

Ngā Poutama survey for consumers of mental health and addiction services, their families and whānau

Technical report

July 2020

Document purpose

This is a technical report for the Ngā Poutama survey for consumers of mental health and addiction (MHA) services, their families and whānau.

The survey was conducted by the Health Quality & Safety Commission, as part of the MHA quality improvement programme, between September and November 2019.

Mobius Ltd was contracted to deliver the cognitive testing and fieldwork components of the survey.

This report was written by the Health Quality & Safety Commission.

For more information, please go to: www.hqsc.govt.nz/MHA-consumer-survey

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Methodology at a glance

The following table gives an overview of the key methodological aspects of Ngā Poutama survey for consumers of mental health and addiction services, their families and whānau.

Target population	Consumers using district health board (DHB) mental health and addiction (MHA) services in New Zealand (either inpatient or community services), who were discharged or transitioned between 1 September and 15 October 2019; and their families and whānau.
Sample size	The final sample size was 267 people. This includes 228 consumer responses plus 39 family and whānau responses.
Response rate	The estimated consumer response rate is 3.3 percent.
Survey period	The survey went live on 1 September and closed on 21 November 2019. This gave consumers who were discharged or transitioned between 1 September and 15 October 2019 time to complete the survey before it closed.
Survey mode	Multi-mode: Online questionnaire, telephone interview or posted paper questionnaire with pre-paid return envelope.
Invitation to participate	<ul style="list-style-type: none"> • At time of discharge/transition, DHB staff gave a flyer to the consumer notifying them of the survey and details to access the survey. • Between two and five weeks after discharge, all eligible consumers received an invitation from the contracted survey provider either by email, SMS text or by post. Whānau were invited through the consumer passing on the invitation. • Consumers, families and whānau may also have learned of the survey through other promotional material (eg. posters on display or social media communications).
Survey content	Questions related to experience of service.
Survey framework	A co-design approach was used to develop the survey framework, which defines what experience measures matter most to consumers who use MHA services, their families and whānau. The domains of the framework include self-determination; respect and dignity; environmental, physical needs and human rights; cultural and spiritual needs; family and whānau involvement and support networks; coordination and continuity; communication; and safety.
Question development	The survey content was developed from sub-domains within the framework domains. The survey questions were then tested and refined through a rigorous cognitive testing process.
Question reporting scale	<p>The experience questions were asked against two different Likert scales. The Agree scale was a 1–7 Likert scale, ranging from ‘Strongly disagree’ to ‘Strongly agree’, with ‘Don’t know’ and ‘Not applicable’ options. The Often scale was a 1–7 Likert scale, ranging from ‘Never’ to ‘Always’, with ‘Don’t know’ and ‘Not applicable’ options.</p> <p>For reporting, the Likert scale responses were converted to 1–3 = negative; 4–5 = neutral; 6–7 = positive. The percentage of positive responses to each experience question was reported. ‘Not applicable’ responses were excluded from the denominator in these calculations and ‘Don’t know’ responses were included.</p>
Data cleaning	The survey responses were checked for any data errors, potential duplicates or inclusion of people outside the target population. Two survey responses were removed during this data cleaning process. Some responses to demographic questions were back-coded.
Data analysis	Weighting was not applied when analysing the data. A measure of statistical variability, the margin of error, is provided. Comparisons between groups were tested for statistical significance using a two proportion Z-test.

Methodology

Target population

This was a survey for consumers who used DHB MHA services in Aotearoa New Zealand (either inpatient or community services), who were discharged or transitioned between 1 September and 15 October 2019; and their families and whānau (including chosen support people, who may not be biologically related). This includes those who were:

- discharged from a DHB MHA service, or
- transitioned between DHB MHA services (eg, transitioned from inpatient to community services, or youth to adult services; note: those transitioned from community to inpatient services were excluded), or
- transitioned from a DHB MHA service to any other service or provider (eg, general medical ward, general practitioner (GP), non-governmental organisation (NGO) provider).

The survey did not include consumers using non-DHB services (eg, NGO services), unless they were transitioned to/discharged there from a DHB service between 1 September and 15 October 2019. However, NGOs are welcome to re-use the survey questions in their service.

Final sample size

The total sample size was 267 people (Table 1).

Table 1: Final sample size – consumers, families and whānau

	N	Percentage (%)
Consumers	228	85
Families and whānau	39	15
Total	267	100

Only people who completed all the experience measurement questions (on Likert scales) were included in the final sample. This was to prevent any duplication in the final sample of people who answered only a few questions, and later started again to complete the survey.

Survey development

The survey was developed by the MHA quality improvement programme team, with input from its consumer advisory group, Māori advisory group and DHB working group. An additional consumer advisor was seconded to the Commission to support the survey development and promotion.

The MHA quality improvement programme is overseen by a leadership group, in communication with a stakeholder group. Both groups comprise a diverse range of leaders from the MHA sector.

The survey was developed using the following work streams.

- Establish the survey framework.
- Translate the survey framework into survey questions with robust cognitive testing to ensure the questions are simple and measure the intended concept.
- Establish the methodology to invite consumers, families and whānau to participate in the survey, with input from DHB representatives.
- Conduct the survey fieldwork.
- Analyse and report the results.

Framework

The survey framework is the conceptual guide of survey content. A co-designed, co-produced approach was used to develop the survey framework – defining what experience measures matter most to consumers who use MHA services, their families and whānau. The domains of the framework are as follows.

Te Tiriti o Waitangi overarching principles Kawanatanga/Governance (Protection), Oritetanga (Participation) and Tino Rangatiratanga (Partnership) Experience domains Consumer, family and whānau experience of mental health and addiction services		
Self-determination	Cultural and spiritual needs – general	Coordination and continuity
Respect and dignity	Cultural and spiritual needs – Māori	Communication
Environment, physical needs and human rights	Family and whānau involvement and support networks	Safety

Sub-domains were developed within these domains, and the survey questions were built around those sub-domains. We have not included all sub-domains in the final survey set, to keep the survey to a reasonable length.

The full survey framework is in [Appendix 1](#).

The framework was developed by a survey framework working group with eight members of the programme's consumer advisory group, and members of the Māori advisory group with consumer or family and whānau expertise. The eight members also engaged with their networks, which had over 60 consumers, family and whānau take part in an online form to identify any omissions, and to rate the importance of each sub-domain. The rating process determined the most important sub-domains for developing survey questions.

Question development

Survey questions were drafted for each of the prioritised sub-domains, and to capture information about participant demographics and use of services (eg, what type of service was accessed). These draft questions were then tested and refined through a rigorous cognitive testing process.

Additional consultation was undertaken in the development of the gender, trans status and sexual orientation questions. Two approaches were tested to capture participants' gender information in an inclusive way. The wording used was adapted from work by Stats NZ¹ and the State Services Commission.² These agencies also shared their sexual orientation questions, which were used in this survey with minor adaptations. Thank you to these agencies and the Rainbow Mental Health Support Experiences Study for sharing their survey questions, and to Gender Minorities Aotearoa, Gloria Fraser (Youth Wellbeing Study, Victoria University of Wellington) and Stats NZ for providing additional feedback and advice on the development of the final questions.

Cognitive testing

A total of 83 consumers, families and whānau took part in cognitive testing.

The cognitive testing was an iterative process with feedback reviewed and incorporated (where consistent) throughout. There were two parts to the cognitive testing phase: the core cognitive testing phase and a confirmatory cognitive testing phase. The confirmatory cognitive testing phase involved testing a final draft set of questions developed out of the core cognitive testing phase. Some small final wording changes were made upon completion of the confirmatory phase.

Recruitment of participants

Participants were recruited in four ways:

1. Via general invitation emails sent by consumer advisors to key contacts across the sector, who then circulated the emails to MHA consumers, families and whānau. Participants were asked to contact Mobius directly if they were interested in taking part. Mobius followed up with all contacts.
2. In a few cases, contact details were provided to Mobius by MHA staff who had spoken to consumers, families and whānau, and asked for their permission to pass on their contact details. Mobius followed up with all contacts.
3. Via Facebook; invitations were posted to information-sharing and support groups.
4. Mobius also directly recruited participants using their own sources.

¹ Household Economic Survey 2019: <http://archive.stats.govt.nz/survey-participants/a-z-of-our-surveys/household-economic-survey.aspx>.

² WeCount 2019: <https://ssc.govt.nz/resources/wecount-2019>.

Participant profile

Table 2: Cognitive testing participant profile – both phases combined

Transgender status ³	Gender	N	Type of service	N
Cisgender	Male	31	DHB inpatient	39
	Female	40	DHB community	27
Transgender	All genders (eg, male, female, takatāpui, non-binary, etc)	12	NGO	17
Total		83	Total	83
Ethnicity			Consumer, family and whānau	
Māori		19	Consumer	52
Non-Māori		64	Family and whānau	31
Total		83	Total	83

Cognitive testing process

The cognitive testing process was iterative. Changes were made to the questions throughout and in consultation between Mobius and the Commission once consistent feedback was received.

Interviews were one hour in length and took place, where possible, face-to-face. The geographic location of participants varied and included Northland, Auckland, Waikato, Whanganui, Wellington, Tasman, Christchurch, Dunedin and Southland. Sixty percent of interviews were conducted face-to-face, with the remainder conducted by telephone (35 percent) and videoconference (5 percent). Participants were given a \$50 gift voucher in recognition of their time and any travel costs.

The cognitive testing process included three key components.

1. Observation: Reaction to questions, time taken, level of comfort with questions, whether participants appeared confused or hesitated in their response.
2. Verbal probing of each question: Includes the extent to which participants understood the question, terminology used, ease in answering question, fit of question scale, appropriateness of the question and relevance to overall experience.
3. Process overall: Time taken to answer survey, tone and style of questions, any question duplication, extent survey interested participants and whether any key areas were omitted.

³ Transgender (trans): 'Trans' is used here as an umbrella term for the experience or status of people whose gender differs from normative expectations associated with the sex they were assigned at birth. People who fit this definition might use one or more of a wide variety of terms to describe themselves (eg, taahine, man, woman, non-binary, whakawahine, fa'afafine, fakaleiti, transsexual, genderfluid), and some may not relate to the term 'transgender' or consider themselves to be 'under the trans umbrella'.

Cisgender (cis): an adjective meaning 'not transgender'. Cisgender people identify with the gender assigned them at birth. Participants were not asked to specify their gender or trans status, due to concern that these questions would be experienced as invasive in the context of a face-to-face interview. Twelve participants volunteered that they were trans. They were not asked to specify their gender – the 'All genders' combined total is inclusive of reporting category. For the purpose of this report only, the remainder of the participants were classified as cis. Classification of cis participants as male/female is based on social cues (eg, name, presentation) rather than self-reported identity.

Final survey questions

There were two sets of survey questions, one for consumers and the other for family and whānau members. Most survey questions contained the same concept, tailored for the respondent. For example, consumers were asked, 'My care and support met my individual needs', whereas family and whānau members were asked, 'My whānau member's care and support met their individual needs'.

The final consumer survey consisted of 22 experience questions on a Likert scale; the family and whānau survey had 19 experience questions. There were five experience questions asked only of consumers and two experience questions asked only of family and whānau members.⁴

There were additional 'screener' questions, a question on harm, two open-ended questions, and demographic and service use questions. All demographic questions were the same for consumers, family and whānau, except that only consumers were asked to report their age group and only family and whānau were asked their relationship to the person who received services.

For the paper version of the consumer, family and whānau surveys, see [Other resources available](#).

Methodology development

The parallel workstream was to establish the methodology for inviting consumers, families and whānau to take part in the survey.

This methodology was developed with representatives from eight DHBs who opted to join the survey methodology working group. This group met four times during July 2019 to discuss the different methodology options and together agree on the preferred one.

The agreed methodology was the well-established methodology used by other national patient experience surveys conducted by the Commission. Each DHB securely provided a data extract of consumer contact details to Mobius, which enabled Mobius to send the direct survey invitations (described under [Survey invitations](#)).

Each DHB extracted consumer contact details from its patient management system with specific eligibility criteria. This was to:

- include consumers discharged or transitioned from DHB services (inpatient or community services) between 1 September to 15 October 2019 (inclusive)
- apply specific exclusions such as excluding consumers aged under 16 years at time of discharge and excluding consumers with no face-to-face activity within referral.

The consumer contact details were transferred to Mobius using the secure ShareFile⁵ platform. Data was transferred on two extract dates – 7 October and 30 October 2019. Extract 1 included consumers discharged from 1 to 23 September; extract 2 included consumers discharged from 24 September to 15 October 2019.

⁴ In the family and whānau question set, some questions were asked about their experience and other questions about their view on the consumer experience. For example, 'I was treated with respect' asked whether they, as a family or whānau member, felt treated with respect. Another example was their view on the consumer's experience, eg, 'My whānau member's care and support met their individual needs'. See specific questions in the questionnaires under [Other resources available](#) for detail.

⁵ The ShareFile platform is offered by Citrix (see www.sharefile.com). This platform was selected because it is very secure (using SSL/TLS encryption); easy to use; only Mobius needed to have it; and it is used by a number of DHBs.

Privacy

Privacy of consumer-identifiable information and providing this to a third party was thoroughly considered during the methodology development.

Further detail about privacy is available in the privacy impact assessment: www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/publications-and-resources/publication/3808. This was made publicly available online before the survey went live on 1 September 2019, along with a shortened privacy summary.

Alternative methodology

All DHBs participated in this national survey, except for West Coast DHB.

Most DHBs used the established methodology described above. Two DHBs (Counties Manukau and Waitematā) used an alternative methodology. The alternative methodology was for consumer engagement teams in each of the DHBs to individually call consumers who met the eligibility criteria, inviting participation in the survey. This process was instead of providing a data extract of consumer contact details.

Email collection

An important aspect of the survey methodology was for DHBs to improve the collection of consumer email addresses. An emailed survey invitation is known to be the best method to invite consumers to participate in the survey online (to maximise responses,⁶ reduce cost and protect consumers' privacy).

The options of invitation by SMS text or post, and supply of a paper-based survey by post, are considerably more expensive and resource-intensive.

We began formal communication with DHBs to collect consumer email addresses in early July 2019, with regular reminders and support for this system change process. The survey methodology working group asked for the survey to be delayed for a month to improve the collection of email addresses (originally the survey was scheduled to take place in August 2019).

The final email address collection obtained was smaller than expected, with considerable variability by DHB. Some DHBs had no email addresses in their contact details; the highest rate was one DHB with 40 percent of consumers with a recorded email. This contributed to a lower-than-expected response rate. For further detail see [Response rates](#). For further detail on challenges associated with the methodology and survey processes, and recommendations for future iterations of the survey, see Appendix 2 in the national report.

⁶ The inpatient national patient experience survey has an overall response rate of 24 percent. For the most recent quarter (Q1 2019), email invitation had a response rate of 28 percent and SMS text 17 percent. The letter response rate was higher and for this survey the methodology posted questionnaires for hard copy completion. See www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3785.

There was no bulk mailout of questionnaires for the Ngā Poutama survey due to privacy considerations (specifically not referring to MHA services in the invitation). Instead a letter was posted to invite direct participation via the online survey or the 0800 number. Respondents could request a posted questionnaire.

Data collection

The survey was voluntary and all responses to the survey were anonymous.

Survey invitations

We used separate invitation processes for consumers, compared with families and whānau.

Consumers

Consumers were directly invited to participate in the survey using the following methods.

1. At time of discharge/transition, DHB staff gave a flyer to the consumer notifying them of the survey and ways to access it.
2. Between two and five weeks after discharge, the consumer received a survey invitation from Mobius either by email, SMS text or by post. Each consumer received an invitation through only one of the modes, according to the hierarchy below.
3. For consumers invited via email, seven days later another email was sent to all consumers either thanking them for taking part in the survey or reminding them to complete the survey.

Consumers may also have learnt of the survey through other promotional material (eg, posters on display in inpatient units and community services), through consumer networks or through social media communications.

Family and whānau

The process for family and whānau invitations was different to that for consumers, since there was no appropriate list of family and whānau contacts for sending direct survey invitations.

Family and whānau were invited to participate in the survey in the following ways.

1. If present at the time of the consumer's discharge, DHB staff gave a survey flyer to the family or whānau member, which included ways to access the survey.
2. The consumer could pass on their direct survey invitation to their family and whānau – invitations were designed to encourage consumers to do this if they felt comfortable.

Indirect invitation also occurred through promotional material (eg, posters on display in inpatient units and community services), through networks (eg, Supporting Families) or through social media communications.

Survey invitation mode

The mode of direct survey invitation to consumers was according to the following hierarchy.

1. Email
2. If no email address was collected, then SMS text message
3. If no email or mobile phone number was collected, then post.

The wording of the invitations for each mode is provided in [Appendix 2](#).

Survey completion

Survey respondents could complete the survey through different modes.

- **Online:** Three different URLs were used. The URL on the flyer was www.mhasurvey.nz. Two other URLs were used in the direct invitations that did not reference 'MHA', including www.experiencesurvey.nz and a shorter version for the SMS text of www.DHBsurvey.nz. All URLs were linked to the same online version of the survey. This was programmed in Verint (online survey software used by Mobius).
- **Calling 0800 number for phone interview:** Mobius had a dedicated 0800 number of 0800 500 276 for queries about the survey and for people to take part over the phone.
- **Calling 0800 number to request paper survey:** People could call the 0800 number to ask for a paper copy of the survey with pre-paid return envelope.

Table 3: Total number of responses by mode

	Consumer (N)	Family and whānau (N)	Total Percentage (%)
Online	187	32	81
Phone interview	20	4	9
Paper survey	23	3	10
Total	230	39	100

This table includes two consumers who were later removed during the data cleaning process. See Data cleaning.

Survey period

The survey went live on 1 September 2019 and closed on 21 November 2019.

Survey materials

Survey flyers and posters were provided to all DHBs.

- **Flyers** – 16,000 flyers were sent to DHBs. The flyers were allocated proportionate to the estimated number of consumers discharged or transitioned in the eligibility period, with additional surplus for families and whānau.
The flyers served two purposes. First, to alert consumers, families and whānau about the survey, and that they may receive a survey invitation in a few weeks. Second, if they did want to take part straight away then the flyer gave details on how they could do this. It also gave background information about the nature and purpose of the survey, and how the results were going to be used. It reiterated the anonymity of responses, and details on how privacy would be protected.
- **Posters** – A3 posters were electronically provided to the key points of contact in each DHB. The posters included similar information to the flyer in a different format.

Images of the survey flyers and posters are provided in [Appendix 3](#).

Response rates

The final estimated response rate for consumers was 3.3 percent.

The national response rate is estimated for all DHBs, excluding Counties Manukau and Waitematā, which used an alternative methodology, and West Coast, which did not take part.

Response rates are likely to be an underestimate because many contact details supplied by DHBs (emails, mobile numbers and addresses) were likely to have been invalid or out of date. The response rate is calculated by the number of emails and SMS texts sent (minus 10 percent due to immediate bounce-backs) and the number of letters posted.

Response rates for families and whānau cannot be estimated since a consumer could have any number of family and whānau members respond.

Response rates are lower than anticipated, and a discussion on this is included in Appendix 2 of the national report. See [Other resources available](#).

Response rate by mode and DHB

Table 4: Response rate by mode – consumers

Invitation mode	Response rate estimate (%)
Email	4.9
SMS text	1.3
Letter	3.6
Total	3.3

Table 5: Response rate by participating DHB with standard methodology – consumers

DHB	Response rate estimate (%)
3DHB ⁷	3.1
Auckland DHB	4.5
Bay of Plenty DHB	3.3
Canterbury DHB	4.5
Hawke's Bay DHB	2.6
Lakes DHB	1.0
MidCentral DHB	4.4
Nelson Marlborough DHB	2.2
Northland DHB	1.4
South Canterbury DHB	2.6
Southern DHB	2.1
Tairāwhiti DHB	2.7
Taranaki DHB	2.4
Waikato DHB	2.4
Whanganui DHB	1.8

Sample profile

The sample profile did not reflect fully the broader population profile of MHA consumers. For example, the sample over-represented female respondents and under-represented Māori respondents.

Table 6 includes the sample profile by gender, ethnicity and DHB (for the seven DHBs with large enough sample size to enable DHB reporting – see Sample size threshold for reporting).

⁷ Includes Capital & Coast DHB, Hutt Valley DHB and Wairarapa DHB.

Table 6: Sample profile achieved

Ethnicity	N	Consumer, family and whānau	N
Māori	37	Consumer	228
Non-Māori	219	Family and whānau	39
Not stated	11		
Total	267	Total	267
DHB (for DHBs with sample size to enable DHB reporting)	N	DHB (for DHBs with sample size to enable DHB reporting)	N
3DHB	36	MidCentral	19
Auckland	32	Southern	21
Bay of Plenty	21	Waikato	20
Canterbury	50		
Type of service	N		
DHB inpatient	93		
DHB community	174		
Total	267		

Transgender status	Gender	N
Cisgender (ie, not transgender and not non-binary or another gender other than male/female)	Male	67
	Female	167
Trans and/or non-binary	Male	6*
	Female	
	Non-binary	
Don't know/not stated		27*
Total		267

* Subgroups have been combined due to low numbers.

Analysis of results

Data cleaning

The survey responses were checked for any data errors, potential duplicates or inclusion of people outside the target population. Two survey responses were removed during data cleaning because the responses indicated the people involved were not responding based on their experience of MHA services, rather other services provided by the DHB.

A small number of changes were made to the coding of responses, involving:

- five people who did not know their DHB, but gave a region description that could be coded to a DHB
- 13 people who gave an 'other' type of harm that was one of the listed categories
- 10 people who gave an 'other' service area that was one of the listed categories
- 10 people who gave an 'other' ethnicity that was one of the listed categories
- two people who gave an 'other' sexual orientation that was one of the listed categories
- two people who specified Asian ethnicity and gave negative responses to three Māori cultural competency questions; these were changed to 'Not applicable'.

Data analysis

Weighting was not applied when analysing the data.

While the sample profile did not align to the broader population profile of MHA consumers, as noted above, weighting was not applied to adjust for this difference profile for several reasons:

- The overall sample size was too small to weight by detailed categories (such as by gender and by ethnicity). Weighting would result in a small number of survey respondents being assigned large weights, which would substantially distort the overall findings. This is particularly the case for any decision to weight by ethnicity, since ethnicity is a multi-response question (eg, weights for respondents who identified as both Māori and Pacific would be very large).
- Data is available from PRIMHD to estimate the population profile for MHA consumers. However, there is no data available (nor is it conceptually sensible) to obtain a population profile for MHA whānau. It was not considered appropriate to partially weight that data (ie, for consumers, but not for whānau).
- There was an over-representation of females in the sample profile. However, PRIMHD includes only two gender categories, 'male' and 'female' – non-binary genders are not captured. It was not considered appropriate to partially weight by gender (ie, for the response categories 'male' and 'female' but not 'non-binary').

Instead of weighting, a caveat on the sample profile is provided alongside the survey results to help readers interpret the results.

Margin of error calculations

The 95 percent confidence level margin of error for the survey results for national results is +/- 6 percent.

The margin of error for other groups can be calculated from the sample size (n) and proportion (\hat{p}), with the following formula:

$$\sqrt{\frac{\hat{p} \times (1-\hat{p})}{n}} \times 1.96$$

Significance testing

Significance testing was calculated using the two-proportion z-test and differences were reported at the 95 percent confidence level. Comparisons were made between the percentage of positive responses between two groups. Comparisons were either made between two population groups or from a sub-segment of respondents and the national percentage of positive responses.

Analysis of open-ended comments

There were two open-ended questions in the survey. The first asked respondents to name one good thing about their recent experience of using MHA services. The second asked respondents what one thing could be improved.

Ninety-two percent of survey respondents provided a comment for one or both of these questions.

Thematic analysis of the open-ended comments takes time, so we plan to publish this at the stage 2 release of survey reporting along with technical detail on the coding approach.

Reporting

Reporting positive responses

The overall survey results are presented in *Ngā Poutama survey for consumers of mental health and addiction services, their families and whānau | National report*. See [Other resources available](#).

A seven-point Likert scale was used to give respondents more options and to allow for more sensitive analysis. Two different Likert scales were used – an Agree scale and Often scale. The Agree scale was a 1–7 Likert scale, ranging from ‘Strongly disagree’ to ‘Strongly agree’, with ‘Don’t know’ and ‘Not applicable’ options. The Often scale was a 1–7 Likert scale, ranging from ‘Never’ to ‘Always’, with ‘Don’t know’ and ‘Not applicable’ options.

For reporting, the responses were converted for both Likert scales to:

- 1–3 = negative
- 4–5 = neutral
- 6–7 = positive.

The percentage of positive responses to each experience question is reported. ‘Not applicable’ responses were excluded from the denominator in these calculations and ‘Don’t know’ responses were included.

The decision to group responses on the scale into negative (1–3), neutral (4–5) and positive (6–7) was consistent with analysis for the Ngā Poutama staff survey. Further rationale on this is available in the staff survey technical report.⁸

Sample size threshold for reporting

A threshold of 20 or more respondents per category was applied for reporting. This means there needs to be at least 20 respondents to report DHB-specific results, or within a sub-segment such as ethnic group and service type.⁹ This threshold was applied to ensure the results are statistically valid and responses remain confidential; it is also consistent with the Ngā Poutama staff survey reporting.

A further threshold was applied for individual question analysis, where at least five or more respondents had to give an applicable response. This particularly applied to three questions about the cultural competence of the service where a high proportion of respondents gave a 'Not applicable' response. Since 'Not applicable' responses were excluded from the percentage denominator, this threshold ensured that individual question percentages were calculated on at least five responses. This applied to the DHB-specific results rather than the national results.

Other resources available

Other resources containing results from the Ngā Poutama survey for consumers of MHA services, their families and whānau are available at: www.hqsc.govt.nz/MHA-consumer-survey

The stage 1 results include:

- a summary of key findings
- the national report
- individual DHB reports (sample size permitting)
- the survey questionnaires for consumers, families and whānau.

Stage 2 results will contain further results such as qualitative analysis from the open-ended questions and comparisons of results between the Ngā Poutama staff survey and the Ngā Poutama consumer, family and whānau survey.

For information not contained in the above resources, please contact the Commission MHA team at: MentalHealthAddiction@hqsc.govt.nz

⁸ www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/publications-and-resources/publication/3584

⁹ An exception to this rule was made for a DHB that obtained 19 responses, very close to the threshold of 20. We produced a DHB-specific report for this DHB.

Appendix 1: Survey framework

The following table illustrates the broader framework developed for consumer, family and whānau experience. A subset of the sub-domains were prioritised and converted into survey questions.

Split over two pages – nine domains in total.

Te Tiriti o Waitangi overarching principles		
Kawanatanga/Governance (Protection), Oritetanga (Participation) and Tino Rangatiratanga (Partnership)		
Experience domains		
Consumer, family and whānau experience of mental health and addiction services		
<p>Self-determination Having autonomy and choice. Treatments and care individualised.</p> <ul style="list-style-type: none"> • Treatment individualised • Consumers can identify goals • Co-create care plan • Involved in supported decision-making • Consumer able to state preferences in advance • Opportunity to provide feedback regarding support received • Choice in support service (eg, kaupapa/iwi Māori services) • Service builds hope, resilience, strength and optimism 	<p>Cultural and spiritual needs – general Experiencing culturally competent, culturally safe and culturally appropriate services.</p> <ul style="list-style-type: none"> • Cultural needs respected and acknowledged • Needs, values and beliefs incorporated in care plan • Service entry and exit culturally appropriate • Provided access to cultural resources and support 	<p>Coordination and continuity Coordination, integration, transitions of MHA services.</p> <ul style="list-style-type: none"> • Continuity of care after exit or during transition • Well-coordinated between multiple health professionals and support agencies • Given consistent information • Supported through journey • Family and whānau inclusion in care plans after exit (as appropriate)

<p>Respect and dignity Being treated with dignity and respect. Not experiencing stigma or discrimination.</p> <ul style="list-style-type: none"> • Treated with respect • Treated with dignity • Treated with kindness • Not experiencing bullying during treatment • Not experiencing stigma or discrimination during treatment (including conscious and unconscious bias, institutional or overt racism) 	<p>Cultural and spiritual needs – Māori Experiencing culturally competent, culturally safe and culturally appropriate services specific to tikanga Māori practices.</p> <ul style="list-style-type: none"> • Access to kaumātua and kuia • Access to Māori health options and holistic treatment • Service provided in tikanga Māori way (customs and practices) • Use of Te Reo Māori, where appropriate • Mana enhanced service provision • Access to whenua and whakapapa 	<p>Communication Communication and sharing of information with consumers, family and whānau.</p> <ul style="list-style-type: none"> • Clear and understandable communication • Felt listened to • Received helpful information • Information is accessible • Consumer able to review written communication about them • Explanation of decisions made • Sufficient time with health team members • Access to free translators where required
<p>Environment, physical needs and human rights Providing an appropriate environment, physical support and upholding human rights.</p> <ul style="list-style-type: none"> • Physical health and wellbeing needs met • Human and other rights upheld • Environment is conducive to recovery • Environment can accommodate cultural processes 	<p>Family and whānau involvement and support networks Family and whānau involved as appropriate. Access to networks to support views being adequately expressed.</p> <ul style="list-style-type: none"> • Family and whānau centred care (whānau ora) (as appropriate) • Family and whānau involved beginning to end (as appropriate) • Access to peer staff, consumer advisors, staff with lived experience • Access to whānau and family advisors and whānau peers • Access to independent advocacy • Choice in support person • Choice in social connectedness 	<p>Safety Feeling safe during treatment, and service handling of complaints and incidents.</p> <p><i>Safety from harm</i></p> <ul style="list-style-type: none"> • Feeling safe during treatment with staff • Feeling safe during treatment about health decisions • Feeling safe during treatment from other consumers or family and whānau visitors • Debriefing after incidents • Medication management <p><i>Service handling of complaints and incidents</i></p> <ul style="list-style-type: none"> • Well informed of process to make complaints • Able to make complaints without retribution • If something goes wrong, consumer, family and whānau involved in open and transparent way

Appendix 2: Survey invitations

Emails

Dear *[Name – Mrs Smith or Mary Smith if no salutation provided]*

Feedback on your recent experience using DHB services

We invite you to take part in a survey on your recent experience of using DHB services.

You can take part online at www.experiencesurvey.nz

This survey is being run by the Health Quality & Safety Commission, an organisation that helps to improve health and disability services, with help from Mobius Research and Strategy.

By taking part in this anonymous 15-minute survey, you can help those providing DHB services learn what is working well, and where improvements can be made.

If you have any questions, please contact Michelle Irving at: mirving@mobiusrsearch.co.nz or on 0800 500 276.

Please also think about passing this email onto your family and whanau so they can also have the chance to participate.

Thank you in advance for sharing your experience.

Michelle Irving – Director
Mobius Research and Strategy Ltd.

On behalf of
Shaun McNeil
National Consumer, Family & Whanau Advisor
Health Quality & Safety Commission

SMS texts

Please take part in a survey re your recent use of DHB services. Your anonymous responses are vital to improve services. www.DHBsurvey.nz or 0800 500 276

Letters

Dear *[Name – Mrs Smith or Mary Smith if no salutation provided]*

Feedback on your recent experience using DHB services

We invite you to take part in a survey on your recent experience of using DHB services.

This survey is being run by the Health Quality & Safety Commission, an organisation that helps to improve health and disability services, with help from Mobius Research and Strategy.

By taking part in this anonymous 15-minute survey, you will help those providing DHB services to learn what is working well, and where improvements can be made.

If you have access to the internet, you can take part online at www.experiencesurvey.nz

Alternatively, you can arrange to complete the survey over the phone or ask for a paper copy (with a pre-paid return envelope). To organise this, or if you have any questions, please contact Michelle Irving at: mirving@mobiusrsearch.co.nz or on 0800 500 276

Please also think about passing this letter onto your family and whānau, so they can also have the chance to participate.

Thank you in advance for sharing your experience.

Michelle Irving – Director
Mobius Research and Strategy Ltd.

On behalf of
Shaun McNeil
National Consumer, Family & Whānau Advisor
Health Quality & Safety Commission

Appendix 3: Survey flyers and posters

Flyer (double sided, printed on A4 and folded to A5)

Ngā Poutama: Consumer, family and whānau experience survey

How is my privacy protected?

Your DHB may share your contact details with us, including your email address, mobile number and postal address. This information will only be used to send you an invitation to complete the survey. We will store your contact details securely within New Zealand, and delete them when the survey closes.

The survey is anonymous. You will not be asked to give us any information that could identify you (like your name or date of birth).

We will create grouped survey results by combining your survey answers with other people's. For example, we are interested in how many people agree that they were treated with dignity and respect by the staff of the service they used. We will not share any information that could identify you.

Your choice to take part in the survey – or not – won't affect the support you receive from mental health or addiction services. Your health provider will not know whether you take part or how you answer the survey questions.

For more information on your privacy and the survey, go to www.hqsc.govt.nz/MHA-consumer-survey

New Zealand Government

The Health Quality & Safety Commission's new national survey is open now. Ngā Poutama: Consumer, family and whānau is about consumer, family and whānau experience with mental health and addiction services provided by district health boards.

We invite you to take part if you, or a member of your family or whānau, did any of the following between 1 September and 15 October 2019:

- stopped using a DHB mental health or addiction service (for example, if you were discharged to your GP or another provider)

or

- changed to another team or service (for example, from inpatient to community mental health).

Take part now at www.mhasurvey.nz

By taking part in this anonymous 15-minute survey, you can help improve the quality and safety of services across Aotearoa New Zealand.

If you don't have internet access, your health provider or local library may be able to help you complete the survey online.

Alternatively, you can arrange to complete the survey over the phone or ask for a paper copy (with a pre-paid return envelope). To organise this, or if you have any questions, please contact Michelle Irving: mirving@mobiusrsearch.co.nz or **0800 500 276**.

You may receive a survey reminder in a few weeks.

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND
Kōwhiri Te Whānau | Hāwhiora o Aotearoa

What is Ngā Poutama: Consumer, family and whānau?

Ngā Poutama is a survey of consumers who have used DHB mental health and addiction services, their families and whānau.

Participation is voluntary. You can choose not to take part. If you do take part, your responses will be anonymous and your privacy protected throughout (see back page for more about privacy).

Who is being asked to participate?

- People who stopped using a mental health or addiction service, or moved from one service to another, between 1 September and 15 October 2019. (See cover page for more detail).
- Their families and whānau (including chosen support people who may not be biologically related).

Who is running the survey?

The Health Quality & Safety Commission is running the survey with help from Mobius Research and Strategy, a New Zealand research company with a lot of experience in surveys.

The survey is an important part of the Commission's national programme for quality improvement in mental health and addiction. The programme is a joint effort involving people and organisations from every part of the health sector, including Māori mental health, consumer, family and whānau leaders, district health boards and other health providers.

What questions will I be asked?

The survey asks about your experience with a mental health or addiction service, for example:

- what went well
- what could be improved
- how involved you felt in decision-making about your support
- whether you felt freely able to raise concerns, or to make a complaint.

How long does the survey take?

The survey takes about 15 minutes to complete.

You can complete it online here: www.mhasurvey.nz

Or see the front page for other ways to take part.

You have until **21 November 2019** to finish completing the survey.

How will the results be used?

Survey results will be used to:

- help make mental health and addiction services better and safer
- help consumers, families and whānau lead quality improvement work
- monitor improvement in services over time.

We will share the survey findings with consumers, families, whānau and providers. The information will not contain any details that could identify you.

Currently, the information we need is not collected in any other national survey.

Poster

Ngā Poutama: Consumer, family and whānau experience survey

Have you, or a member of your family or whānau, recently used a mental health or addiction service provided by a district health board? If so, we would like your feedback in our 15-minute survey.

The Health Quality & Safety Commission would like to hear from you if you – or your family or whānau member* – did any of the following between 1 September and 15 October 2019:

- left or stopped using the service? (for example, if you were discharged to your GP)
- or
- changed to another mental health or addiction team, service or organisation? (for example, from inpatient to community mental health).

*Including support people, who may not be biologically related.



Take part now at www.mhasurvey.nz

The survey will ask about your experience with the service – what went well and what could be improved.

Results will be used to improve the quality and safety of mental health and addiction services across Aotearoa New Zealand, in partnership with consumers, families, whānau and providers.

You may receive an invitation to take part in the survey

We will only use your contact details to send you the survey invitation. Your details will not be connected to your survey answers in any way.

The survey is voluntary and anonymous

You can choose not to take part. Your choice won't affect the support you receive from mental health or addiction services. Health providers will not know whether you take part or how you answer the survey questions.

We will not ask you for personal details that could identify you (like your name or date of birth). Your responses will be combined with other people's responses, so you can't be identified in survey reports.

How to take part:

- Online – go to www.mhasurvey.nz or scan the QR code below.
- On paper or over the phone – contact Michelle at Mobius Research: 0800 500 276 or email mirving@mobiusresearch.co.nz



New Zealand Government



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