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 tangata whaiora and family/whanau

In this service we involve tangata whaiora and family/whanau in efforts to improve future practice

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

Tangata whaiora and family/whanau are treated with respect by the service I work for

Care and support provided

When tangata 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)

Tangata 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 tangata 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 tangata whaiora and families/whanau 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

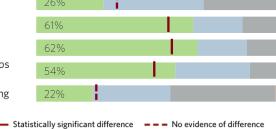
I feel supported by my manager(s)

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

% Don't know



How to use these survey results

% Neutral

% Positive

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

% Negative

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.

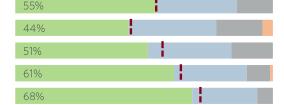
MHA staff at this DHB were more likely to give a positive response for measures relating to:

- having opportunities for professional development
- having regular access to coaching, mentoring and supervision, and
- feeling supported by their manager.

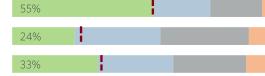


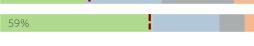
My team actively incorporates tangata whaiora needs, values and beliefs in their care/support plans

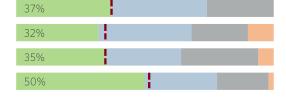
We work alongside family/whānau to understand how best to support them and their family member



53%









In words - what would make things better for tangata whaiora

healing-methods support-services councelling physical-environments activities under-pressures moother-transitions not-reactive under-pressures moother-transitions pathways collaboration-good collaboration goal-focus pathways case loads paper-work outcome-focus cultural-training proactive waiting-lists bureaucracy collaboration goal-workforce cultural-training proactive waiting-lists bureaucracy collaboration goal-focus cultural-training procedure waiting-lists bureaucracy collaboration goal-focus cultural-training procedure waiting-lists bureaucracy collaboration goal-focus cultural-training proactive waiting-lists cultural-training proactive waiting-li

In words - what currently works well for tangata 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 whanau while in inpatient care'

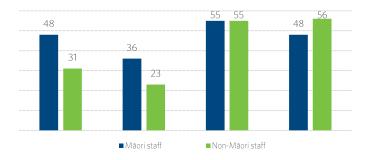
'The small improvements within the building at London St. Client driven feedback, the support staff in the facility doing a great job'

'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'

 ${\rm 'Our}$ service responds amazingly to actual and potential adverse risk - among child and adolescent mental health services consumers'

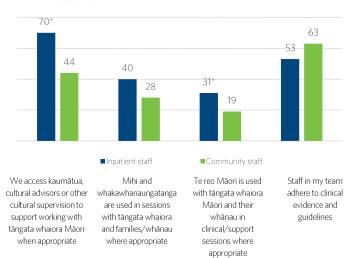
'Their involvement in their own care'

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



Mihi and whakawhanaungatanga 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



* 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.