

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 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 Tairāwhiti DHB

No significant differences compared to the national results/2018

Highest positive scores:

Co-create a plan of care and support, work alongside family/whānau

Adhere to clinical evidence and guidelines, access to coaching

Lowest positive scores:

Effective systems-bullying, opportunities for professional development, transfers between services.

Engagement with tāngata whaiora and family/whānau

My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans (56% national average all DHBs)	2018	40%
	2022	78%
In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice (43%)	2018	48%
	2022	67%
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018	53%
	2022	89%
We work with tāngata whaiora to co-create a plan of care and support (62%)	2018	63%
	2022	89%
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018	62%
	2022	78%

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) (38%)	2018	10%
	2022	25%
Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care (23%)	2018	10%
	2022	38%
In this service it is easy to speak up if I perceive a problem with tāngata whaiora care (50%)	2018	44%
	2022	50%
We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate (45%)	2018	61%
	2022	67%
Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate (26%)	2018	31%
	2022	56%
Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate (34%)	2018	56%
	2022	67%
Staff in my team adhere to clinical evidence and guidelines (60%)	2018	45%
	2022	88%

■ % 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	20%
	2022	50%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	20%
	2022	38%
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	21%
	2022	50%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	21%
	2022	63%

Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	22%
	2022	50%
I feel supported by my manager(s) (54%)	2018	33%
	2022	50%
I have regular access to coaching or mentoring or supervision (53%)	2018	26%
	2022	88%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	19%
	2022	25%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	7%
	2022	25%

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

In words – what would make things better for tāngata whaiora



- "More male staff, we have a lot of young male tāngata whaiora who would benefit from a male therapy"
- "More resources within our department and also in the community, including Clinical Psychology and Psychiatric support"
- "More resources and training"
- "A computerised system that is mobile for those who work in the community for taking notes, emails, letters. A more whānau friendly environment. A more child friendly environment"

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

- "COVID has hugely disrupted quality improvement and relationship building between us, whānau and external agencies. Training cancelled, differences in opinion re: COVID has broken relationships within the offices - created a difficult working atmosphere, schools shut and whānau with no access to zoom or phones have been unable to seek support"
- "Increase in young people seeking support around anxiety/depression. Extremely difficult to provide therapy to young people while wearing a mask"

In words – what is one thing that currently works well

- "Therapeutic alliance between young person and therapist. Good collaboration with whānau"
- "Whakawhanangatanga (Relationships)"
- "Early intervention for our tāngata whaiora"
- "Regular therapy and continuity of the place that therapy is held"
- "We encourage the whānau to work together"

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 9 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.