

# Have Your Say! Service Research and Improvement Project

August

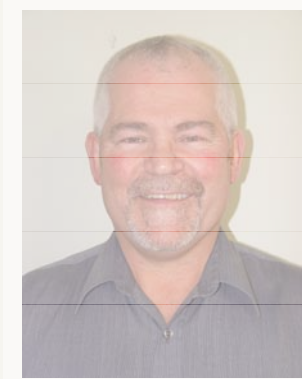
2007

The objective of this document is to communicate the results of the 'Have Your Say! Service Research and Improvement Project', which was designed to address a key strategic objective of the MidCentral District Health Board's, 'Mental Health and Addiction Services Strategy' to "strengthen after hours mental health emergency response".



**MIDCENTRAL DISTRICT HEALTH BOARD**  
*In Pua Rauaro o Whakapu o Te Rauo*

## Letter From The Executive



Dear MidCentral District,

I am pleased to present the results of the **'Have Your Say! Service Research and Improvement Project'** aimed at addressing a key strategic objective of the MidCentral District Health Board's, Mental Health and Addiction Services Strategy to "strengthen after hours mental health emergency response".

The focus of the service research and improvement project was the **After Hours Mental Health Emergency Service** (the Service). This Service is available to people in crisis. These people are likely to be "experiencing acute distress that is of a temporary nature". The Service is provided by a specialist team in the evenings and overnight (Monday to Friday, 4pm to 8am) and the entire 24 hours over weekends and public holidays.

The research and improvement project gathered consumer feedback on the following two questions:

1. What are the key things for the Service to get right?
2. How well is the Service delivering on these key things?

Consumer feedback is valuable to us at the MidCentral District Health Board and the results of this project provide us with an excellent platform for improvement – building on existing strengths and developing new areas of opportunity. In terms of turning ideas into actions, my 'next steps' are detailed at the end of this document.

Once again, I would like to thank participants of this study for their valuable contribution.

**Brian Hayward**

Portfolio Manager

Mental Health and Addiction

Funding Division

MidCentral District Health Board

## What Questions Did We Ask?

The Service Research and Improvement Project was designed and managed by Dr Jo Innes Ph.D. The approach was based on industry standard Action Research and Empowerment Evaluation practices. The project included two phases of research – each phase included one question designed to develop understanding for the service needs of people in crisis:

**Phase 1: From a consumers' perspective (inc. family / whānau), what are the key things for the Service to get right?**

**Phase 2: From a consumers' perspective (inc. family / whānau), how well is the Service delivering on the key things?**

## Who Answered Our Questions?

Although it was important to address the research questions from a consumer perspective, it was considered important to invite both consumers (inc. family / whānau), service providers and key stakeholders to actively participate in the research process:

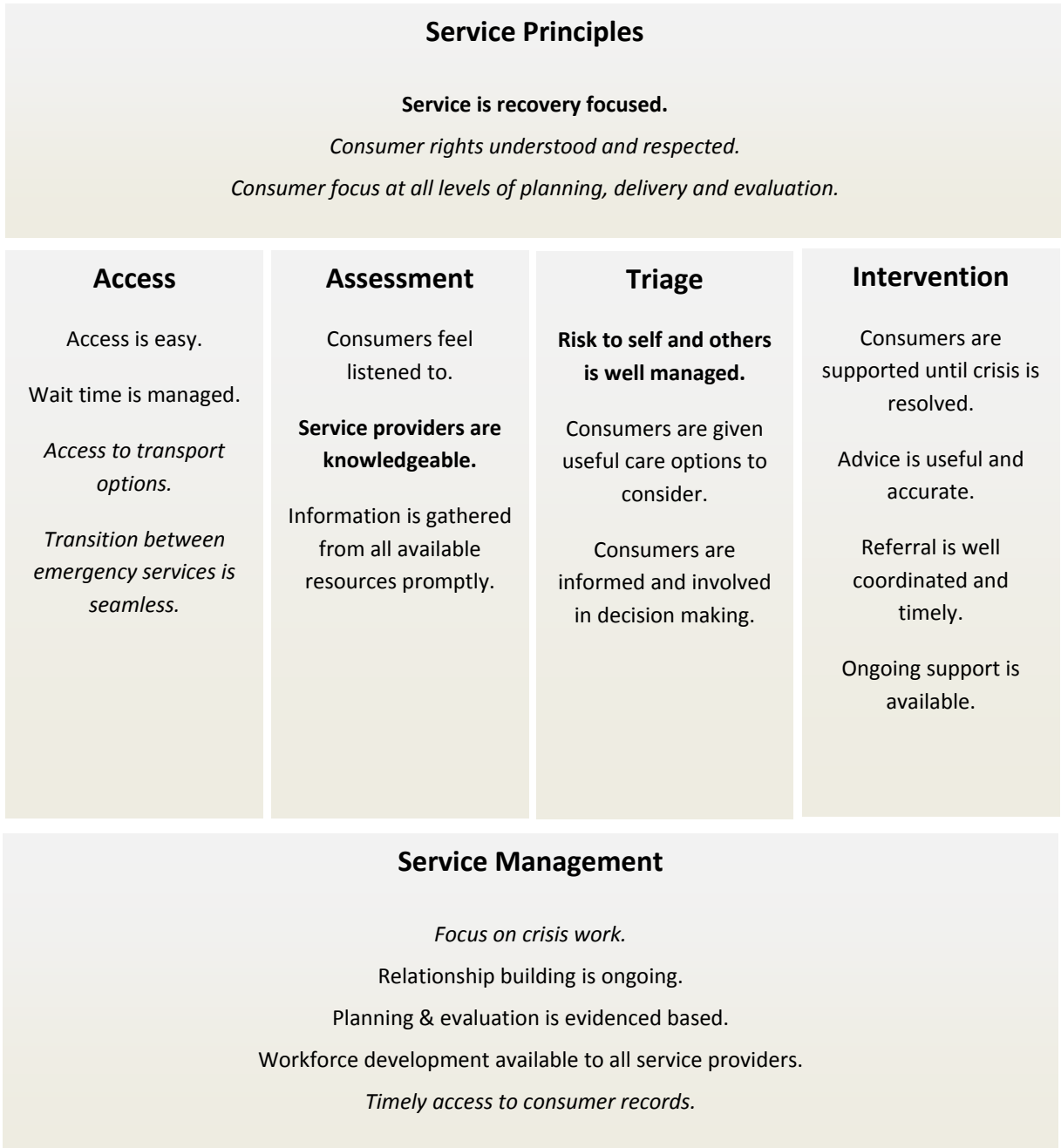
- 1. Consumers** – For this report people who have used the MidCentral District Health Board's Mental Health Emergency Service are recognised as "consumers". The term "consumers" includes people in crisis, as well as those people who support them, such as family / whānau, extended family, partner, friends and any other people the service user nominates.
- 2. Service Providers** – including Mental Health Emergency Team Leaders from MidCentral District Health Board.
- 3. Key Stakeholders** – including MASH Trust; SF Manawatu; Pathways to Wellbeing 'Huarahi Whakaoranga Inc'; Compass Health, NZ Police; General Practitioners (GPs).

## How Did We Maintain Confidentiality?

Confidentiality was maintained throughout the research process. No record of interviewee names or contact details have been reported or retained. The research was given ethical approval by the Central Regional Ethics Committee on 15 February 2007 – ref CEN/06/12/112.

# Question 1: From a consumers' perspective (inc. family / whānau), what are the key things for the Service to get right?

Key things for the Service to get right can be organised into the following six categories:



This diagram also summarises responses to research Question 2:

**Bold** = Service strengths | *Italics* = opportunities for Funding | Regular = opportunities for MHET

## **Question 2: From a consumers' perspective (inc. family / whānau), how well is the Service delivering on the key things?**

The finding from Question 2 can be organised into: (a) service strengths; (b) opportunities for Mental Health Emergency Team; (c) opportunities for Funding Division & Key Service Providers

### **(a) Service strengths**

#### **Service is recovery focused**

The findings indicate that participants think the Mental Health Emergency Team (MHET) contributed to their recovery. Consumers were asked:

*“Do you feel the Service promoted & contributed to your ongoing recovery?”*

12 out of 16 responded positively.

#### **Service providers are knowledgeable**

The findings indicate that participants think the service providers at the Mental Health Emergency Team (MHET) are knowledgeable and capable. Consumers were asked:

*“Did you feel you were being assessed by knowledgeable staff?”*

10 out of 14 responded positively.

#### **Risk to self and others is well managed**

Participants who had experienced MHET while in crisis think the service providers are able to effectively manage safety risks to consumers. Consumers were asked:

*“Did you feel safe in the environment where services were provided?”*

10 out of 14 responded positively.

**Question 2: From a consumers' perspective (inc. family / whānau), how well is the Service delivering on the key things?**

**(b) Opportunities for the Mental Health Emergency Team (MHET)**

**Access is easy.**

**Wait time is managed.**

**Consumers feel listened to.**

**Information is gathered from all available resources.**

**Consumers are given useful care options to consider.**

**Consumers are informed and involved in decision making.**

**Consumers are supported until crisis is resolved.**

**Advice is useful and accurate.**

**Referral is well coordinated and timely.**

**Ongoing support is available.**

**Relationship building is ongoing.**

**Planning & evaluation is evidenced based.**

**Workforce development available to all service providers.**

## Question 2: From a consumers' perspective (inc. family / whānau), how well is the Service delivering on the key things?

### (c) Opportunities for MDHB Funding Division & Key Service Providers

#### Ensure consumer rights are understood & respected

##### What participants said:

- *"I need to be respected as I already feel bad."*
- *"We should expect culturally appropriate support, advice or follow-up."*
- *"I didn't like having a private phone conversation in the reception area."*

##### Participants' suggestions:

- Clearly defined service standards.
- Clearly defined performance expectations.
- Performance coaching available for Service Providers, especially in the service requirements of Pasifika & Maori consumers.
- Ongoing service evaluation to monitor Service improvement.

#### Develop a consumer focus at all levels of planning, delivery & evaluation

##### What participants said:

- *"We should expect everyone to work together to achieve a good outcome."*
- *"Having a constructive consumer voice is so valuable."*
- *"Although Pasifika people do not appear in Mental Health statistics, the need for Mental Health services continues to increase among the Pasifika populations."*

##### Participants' suggestions:

- Culturally appropriate services, which encourage access among diverse Maori and Pasifika peoples.
- The opportunity for face to face versus phone consultation for both Pasifika peoples and Maori consumers.

## (c) Opportunities for MDHB Funding Division (continued...)

### Enable the Service to focus on crisis work

#### What participants said:

- *"I often just need reassurance about my medication."*
- *"Is it not for people who are in crisis?"*
- *"As a GP, I need to have access to a specialist to discuss care issues."*

#### Participants' suggestions:

- Ensure clarity of the purpose and scope.
- Public communications campaign to raise awareness of the Service – including targeted communication to Pasifika peoples and Maori consumers.
- Internal communications strategy between service providers.
- A complementary service designed to meet consumers' (inc. family / whānau) need for information and support . First, explore existing services, e.g. Healthline, Warmline.
- A complementary service designed to provide specialist medical advice.

### Ensure staff have timely access to consumer records

#### What participants said:

- *"I have to keep giving them my personal information, which is frustrating when you just need help."*
- *"Having recently come to this region, the service providers did not have my medication details, which delayed my recovery."*
- *"As service providers, trying to locate files slows us getting to people. We often have to go searching for files – sometimes this involves driving to collect them."*

#### Participants' suggestions:

- "Mobile" electronic access to files that are known to MHET.
- A tracking process to ensure consumer records are returned to MHET.
- Good relations between MHET and with local providers with access to information, e.g. NGOs, GPs.
- The capacity to gather information from family / whānau, other relevant people.

## (c) Opportunities for MDHB Funding Division (continued...)

### Ensure consumers have access to transport options

#### What participants said:

- *“As a GP, we couldn’t stay at my practice – I personally took them to hospital in my car.”*
- *“I needed a ride to hospital – I wouldn’t have made it without my friend.”*
- *“I was offered an ambulance – although I would have had to wait until the next day; so I decided to walk.”*

#### Participants’ suggestions:

- An agreement with existing 24 hour service providers to provide transport options, e.g. NGOs, Iwi, General Practitioners (GPs).
- An agreement with existing “public” services, e.g. Taxi Chits.
- Associate services for the rural sector, which include a clinician who has transport.

### Ensure the transition between emergency services is seamless

#### What participants said:

- *“ED is providing the public emergency service – ED feel they are doing work MHET should be doing.”*
- *“The Police are used as an extra resource at times – assessment in a police cell is unacceptable.”*
- *“As emergency services, at times we are stretched – knowing when they [MHET] are likely to be available would help us manage our people resources.”*

#### Participants’ suggestions:

- Manage the wait time – keep consumers (inc. family / whānau), plus other emergency service providers informed and supported.
- Provide a complementary service designed to provide other emergency providers (e.g. ED, GPs, NGOs) with specialist medical advice.

## What Happens Next?

- The results of this study provide the MidCentral District Health Board (MDHB) with an excellent platform for continuous improvement as we remain committed to the Mental Health and Addiction Services Strategic objective to “**strengthen after hours mental health emergency response**”.
- The MDHB are committed to continue delivering a recovery-focused Service with Service Providers that are knowledgeable and who effectively manage the risk to consumers (inc. family / whānau).
- The MDHB are committed to learning from your feedback. Key groups are currently in the process of discussing the results of this study. Our next step is to write action plans that commit to delivering Service improvements throughout 2007/8.
- The MDHB Mental Health and Addiction Services Strategy is committed to enhance its responsiveness to people of diverse ethnic groups. This strategic objective will remain in focus as we develop action plans for the After Hours Mental Health Emergency Service.
- The MDHB aims to keep you informed as the action plans take shape. Regular updates will be published in the MidCentral News Magazine and on our website [www.midcentral.co.nz](http://www.midcentral.co.nz).

## Got Something To Say?

The MDHB Funding Division welcomes your feedback, ideas and questions.

Please contact us today

Brian Hayward  
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## Prefer A Printed Copy?

If you would prefer to read a printed copy of this report, please contact the MidCentral District Health Board Communications Team

**06 350 8945**