

# Mental health workforce

A range of different health care professionals, including psychiatrists, psychologists, nurses, general practitioners and social workers, provide the various mental health-related services in Australia. However, workforce data are currently only available for psychiatrists, including psychiatrists-in-training, and nurses who work principally in mental health care. This section describes the size and selected characteristics of the workforce for these three groups.

In order to enable meaningful comparison in the mental health workforce across Australia over time, [full-time-equivalent](#) (FTE) figures have been provided in addition to the number of psychiatrists and nurses, and the average [total hours](#) worked. The FTE measures the number of 38 hour-week workloads completed, regardless of full-time or part-time work. This approach differs from that used with data on the medical and nursing labour force published by the AIHW (AIHW 2011a and 2011b) and so the numbers presented here will not be easily comparable with those reports.

## Key points

- Nationally, there were approximately 18 FTE psychiatrists (including psychiatrists-in-training) and 69 FTE mental health nurses per 100,000 population in 2009.
- For psychiatrists (including psychiatrists-in-training) the highest rate was seen in *Major cities* (23 FTE per 100,000 population) whereas for mental health nurses, the highest rate was seen in *Inner regional areas* (76).
- In 2009 about one-third of mental health nurses were male, compared with less than one in ten of the general nursing workforce. Over two-thirds of psychiatrists (excluding psychiatrists-in-training) were men compared to three-quarters of all medical specialists.
- The proportion of mental health nurses aged 55 years and over increased from 20 per cent in 2005 to 25 per cent in 2009. Psychiatrists (excluding psychiatrists-in-training) aged 55 years and over made up more than one-third of the workforce in 2009. This has been stable since 2005.

The annual AIHW Medical Labour Force Survey (AIHW 2011a) of all registered medical practitioners provides estimates of the number of psychiatrists and psychiatrists-in-training practicing in Australia. These estimates are based on those who 'self-identify' and who state that they were [employed](#) as a medical practitioner at the time of the survey.

Estimates on the mental health nursing workforce are derived from responses to the AIHW Nursing and Midwifery Labour Force Survey (AIHW 2011b), with responses weighted to available nursing registration data from each state and territory. For further details on these surveys see the [data source](#) section.

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## References

AIHW 2011a. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW.

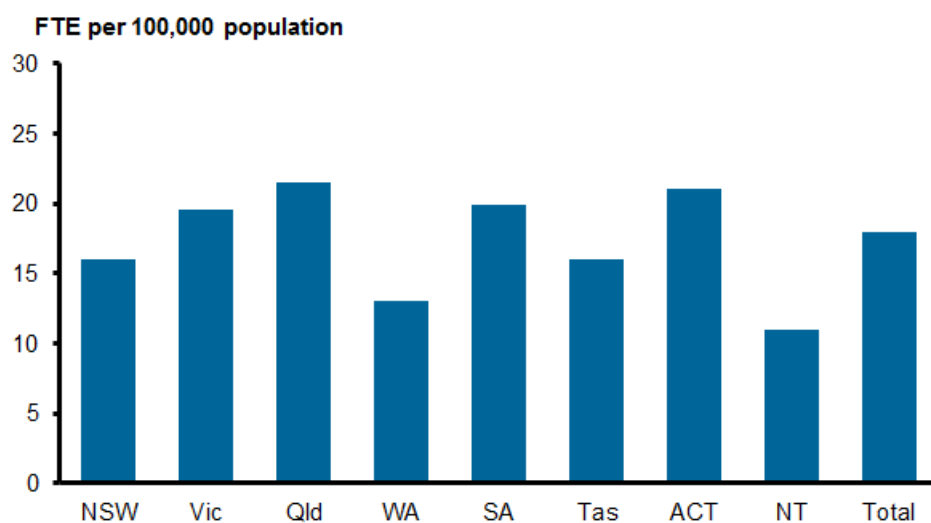
AIHW 2011b. Nursing and midwifery labour force 2009. AIHW bulletin no. 90. Cat. no. AUS 139. Canberra: AIHW.

## Psychiatric workforce

A psychiatrist is defined as a medical specialist who is a Fellow of the Royal Australian & New Zealand College of Psychiatrists (RANZCP), and psychiatrists-in-training are defined as medical practitioners who have been accepted by the RANZCP into a training position. From the 2009 Medical Labour Force survey it was estimated that 3,005 psychiatrists and 725 psychiatrists-in-training were working in Australia, which represents about one in twenty (5.1%) employed medical practitioners.

### Workforce by state and territory

At a national level, there were 18 FTE psychiatrists (including psychiatrists-in-training) per 100,000 population working in Australia in 2009. Rates ranged from 11 per 100,000 population for the Northern Territory to 22 for Queensland (Figure 13.1).



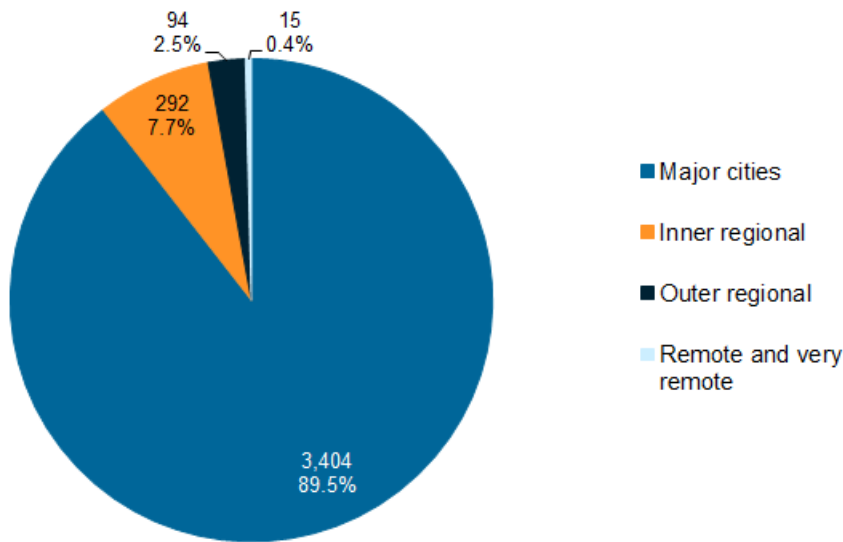
*Note:* The number of psychiatric medical practitioners in New South Wales, Queensland and Tasmania are underestimates as the benchmark figures did not include all registered medical practitioners.

*Source:* AIHW Medical Labour Force Survey, 2009.

**Figure 13.1: Psychiatrists (including psychiatrists-in-training), FTE per 100,000 population, states and territories, 2009.**

### Workforce by remoteness area

Nine out of ten FTE psychiatrists and psychiatrists-in-training (89.5%), for whom region was reported, were employed in *Major cities* in 2009 (Figure 13.2). There were 23 FTE per 100,000 population for *Major cities*, 7 for *Inner regional*, 5 for *Outer regional* and 3 for *Remote and Very remote* areas.



*Note:* The number of psychiatric medical practitioners in New South Wales, Queensland and Tasmania are underestimates as the benchmark figures did not include all registered medical practitioners.

*Source:* AIHW Medical Labour Force Survey, 2009.

**Figure 13.2: Psychiatrists (including psychiatrists-in-training), FTE by remoteness area, 2009.**

### Hours worked per week

Psychiatrists (including psychiatrists-in-training) reported working an average of 40 hours per week in 2009, including both clinical and non-clinical hours. Average hours ranged from 36 hours per week for the Australian Capital Territory to 43 for Queensland (Figure 13.3).

Psychiatrists-in-training worked slightly longer average hours per week than psychiatrists (44.9 hours compared with 39.1 hours), and there was little change during the 5 years to 2009. Male psychiatrists worked more hours than female psychiatrists on average (41.3 hours compared with 34.1 hours for psychiatrists and 45.3 hours compared with 44.4 hours for psychiatrists-in-training).

### Average total hours worked per week



Source: AIHW Medical Labour Force Survey, 2009.

**Figure 13.3: Employed psychiatrists (including psychiatrists-in-training), average total hours worked per week, states and territories, 2009.**

### Psychiatric workforce characteristics

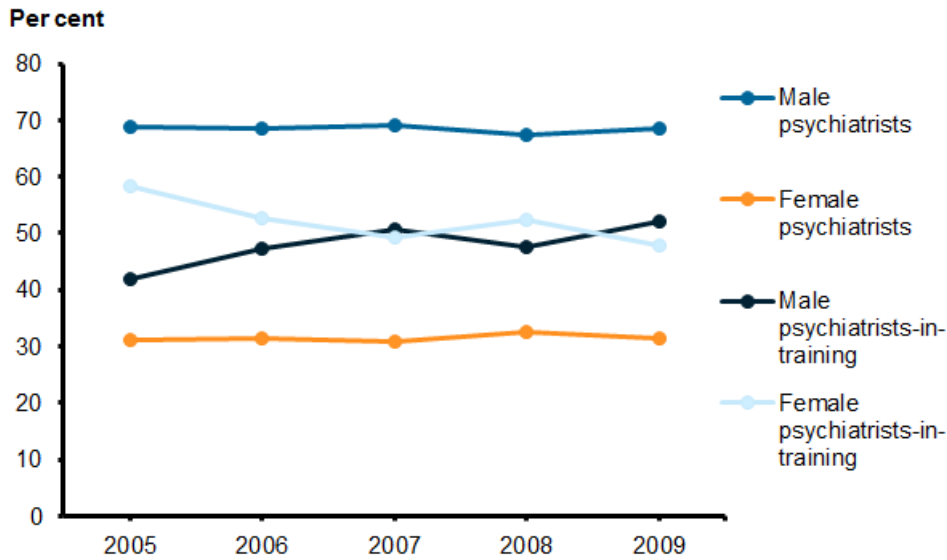
Psychiatrists are generally older than psychiatrists-in-training. Their average age in 2009 was 52 years compared to 35 years for psychiatrists-in-training. Over two-thirds of psychiatrists were aged 45 years and over (69.1%) and more than one-third (38.9%) were aged 55 years and over. More than one in ten employed psychiatrists (14.1%) were aged 65 years and over.

In 2009 more than two-thirds of employed psychiatrists (68.6%) and just over half of psychiatrists-in-training were male (52%). Three-quarters of all medical specialists (74.7%) were male in 2009 (AIHW 2011a).

### The psychiatric workforce over time

Nationally, the supply of psychiatrists and psychiatrists-in-training, measured as a population rate of FTE per 100,000 population increased slightly (an average annual rate of 1.4%) between 2005 and 2009.

The ratio of males to females for psychiatrists and psychiatrists-in-training differ. However, both of these ratios have remained relatively stable between 2005 and 2009 at the national level with around two-thirds of the psychiatric workforce being male compared to a more even ratio for psychiatrists-in-training (Figure 13.4).



Sources: AIHW Medical Labour Force Surveys, 2005–2009.

**Figure 13.4: Employed psychiatrists and psychiatrists-in-training, by sex, 2005–2009**

The age profile of psychiatrists has remained relatively stable between 2005 and 2009.

The average hours worked for both psychiatrists and psychiatrists-in-training per week remained relatively stable over the five years to 2009, ranging between 38.5 and 40 hours for psychiatrists and 43.4 to 44.9 hours for psychiatrists-in-training.

## Reference

AIHW 2011a. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW.

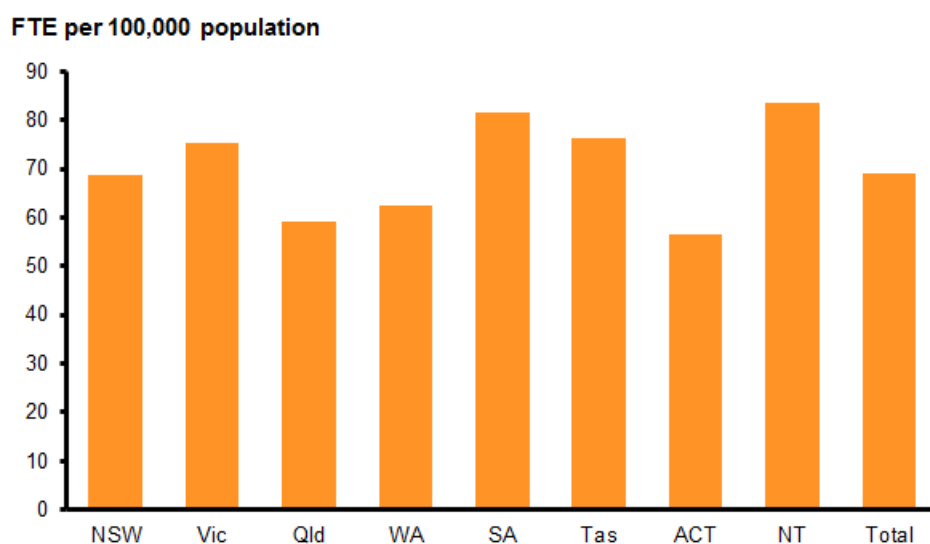
## Mental health nursing workforce

The 2009 Nursing and Midwifery Labour Force Survey found that employed nurses (both registered and enrolled nurses) who indicated working principally in mental health comprised about one in twenty (5.6% or an estimated 15,557) of nurses employed in Australia (276,751).

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. Four-fifths of all nurses working principally in mental health in 2009 were registered (82%) and 18% were enrolled nurses. There is a similar profile in the general nursing workforce (AIHW 2009).

### Workforce by state and territory

There were 69 FTE mental health nurses per 100,000 population working in Australia in 2009, with rates ranging from 57 per 100,000 for the Australian Capital Territory to 84 for the Northern Territory (Figure 13.5).



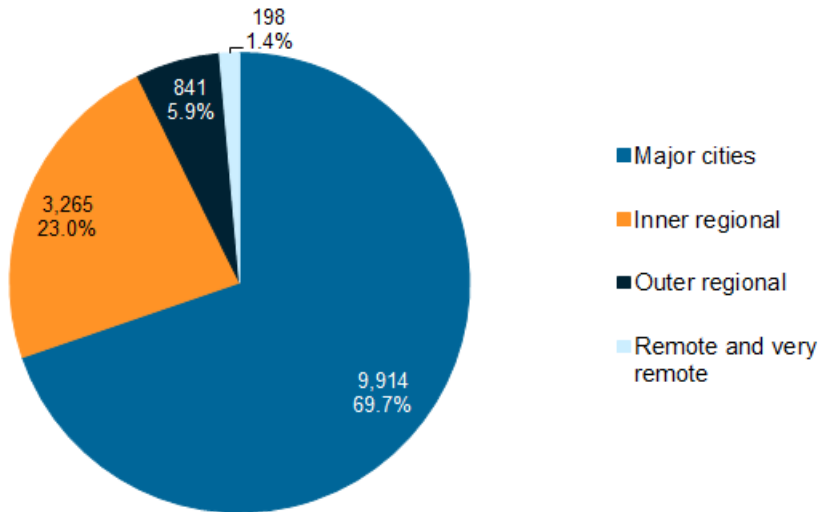
Note: State and territory mental health nurses estimates should be treated with caution due to low response rates in some jurisdictions.

Source: AIHW Nursing and Midwifery Labour Force Survey, 2009.

**Figure 13.5: Mental health nurses, FTE per 100,000 population, states and territories, 2009**

### Workforce by remoteness area

Over two-thirds of FTE mental health nurses (69.7%) for whom remoteness was recorded were employed in *Major cities* in 2009 (Figure 13.6). *Inner regional* had the highest rate of FTE mental health nurses—66 FTE per 100,000 population for *Major cities*, 76 for *Inner regional*, 41 for *Outer regional* and 40 for *Remote and Very remote* areas.



Note: State and territory mental health nurses estimates should be treated with caution due to low response rates in some jurisdictions.

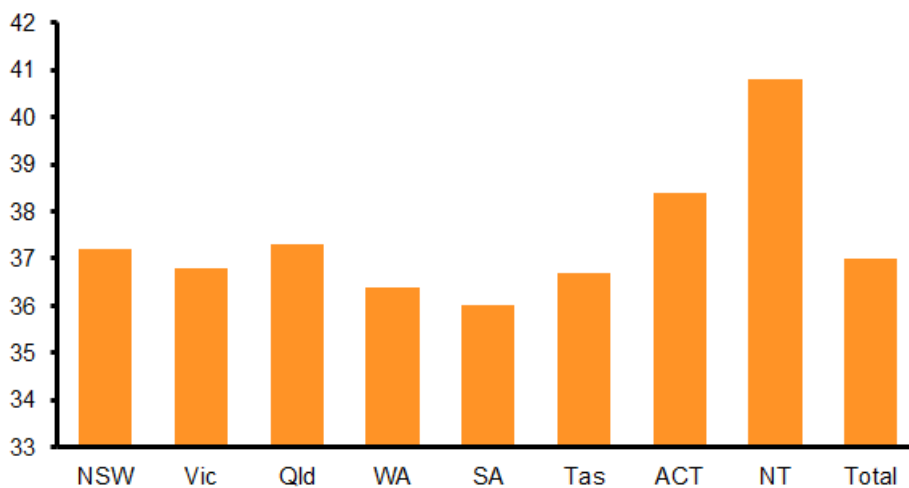
Source: AIHW Nursing and Midwifery Labour Force Survey, 2009.

**Figure 13.6: Mental health nurses, by remoteness area, 2009**

### Hours worked per week

Mental health nurses reported working an average of 37 total hours per week in 2009, with average hours ranging from 36 hours per week for South Australia to 41 for the Northern Territory (Figure 13.7).

Average total hours worked per week



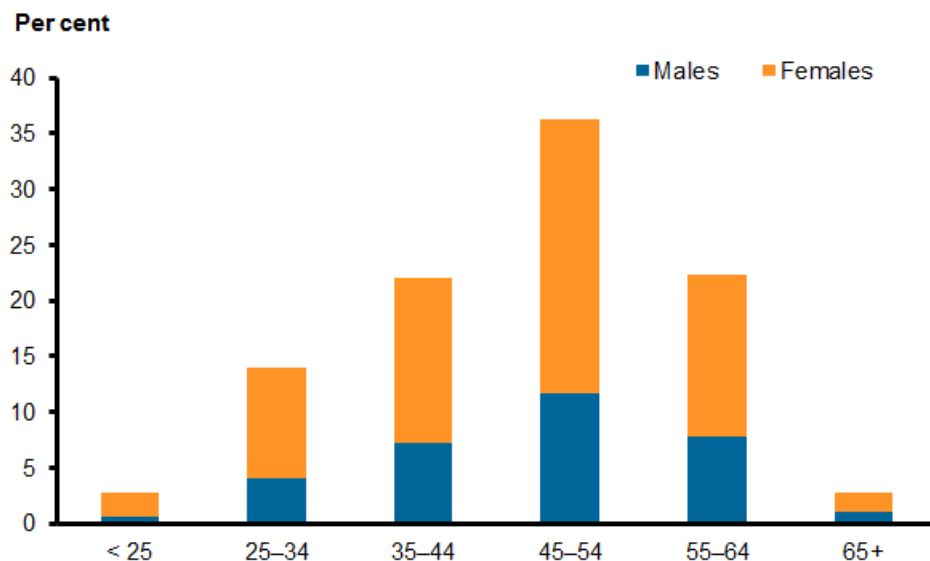
Note: State and territory mental health nurses estimates should be treated with caution due to low response rates in some jurisdictions.

Source: AIHW Nursing and Midwifery Labour Force Survey, 2009.

**Figure 13.7: Mental health nurses, average total hours worked per week, states and territories, 2009**

## Mental health nurse workforce characteristics

The average age for mental health nurses in 2009 was about 46 years. Almost two-thirds (61.2%) were aged 45 years and over (Figure 13.8) and a quarter (25%) were aged 55 years and older. Less than one in twenty mental health nurses (2.8%) were aged 65 years and over.



Source: AIHW Nursing and Midwifery Labour Force Survey, 2009.

**Figure 13.8: Mental health nurses, by sex and age group, 2009**

Almost one-third (32.5%) of the mental health nursing workforce in 2009 was male, although they represent only about 10% of all nurses in Australia (AIHW 2011).

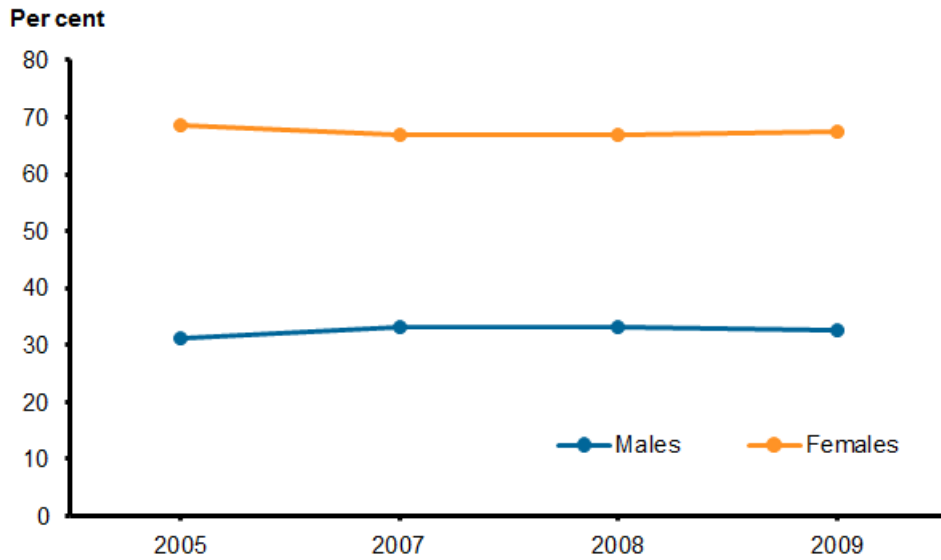
Male nurses worked more hours per week on average than female nurses (38.8 hours compared with 36.1 hours). Registered nurses worked more hours than enrolled nurses (37.3 and 35.3 hours respectively).

### The mental health nursing workforce over time

There was a small increase (an average annual rate of 1.5%) between 2005 and 2009 in the supply of mental health nurses, measured as a rate of FTE per 100,000 population.

The ratio of males to females for the mental health nursing workforce remained stable between 2005 and 2009 (Figure 13.9), as did the proportion of registered nurses.





*Note:* The Nursing and Midwifery Labour Force Survey was not conducted nationally in 2006.

*Sources:* AIHW Nursing and Midwifery Labour Force Survey, 2005–2009.

**Figure 13.9: Employed mental health nurses, by sex, 2005–2009**

While the average age of the mental health nursing workforce remained stable over the five years to 2009 (46.4 in 2005 and 46.5 years in 2009) the proportion aged 55 years and over increased from 19.7% in 2005 to 25.0% in 2009.

The average hours worked by mental health nurses remained stable over the five years to 2009; between 37.2 and 37.5 hours for registered nurses and 34.8 and 35.8 hours for enrolled nurses.

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## Reference

AIHW 2011. Nursing and midwifery labour force 2009. AIHW bulletin no. 90. Cat. no. AUS 139. Canberra: AIHW

## Data source

### Mental health workforce

The AIHW Medical Labour Force Survey and the Nursing and Midwifery Labour Force Survey are conducted by the state and territory departments of health with the cooperation of the medical and nursing registration boards in each jurisdiction, and in consultation with the AIHW. The AIHW is the data custodian for these national collections and is responsible for collating, editing and weighting the survey data.

The Medical Labour Force Survey is a survey of all registered medical practitioners in each state and territory in Australia. The Nursing and Midwifery Labour Force Survey is a survey of all registered nurses and midwives in each state and territory in Australia. The surveys are mail-outs conducted in association with the annual registration renewal process. The Medical Labour Force Survey has been conducted annually since 1993. The Nursing and Midwifery Labour Force Survey was conducted every 2 years from 1995 to 2003, and annually from 2003 to 2009, excluding 2006.

In the surveys, information on demographic details, main areas and specialty of work, qualifications and hours worked is collected from registered professionals. The data collected generally relate to the 4 weeks before the survey for medical practitioners and to the week before the survey for nurses. Average weekly hours worked refers to average total hours worked per week in the main, second and third medical job for medical practitioners, and the main and second nursing jobs for nurses.

Survey responses are weighted by state, age and sex (and the number of registered and enrolled nurses for nursing) to produce state and territory and national estimates of the total medical labour force and nursing and midwifery labour force. Benchmarks for weighting come from registration information provided by state and territory registration boards.

The response rates to these surveys vary from year to year and among jurisdictions. In 2009, the estimated national response rate for the Medical Labour Force Survey was 53.1%, ranging from 31.9% for Queensland to 79.1% for New South Wales. While the estimated response rate for the Northern Territory was particularly low, their response rate showed a substantial improvement from 2007, allowing 2008 estimates to be published. From 2002 to 2005, the response rate in Western Australia was artificially around 12–19% higher than 2006 due to the survey being administered to both general and conditional registrants; however, benchmark figures were for general registrants only. The scope is consistent in 2006 and 2007, that is, the survey population and the benchmark figures are based on general and conditional registrants. This resulted in a fall in response rates for Western Australia between 2005 and 2006.

For the Nursing and Midwifery Labour Force Survey, the response rate declined from 61.1% in 2004 to 44.1% in 2009. In 2009, response rates in Queensland (28.2%) were particularly low, with low response rates also noticeable in Tasmania (33.2%), the Northern Territory (32.8%), Victoria (33.6%) and Western Australia (35.4%). As a result, estimates for states and territories included in this report should be treated with care. The national estimates are based on census results from all jurisdictions, as the effect of any bias in responses from states with low response rates is likely to be relatively small at the national level.

The questionnaire has varied over time and across jurisdictions for both surveys (although more so for the nursing than for the medical survey). Mapping of data items has been undertaken to provide time series data. However, because of this and the variation in response rates, some caution should be used in interpreting changes over time and differences across jurisdictions. This is particularly the case for mental health nurses, as the definition of these is reliant on the responses to one particular question in the questionnaire.

For this survey, the definition of mental health nursing is based on a self-identified principal area of nursing activity, rather than the qualifications of the nurse.

More detailed information about how these surveys were conducted is available from the *Medical labour force 2009* (AIHW 2011a) and *Nursing and midwifery labour force 2009* (AIHW 2011b).

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## References

AIHW 2011a. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW.

AIHW 2011b. Nursing and midwifery labour force 2009. AIHW bulletin no. 90. Cat. no. AUS 139. Canberra: AIHW.

# Key concepts

## Mental health workforce

Key Concept	Description
<b>Benchmark data</b>	For the 2009 AIHW Medical Labour Force Survey, responses are weighted to the number of registered medical practitioners in each state and territory to take account for non-response. These numbers are referred to as 'benchmarks' throughout this report, and may not be equivalent to that reported in the medical board (or council) annual report due to scope and reporting time differences.
<b>Employed</b>	<p>In this report, an <b>employed</b> health professional is defined as one who:</p> <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 (for psychiatrists, at the time of the survey and for nurses, in the week before the survey), 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' in this section. This excludes those medical practitioners practising psychiatry as a second or third speciality, and those who were on extended leave for more than 3 months or who were not employed.</p>
<b>Full-time-equivalent</b>	<p><b>Full-time-equivalent</b> (FTE) is the number of 38-hour-week workloads worked by professionals. FTE is calculated by multiplying the number of employed professionals in a specific category by the average total hours worked by employed people in that category, and dividing by 38. The figures for FTE per 100,000 population provide a standardised measure of supply of professionals. The standard of 38 hours was used in this report to provide comparable figures with previously published data. This differs from the approach used in Mental health services in Australia reports published before 2004–05, and with data on the medical and nursing labour force published by the AIHW (AIHW 2011a, b). FTE numbers presented in this section will therefore not be easily comparable with those reports.</p>
<b>Total hours</b>	<p><b>Total hours</b> 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).</p>

## References

AIHW 2011a. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW.

AIHW 2011b. Nursing and midwifery labour force 2009. AIHW bulletin no. 90. Cat. no. AUS 139. Canberra: AIHW.