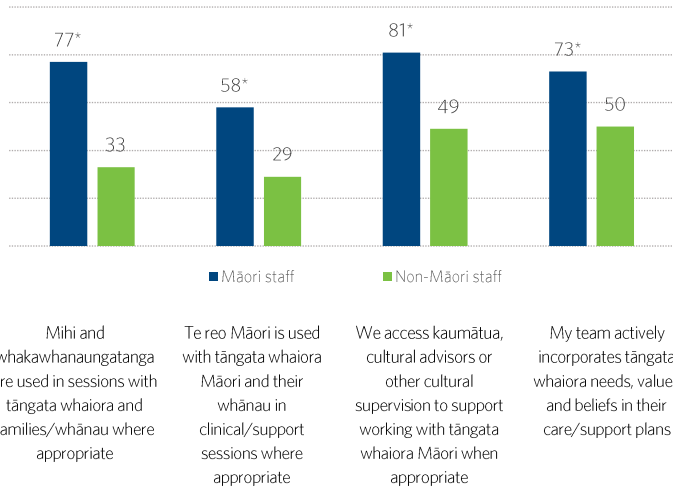


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your DHB:

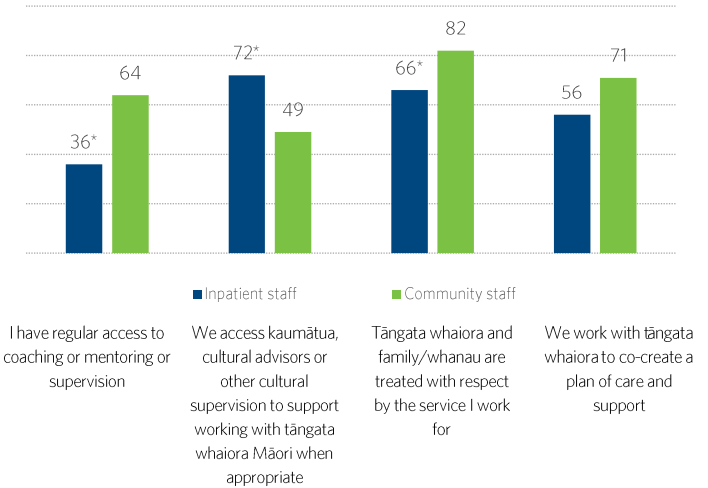
- 'We need to have more establishments in mental health to provide services to support our Māori and Pacific whānau'
- 'Communication improvement between organisation and middle and upper management responding within a time frame limit heading towards a deadline and a positive outcome'
- 'More availability of staff to cater to the demand, more staff to decrease waiting lists'
- 'Having more time to engage with them'

- 'We have an experienced cohesive team with a vision for the service and who holds the needs of tāngata whaiora foremost in their minds when planning and implementing service delivery. There is a strong sense of empathy and compassion for the needs of tāngata 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 relating to cultural competency – comparing responses from Māori and non-Māori staff



Questions with the largest difference between inpatient and community staff



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Where can I find more information?

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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

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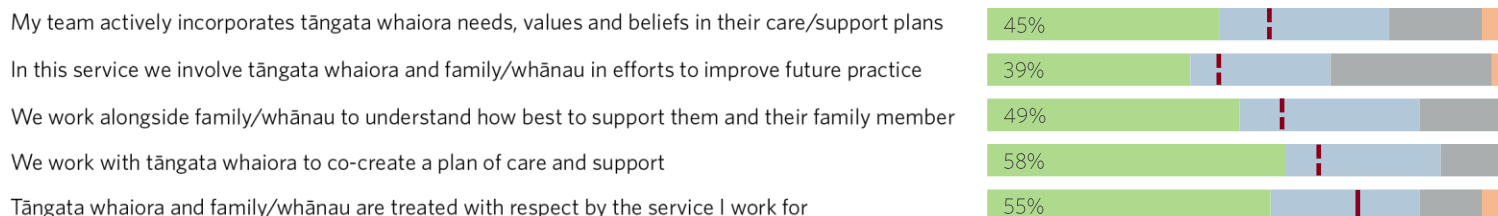
Ngā Poutama Oranga Hinengaro: Quality in Context

Bay of Plenty DHB

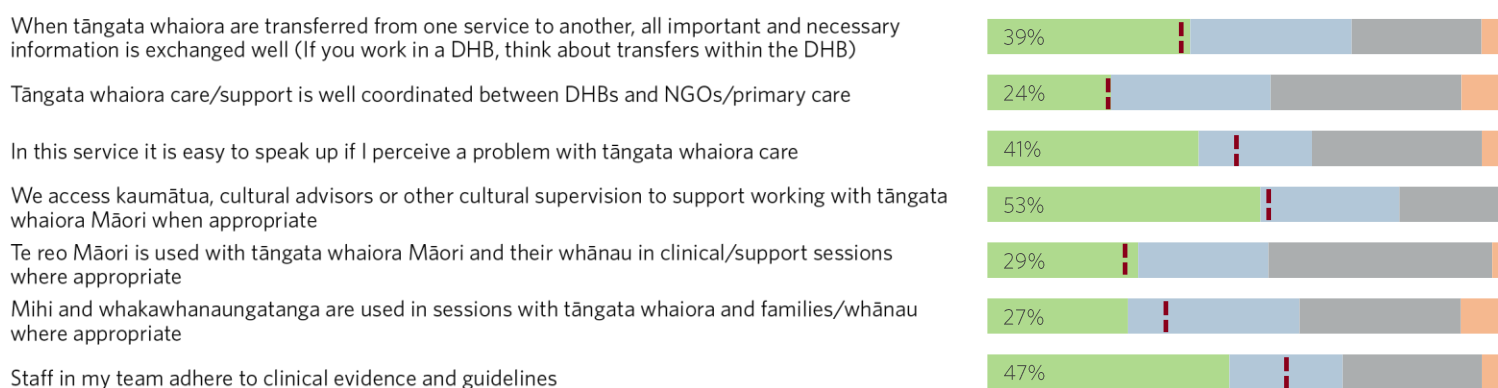
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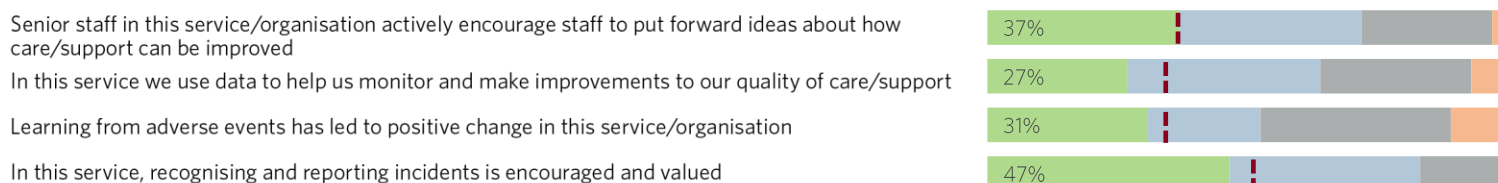
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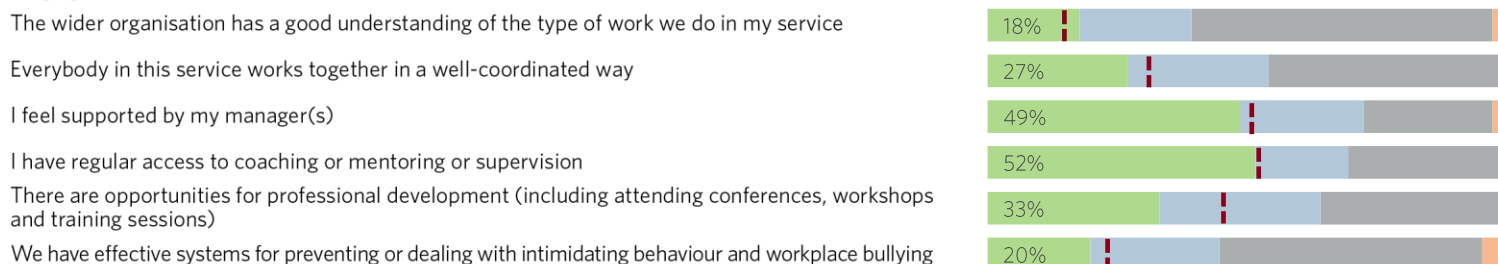
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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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, tāngata whaiora and family/whānau 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.
- 18 percent of staff agreed that the work of their MHA service is well-understood by the wider organisation. This measure had the lowest percentage of positive scores.

Results of mental health and addiction staff survey

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.

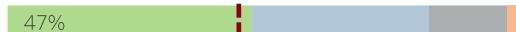
Thank you to the over 2,500 people around the country who participated in the survey. Here are the results for your DHB.

Engagement with tāngata whaiora and family/whānau

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



In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice



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



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



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



Care and support provided

When tāngata 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)



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 tāngata 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



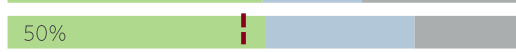
I feel supported by my manager(s)



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



■ % Positive ■ % Neutral ■ % Negative ■ % Don't know

— All-DHBs % positive — Statistically significant difference - - - No evidence of difference

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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 tāngata whaiora Māori when appropriate.
- They were less likely to agree that there are effective systems in place for preventing or dealing with intimidating behaviour/workplace bullying.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora



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

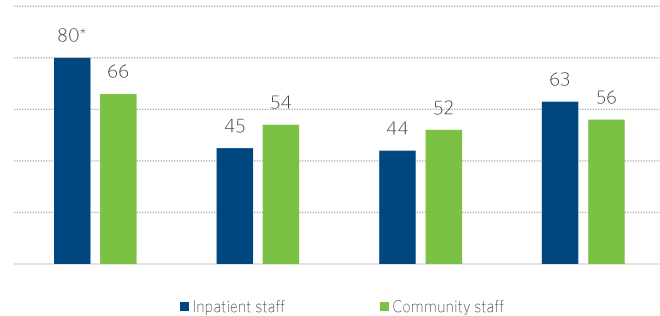
'Access to ongoing community support which is appropriate for tāngata whaiora and their whānau to support them to continue to be well in their own homes'

'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



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

I feel supported by my manager(s)

Staff in my team adhere to clinical evidence and guidelines

* 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

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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.

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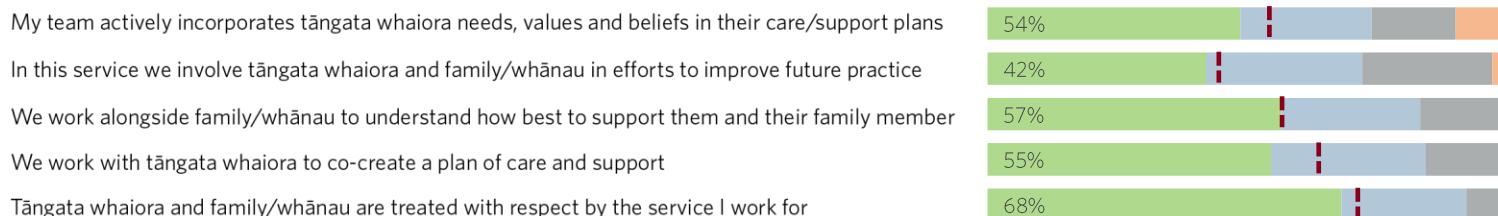
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Counties Manukau DHB

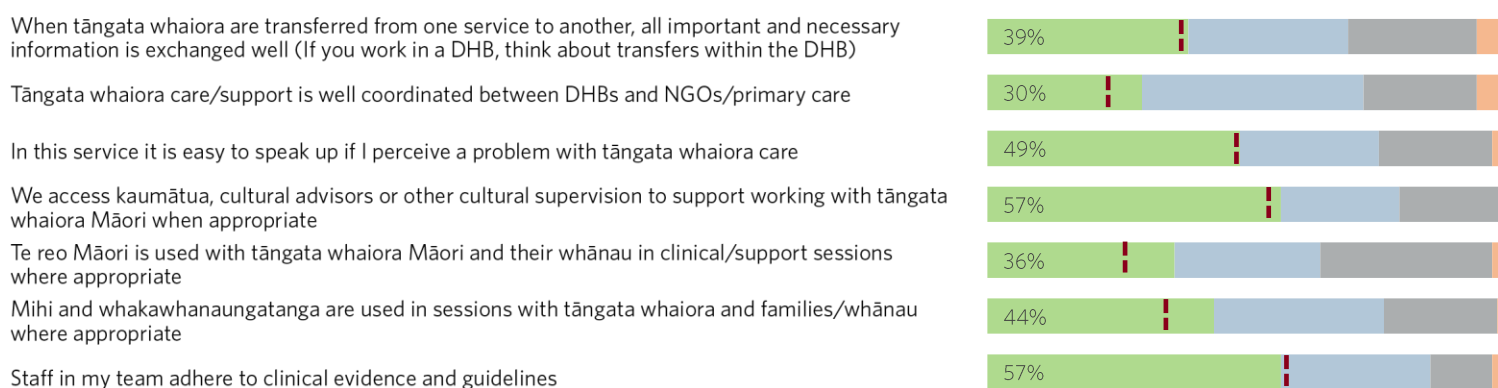
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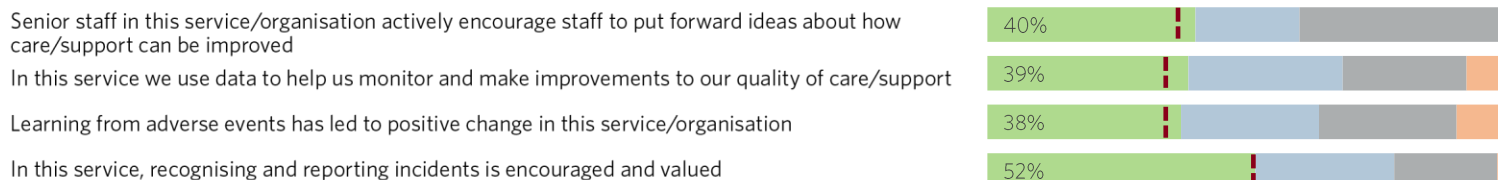
Engagement with tāngata whaiora and family/whānau



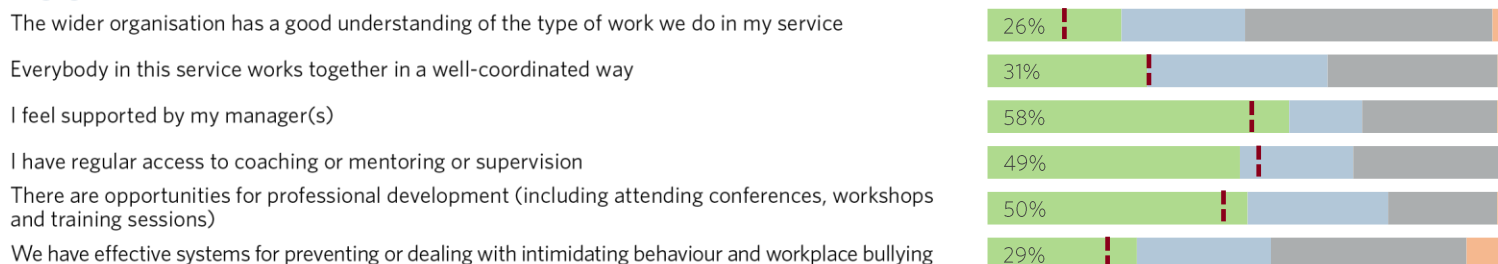
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my DHB

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 tāngata 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 well-understood 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.

Results of mental health and addiction staff survey

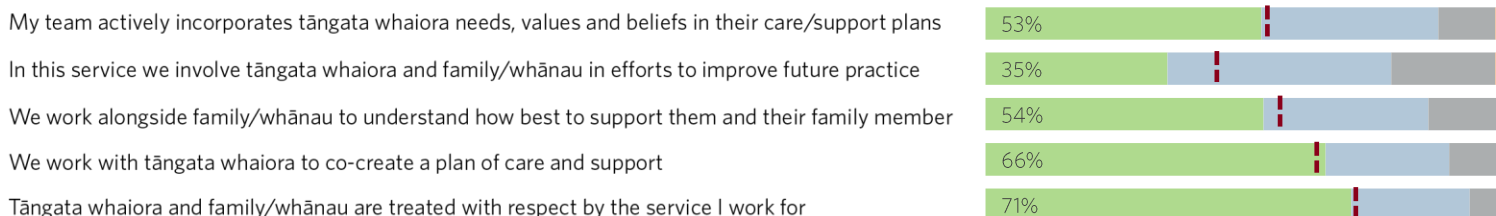
Ngā Poutama Oranga Hinengaro: Quality in Context

Hawke's Bay DHB

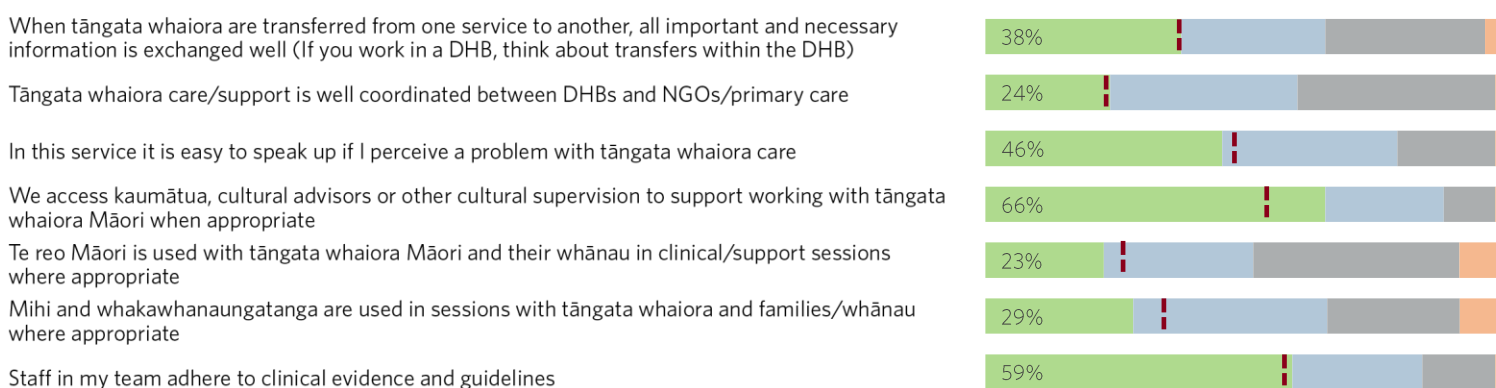
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

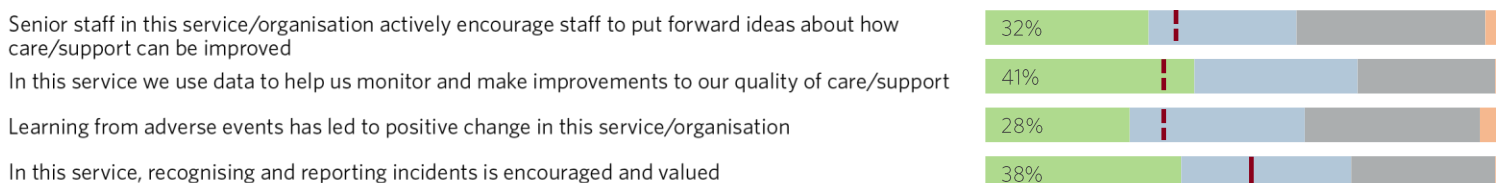
Engagement with tāngata whaiora and family/whānau



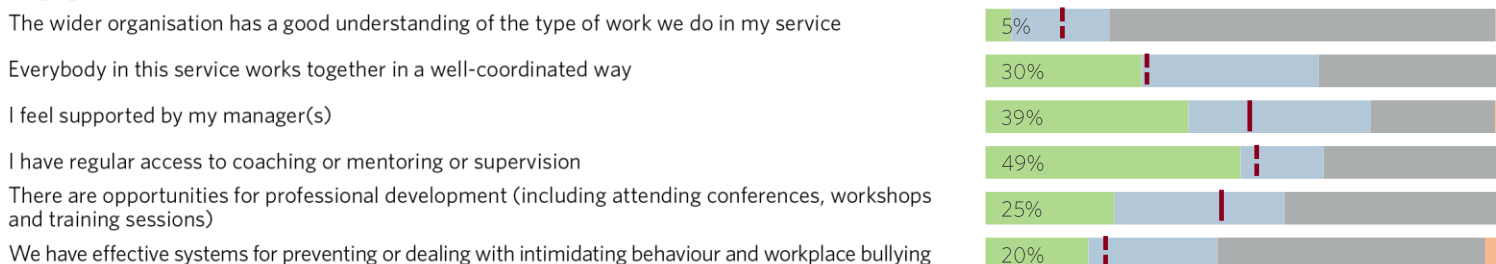
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my DHB

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).

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora



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

‘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’

‘I 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.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 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

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

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 tāngata whaiora and family/whānau

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



In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice



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



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



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



Care and support provided

When tāngata 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)



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 tāngata 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



% Positive **% Neutral** **% Negative** **% Don't know**

All-DHBs % positive **Statistically significant difference** **No evidence of difference**

How to use these survey results

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

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

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

Key findings for my DHB

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.

Within this DHB:

- 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 scores.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora



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

- ‘More 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

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

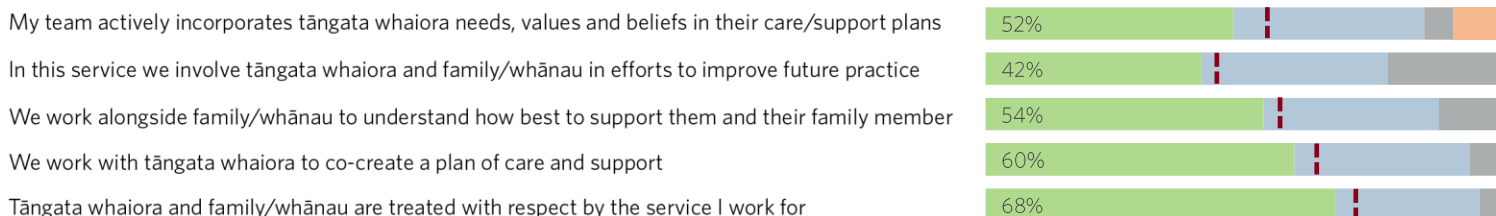
Ngā Poutama Oranga Hinengaro: Quality in Context

MidCentral DHB

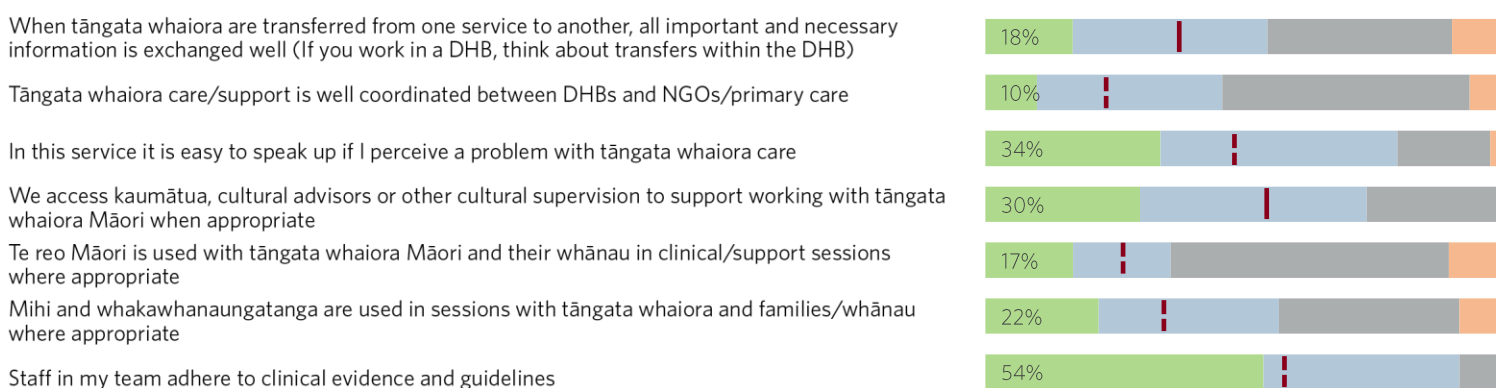
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

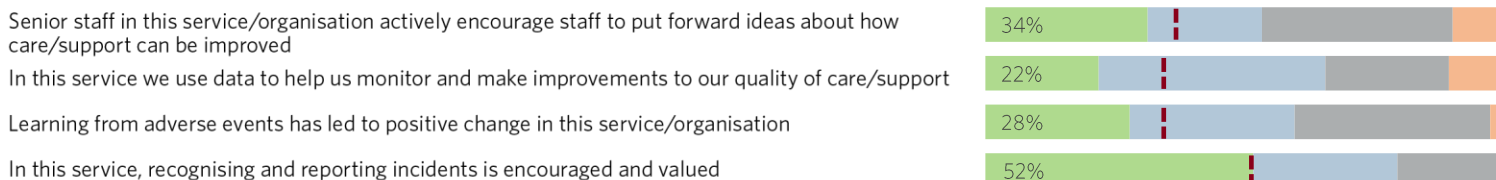
Engagement with tāngata whaiora and family/whānau



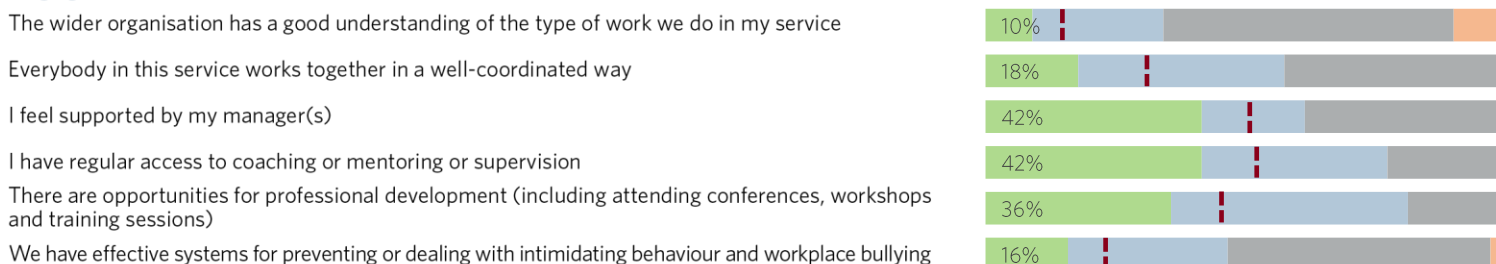
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my DHB

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 tāngata whaiora transfer between services (within the DHB) all important and necessary information is exchanged well.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora



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

- '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

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

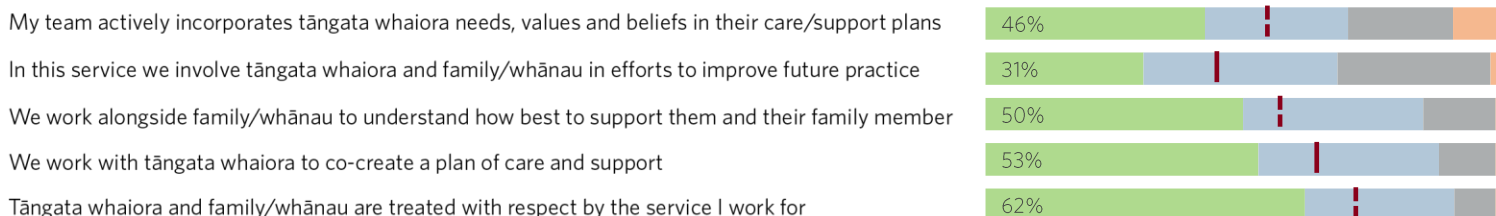
Ngā Poutama Oranga Hinengaro: Quality in Context

Nelson Marlborough DHB

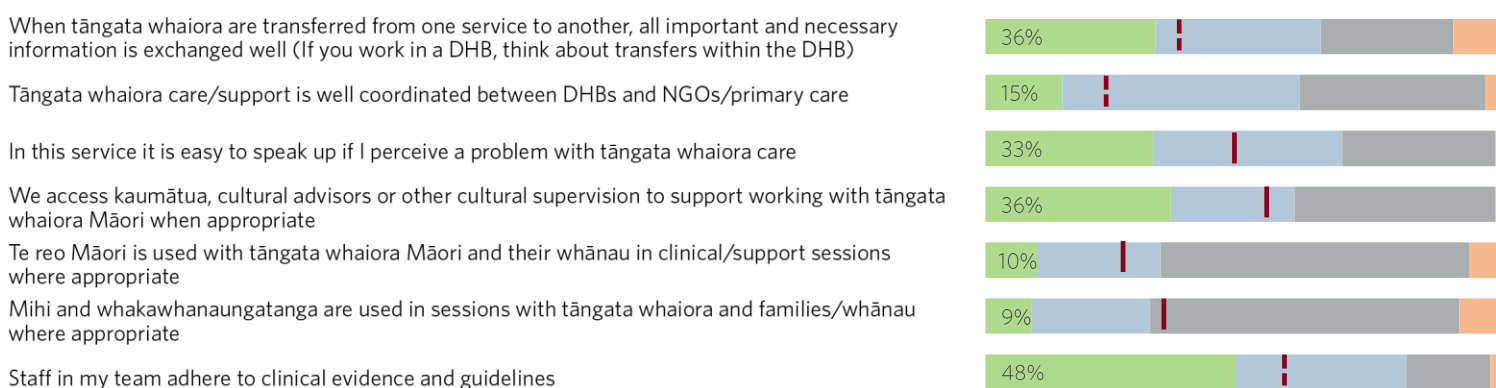
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

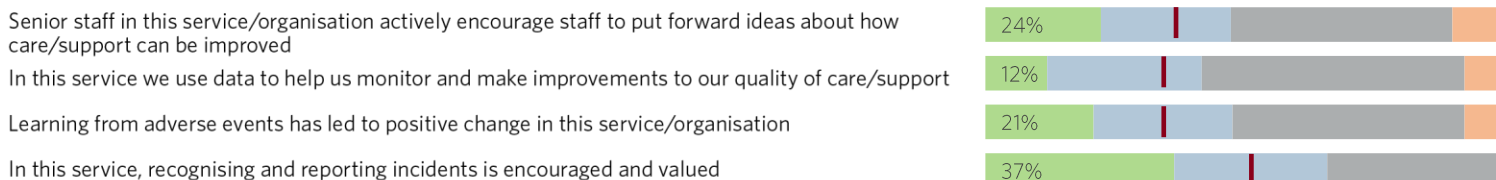
Engagement with tāngata whaiora and family/whānau



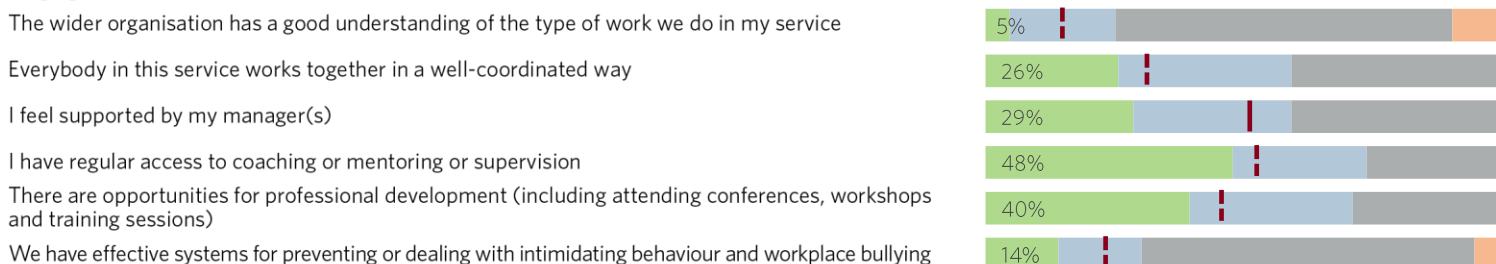
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my DHB

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

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

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

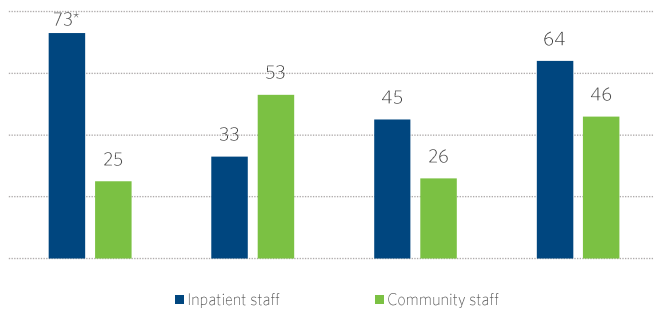


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your DHB:

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

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

Questions with the largest difference between inpatient and community staff



- We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate
- I have regular access to coaching or mentoring or supervision
- In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice
- We work alongside family/whānau to understand how best to support them and their family member

* Indicates a statistically significant difference
 Data in this graph is the percentage of people who gave a positive response
 Comparisons between community and inpatient are shown only where there is a minimum of 20 people in each category

Why was the survey conducted?

This survey underpins the national mental health and addiction quality improvement programme, funded by DHBs and coordinated by the Health Quality & Safety Commission.

The survey was run to help identify where knowledge, culture or communication may impact the quality and safety of mental health and addiction services. The survey findings intend to be used to inform local quality improvement initiatives.

The survey was open for the month of August 2018.

The survey was conducted by Mobius Research Ltd on behalf of the Health Quality & Safety Commission.

Where can I find more information?

This report does not present all the information from the survey. There are a range of other reporting resources. You can find all of these resources on the Health Quality & Safety Commission website www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/projects/quality-in-context

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

How many people in my DHB completed the survey?

The results in this document are based on 98 responses from your DHB. This number of responses for your DHB means there is a margin of error of 11 percent for each of the quality and culture survey questions.

Significant differences

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

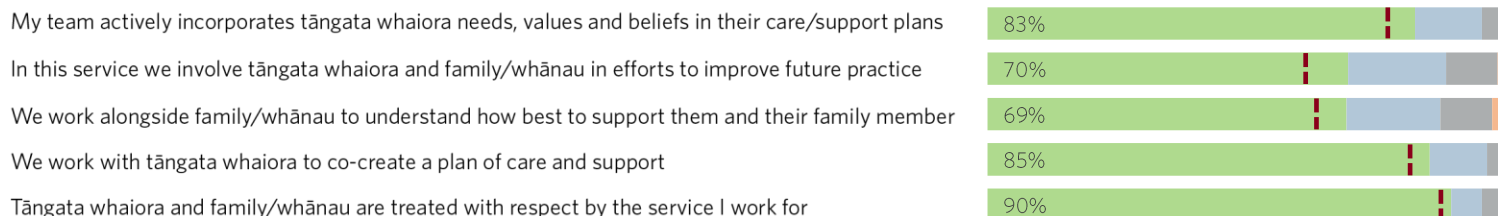
Ngā Poutama Oranga Hinengaro: Quality in Context

NGO Central Region

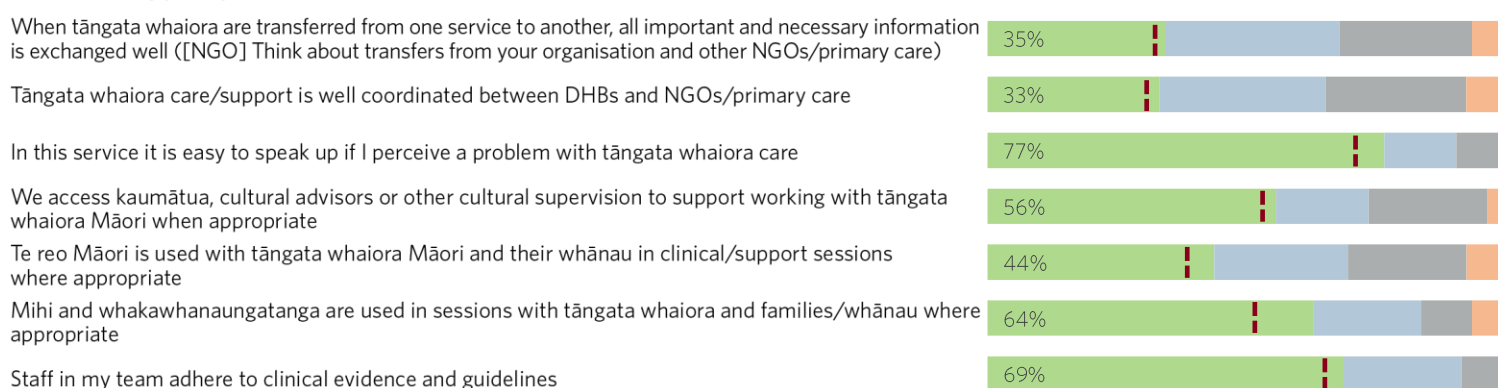
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

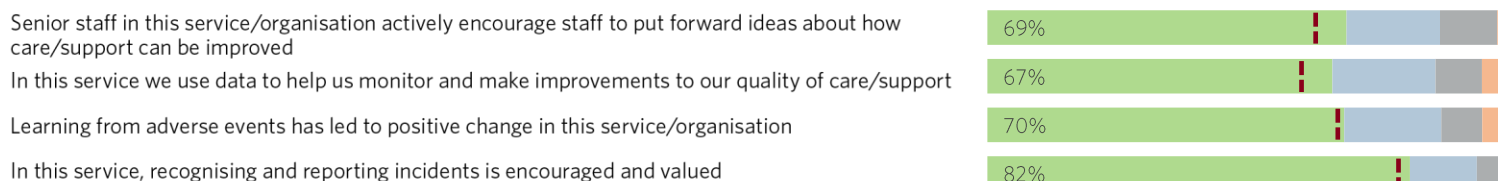
Engagement with tāngata whaiora and family/whānau



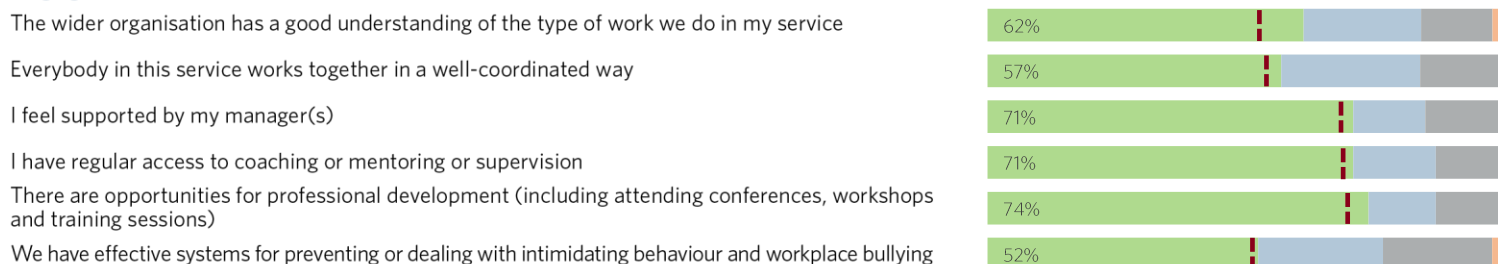
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my 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.

Within NGO Central Region:

- 90 percent of MHA staff who took part agreed (ie, gave a positive response) that tāngata whaiora and whānau 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.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

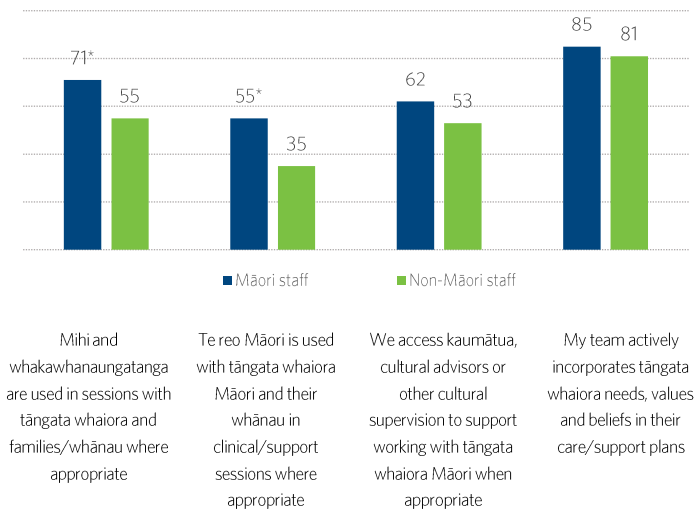


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your NGO Region:

- '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



* 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?

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 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

Difference between groups (such as Māori compared to non-Māori, or the NGO to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

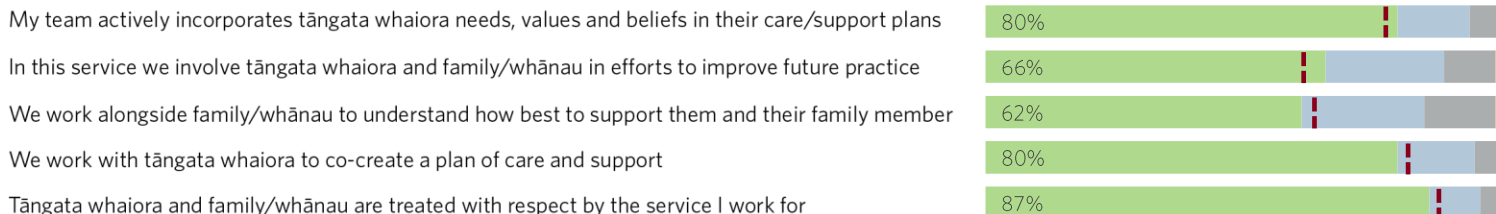
Ngā Poutama Oranga Hinengaro: Quality in Context

NGO Midland Region

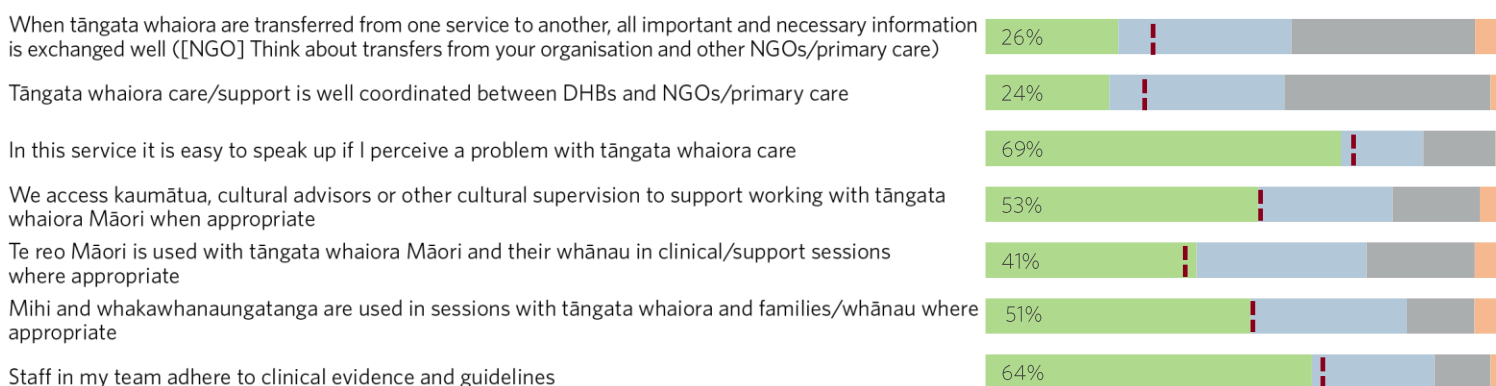
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

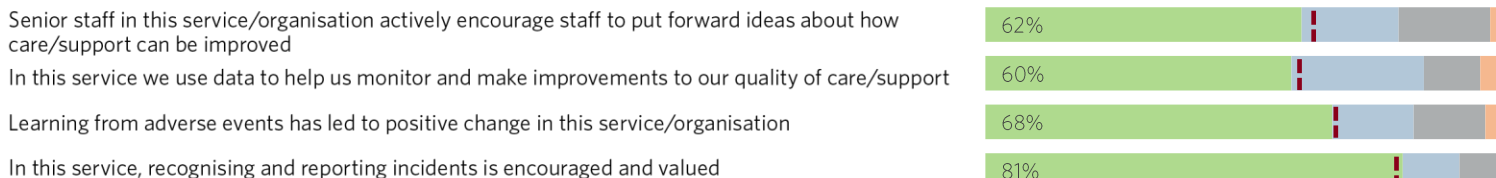
Engagement with tāngata whaiora and family/whānau



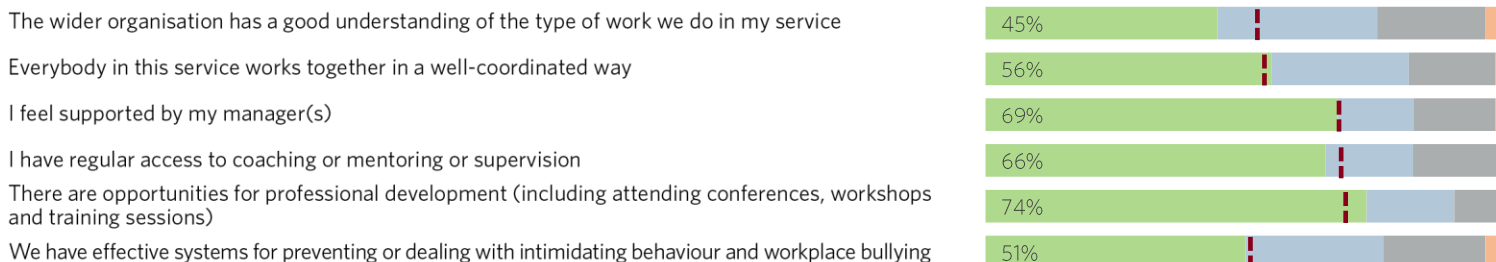
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my 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.

Within NGO Midland Region:

- 87 percent of MHA staff who took part agreed (ie, gave a positive response) that tāngata whaiora and whānau are treated with respect; this measure had the highest percentage of positive scores
- 24 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.

In words – what would make things better for tāngata whaiora



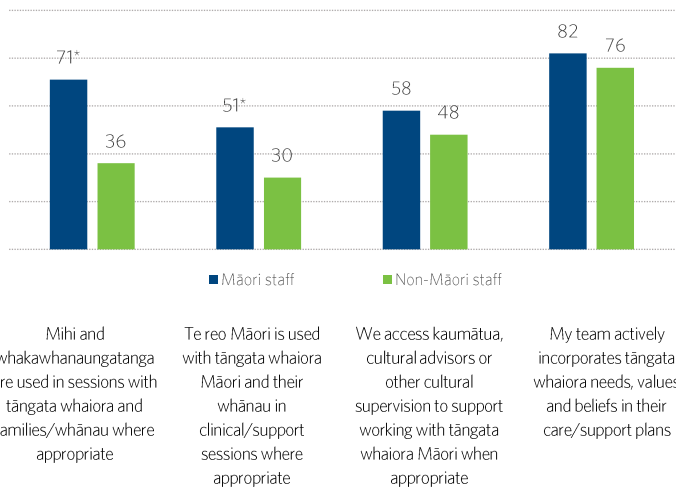
In words – what currently works well for tāngata whaiora



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

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?

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 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

Difference between groups (such as Māori compared to non-Māori, or the NGO to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

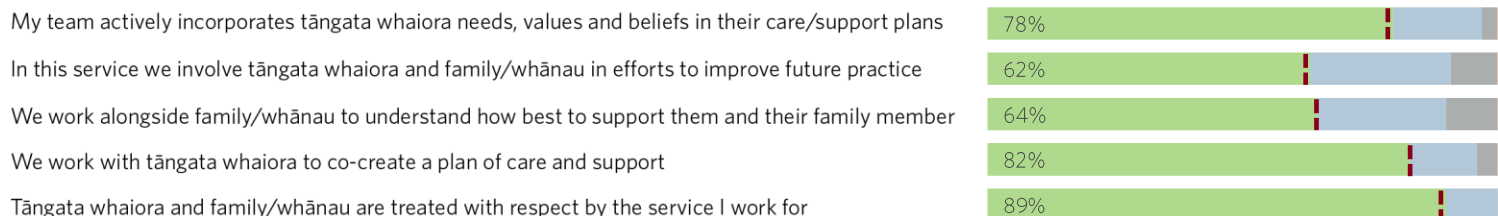
Ngā Poutama Oranga Hinengaro: Quality in Context

NGO Northern Region

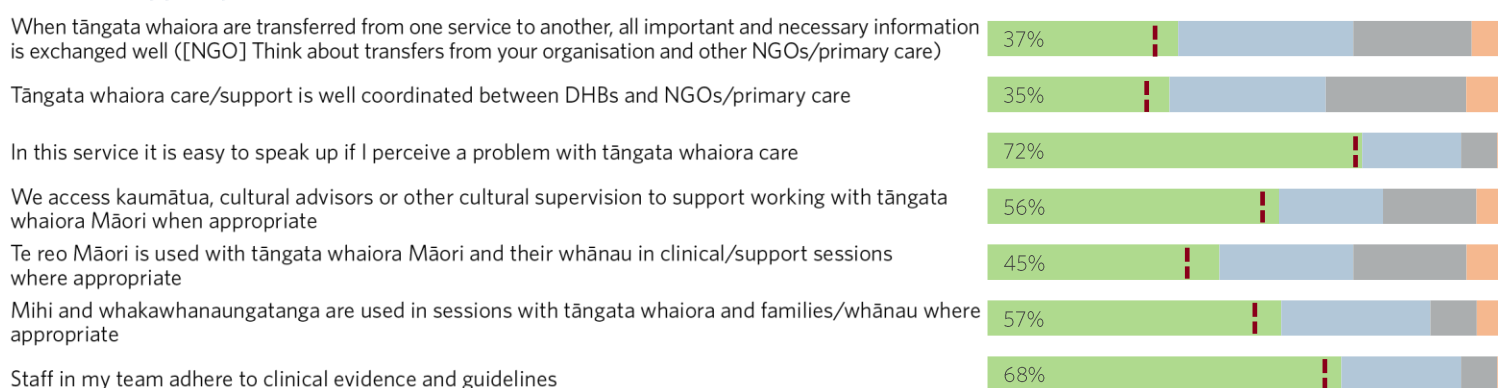
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

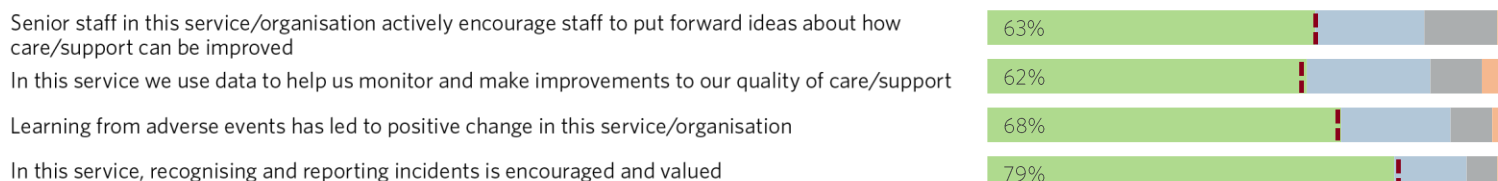
Engagement with tāngata whaiora and family/whānau



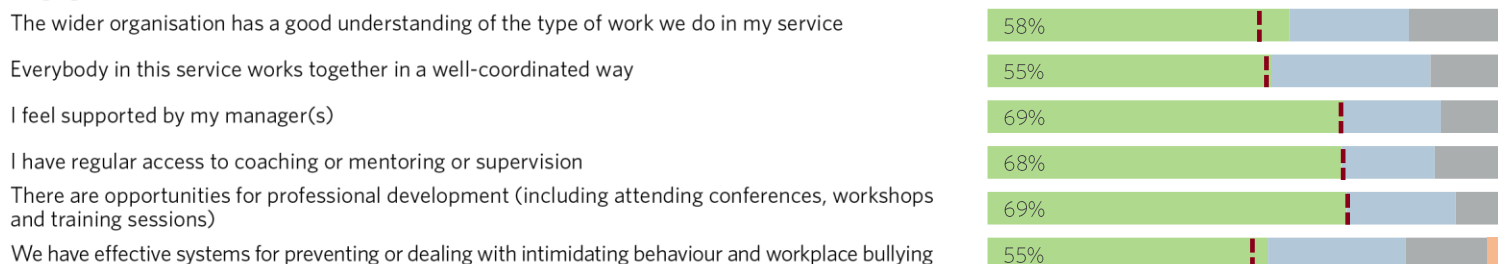
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my 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.

Within NGO Northern Region:

- 89 percent of MHA staff who took part agreed (ie, gave a positive response) that tāngata whaiora and whānau are treated with respect; this measure had the highest percentage of positive scores
- 35 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.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora



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

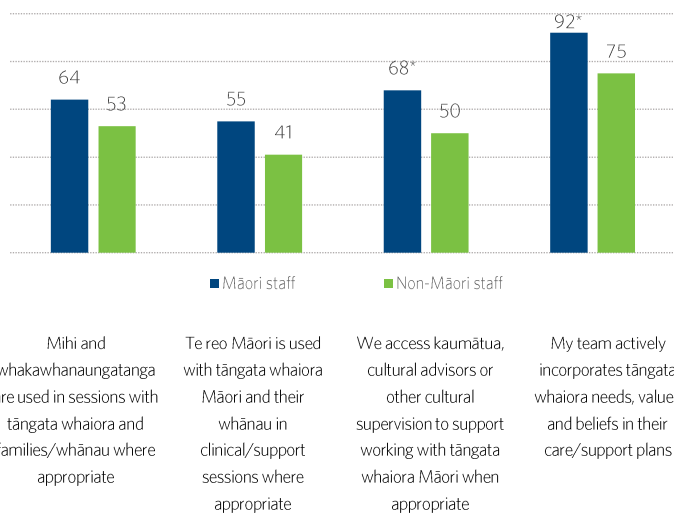
‘I acknowledge the strong support from my colleagues (strong team work)’

‘Our open-door policy where family can communicate, visit and engage with staff’

‘The open communication that we have with the tāngata 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



* 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?

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 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

Difference between groups (such as Māori compared to non-Māori, or the NGO to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

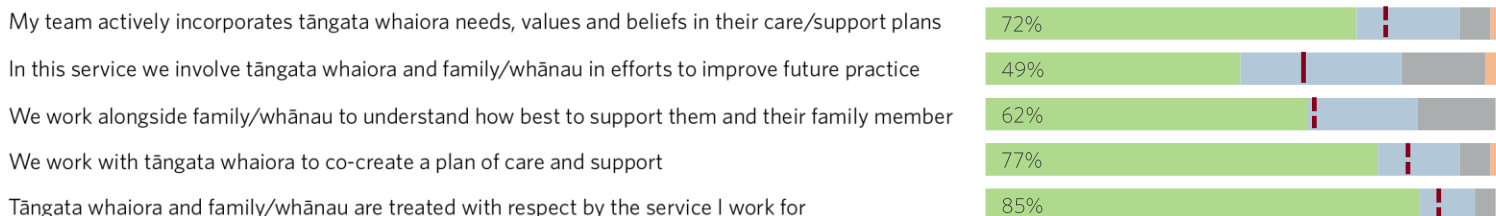
Ngā Poutama Oranga Hinengaro: Quality in Context

NGO South Island Region

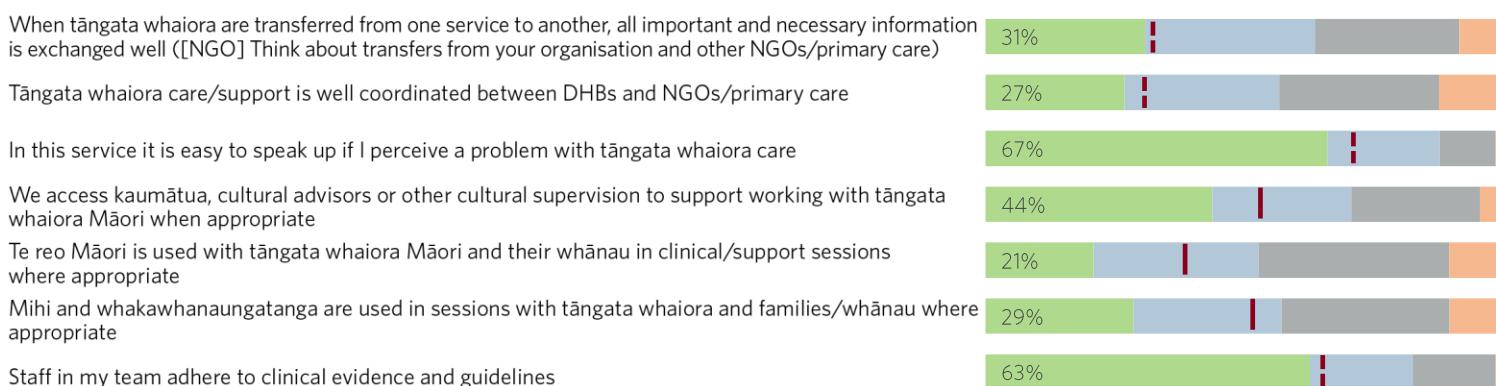
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

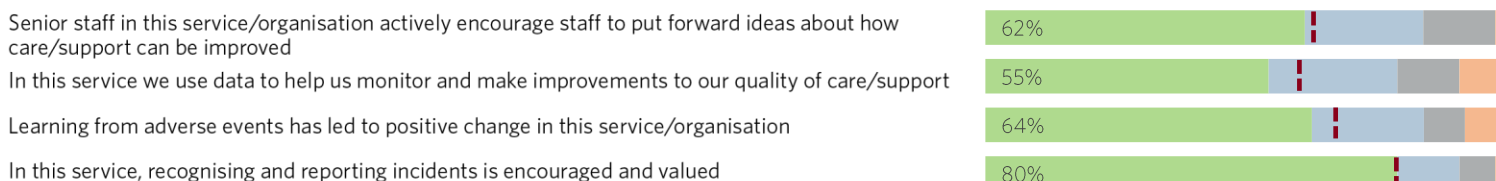
Engagement with tāngata whaiora and family/whānau



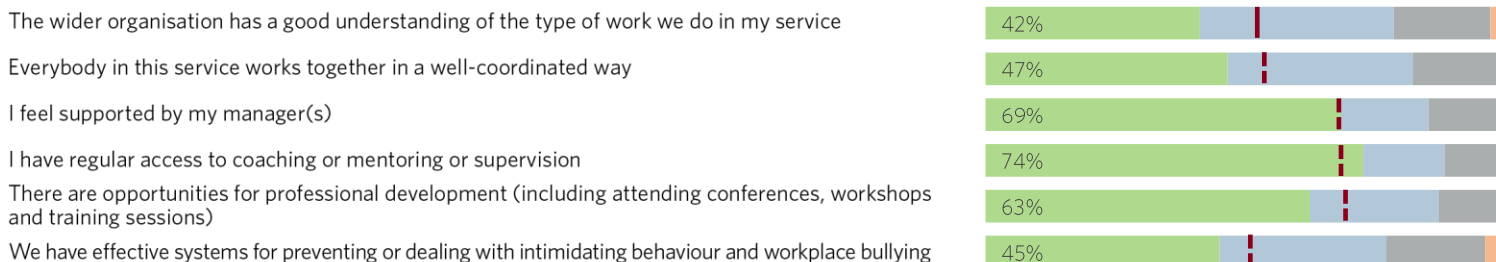
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my NGO region

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:

- 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.

Results of mental health and addiction staff survey

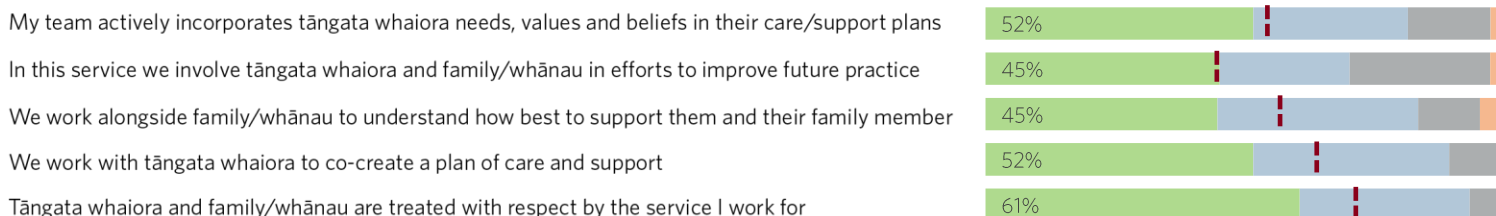
Ngā Poutama Oranga Hinengaro: Quality in Context

Northland DHB

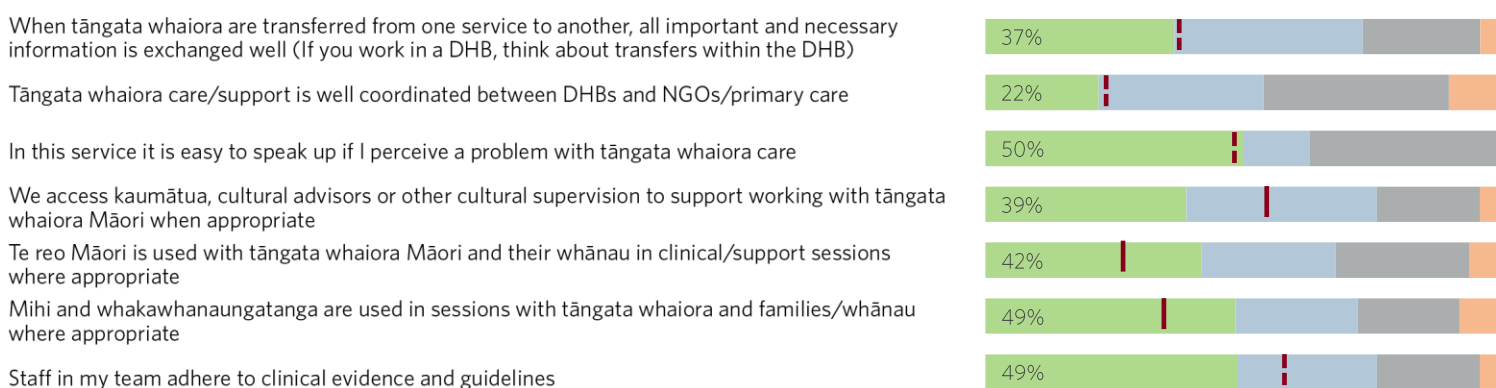
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

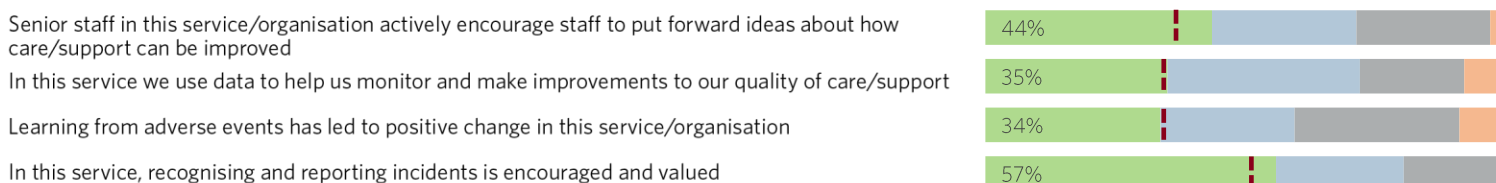
Engagement with tāngata whaiora and family/whānau



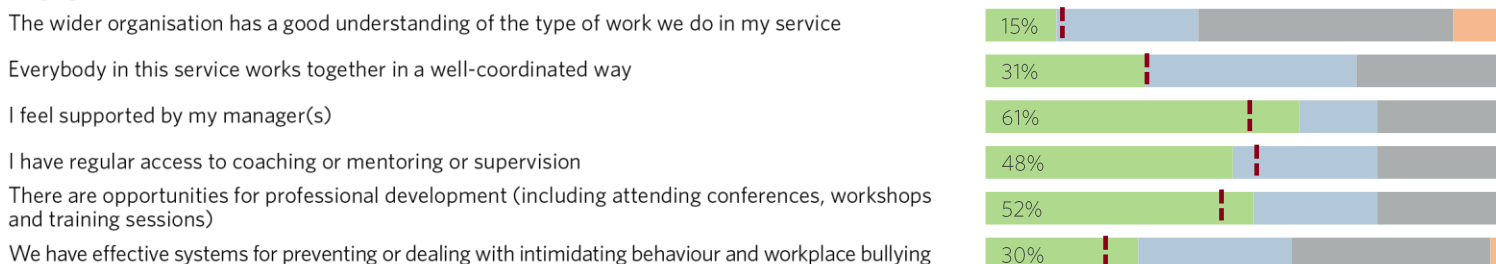
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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- 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 tāngata 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 tāngata whaiora Māori.

Results of mental health and addiction staff survey

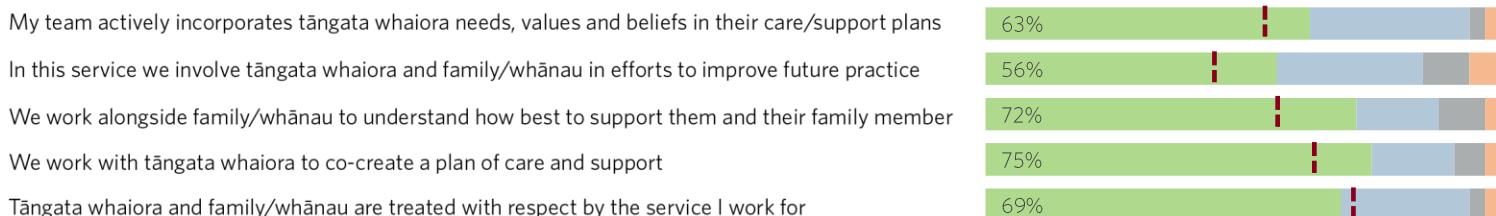
Ngā Poutama Oranga Hinengaro: Quality in Context

South Canterbury DHB

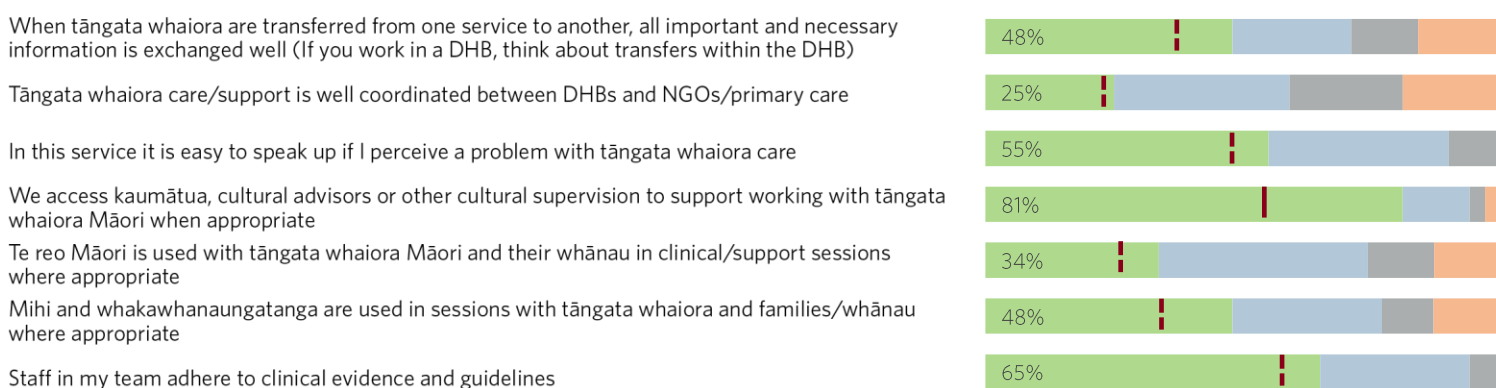
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

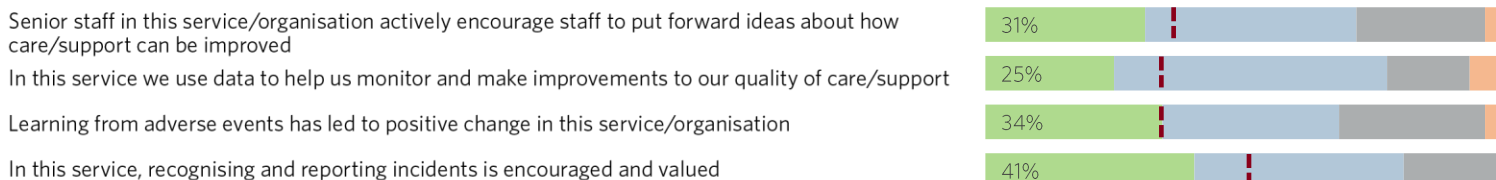
Engagement with tāngata whaiora and family/whānau



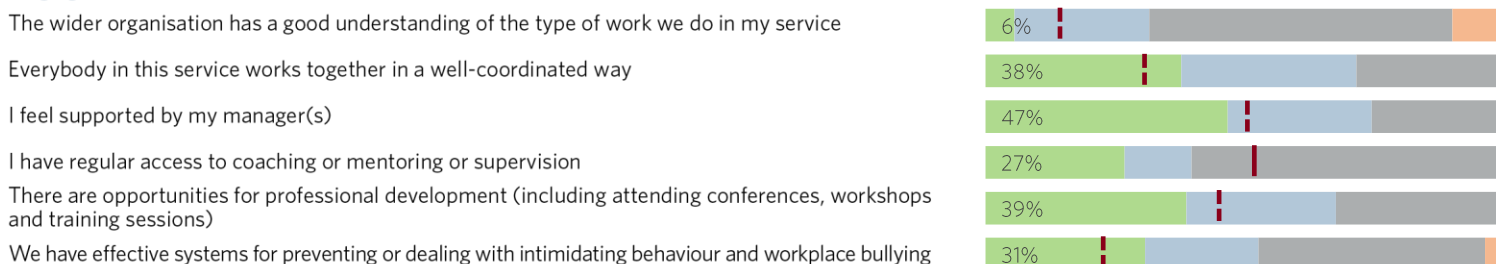
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my DHB

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.

Results of mental health and addiction staff survey

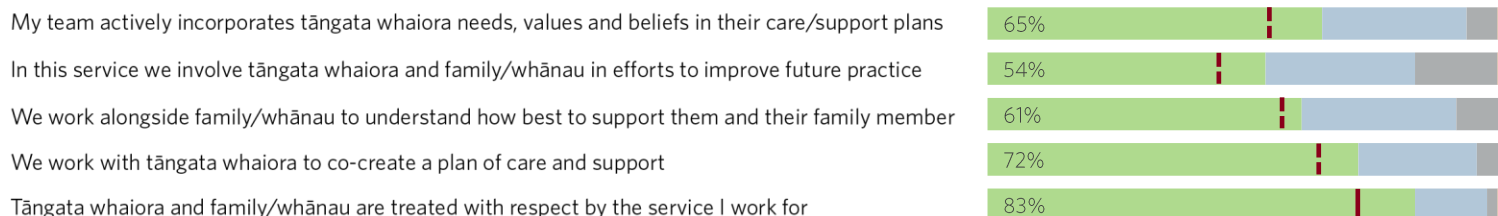
Ngā Poutama Oranga Hinengaro: Quality in Context

Southern DHB

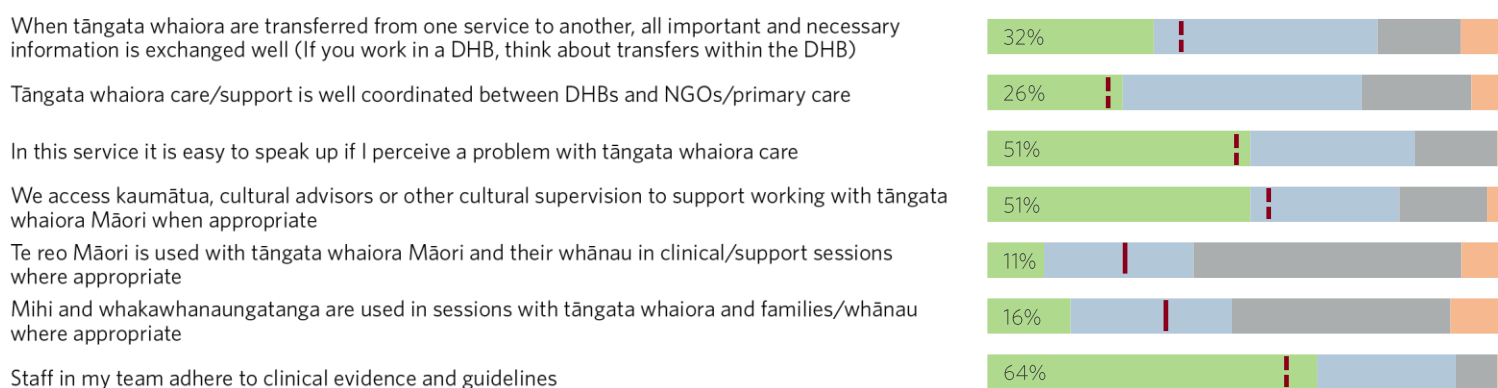
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

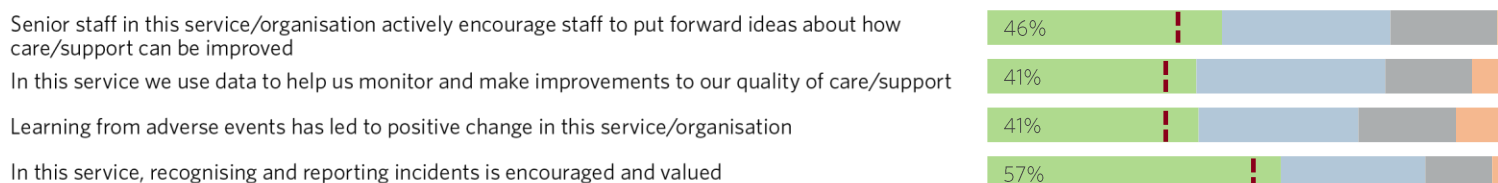
Engagement with tāngata whaiora and family/whānau



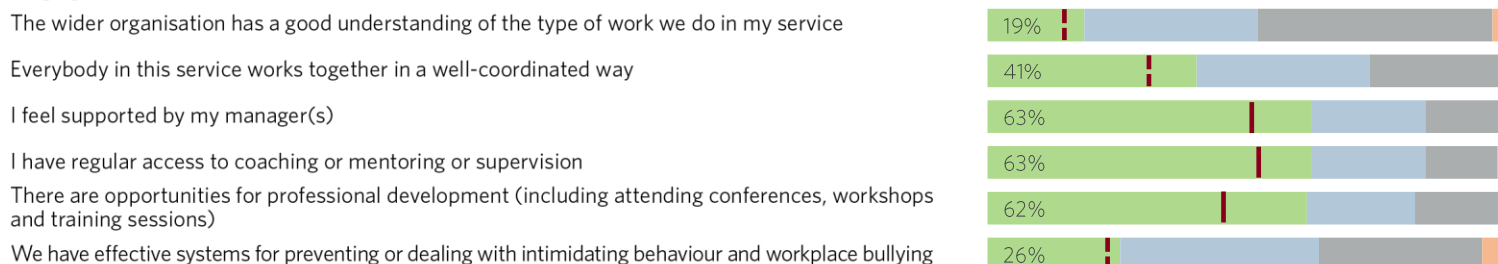
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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- 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
- 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.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

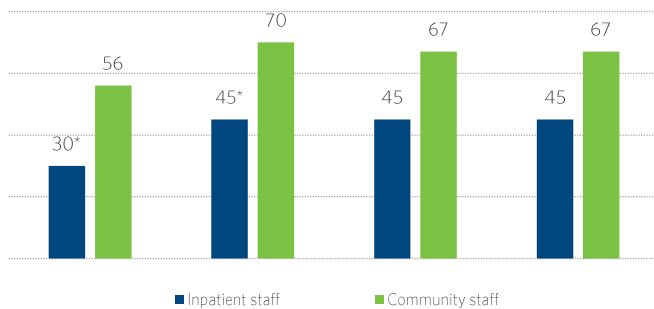


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your DHB:

‘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 tāngata 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



■ Inpatient staff ■ 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.

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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 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

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

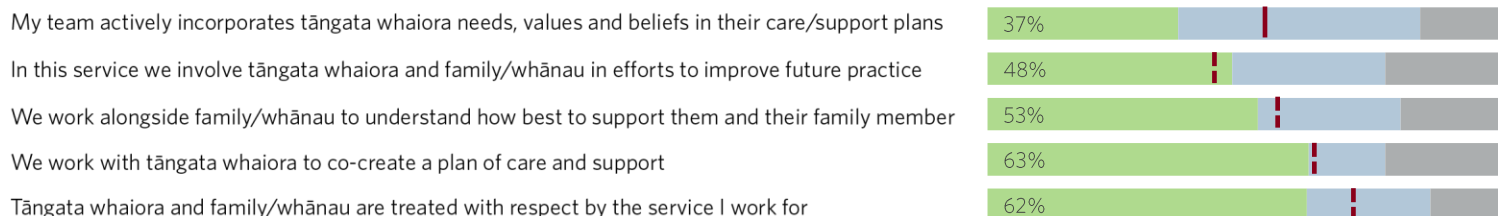
Ngā Poutama Oranga Hinengaro: Quality in Context

Tairāwhiti DHB

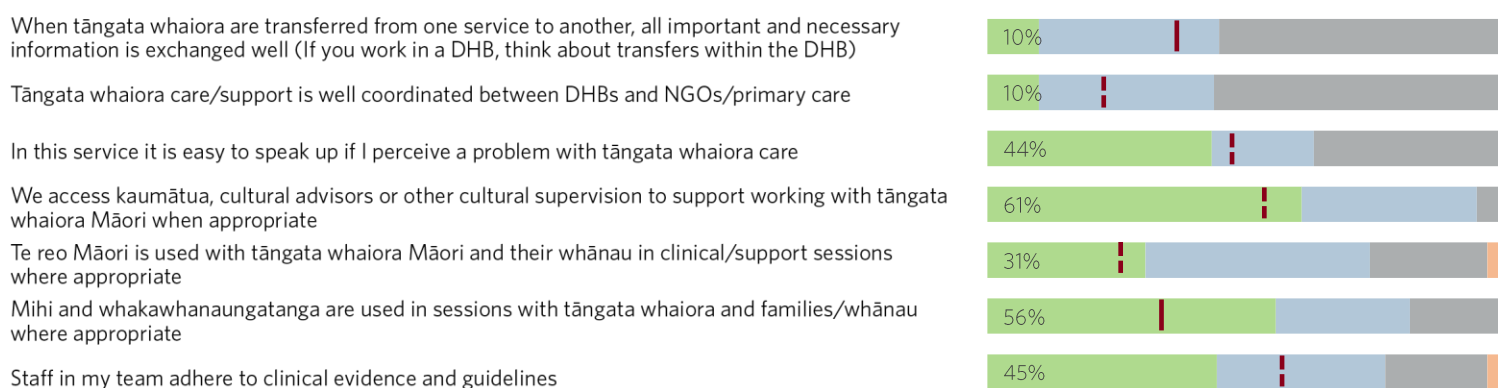
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

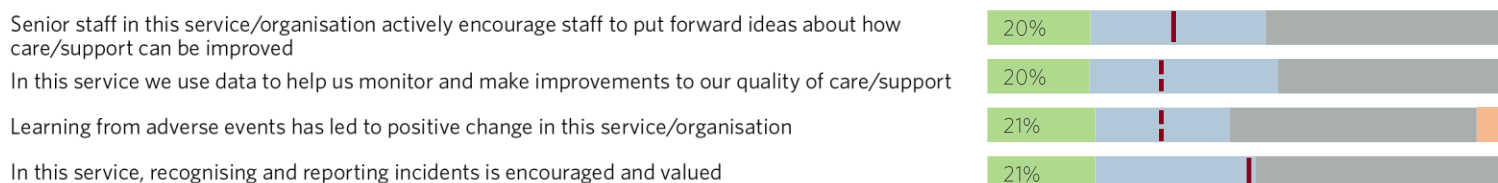
Engagement with tāngata whaiora and family/whānau



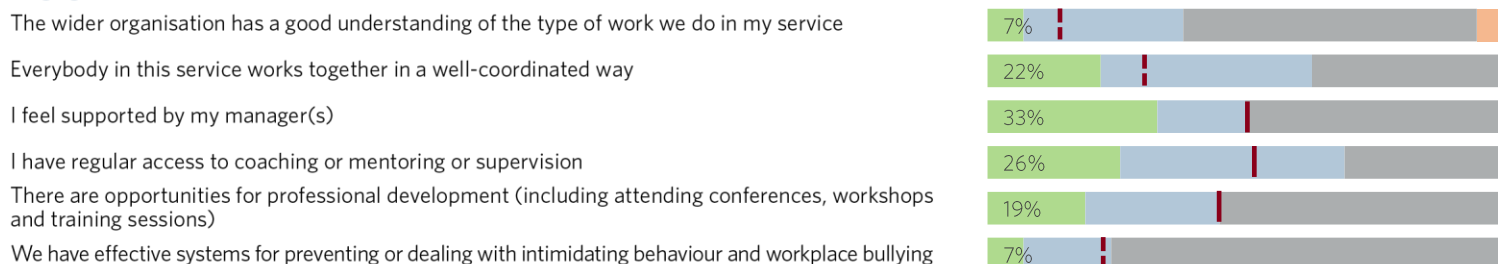
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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- displaying the results in staff areas
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- 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 care/support plans
- important information is exchanged well in transfers between services
- recognising/reporting incidents is encouraged and valued, and senior staff actively encourage ideas for improvement of care/support.

Results of mental health and addiction staff survey

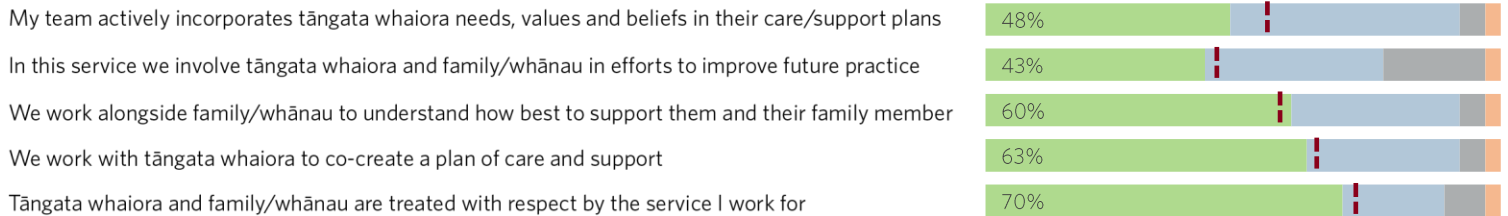
Ngā Poutama Oranga Hinengaro: Quality in Context

Taranaki DHB

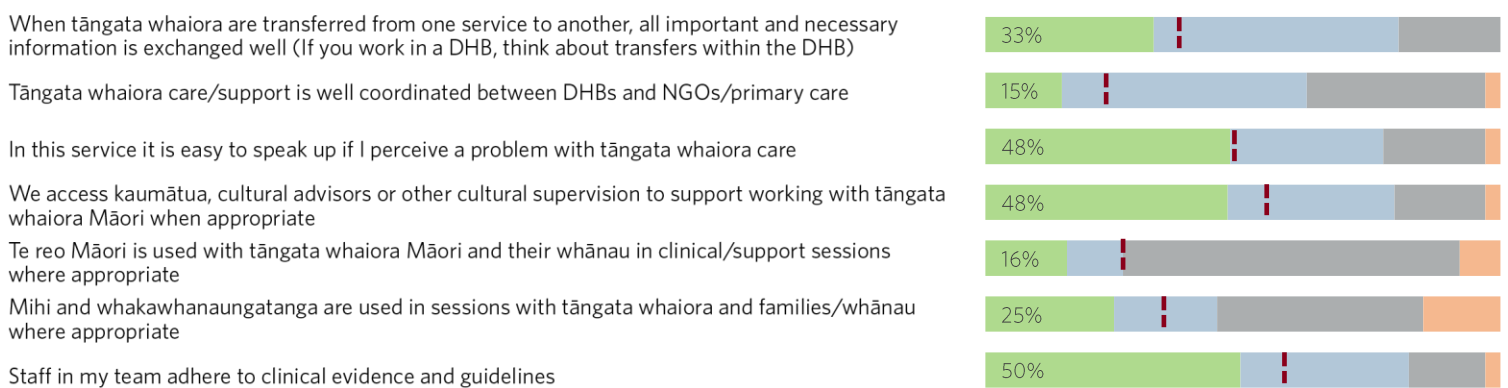
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

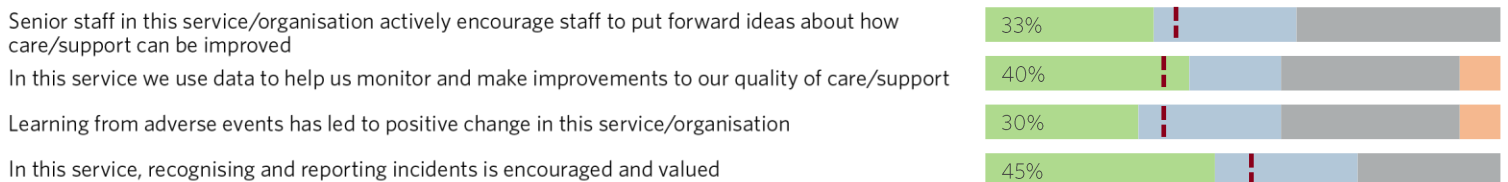
Engagement with tāngata whaiora and family/whānau



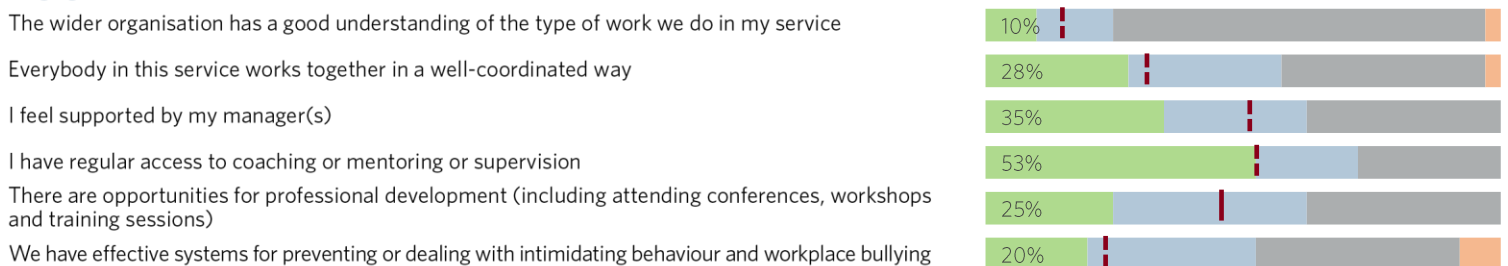
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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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.

Results of mental health and addiction staff survey

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 tāngata whaiora and family/whānau

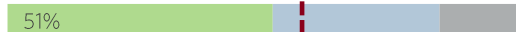
My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans



In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice



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



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



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



Care and support provided

When tāngata 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)



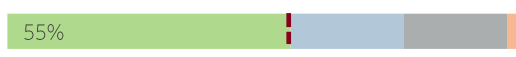
Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care



In this service it is easy to speak up if I perceive a problem with tāngata 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



% Positive **% Neutral** **% Negative** **% Don't know**

All-DHBs % positive **Statistically significant difference** **No evidence of difference**

How to use these survey results

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

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

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

Key findings for my DHB

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.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora

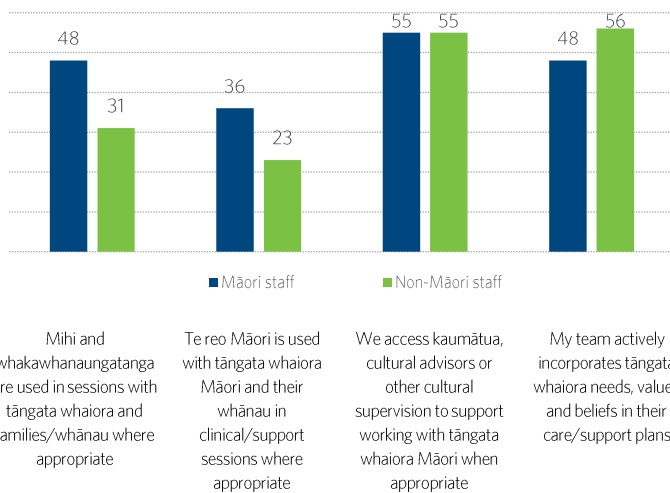


These word-clouds summarise the key themes from the range of responses around the country. Below are some examples of responses from your DHB:

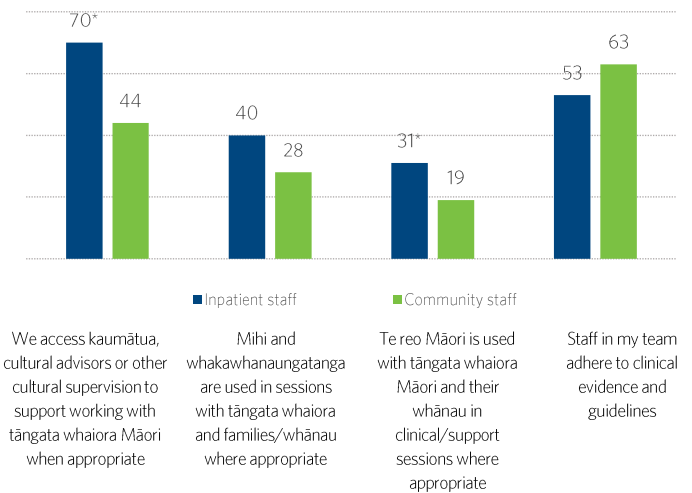
'More staff so that caseloads can be reduced and staff be less exhausted. The members of the team work really hard to provide the best service we can for our clients and I've noticed that the ongoing high caseload of complex clients is taking a physical toll on the health of all of us'
 'Being able to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



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?

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 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

Difference between groups (such as Māori compared to non-Māori, or the DHB to the national average) are tested for statistical significance at the 95% confidence level. Statistically significant differences are indicated on the graphs.

Results of mental health and addiction staff survey

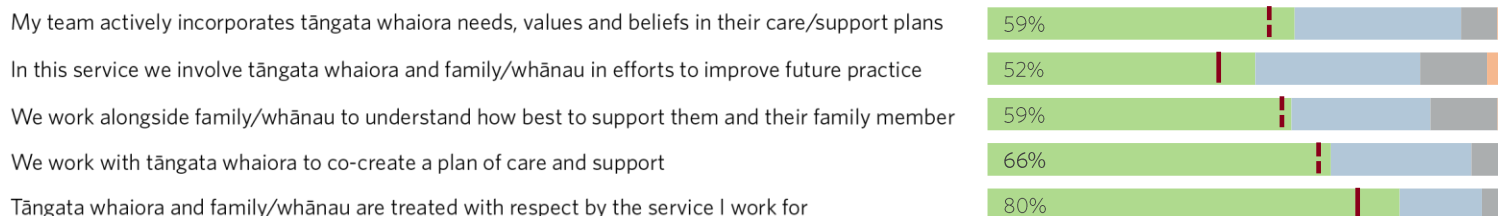
Ngā Poutama Oranga Hinengaro: Quality in Context

Waitemata DHB

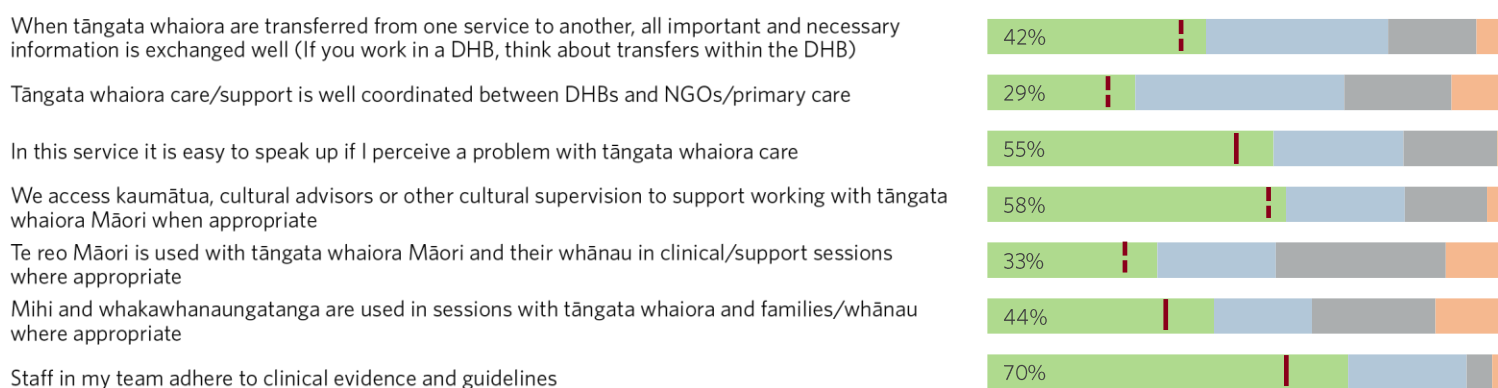
Ngā Poutama Oranga Hinengaro: Quality in Context was a national survey of quality culture in mental health and addiction services. The survey was conducted in August 2018.

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

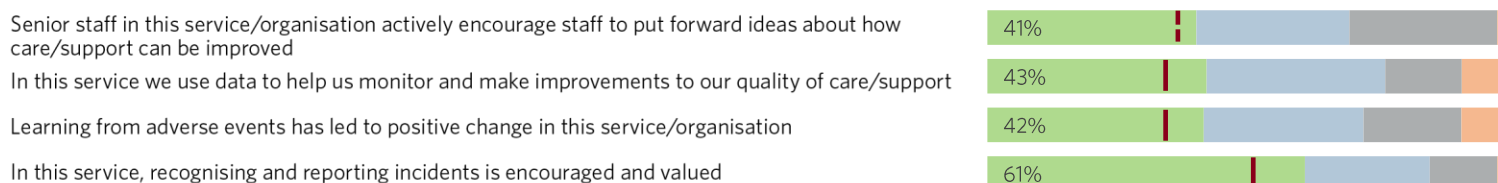
Engagement with tāngata whaiora and family/whānau



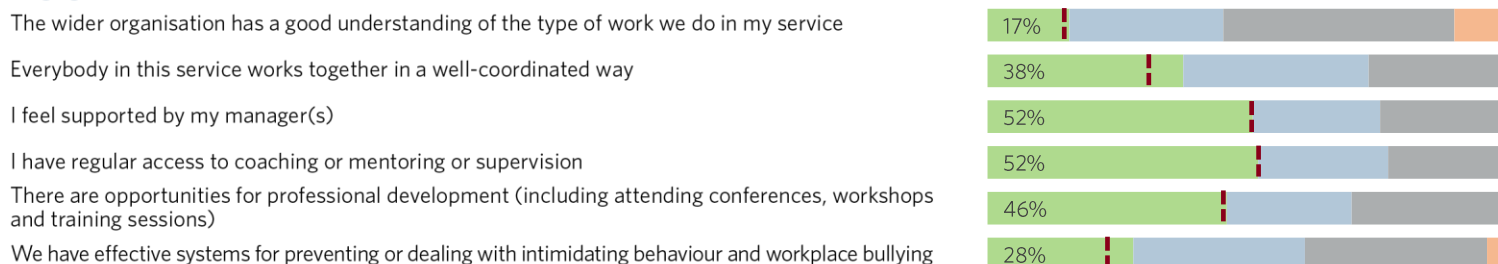
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



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

How to use these survey results

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

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

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

Key findings for my DHB

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
- the use of mihi and whakawhanaungatanga where appropriate
- staff being easily able to speak up about problems
- 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.

Results of mental health and addiction staff survey

Ngā Poutama Oranga Hinengaro: Quality in Context

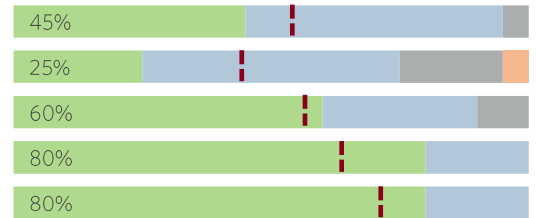
West Coast DHB

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.

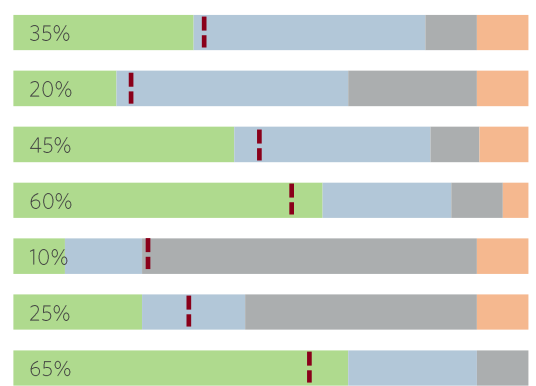
Engagement with tāngata whaiora and family/whānau

- My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans
- In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice
- We work alongside family/whānau to understand how best to support them and their family member
- We work with tāngata whaiora to co-create a plan of care and support
- Tāngata whaiora and family/whānau are treated with respect by the service I work for



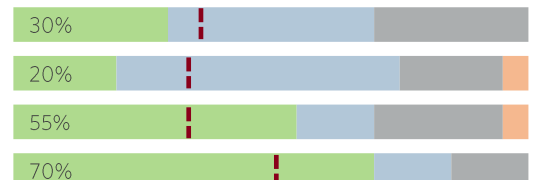
Care and support provided

- When tāngata 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)
- 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 tāngata 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



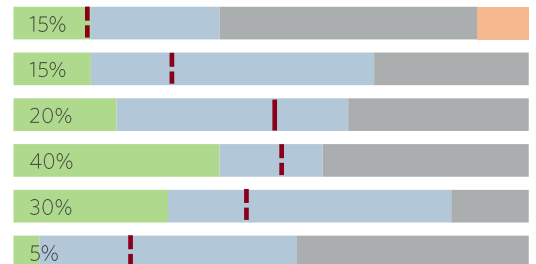
Learning and changing the care/support provided

- 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



■ % Positive ■ % Neutral ■ % Negative ■ % Don't know

— All-DHBs % positive — Statistically significant difference - - - No evidence of difference

How to use these survey results

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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 tāngata whaiora and whānau are treated with respect, and staff work with tāngata 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.

In words – what would make things better for tāngata whaiora



In words – what currently works well for tāngata whaiora



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

‘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’

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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

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Results of mental health and addiction staff survey

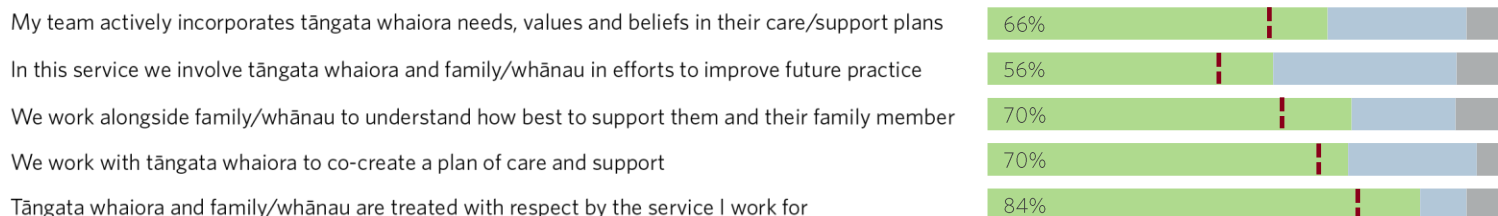
Ngā Poutama Oranga Hinengaro: Quality in Context

Whanganui DHB

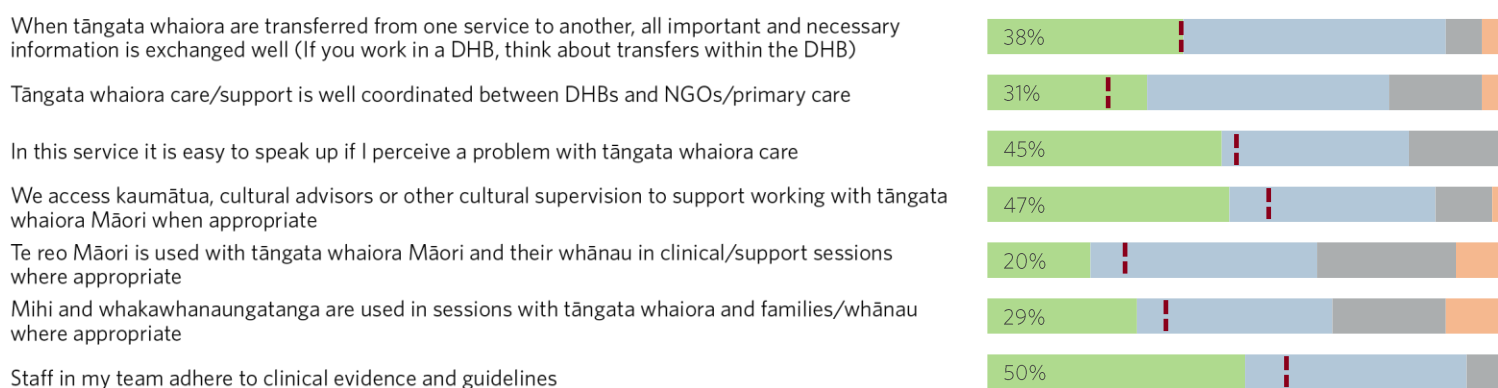
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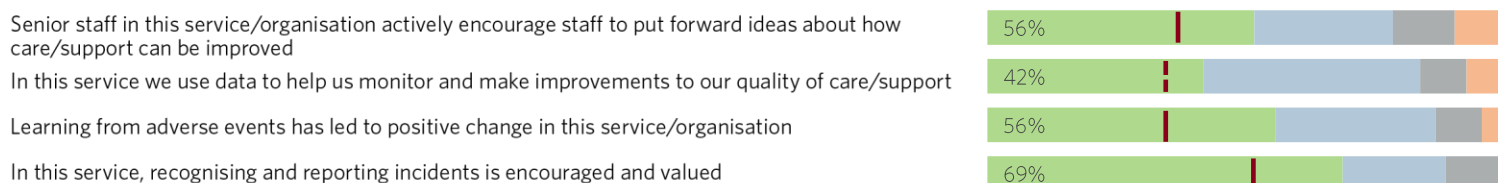
Engagement with tāngata whaiora and family/whānau



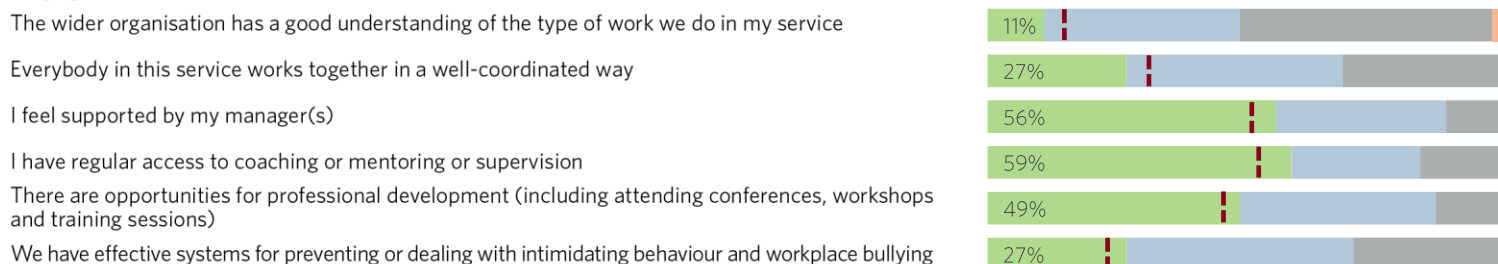
Care and support provided



Learning and changing the care/support provided



Engaged, effective workforce



■ % Positive
 ■ % Neutral
 ■ % Negative
 ■ % Don't know
 All-DHBs % positive
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How to use these survey results

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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.

