

# Results of mental health and addiction staff survey

## Ngā Poutama Oranga Hinengaro: Quality in Context

### MidCentral 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 MidCentral DHB

Significant differences shown next to national average score\*

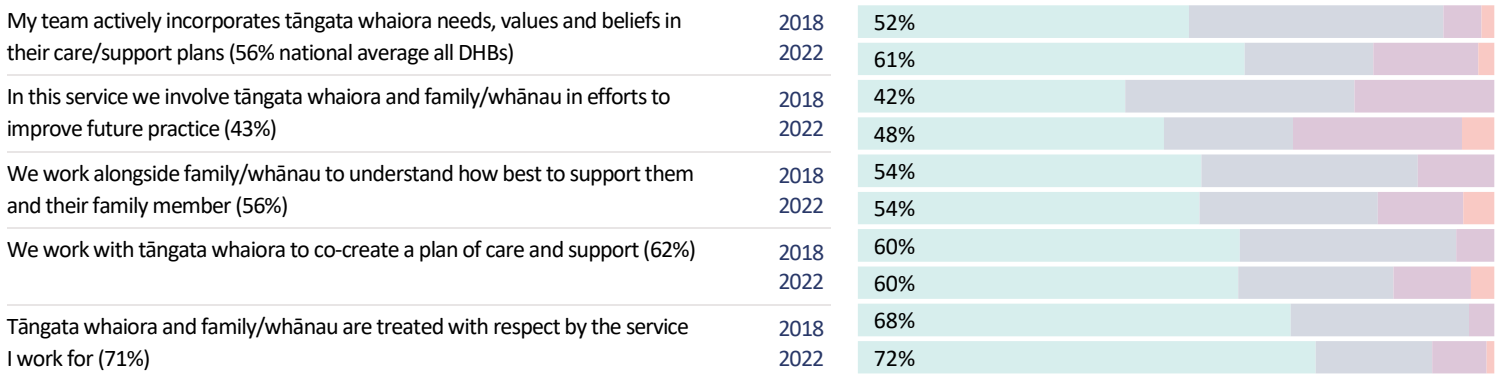
Highest positive scores:

Tāngata whaiora & family/whānau treated with respect, actively incorporates needs/values (61%)

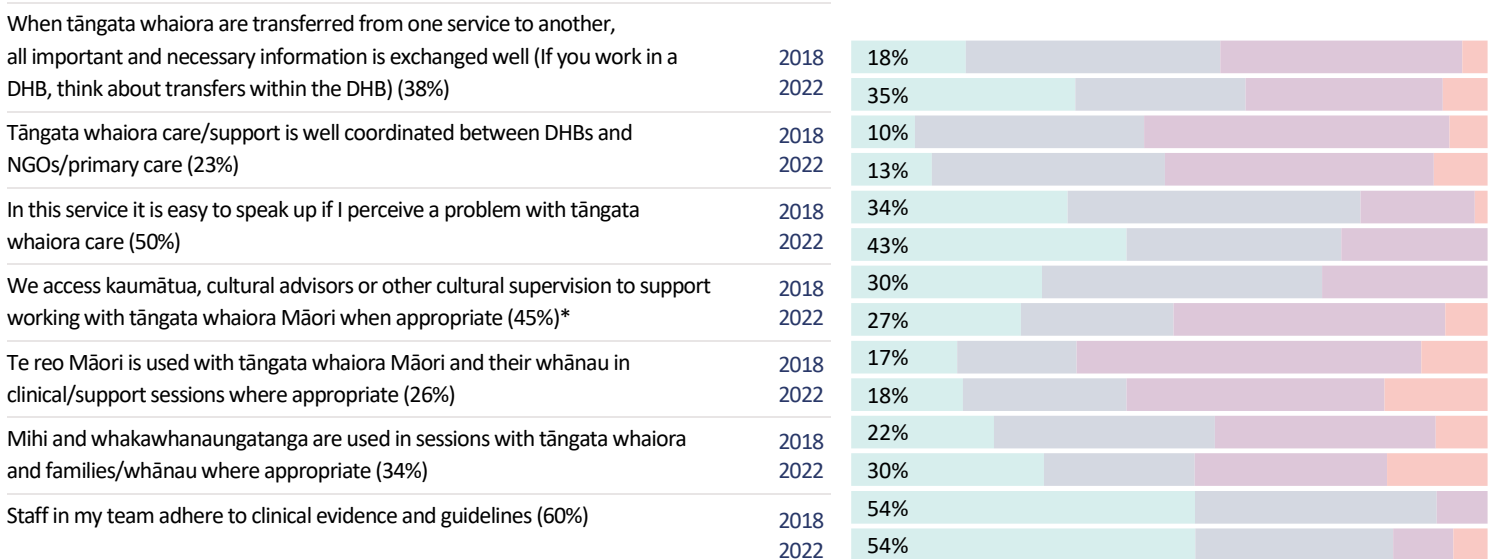
Lowest positive scores:

Use of te reo, effective systems-bullying, coordination between DHB/NGO/primary care.

#### 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	34%
	2022	28%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)	2018	22%
	2022	30%
Learning from adverse events has led to positive change in this service/organisation (36%)*	2018	28%
	2022	20%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	52%
	2022	46%

## Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	18%
	2022	33%
I feel supported by my manager(s) (54%)*	2018	42%
	2022	36%
I have regular access to coaching or mentoring or supervision (53%)	2018	42%
	2022	54%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	36%
	2022	49%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	16%
	2022	13%

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

## In words – what would make things better for tāngata whaiora



- "Improved staffing numbers across the primary and secondary continuum. A model of care that considers the views of clinicians in the service"
- "Holistic approach rather than mental health service provider alone. Put simply, the client should be seen as the whānau not just the individual"
- "To have more peer-led support workers"
- "A permanent psychiatrist"

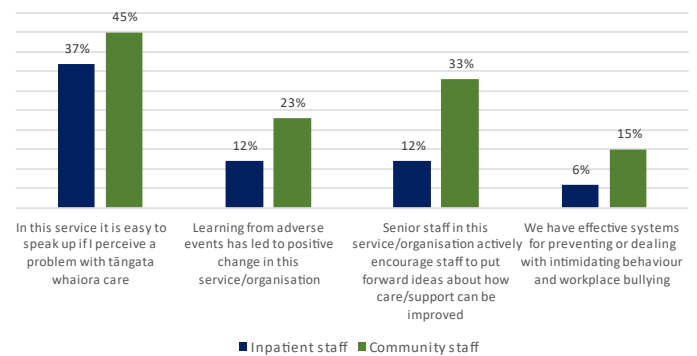
## In words – what has been the impact of COVID-19 on quality improvement initiatives

- "It has significantly slowed a number of initiatives, whilst simultaneously speeding some other projects"
- "COVID-19 has affected all operations and ability to interact with and treat clients. Quality improvement seems minimal in light of this"
- "Really gave us new perspectives. Visionary change is occurring but hampered by insufficient staffing. I fear for staff who are struggling to maintain effective safe services while we reach for change"
- "Some improvements continued while others put on hold"

## In words – what is one thing that currently works well

- "Seeing the whānau in their regular environment so, not directing them to come and see us in our workspace"
- "Early intervention service. Great follow up and engagement with tāngata whaiora and whānau"
- "Group work and therapy"
- "Willingness to do what it takes to keep someone well. Willingness to work with whānau"
- "MDT - lots of helpful knowledge to draw on"

## 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/](http://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 82 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.