

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 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 West Coast DHB

Significant differences shown next to national average score*

Highest positive scores:

Co-create plan of care and support, tāngata whaiora & family/whānau treated with respect, work alongside family/whānau, actively incorporates needs/values

Lowest positive scores:

Use of te reo, use of mihi and whakawhanaungatanga, coordination between DHB/NGO/primary care.

Engagement with tāngata whaiora and family/whānau

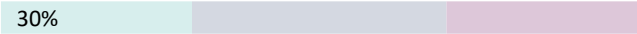
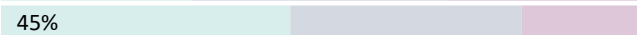
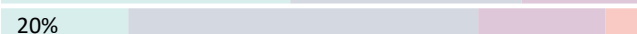

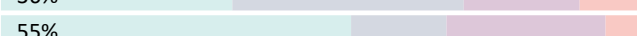
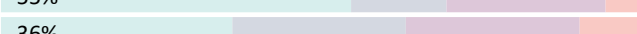
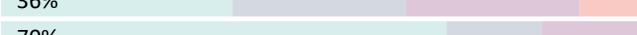
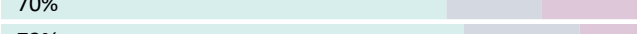
My team actively incorporates tāngata whaiora needs, values and beliefs in their care/support plans (56% national average all DHBs)	2018	45%
	2022	73%
In this service we involve tāngata whaiora and family/whānau in efforts to improve future practice (43%)	2018	25%
	2022	64%
We work alongside family/whānau to understand how best to support them and their family member (56%)	2018	60%
	2022	73%
We work with tāngata whaiora to co-create a plan of care and support (62%)	2018	80%
	2022	82%
Tāngata whaiora and family/whānau are treated with respect by the service I work for (71%)	2018	80%
	2022	73%

Care and support provided


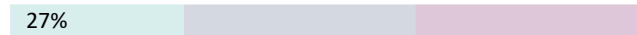
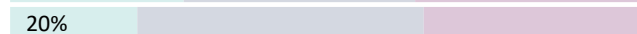
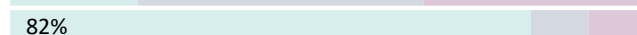
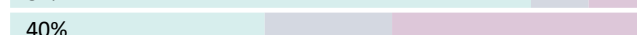
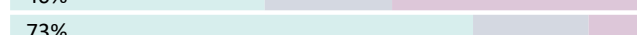
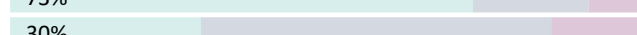


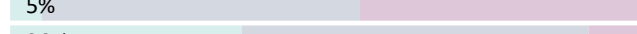
When tāngata whaiora are transferred from one service to another, all important and necessary information is exchanged well (If you work in a DHB, think about transfers within the DHB) (38%)*	2018	35%
	2022	73%
Tāngata whaiora care/support is well coordinated between DHBs and NGOs/primary care (23%)	2018	20%
	2022	27%
In this service it is easy to speak up if I perceive a problem with tāngata whaiora care (50%)	2018	45%
	2022	45%
We access kaumātua, cultural advisors or other cultural supervision to support working with tāngata whaiora Māori when appropriate (45%)	2018	60%
	2022	55%
Te reo Māori is used with tāngata whaiora Māori and their whānau in clinical/support sessions where appropriate (26%)	2018	10%
	2022	27%
Mihi and whakawhanaungatanga are used in sessions with tāngata whaiora and families/whānau where appropriate (34%)	2018	25%
	2022	27%
Staff in my team adhere to clinical evidence and guidelines (60%)	2018	65%
	2022	45%

■ % 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	30%	
	2022	45%	
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	20%	
	2022	36%	
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	55%	
	2022	36%	
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	70%	
	2022	73%	

Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	15%	
	2022	27%	
I feel supported by my manager(s) (54%)	2018	20%	
	2022	82%	
I have regular access to coaching or mentoring or supervision (53%)	2018	40%	
	2022	73%	
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	30%	
	2022	45%	
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	5%	
	2022	36%	



In words – what would make things better for tāngata whaiora



- "More Maori staff. Clinical and non-clinical"
- "For all staff to have access to HCS and to be able to document online instead of hand-written notes. It is a barrier to care. Having cultural assessments completed"
- "More regular psychiatrist clinics and consistency in care providers"
- "Increased co design, peer support staff and Pukenga workforce"
- "Easier access to psychology treatment from someone who is part of the MDT and has a wide range of skills"

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

- "Everything has been on hold"
- "Some barriers but the service has managed well and continues to move forward with quality improvement initiatives"
- "Business as usual in general , just reduction in opportunity to have face to face training which is so more beneficial than online education or training"
- "Now meet via video instead of direct face to face. Can be issues with technology at times"

In words – what is one thing that currently works well

- "Working closely with PHO and practice nurses in the wider community"
- "Our Pukenga Tiaki are accessed and work well within the inpatient unit. the majority of Pukenga are based centrally in Greymouth where the inpatient unit is so accessibility is more optimal for those being acutely admitted"
- "We as nurses really care"
- "Discussions at MDTs"

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 11 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.