

# Mental health workforce

A variety of health and social care professionals, including psychiatrists, psychologists, nurses, general practitioners and social workers, provide a range of mental health-related services to Australians. The workforce data for this section is sourced from the National Health Workforce Data Set (NHWDS), which comprises data about [employed](#) registered health professionals collected through annual registration surveys administered by the Australian Health Practitioners Regulation Agency (AHPRA) since 2010. For further details on the NHWDS and survey, and arrangements prior to July 2010 can be found in the [data source](#) section. Data on the size and selected characteristics of the workforce is available for the following health care professionals who work principally in mental health care and related areas:

- psychiatrists
- mental health nurses
- psychologists

A different view of the workforce employed by state and territory specialised mental health care facilities can be found in the facilities section.

The number of psychiatrists, mental health nurses and psychologists, and the average [total hours](#) and [clinical hours](#) worked are reported in this section. To provide a meaningful comparison, both [full-time-equivalent](#) (FTE) and [clinical FTE](#) figures have been reported. The FTE measures the number of standard hour week workloads completed, regardless of full-time or part-time working hours. By convention, a standard working week is defined as 38 hours for mental health nurses and psychologists and 40 hours for psychiatrists.

Clinical FTE figures and average clinical hours worked provide measures of the time psychiatrists, mental health nurses and psychologists spent working in a direct clinical role.

## Data downloads:

Excel – Mental health workforce 2017 tables

PDF – Mental health workforce 2017 section

Data in this section were last updated in July 2019.

## Key points

- **9.8%** (3,369) of all employed specialist medical practitioners were psychiatrists in 2017.
- **15,469** women and **6,690** men were employed as mental health nurses in 2017.
- **40.0 hours**, on average, is worked per week by psychiatrists in *Remote areas* compared to **38.7** for those in *Major cities*.
- **22,159** mental health nurses were employed in 2017, an increase from 14,959 in 2007
- **6.6 hours** more per week was worked by male than female psychiatrists, on average, in 2017.
- **58.1%** of all employed mental health nurses were aged 45 or over.
- **66.5** clinical FTE psychologists per 100,000 population in 2017.

## Psychiatric workforce

An estimated 3,369 [psychiatrists](#) were working in Australia in 2017, representing 3.5% of all employed medical practitioners and 9.8% of all specialist employed medical practitioners.

### State and territory

At a national level, there were 13.3 FTE psychiatrists per 100,000 population working in Australia in 2017. Rates ranged from 7.8 per 100,000 population in the Northern Territory to 14.8 in South Australia. In terms of time spent as a clinician, there were 11.0 clinical FTE per 100,000 population in Australia in 2017. The clinical FTE rates ranged from 6.6 per 100,000 in the Northern Territory to 12.3 in South Australia (Figure WK.1).

Figure WK.1: Employed psychiatrists, FTE and clinical FTE per 100,000 population, states and territories, 2017



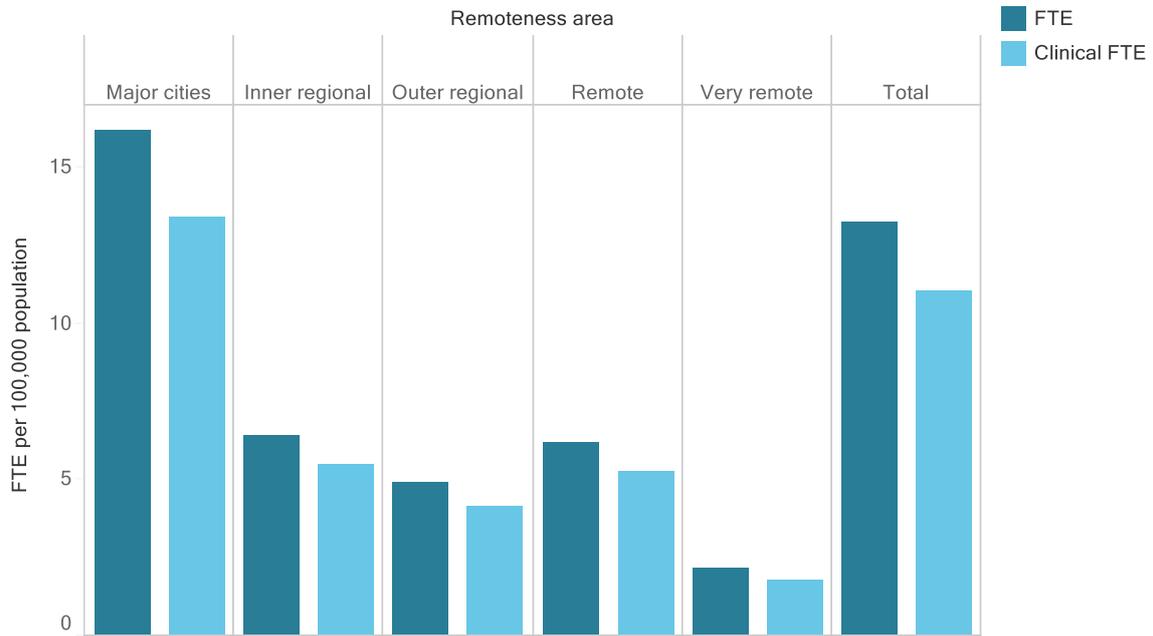
Source: AIHW; Table WK.3.

[www.aihw.gov.au/mhlsa](http://www.aihw.gov.au/mhlsa)

## Remoteness area

Almost 9 out of 10 FTE psychiatrists (87.6%) were employed in *Major cities* in 2017 (71.8% of the population lived in *Major cities* in 2017). There were 16.2 FTE per 100,000 population in *Major cities*, 6.4 in *Inner regional*, 4.9 in *Outer regional*, 6.2 in *Remote* areas and 2.1 in *Very remote* areas (Figure WK.2). This distribution was different from the overall medical practitioner workforce, with the location of psychiatrists more skewed towards less remote locations than all medical practitioners *Major Cities*, (450.9 per 100,000 population), followed by *Remote* (334.6), *Inner Regional* (316.7), *Outer Regional* (284.2) and *Very Remote* (250.3) areas.

Figure WK.2: Employed psychiatrists, FTE and clinical FTE per 100,000 population by remoteness area, 2017



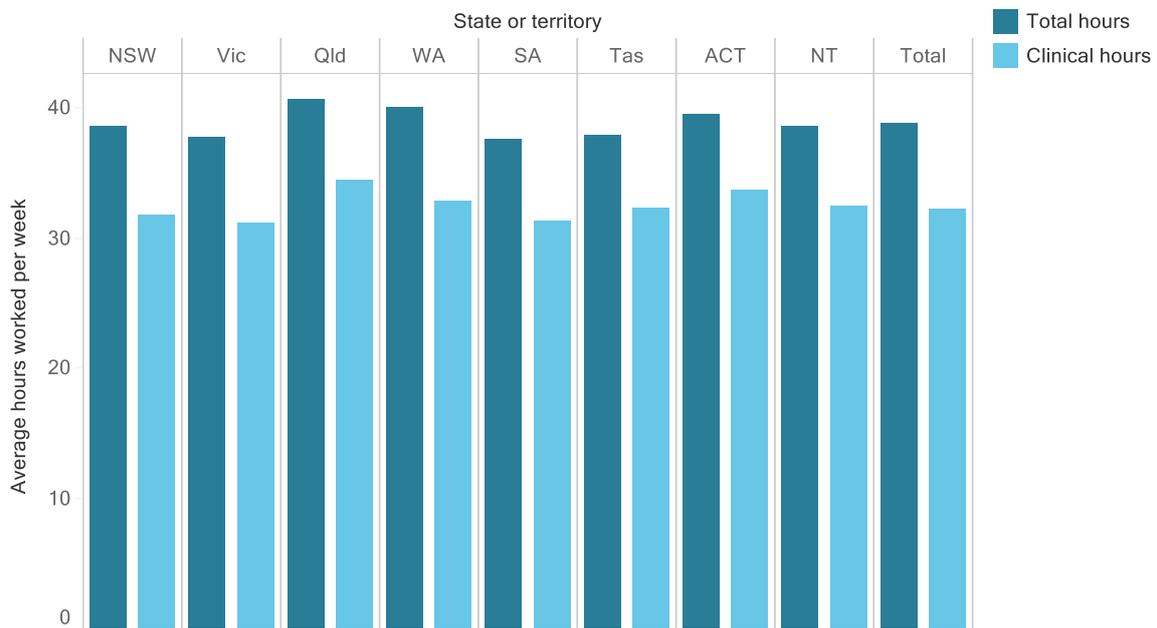
Source: AIHW; Table WK.4.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Hours worked per week

Psychiatrists reported working an average of 38.8 total hours and 32.2 clinical hours per week in 2017. Average working hours ranged from 37.6 hours per week for South Australian psychiatrists to 40.6 for Queensland psychiatrists (Figure WK.3). Average weekly clinical hours ranged from 31.1 for Victorian psychiatrists to 34.4 hours for Queensland psychiatrists.

Figure WK.3: Employed psychiatrists, average total hours and clinical hours worked per week, states and territories, 2017



Source: AIHW; Table WK.3.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

On average, male psychiatrists worked 6.6 total hours and 5.5 clinical hours more per week than female psychiatrists. Psychiatrists employed in *Outer regional* and *Remote* areas reported working the highest number of total hours, on average (40.9 and 40.0 total hours respectively). Employed psychiatrists working in *Outer Regional* areas reported working 2.1 more hours on average than the national average. The highest average weekly clinical hours were recorded for psychiatrists in *Outer Regional* areas (34.6) with similar clinical hours for psychiatrists working in all other areas (between 27.8 and 34.0).

## Characteristics

In 2017, almost three-quarters of psychiatrists were aged 45 and over (74.4%); over 2 in 5 (44.2%) were aged 55 and over and nearly 1 in 5 employed psychiatrists (18.4%) were aged 65 and over.

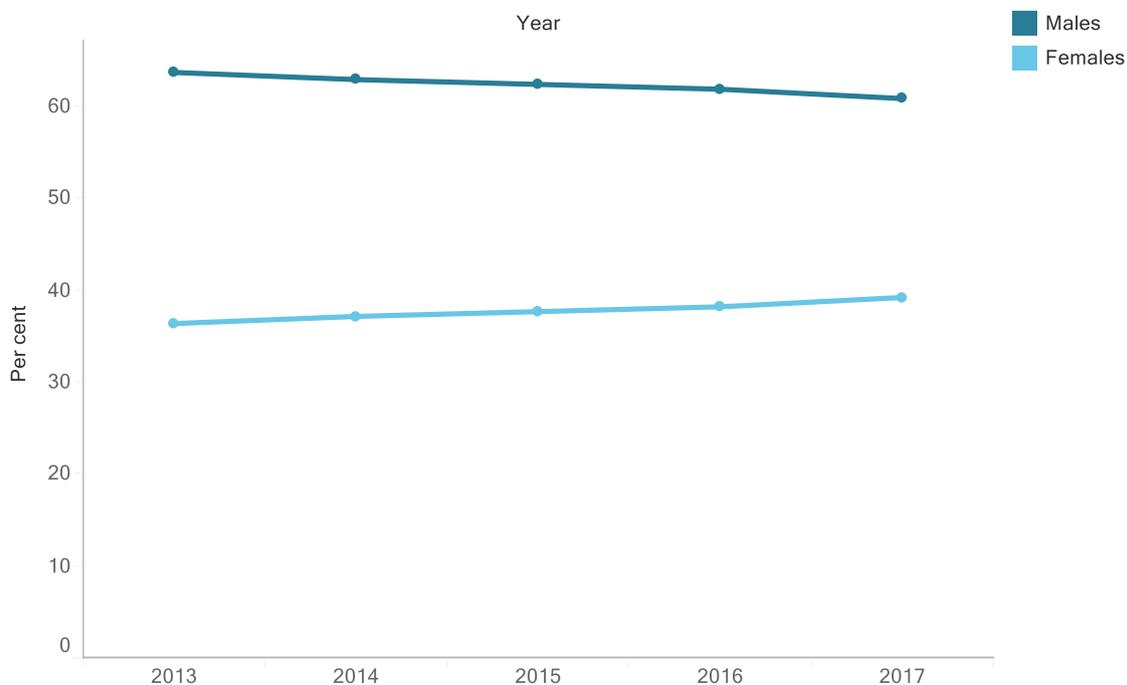
In 2013, almost two-thirds of employed psychiatrists were male (63.7%), dropping to 60.8% in 2017. The proportion of female psychiatrists increased over the same period, from 36.3% to 39.2% (Figure SHS.4).

## Over time

Nationally, the population rate of psychiatrists has increased slightly between 2013 and 2017 from 12.3 to 13.3 FTE per 100,000. It should be noted that FTE figures for medical practitioners from 2013, including psychiatrists, are based on a 40-hour standard working week; FTE figures prior to 2013 were based on a 38-hour working week. Therefore, FTE figures from 2013 onwards are not directly comparable with FTE figures prior to 2013.

The age profile of psychiatrists has remained relatively stable over the 5 years to 2017; just over 7 in 10 psychiatrists were aged 45 and over between 2013 and 2017. The average hours worked per week was relatively stable over the period, averaging around 39 hours per week. Since 2013, the average total hours worked per week by females increased slightly but was consistently lower than that of males (34.8 hours compared to 41.4 hours).

Figure WK.4: Proportion of employed psychiatrists, by sex, 2013-2017



Source: AIHW; Table WK.1.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Work characteristics

Just over 9 in 10 (91.8%) FTE psychiatrists reported their principal role as a clinician, followed by administrator (4.2%), researcher (1.6%), teacher or educator (1.3%) and then other (1.1%). The most common work setting was hospital (27.5%), followed by solo

private practice (24.7%), and group private practice (18.6%). These characteristics are similar to those of the overall medical practitioner workforce.

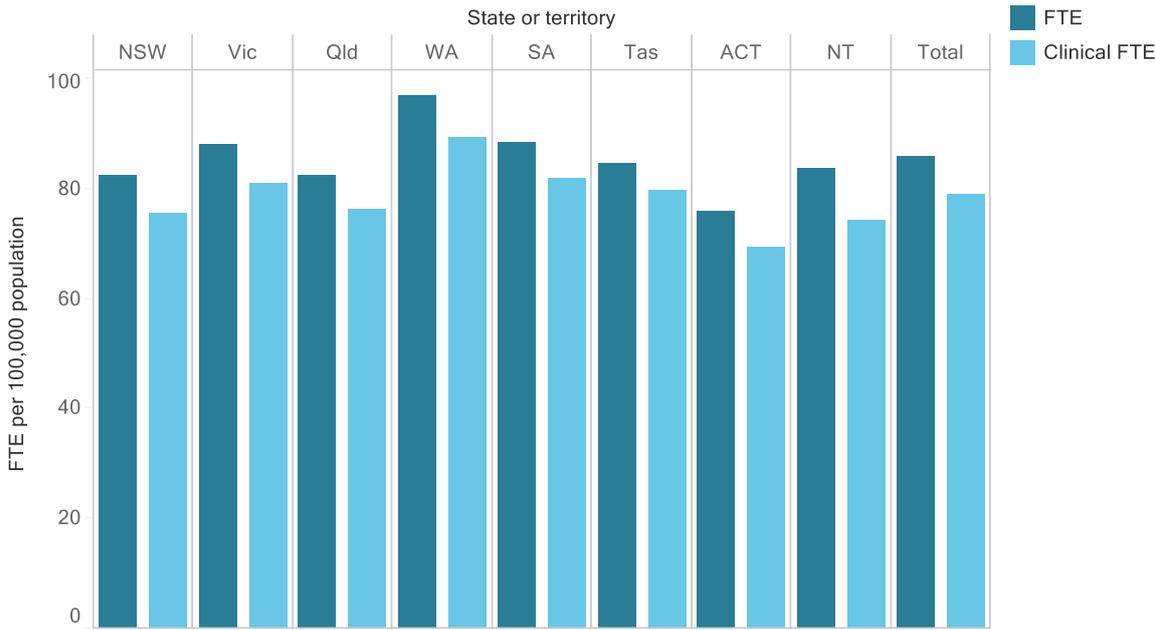
## Mental health nursing workforce

In 2017, about 1 in 15 (22,159 or 6.9%) **nurses** (including both registered and enrolled nurses) employed in Australia indicated they were working principally in mental health. Over 4 in 5 of these were registered nurses (85.5%) with a similar profile seen for the total nursing workforce.

### State and territory

There were 85.8 FTE mental health nurses per 100,000 population working in Australia in 2017, with rates ranging from 75.9 in the Australian Capital Territory to 96.7 in Western Australia (Figure WK.5). In terms of time spent as a clinician, there were 79.0 clinical FTE mental health nurses per 100,000 population at a national level, ranging from 69.3 in the Australian Capital Territory to 89.5 in Western Australia.

Figure WK.5: Employed mental health nurses, FTE and clinical FTE per 100,000 population, states and territories, 2017



Source: AIHW; Table WK.11.

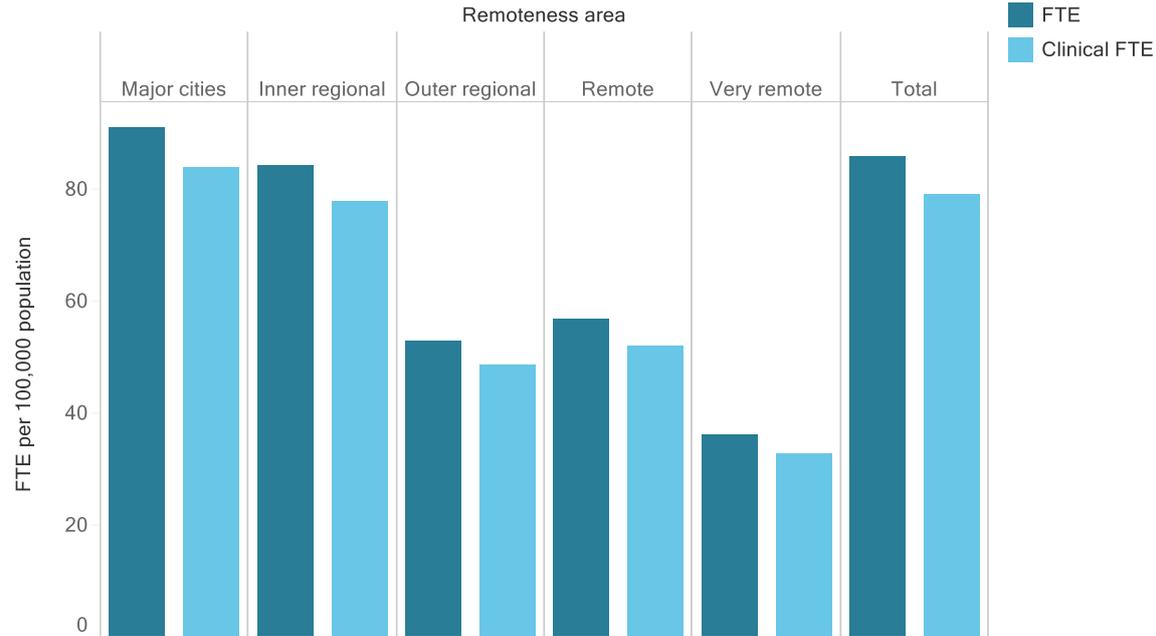
[www.aihw.gov.au/mhlsa](http://www.aihw.gov.au/mhlsa)

### Remoteness area

Three-quarters of FTE mental health nurses (76.2%) were employed in *Major cities* in 2017 (71.8% of the population lived in *Major cities* in 2017). *Major cities* had the highest

rate of FTE mental health nurses (91.0 FTE per 100,000 population), followed by *Inner regional* (84.3), *Remote* (56.9), *Outer regional* (52.7) and *Very remote* (36.3) areas (Figure WK.6). This distribution was different from the overall nursing workforce, with the highest rate of FTE nurses found in *Very Remote* areas (1,339.8 per 100,000 population), followed by *Remote* (1,281.6), *Major Cities* (1,164.9), *Inner Regional* (1,130.5) and *Outer Regional* (1,085.0) areas.

Figure WK.6: Employed mental health nurses, FTE and clinical FTE per 100,000 population by remoteness area, 2017



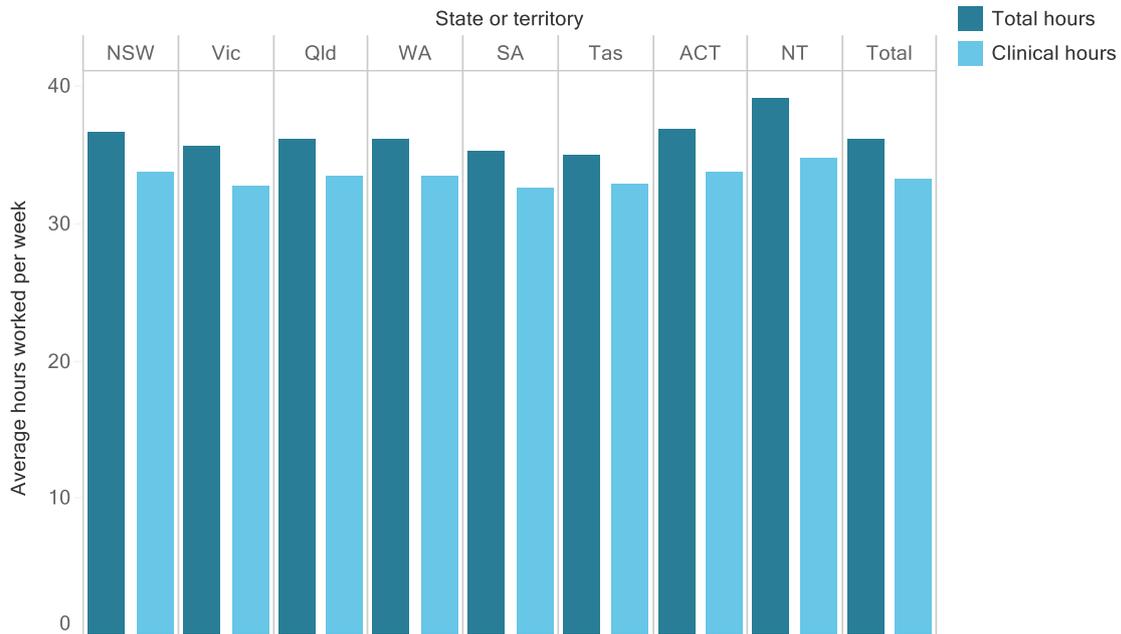
Source: AIHW; Table WK.12.

[www.aihw.gov.au/mhlsa](http://www.aihw.gov.au/mhlsa)

### Hours worked per week

In 2017, mental health nurses reported working an average of 36.2 total hours per week, with averages ranging from 35.0 hours per week in Tasmania to 39.2 hours in the Northern Territory. The average clinical hours worked per week reported by mental health nurses was 33.3 hours at the national level, ranging from 32.6 hours in South Australia to 34.8 hours in the Northern Territory (Figure WK. 7).

Figure WK.7: Employed mental health nurses, average total and clinical hours worked per week, states and territories, 2017



Source: AIHW; Table WK.11.

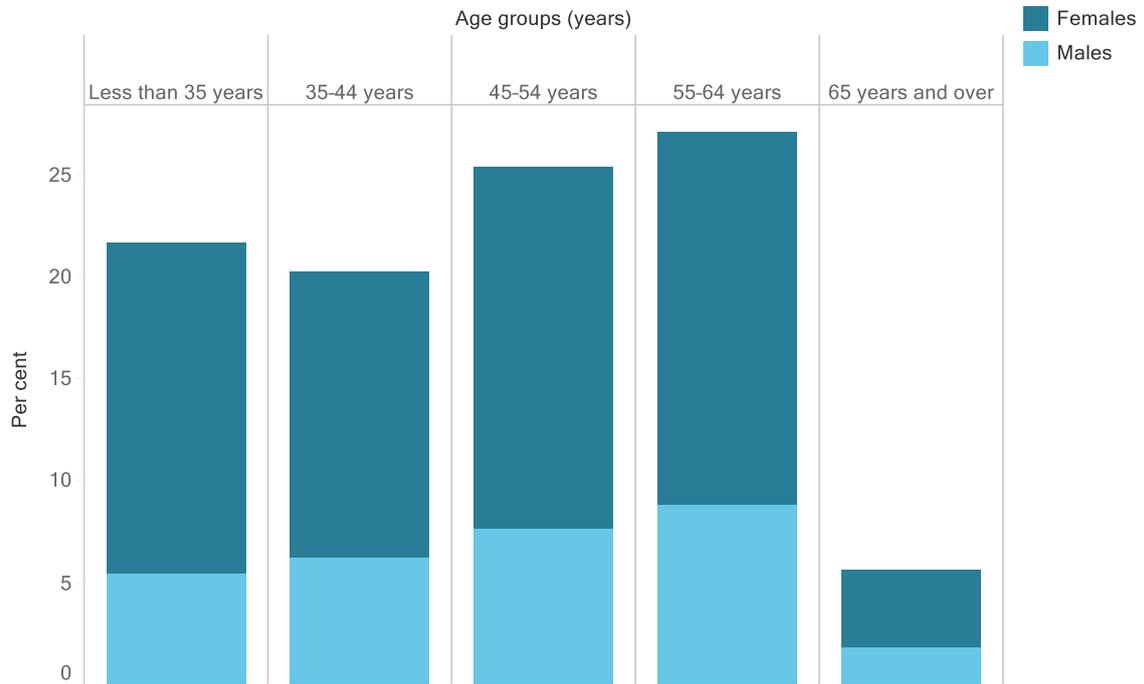
[www.aihw.gov.au/mhlsa](http://www.aihw.gov.au/mhlsa)

Mental health nurses employed in *Very remote* (39.5 hours) and *Remote* (39.4 hours) areas reported working the highest average number of total hours per week in 2017. Mental health nurses employed in *Remote* areas also reported working the most clinical hours on average (36.0 clinical hours), followed closely by those employed in *Very Remote* areas (35.8 clinical hours).

## Characteristics

About 3 in 5 mental health nurses (58.1%) were aged 45 and above in 2017; a third (32.7%) were aged 55 and older and 1 in 20 (5.6%) were aged 65 and over (Figure WK.8). The proportion of male nurses is about three times higher in the mental health nursing workforce when compared to the male proportion of all employed nurses in Australia (30.2% and 11.0%, respectively).

Figure WK.8: Employed mental health nurses, by sex and age group, 2017



Source: AIHW; Table WK.9.

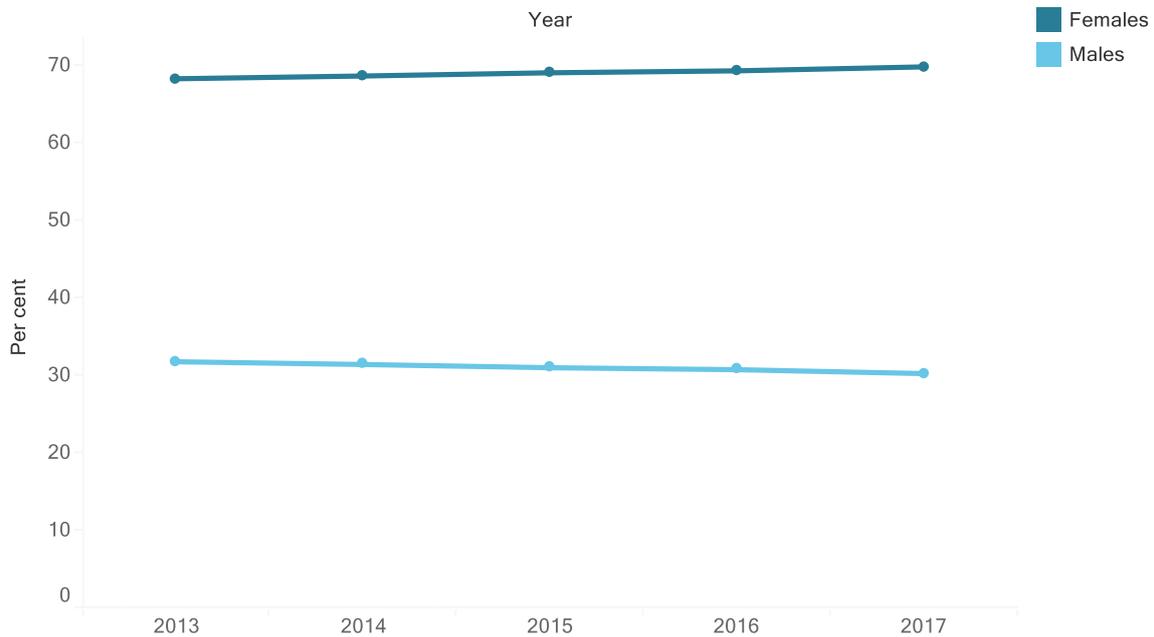
[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

Male mental health nurses worked more total and clinical hours per week on average than female nurses (males 37.8 total hours and 34.8 clinical hours; females 35.5 total hours and 32.7 clinical hours) in 2017. Registered nurses worked more total hours on average than enrolled nurses (36.4 and 34.7 hours respectively) but slightly less clinical hours (33.2 and 33.7 respectively).

## Over time

There was an increase between 2013 and 2017 in the supply of mental health nurses, from 83.6 to 85.8 FTE per 100,000 population. The proportion of male and female mental health nurses remained relatively stable over this period (the proportion of mental health nurses who were male was 31.7% in 2013 and 30.2% in 2017) (Figure WK.9). The proportion of registered nurses also remained stable at around 85% over the same period.

Figure WK.9: Proportion of employed mental health nurses, by sex, 2013-2017



Source: AIHW; Table WK.9.

[www.aihw.gov.au/mhlsa](http://www.aihw.gov.au/mhlsa)

The proportion of the mental health nurse workforce aged 55 and over increased from 29.9% in 2013 to 32.7% in 2017.

The average hours worked per week between 2013 and 2017 by mental health nurses declined slightly for registered nurses (36.9 to 36.4) and enrolled nurses (35.0 to 34.7).

## Work characteristics

Most FTE mental health nurses (93.7%) reported their principal area of work to be a clinician, followed by administrator (3.1%) and teacher or educator (2.2%). The most common work setting reported was hospitals (64.2%, excluding outpatient services), followed by community health care services (21.0%) and residential health care facilities (4.5%).

## Psychologist workforce

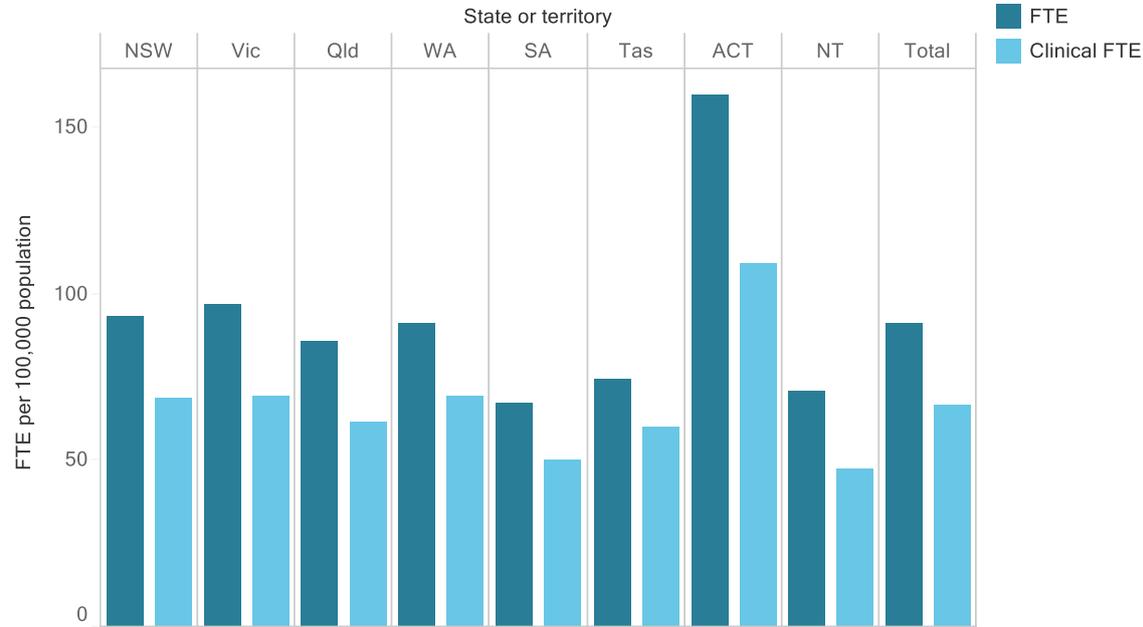
In 2017, an estimated 26,311 [psychologists](#) with full registration were working in Australia. The NHWDS workforce survey response rate for provisionally registered

psychologists was too low for the data to be included in the NHWDS and are therefore excluded from the analysis presented below. According to figures from the Psychology Board of Australia, there were an additional 4,564 provisionally registered psychologists in Australia in 2017 (Psychology Board of Australia 2018).

### State and territory

At a national level, there were 91.1 FTE psychologists per 100,000 population working in Australia in 2017. Rates ranged from 67.3 FTE psychologists per 100,000 population in South Australia to 159.7 in the Australian Capital Territory (Figure WK.10). In terms of time spent working as a clinician, this corresponds to 66.5 clinical FTE psychologists per 100,000 population employed in Australia, ranging from 47.6 in the Northern Territory to 109.1 in the Australian Capital Territory.

Figure WK.10: Employed psychologists, FTE and clinical FTE per 100,000 population, states and territories, 2017



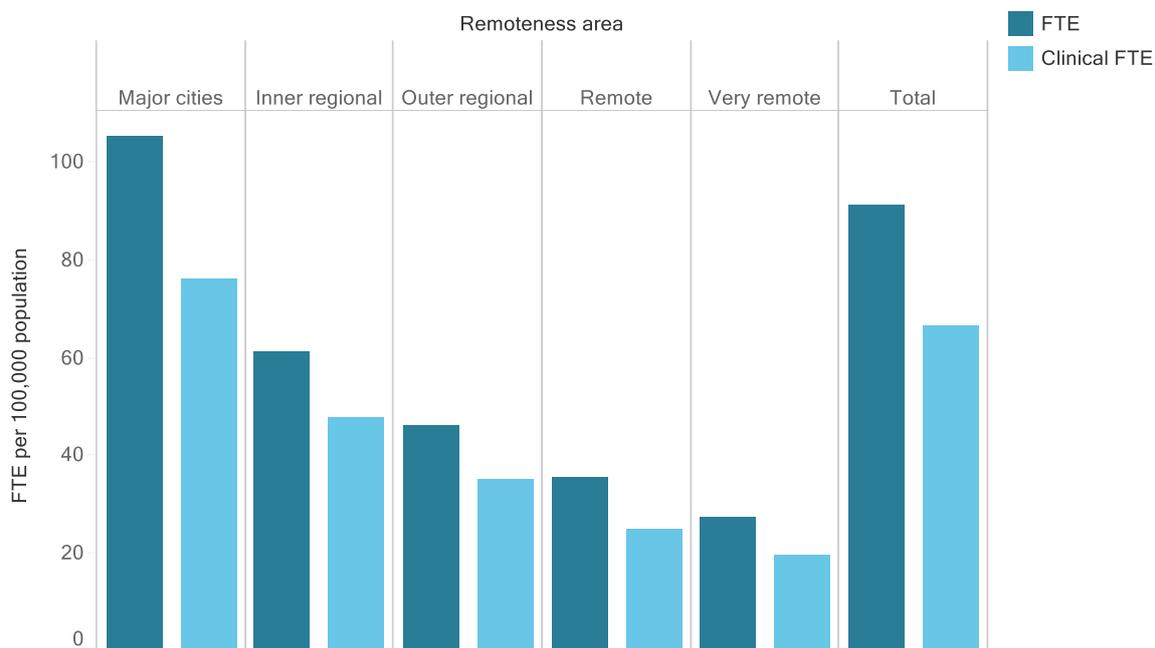
Source: AIHW; Table WK.19.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

### Remoteness area

Over 8 in 10 FTE psychologists (83.0%) were employed in *Major cities* in 2017 (71.8% of the population lived in *Major cities* in 2017). There were 105.3 FTE psychologists per 100,000 population working in *Major cities*, 61.4 in *Inner regional*, 46.2 in *Outer regional*, 35.4 in *Remote* and 27.3 in *Very remote* areas (Figure WK.11).

Figure WK.11: Employed psychologists, FTE and clinical FTE per 100,000 population by remoteness area, 2017



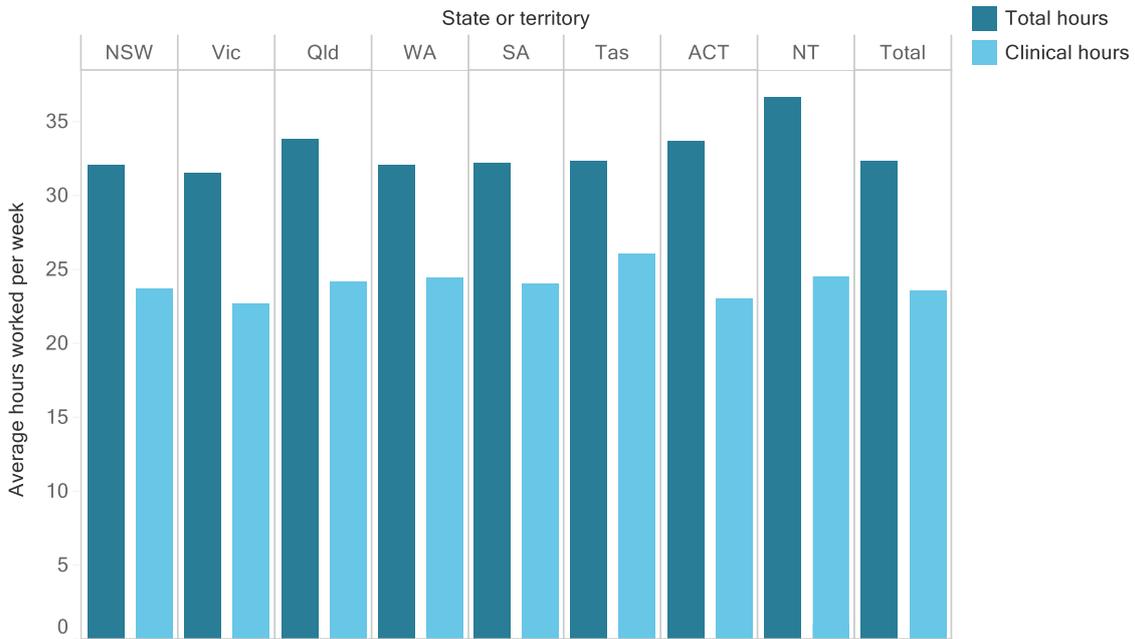
Source: AIHW; Table WK.20.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Hours worked per week

Psychologists reported working an average of 32.4 total hours per week in 2017, with an average of 23.6 clinical hours. Average total hours ranged from 31.6 hours per week for psychologists working in Victoria to 36.7 in the Northern Territory (Figure WK.12). The average clinical hours ranged from 22.7 hours for Victorian psychologists to 26.1 hours for Tasmanian psychologists. Male psychologists worked on average more total and clinical hours than female psychologists (males 35.8 total and 25.2 clinical hours; females 31.5 total and 23.2 clinical hours).

**Figure WK.12: Employed psychologists, average total and clinical hours worked per week, states and territories, 2017**



Source: AIHW; Table WK.19.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Over time

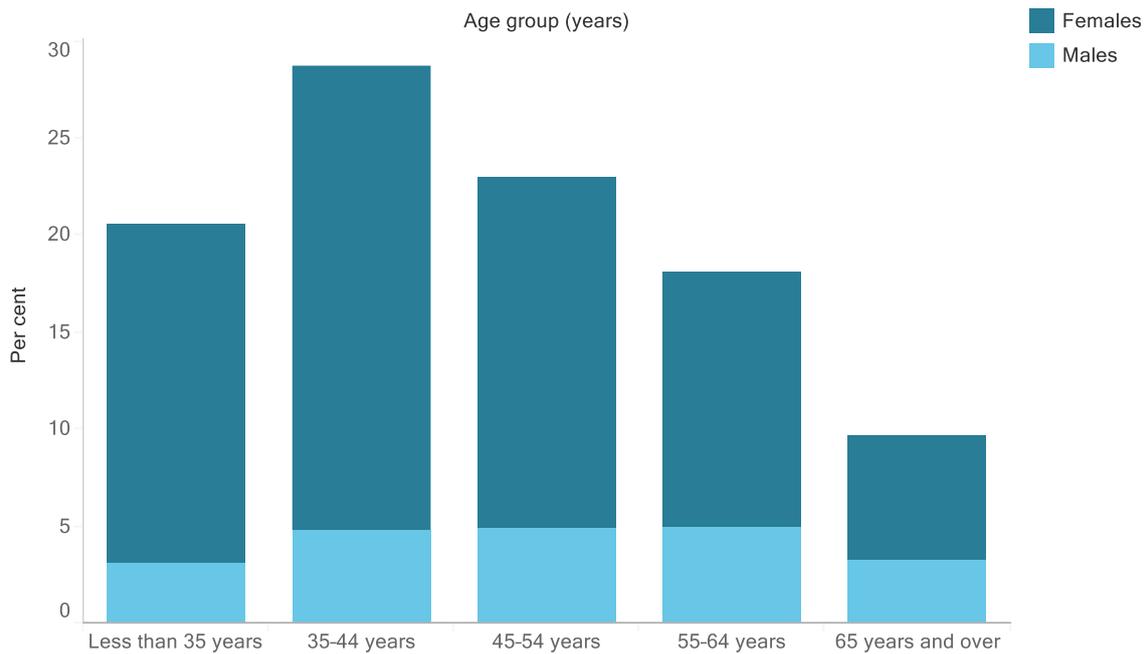
Nationally, there has been an increase in the supply of psychologists from 2013 to 2017, from 86.2 to 91.1 FTE per 100,000 population. The proportion of female psychologists has also increased incrementally over this period; from 77.1% in 2013 to 78.9% in 2017.

The average total hours worked per week by psychologists has remained comparatively stable at around 33 hours per week from 2013 to 2017. Since 2013, the average total hours worked per week by male psychologists has reduced slightly but remains higher than that of females (around 36 hours compared to around 32 hours per week).

## Characteristics

Half of all psychologists were aged 45 and over (50.7%) in 2017, with more than one-quarter (27.8%) aged 55 and over (Figure WK.13).

Figure WK.13: Employed psychologists, by sex and age group, 2017



Source: AIHW; Table WK.17.

[www.aihw.gov.au/mhsa](http://www.aihw.gov.au/mhsa)

## Work characteristics

The majority (88.0%) of FTE psychologists reported their principal role at work to be clinician, followed by administrator (4.3%) and researcher (3.6%). The main area of practice (principal area of main job) nominated by about 2 in 5 (39.5%) FTE psychologists was counselling, followed by mental health intervention (27.8%) and neuropsychological/cognitive assessment (4.7%). The most common work setting was solo private practice (21.1%), followed by group private practice (16.7%) and schools (10.5%).

It should be noted that the principal area nominated by a psychologist does not imply that they hold area of practice endorsement. To be eligible to apply for an area of practice endorsement and use the associated title, a psychologist must have advanced training (an accredited qualification in the area of practice followed by a period of supervised practice) in addition to the requirements for general registration (Psychology Board of Australia 2011). In 2017, over one-third (38.0%) of psychologists held an area of practice endorsement. The most commonly held endorsement was as a Clinical Psychologist, held by about 1 in 4 (28.4%) of all psychologists (endorsed and non-endorsed), followed by Counselling Psychologist (3.3%) (Psychology Board of Australia 2018).

## Data source

### National Health Workforce Data Set (NHWDS)

The voluntary Medical and Nursing Workforce Surveys are administered to all registered health practitioners by the Australian Health Practitioners Regulation Agency (AHPRA) and are included as part of the registration renewal process. These surveys are used to provide nationally consistent workforce estimates. They provide data not readily available from other sources, such as the type of work done by, and job setting of, health practitioners; the number of hours worked in a clinical or non-clinical role, and in total; and the numbers of years worked in, and intended to remain in, the health workforce. The surveys also provide information on those registered health practitioners who are not undertaking clinical work or who are not employed. The information from the NRAS workforce surveys, combined with NRAS registration data items, comprise the NHWDS.

Past and present surveys have different collection and estimation methodologies, questionnaire designs and response rates. As a result, care should be taken in comparing historical data from the AIHW Labour Force Surveys undertaken prior to 2010 with data from the NHWDS.

Health workforce data are now available for public access through the Department of Health's Health Workforce Data Tool (HWDT) and the numbers in this publication reflect those extracted using the HWDT as at 26 February 2019 (mental health nurses) and 16 April 2019 (psychiatrists and psychologists). In the case of medical specialists, the numbers are those employed, as specialists, in their primary specialty. As such, there may be differences between the data presented here and that published elsewhere due to different calculation or estimation methodologies or data extraction dates. The HWDT uses a randomisation technique to confidentialise small numbers. This can result in differences between the column sum and total and small variations in numbers from one data extract to another.

Further information regarding the health workforce surveys is available at [http://www.health.gov.au/internet/main/publishing.nsf/content/health\\_workforce\\_data](http://www.health.gov.au/internet/main/publishing.nsf/content/health_workforce_data)

# Key concepts

## Mental health workforce

Key Concept	Description
<b>Benchmark data</b>	Responses to the surveys have been weighted to benchmark figures to account for non-response based on registration data supplied by AHPRA. For medical practitioners, the <b>benchmark data</b> used are the number of medical practitioners registered by state and territory (using place of principal practice) by main specialty of practice by sex and age group. For nurses and midwives, the benchmark data used are the number of registered practitioners in each state and territory (based on location of principal practice) by division of registration, age group and sex. For psychologists, the benchmark data used are the number of registered practitioners in each state and territory (based on the location of principal practice), by broad registration type by age group by sex. Weighting included an identification of persons with an endorsement of 'clinical psychology', 'clinical neuropsychology' and 'other' (all other psychologists).
<b>Clinical FTE</b>	<b>Clinical FTE</b> measures the number of standard-hour workloads worked by employed health professionals in a direct clinical role. Clinical FTE is calculated by the number of health professionals in a category multiplied by the average clinical hours worked by those employed in the category divided by the standard working week hours. The NHWDS considers a standard working week to be 38 hours for nurses and psychologists and 40 hours for psychiatrists.
<b>Clinical hours</b>	<b>Clinical hours</b> are the total clinical hours worked per week in the profession, including paid and unpaid work. The average weekly clinical hours is the average of the clinical hours reported by all employed professionals, not only those who define their principal area of work as clinician. Average clinical weekly hours are calculated only for those people who reported their clinical hours (those who did not report them are excluded).
<b>Employed</b>	In this report, an <b>employed</b> health professional is defined as one who: <ul style="list-style-type: none"><li>• worked for a total of 1 hour or more, principally in the relevant profession, for pay, commission, payment in kind or profit; mainly or only in a particular state or territory during a specified period, or</li><li>• usually worked but was away on leave (with some pay) for less than 3 months, on strike or locked out, or rostered off.</li></ul> <p>This includes those involved in clinical and non clinical roles, for example education, research, and administration. 'Employed' people are referred to as the 'workforce'. This excludes those medical practitioners practising</p>

psychiatry as a second or third speciality, those who were on extended leave for 3 months or more and those who were not employed.

**Full time equivalent**

**Full time equivalent** (FTE) measures the number of standard-hour workloads worked by employed health professionals. FTE is calculated by the number of health professionals in a category multiplied by the average hours worked by those employed in the category divided by the standard working week hours. In this report, a standard working week for nurses and psychologists is assumed to be 38 hours and equivalent to 1 FTE. Like other medical practitioners, FTE measures for psychiatrists are based on a 40 hour standard working week. This differs from the approach used in Mental health services in Australia reports published before 2004–05, and with some earlier AIHW labour force reports. FTE numbers presented in this section will therefore not be easily comparable with those reports.

**Nurse**

To qualify for registration as a registered or enrolled **nurse** in Australia, an individual must have completed an approved program of study (AHPRA, 2017). The usual minimum educational requirement for a registered nurse is a 3-year degree or equivalent. For enrolled nurses the usual minimum educational requirement is a 1-year diploma or equivalent.

A mental health nurse is an enrolled or registered nurse that indicates their principal area of work is mental health.

**Psychiatrist**

A **psychiatrist** is a qualified medical doctor who has completed specialist training in the diagnosis, treatment and prevention of mental illness and emotional problems. To practice as a psychiatrist in Australia, an individual must be admitted as a Fellow of the Royal Australian & New Zealand College of Psychiatrists (RANZCP). Psychiatrists first train as a medical doctor, then undertake a medical internship followed by a minimum of 5 years specialist training in psychiatry (RANZCP 2013).

**Psychologist**

The education and training requirement for general (full) registration as a **psychologist** is a 6 year sequence comprising a 4 year accredited sequence of study followed by an approved 2 year supervised practice program. The 2 year supervised practice program may be comprised of either an approved two year postgraduate qualification, a fifth year of study followed by a one year internship program or a two year internship program (Psychology Board of Australia, 2016).

**Area of practice endorsement**

Psychologists who practice in an approved area of psychology may be eligible for an **area of practice endorsement**. In order to obtain an area of practice endorsement, a psychologist must, in addition to having met the requirements for general registration, complete formal accredited tertiary study in an approved area of practice, followed by a period of supervised practice (Psychology Board of Australia, 2011).

**Total hours**

**Total hours** are the total hours worked per week in the profession, including paid and unpaid work. Average total weekly hours are calculated

only for those people who reported their hours (that is, those who did not report them are excluded).

## References

AHPRA (Australian Health Practitioners Regulation Agency) (2017). Nursing and Midwifery Board of Australia: Approved Programs of Study. Viewed 24 April 2019, <http://www.nursingmidwiferyboard.gov.au/Accreditation/Approved-Programs-of-Study.aspx>

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Psychology Board of Australia 2016. Registration standard: General registration. Viewed 10 May 2019, <https://www.psychologyboard.gov.au/standards-and-guidelines/registration-standards.aspx>

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