

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 June 2022.

Thank you to the over 1,800 people around the country who participated in the survey. Here are the results for your DHB.

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 Canterbury DHB

Significant differences shown next to national average score*

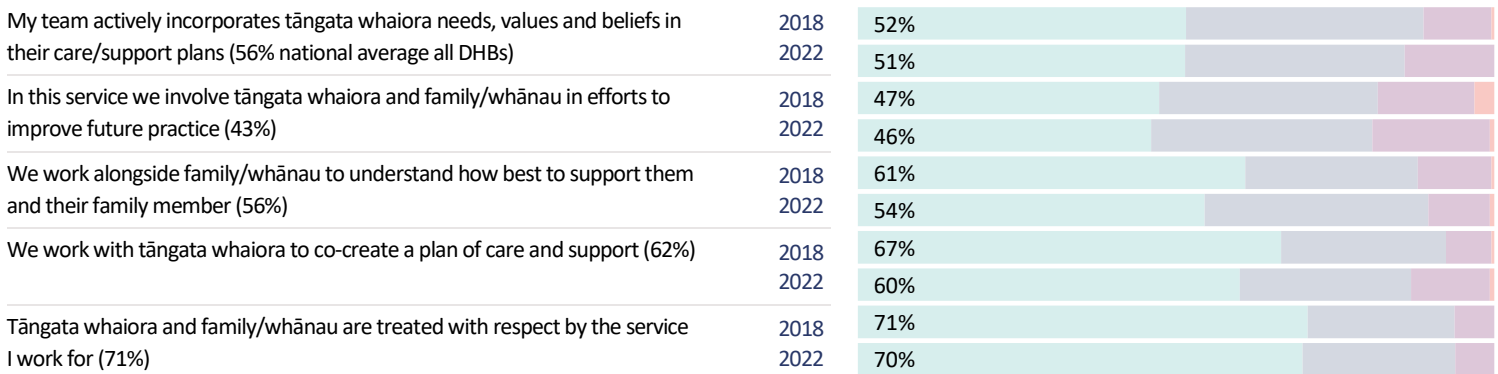
Highest positive scores:

Tāngata whaiora & family/whānau treated with respect, access kaumatua, feel support by my manager

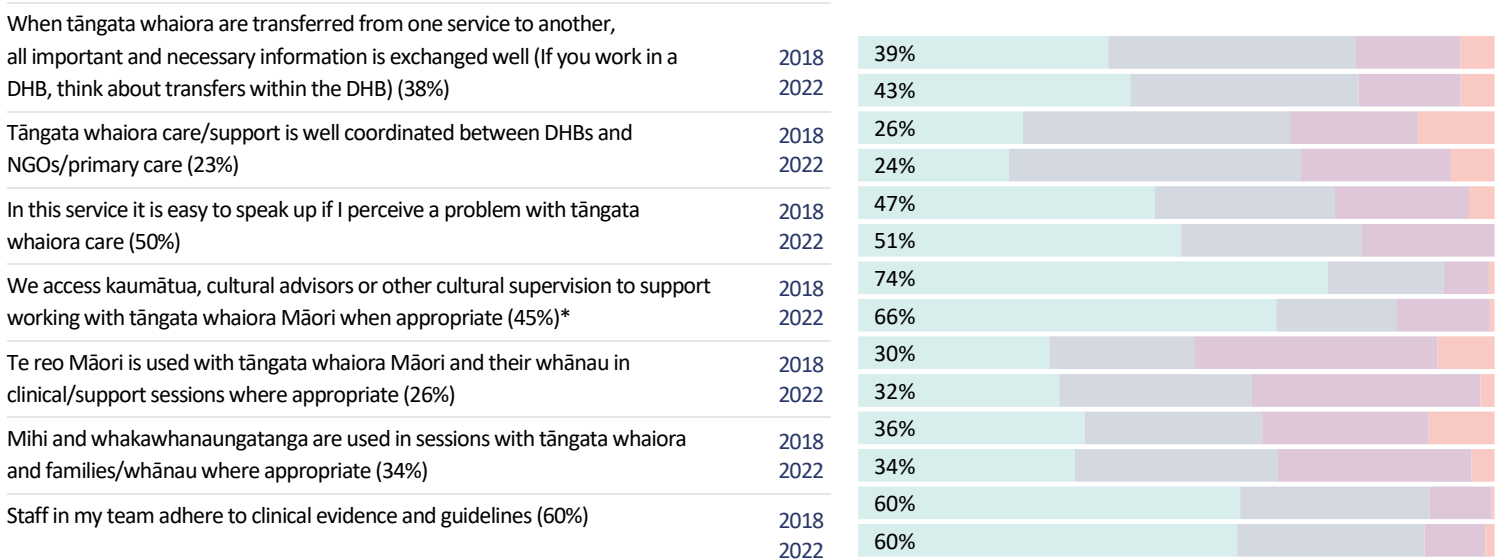
Lowest positive scores:

Coordination between DHB/NGO/primary care, effective systems for dealing with bullying.

Engagement with tāngata whaiora and family/whānau



Care and support provided



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

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 (37%)	2018	32%
	2022	39%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	32%
	2022	38%
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	28%
	2022	43%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	48%
	2022	60%

Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	28%
	2022	39%
I feel supported by my manager(s) (54%)*	2018	48%
	2022	66%
I have regular access to coaching or mentoring or supervision (53%)	2018	49%
	2022	60%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	50%
	2022	53%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	12%
	2022	21%

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

In words – what would make things better for tāngata whaiora



- "More use of te reo by all staff, even if only a word or phrase"
- "Better support for recreational activities. i.e. gym, exercise, non-medication based therapies"
- "More time with patients. Maintain adequate staffing so escorted leaves can be utilised more for example, but obviously there are no answers to this as staffing had always been a persistent issue"
- "Adequate staffing"
- "Presence of a Pukenga Atawhai or regular contact with one in our ward"

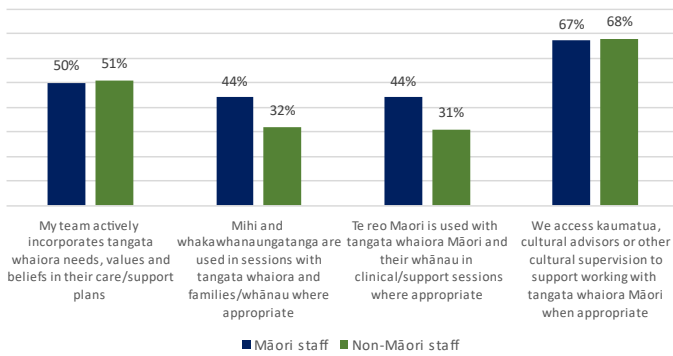
In words – what has been the impact of COVID-19 on quality improvement initiatives

- "All non-urgent work has essentially been stopped"
- "COVID has stalled all operations on some levels, including quality improvement, for reasons such as absences, redeployments and tāngata whaiora being worried about getting COVID"
- "Quality improvement has decreased"
- "No time for anything other than managing the acute/urgent work"
- "Stopped or slowed projects. Disrupted hiring of much-needed staff"
- "Everything appears to have been put on hold"

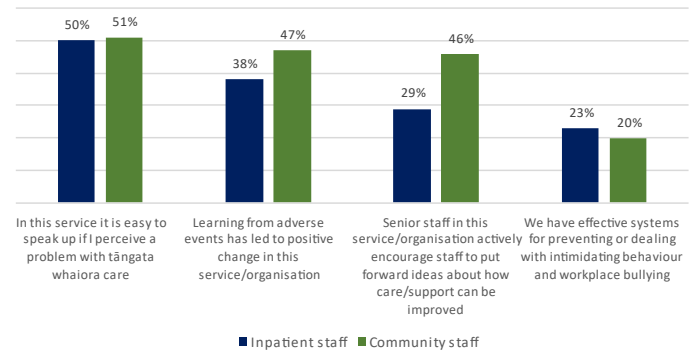
In words – what is one thing that currently works well

- "We basically have an open door policy and family can come to support patient whenever the patient wants"
- "Our multidisciplinary, holistic, patient-centred approach to care"
- "The staff all hold caring at the heart of what they do despite increasing admin and technology demands. They deserve recognition for this"
- "Respect"

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



Questions with the largest difference between inpatient and community staff



Why was the survey conducted?

This survey underpins the national mental health and addiction quality improvement programme, funded by DHBs and coordinated by Te Tāhū Hauora 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 June 2022.

The survey was conducted by Mobius Research Ltd on behalf of Te Tāhū Hauora 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 Te Tāhū Hauora Health Quality & Safety Commission website www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/quality-in-context-survey-of-mental-health-and-addiction/

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 146 responses from your DHB.

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.