

# Results of mental health and addiction staff survey

## Ngā Poutama Oranga Hinengaro: Quality in Context

### Whanganui 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 Whanganui DHB

Significant differences shown next to national average score\*

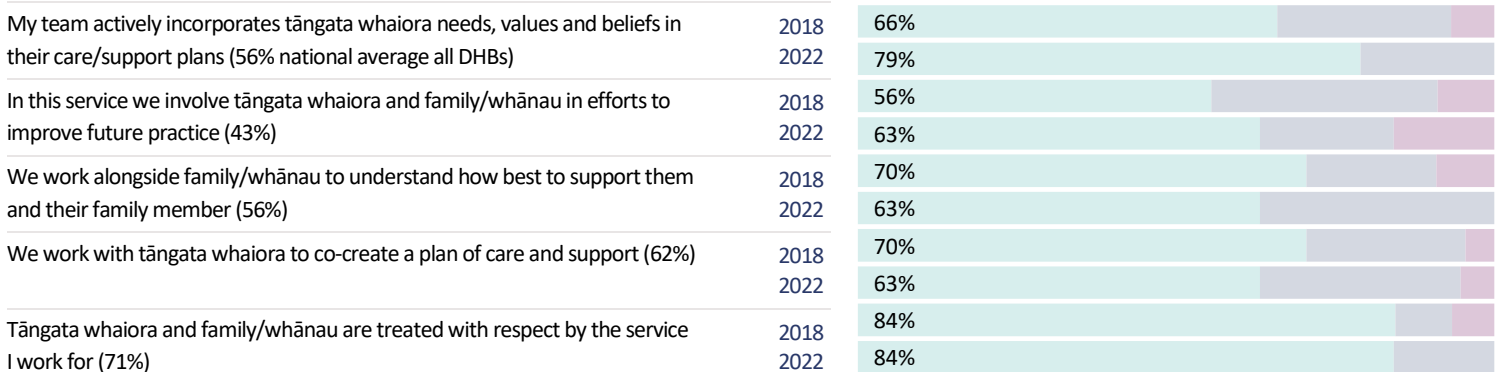
Highest positive scores:

Tāngata whaiora & family/whānau treated with respect, actively incorporates needs/values in care/support plans

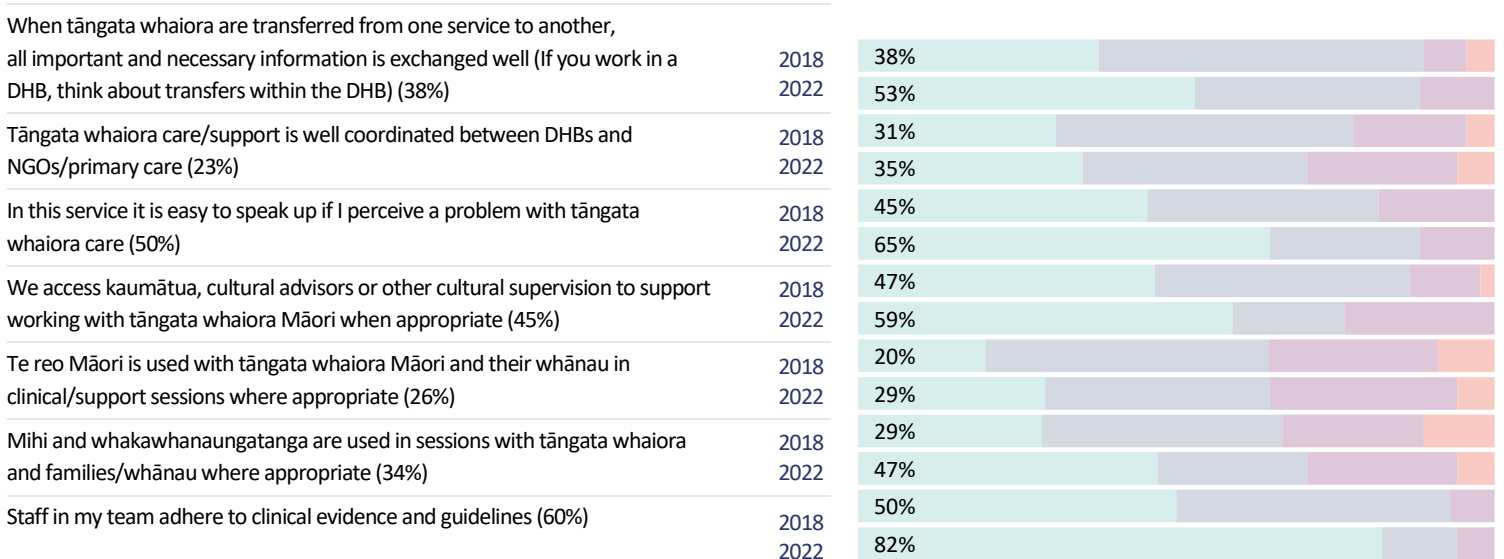
Lowest positive scores:

Use of te reo, 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	56%
	2022	47%
In this service we use data to help us monitor and make improvements to our quality of care/support (34%)*	2018	42%
	2022	65%
Learning from adverse events has led to positive change in this service/organisation (36%)	2018	56%
	2022	59%
In this service, recognising and reporting incidents is encouraged and valued (52%)	2018	69%
	2022	59%

## Engaged, effective workforce

Everybody in this service works together in a well-coordinated way (35%)	2018	27%
	2022	63%
I feel supported by my manager(s) (54%)	2018	56%
	2022	63%
I have regular access to coaching or mentoring or supervision (53%)	2018	59%
	2022	63%
There are opportunities for professional development (including attending conferences, workshops and training sessions) (43%)	2018	49%
	2022	47%
We have effective systems for preventing or dealing with intimidating behaviour and workplace bullying (24%)	2018	27%
	2022	47%

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

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



- "Better communication between those working in community mental health, and those working in addictions"
- "Having more Māori clinical staff. Having Māori cultural support based in the Service"
- "Build a MH rehab or sub-acute ward - the acute ward is nearly always overcrowded and doesn't have enough beds. Often this isn't because there are excessive numbers of acutely unwell people there, it's because there are too many well clients waiting for suitable placement"

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

- "Initiatives have been delayed while focus was on core business but the principals of quality improvement remained"
- "Quality coordinators and other staff doing this work have often been pulled from the QI work to work on the floor due to short staffing and acuity. QI work has decreased due to this."
- "Improved use of teleconferences for team and for tāngata whaiora"

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

- "Co-design - tāngata whaiora are involved in unit meetings and releasing time to care module reviews which provides a sense of empowerment and belonging to the unit family"
- "Access to skilled well trained therapists"
- "Regular and robust multidisciplinary team meetings"
- "Ongoing support even after utilising the services continuing care vital"
- "Patient advocacy"

### 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 19 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.