

Mental health workforce

A range of health care and community welfare professionals, including psychiatrists, psychologists, nurses, general practitioners and social workers, provide the various mental health-related support services available in Australia. However, workforce data are currently only available for the following health care professionals who work principally in mental health care and related areas:

- psychiatrists
- mental health nurses
- registered psychologists.

This section describes selected characteristics of the workforce for employed members of these 3 professions.

To provide a meaningful comparison, [full-time-equivalent](#) (FTE) figures have been reported in addition to the number of psychiatrists, mental health nurses and registered psychologists, and the average [total hours](#) worked. The FTE measures the number of 38 hour week workloads completed, regardless of full-time or part-time working hours.

Key points

- In 2014, there were an estimated 3,090 psychiatrists, 20,192 mental health nurses and 23,878 registered psychologists working in Australia. This equates to 13 FTE psychiatrists, 82 FTE mental health nurses and 87 FTE registered psychologists per 100,000 population. The highest FTE rates were seen in *Major cities*: psychiatrists 17 FTE, mental health nurses 87 FTE, and registered psychologists 92 FTE per 100,000 population.
- In 2014, about 6 in 10 (63%) psychiatrists were male compared to over 7 in 10 (71%) of all medical specialists. About 3 in 10 (31%) mental health nurses were male, compared to about 1 in 9 (11%) of the general nursing workforce. Over one-fifth (22%) of psychologists were male.
- In 2014, 3 in 10 (31%) mental health nurses and over 4 in 10 (44%) psychiatrists were aged 55 and older. The age profile of registered psychologists in the same year was younger compared to the other groups, with almost three quarters (73%) younger than 55.

Data in this section were last updated in April 2016.

From July 2010 the annual AIHW labour force surveys for medical practitioners, and nurses and midwives were replaced by the National Health Workforce Data Set (NHWDS). The NHWDS includes data collected under the National Registration and Accreditation Scheme (NRAS) for health professionals. These estimates are based on those who self-identified as an [employed](#) health professional in the week before the survey.

Estimates of the mental health workforce prior to 2010 were derived from responses to the AIHW Nursing and Midwifery Labour Force Survey and the AIHW Medical Labour Force Survey with responses weighted to available registration data from each state and territory. Prior to 2011, the most recent AIHW Psychology Labour Force Survey was conducted in 2003. For further details on these surveys see the [data source](#) section.

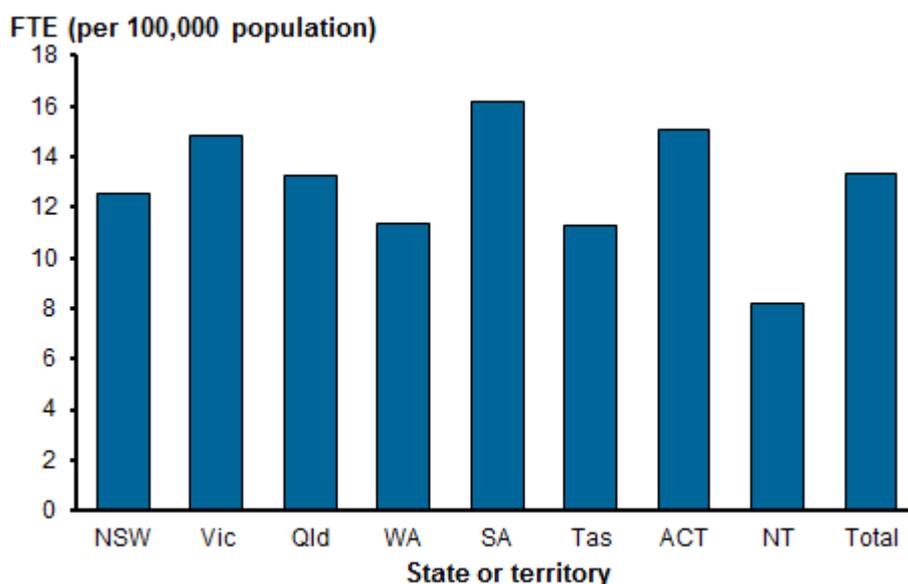
Psychiatrist workforce

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). From the 2014 National Health Workforce Data Set of medical practitioners it was estimated that 3,090 psychiatrists were working in Australia, of whom 2,881 (93%) were clinical specialists, representing 1 in 10 (10%) of all specialist medical practitioners (AIHW 2015).

Psychiatrist workforce by state and territory

At a national level, there were 13 FTE psychiatrists per 100,000 population working in Australia in 2014. Rates ranged from 8.1 per 100,000 population for the Northern Territory to 16 for South Australia (Figure WK.1).

Figure WK.1: Psychiatrists, states and territories, 2014



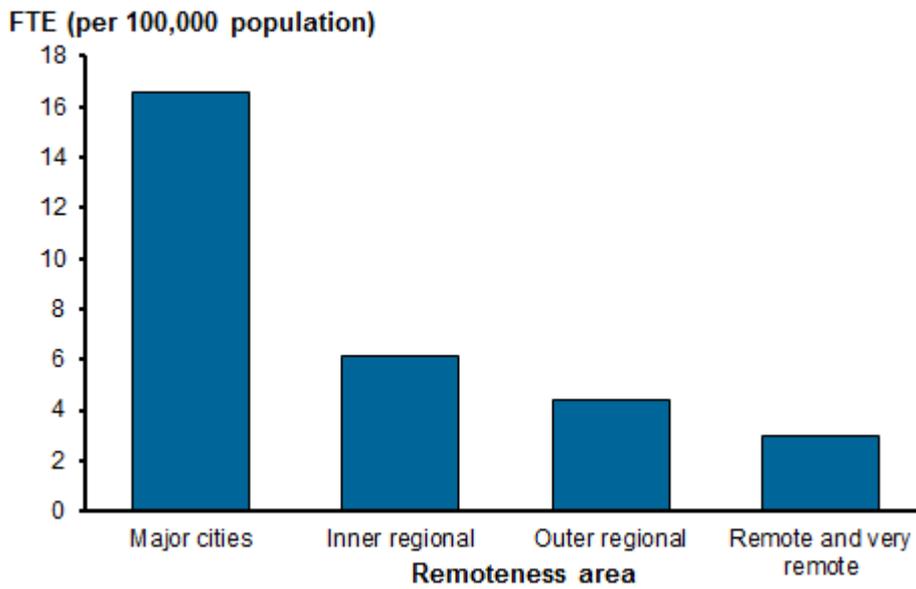
Source: NHWDS: medical practitioners 2014

Source data Mental Health Workforce Table WK.3 (1.38MB XLS)

Psychiatrist workforce by remoteness area

Almost 9 out of 10 FTE psychiatrists (88%) were employed in *Major cities* in 2014. Per 100,000 population, there were 17 FTE for *Major cities*, 6.2 for *Inner regional*, 4.4 for *Outer regional* and 3.0 for *Remote and very remote* areas (Figure WK.2).

Figure WK.2: Psychiatrists, by remoteness area, 2014



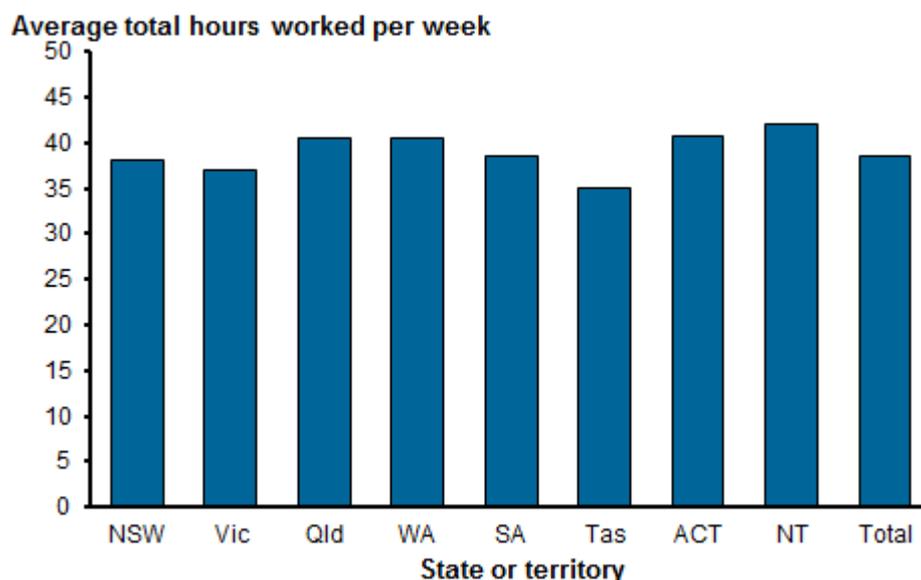
Source: NHWDS: medical practitioners 2014

Source data Mental Health Workforce Table WK.4 (1.38MBXLS)

Hours worked per week

Psychiatrists reported working an average of 39 hours per week in 2014, including both clinical and non-clinical hours. Average hours ranged from 35 hours per week in Tasmania to 42 for the Northern Territory (Figure WK.3). On average, males worked 42 hours a week while females worked 33 hours a week.

Figure WK.3: Employed psychiatrists, average total hours worked per week, states and territories, 2014



Source: NHWDS: medical practitioners 2014
Source data Mental Health Workforce Table WK.3 (1.38MB XLS)

Psychiatrist workforce characteristics

The average age of employed psychiatrists in 2014 was 53. Almost three-quarters were aged 45 and over (73%) and 2 in 5 (44%) were aged 55 and over. About one-fifth (19%) were aged 65 and over.

In 2014, almost two-thirds of employed psychiatrists (63%) were male. Almost three-quarters of all medical specialists (71%) were male in 2014 (AIHW 2015).

The psychiatrist workforce over time

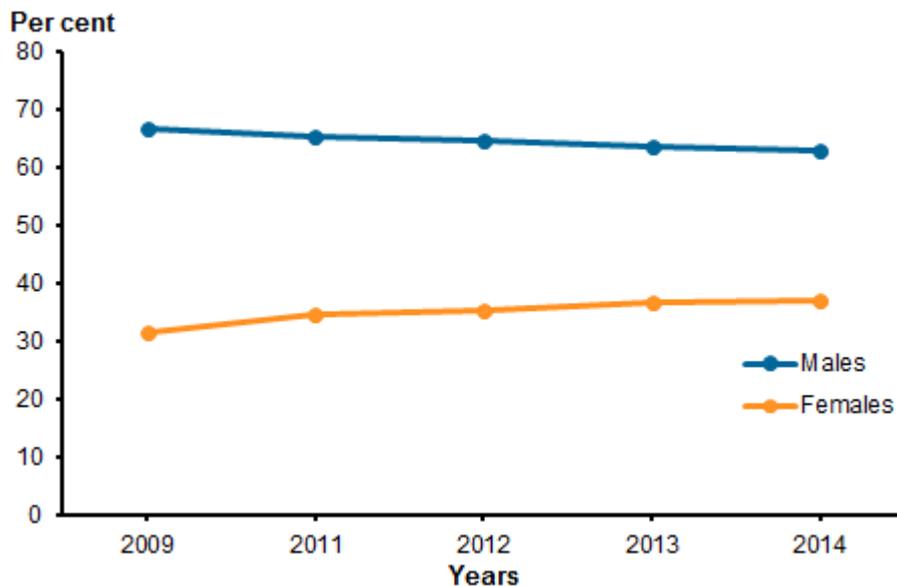
Nationally, the supply of psychiatrists measured as a population rate of FTE per 100,000 population remained relatively stable between 2009 and 2014 (14 FTE per 100,000 in 2009 to 13 FTE in 2014).

The age profile has also remained relatively stable over the last 5 years; about 7 in 10 were aged 45 and over between 2009 and 2014.

The average hours worked per week remained relatively stable over the 5 years to 2014, at 39 hours per week.

Nationally, the proportion of employed psychiatrists who were female increased slightly between 2009 and 2014, rising from 31% to 37% (Figure WK.4).

Figure WK.4: Proportion of employed psychiatrists, by sex, 2009–2014



Note: estimates of 2010 medical workforce are not published here due to data quality issues.

Sources: NHWDS: medical practitioners 2009–2014.
Source data Mental Health Workforce Table WK.1 (1.38MB XLS)

Psychiatrist work characteristics

The majority (93%) of FTE psychiatrists reported their principal role to be clinician, followed by administrator (3.3%), researcher (2.2%) then teacher or educator (1.3%). The most common work setting was private practice (46%), followed by hospitals (28%) and community health services (19%).

References

RANZCP 2013. Melbourne: Royal Australian & New Zealand College of Psychiatrists. Viewed 3rd Feb 2016, <<https://www.ranzcp.org>>.

AIHW 2015. Medical practitioner workforce 2014: What types of medical practitioners are there?. AIHW. Viewed 3rd Feb 2016 <<http://www.aihw.gov.au/workforce/medical/types-of-medical-practitioners/>>

Mental health nurse workforce

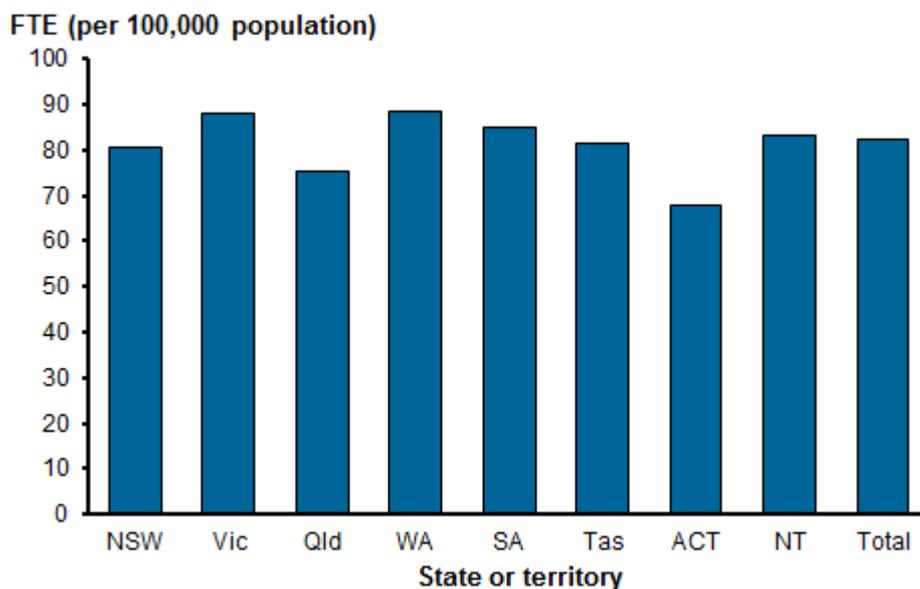
The 2014 National Health Workforce Data Set shows that employed nurses (both registered and enrolled nurses) who indicated they were working principally in mental health comprised about 1 in 15 (7% or an estimated 20,192) of the 298,302 nurses employed in Australia.

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. Over 4 in 5 of all nurses working principally in mental health in 2014 were registered (85%) and the remaining were enrolled nurses (15%). This is similar to the profile of the general nursing workforce (AIHW 2016).

Mental health nurse workforce by state and territory

There were 82 FTE mental health nurses per 100,000 population working in Australia in 2014, with rates ranging from 68 per 100,000 for the Australian Capital Territory to 88 per 100,000 for Western Australia (Figure WK.5).

Figure WK.5: Mental health nurses, states and territories, 2014



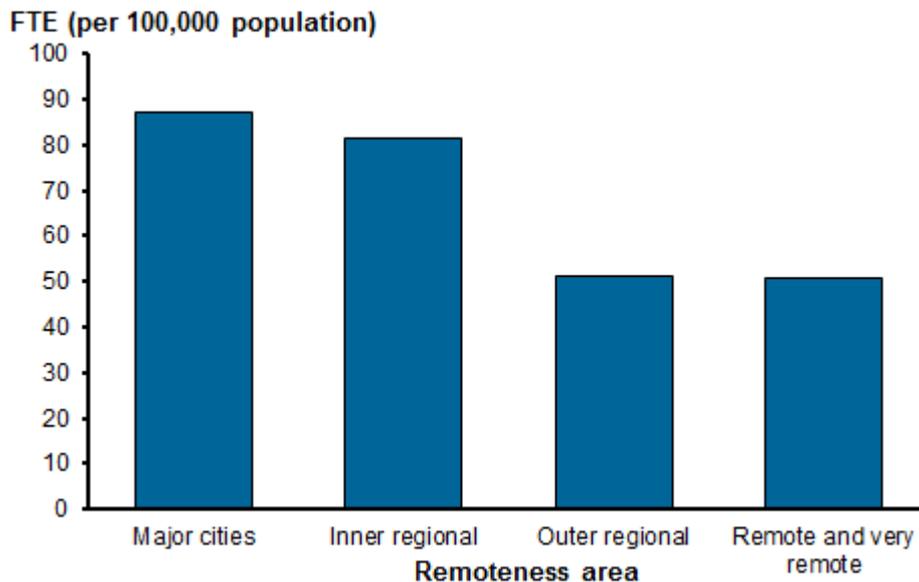
Source: NHWDS: nurses and midwives 2014

Source data Mental Health Workforce Table WK.11 (1.38MB XLS)

Mental health nurse workforce by remoteness area

Three-quarters of FTE mental health nurses (75%) were employed in *Major cities* in 2014. *Major cities* had the highest rate (87 FTE per 100,000 population), followed by 81 for *Inner regional*, 51 for *Outer regional* and 51 for *Remote and very remote* areas (Figure WK.6).

Figure WK.6: Mental health nurses, by remoteness area, 2014



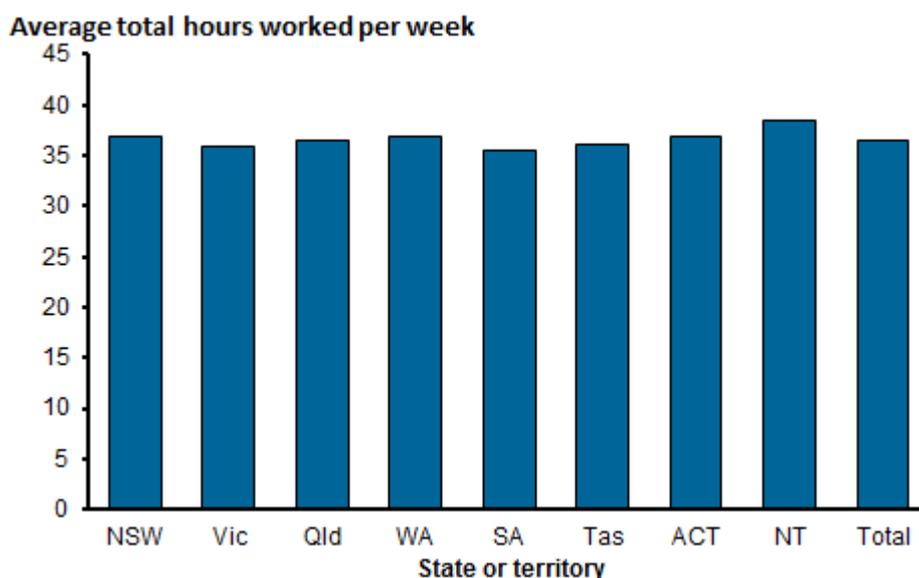
Source: NHWDS: nurses and midwives 2014

Source data Mental Health Workforce Table WK.12 (1.38MB XLS).

Hours worked per week

Mental health nurses reported working an average of 36 total hours per week in 2014, with average hours ranging from 36 hours per week for South Australia to 39 hours for the Northern Territory (Figure WK.7).

Figure WK.7: Mental health nurses, average total hours worked per week, states and territories, 2014



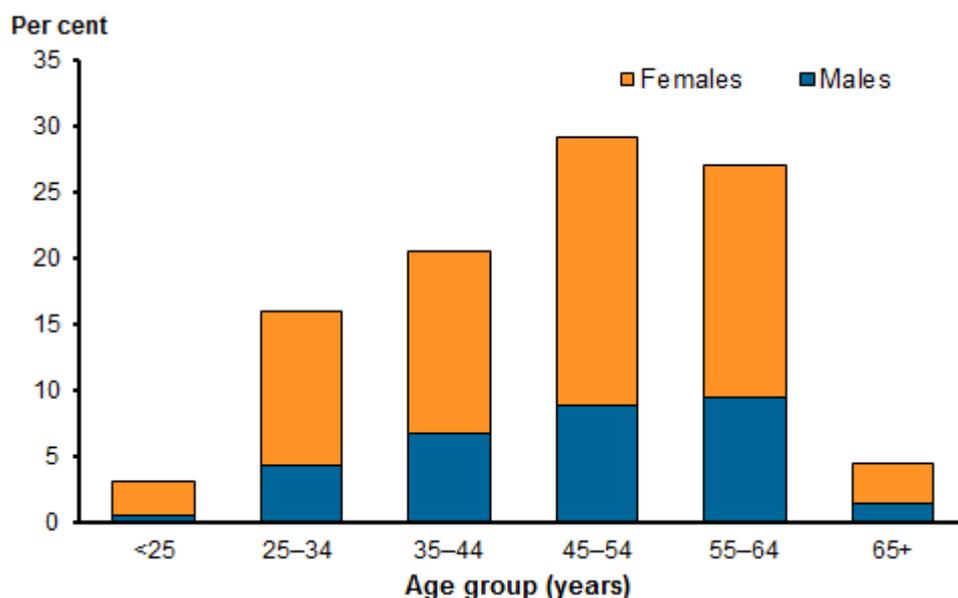
Source: NHWDS: nurses and midwives 2014

Source data Mental health workforce Table WK.11 (1.38MB XLS).

Mental health nurse workforce characteristics

The average age for mental health nurses in 2014 was 47. Three in 5 (60%) were aged 45 and over (Figure WK.8) and about 3 in 10 (31%) were aged 55 and over. Less than 1 in 20 (4.4%) were aged 65 and over.

Figure WK.8: Mental health nurses, by sex and age group, 2014



Source: NHWDS: nurses and midwives 2014

Source data Mental health workforce Table WK.9 (1.38MB XLS)

About 3 in 10 (31%) of the mental health nurse workforce in 2014 were male, compared with 11% of all nurses in Australia (AIHW 2016).

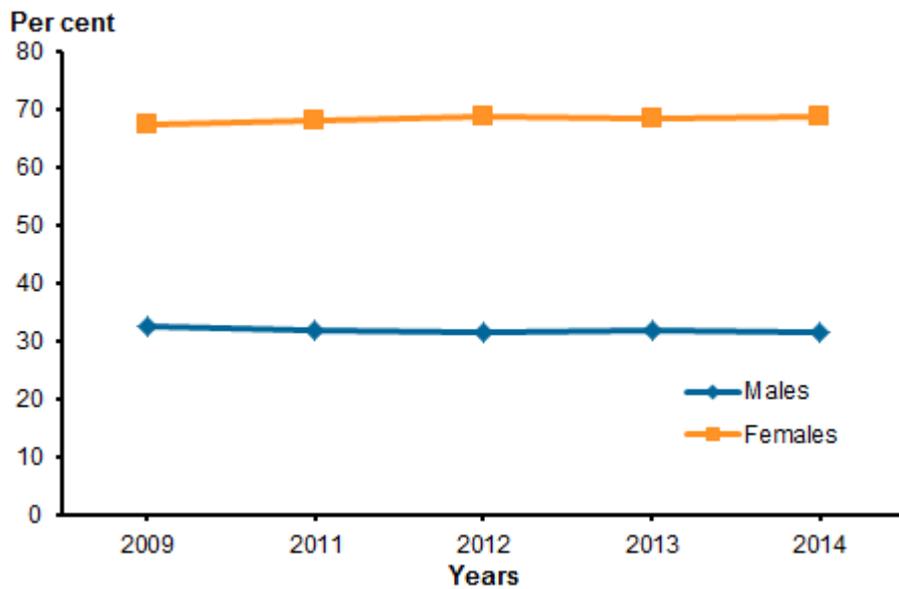
Male mental health nurses worked more hours per week on average than females (38 hours compared with 36 hours). Registered nurses worked more hours on average than enrolled nurses (37 and 35 hours respectively).

The mental health nurse workforce over time

There was an apparent increase between 2009 and 2014 in the supply of mental health nurses, from 69 to 82 FTE per 100,000 population. However, caution should be used when interpreting changes over time due to a change in data collection methodology over this time period. Given the lower response rate in the Nursing and Midwifery Labour Force Survey in 2009 (44%) and the higher response rate in the National Health Workforce Data Set from 2011 to 2014 (86%, 93%, 88% and 93% respectively), the trends from 2011 onwards are likely to be more reliable.

The ratio of males to females remained stable between 2009 and 2014 (Figure WK.9). The proportion of registered nurses also remained fairly stable between 82% and 85% over the same period.

Figure WK.9: Proportion of employed mental health nurses, by sex, 2009–2014



Note: The Nursing and Midwifery Labour Force Survey was not conducted nationally in 2010. Reporting of the nursing and midwives workforce commenced under NRAS in 2011.

Sources: AIHW Nursing and Midwifery Labour Force Surveys 2009; NHWDS: nurses and midwives 2011, 2012, 2013 and 2014.

Source data Mental health workforce Table WK.9 (1.38MB XLS)

While the average age of the workforce has remained fairly stable over the 5 recorded years to 2014 (about 47 for all recorded years between 2009 and 2014), the proportion of the workforce aged 55 and over increased from 25% in 2009 to 31% in 2014.

The average hours worked remained stable over the 5 recorded years to 2014, at about 37 hours for registered nurses and about 35 hours for enrolled nurses.

Reference

Australian Institute of Health and Welfare 2016. Who are nurses and midwives? Viewed 3 Feb 2016, <<http://www.aihw.gov.au/workforce/nursing-and-midwifery/who-are-they/>>.

Registered psychologist workforce

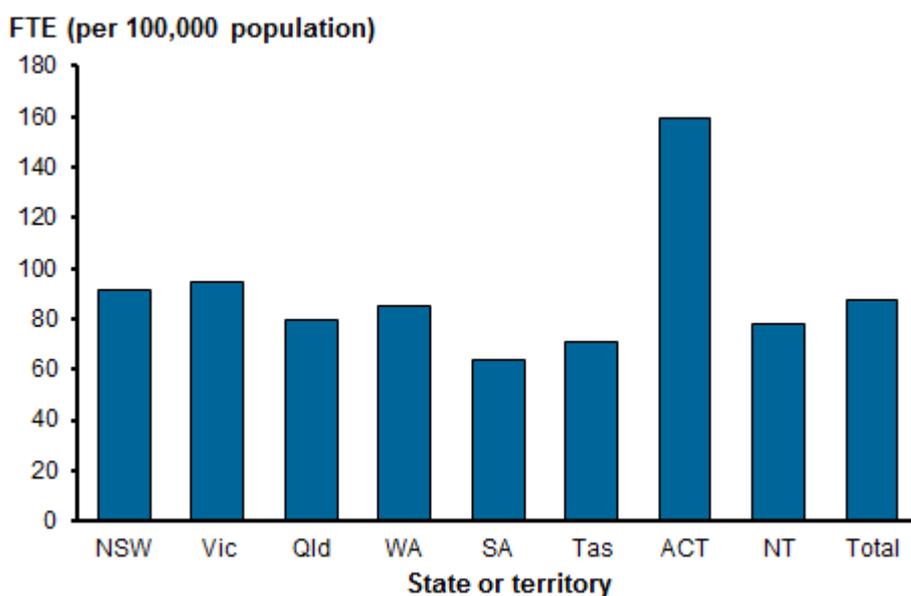
From the 2014 National Health Workforce Data Set (NHWDS) it was estimated that 23,878 registered psychologists (full registration) were working in Australia. Not all psychologists are employed in a clinical or mental health role. Although the NHWDS does identify provisionally registered psychologists, the workforce survey response rate from them was too low to be included in workforce analysis breakdowns. The education and training requirement for general (full) registration is a 6 year sequence comprising a 4 year accredited sequence of study such as an honours degree followed by 2 years of supervised practice as a Provisional Psychologist. The 2 years of supervised practice as a Provisional Psychologist may be undertaken through an internship program or professional postgraduate degree.

Psychologists with general registration who have a recognised higher degree and advanced supervised practice in a particular area of practice can apply for an area of practice endorsement on their general registration (Psychology Board of Australia 2013).

Registered psychologist workforce by state and territory

At a national level, there were 87 FTE psychologists per 100,000 population working in Australia in 2014. Rates ranged from 63 per 100,000 population for South Australia to 159 for the Australian Capital Territory (Figure WK.10).

Figure WK.10: Registered psychologists, states and territories, 2014



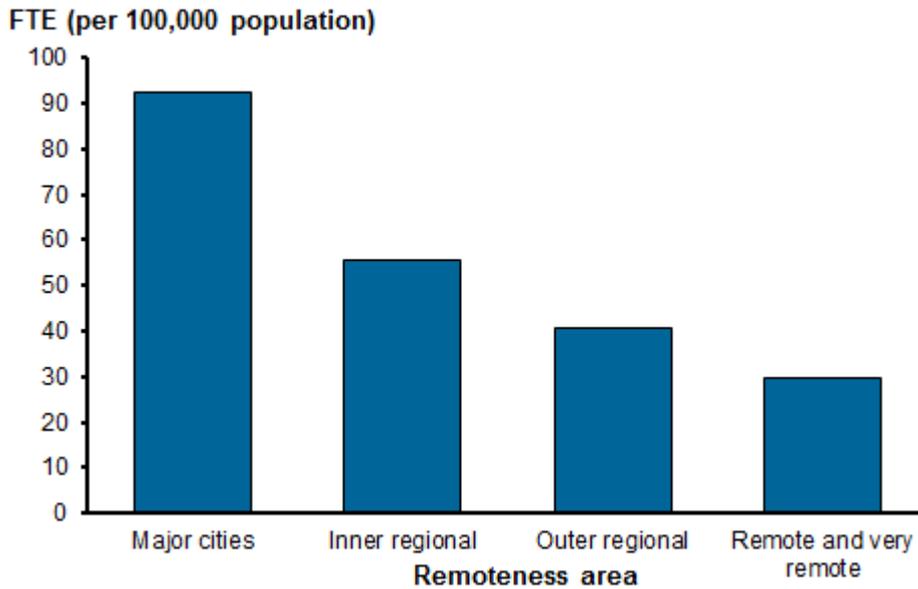
Source: NHWDS: allied health practitioners 2014

Source data Mental Health Workforce Table WK.19 (1.38MB XLS)

Registered psychologist workforce by remoteness area

Three-quarters of psychologists (75%) were employed in *Major cities* in 2014. There were 92 FTE psychologists per 100,000 population in *Major cities*, 55 in *Inner regional areas*, 41 in *Outer regional areas* and 30 for *Remote and very remote areas* (Figure WK.11).

Figure WK.11: Registered psychologists, by remoteness area, 2014



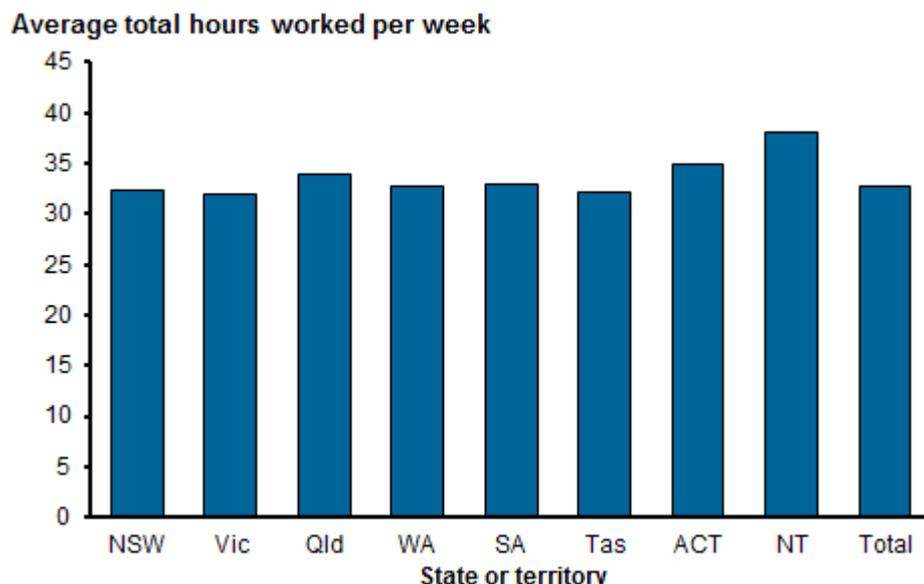
Source: NHWDS: allied health practitioners 2014

Source data Mental Health Workforce Table WK.20 (1.38MB XLS)

Hours worked per week

Psychologists reported working an average of 33 hours per week in 2014, including both clinical and non-clinical hours. Average hours ranged from 32 hours per week for New South Wales, Victoria and Tasmania to 38 for the Northern Territory (Figure WK.12). Males worked more hours than females on average (37 hours compared with 32 hours).

Figure WK.12: Employed registered psychologists, average total hours worked per week, states and territories, 2014



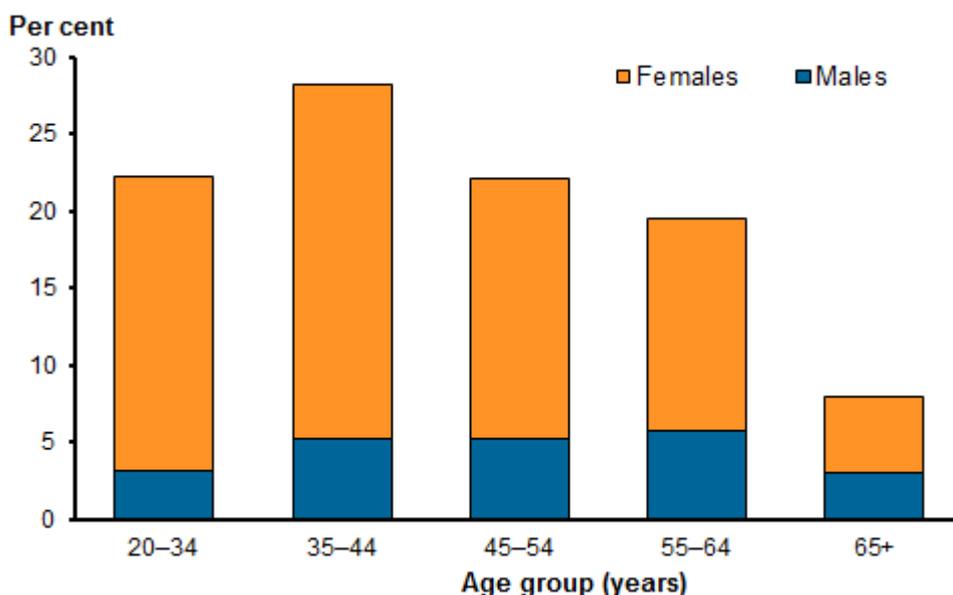
Source: NHWDS: allied health practitioners 2014.

Source data Mental health workforce Table WK.19 (1.38MB XLS)

Registered psychologist workforce characteristics

The average age of psychologists in 2014 was 46. Half were aged 45 and over (50%) and just over one-quarter (27%) were aged 55 and over. In 2014, over three-quarters of employed psychologists (78%) were female.

Figure WK.13: Employed registered SA psychologists, by sex and age group, 2014



Source: NHWDS: allied health practitioners 2014

Source data Mental health workforce Table WK.17 (1.38MB XLS)

Registered psychologist work characteristics

The majority (87%) of FTE psychologists reported their principal area to be clinician, followed by administrator (5.4%) and researcher (4.1%). The main area of practice (principal area of main job) nominated by two fifths (40%) was counselling, followed by mental health intervention (25%), psychology management/administration (4.5%) and neuropsychological/cognitive assessment (4.5%). The most common work setting was private practice (37%), followed by an educational facility (18%) and community health service (15%).

References

Psychology Board of Australia 2013. Canberra: Australian Health Practitioners Regulation Agency. Viewed 3rd Feb 2016, <www.psychologyboard.gov.au>.

Community-managed mental health workforce

Non-government organisations (NGOs) play an important role in Australia's mental health system. Mental health NGOs are private organisations that receive funding from Australian governments to provide mental health services to people with mental health conditions, their families and carers, and the broader community. NGOs are typically not-for-profit, but some are for-profit. Not-for-profit organisations are also called community-managed organisations (CMOs), reflecting their governance structure.

Estimating the size of the mental health NGO workforce is difficult. A 2009 national mental health NGO landscape survey and a 2010 workforce scoping survey provide some data about the mental health NGO workforce (National Health Workforce Planning and Research Collaboration 2011).

The results of these surveys estimated that there were approximately 800 mental health NGOs in Australia with a total workforce in excess of 12,000 FTE employees. Findings indicate that 43% of the workforce had a bachelor degree or higher qualification in one of the health disciplines and 34% had a certificate or diploma level qualification. Survey findings also suggest that a large majority (84%) of mental health NGO organisations operate in only one state or territory, with 1 in 11 (9%) operating nationally. Over 2 in 5 organisations (42%) had been in operation for over 20 years.

Care should be taken when interpreting these findings due to coverage issues with both surveys. The landscape survey coverage was estimated at 34% of the sector and the workforce scoping survey was a pilot study which covered approximately 5% of the workforce. Low coverage of the sector in these information sources may mean that the findings may be true for the respondents but not generalisable to the whole sector.

Reference

National Health Workforce Planning and Research Collaboration 2011: Mental Health Non-Government Organisation Workforce Project Final Report. Adelaide: Health Workforce Australia.

Data sources

National Health Workforce Data Set (NHWDS)

In 2010, the National Registration and Accreditation Scheme (NRAS) was introduced and the AIHW labour force surveys were replaced with workforce surveys administered under the NRAS. These new national surveys are administered by the Australian Health Practitioners Regulation Agency (AHPRA) and are included as part of the registration renewal process. The surveys are voluntary, and are used to provide nationally consistent estimates of the health workforce. They provide data not readily available from other sources, such as:

- the type of work done by, and job setting of health professionals
- the number of hours worked in a clinical or non-clinical role, and in total
- the numbers of years worked in, and intended to remain in, the health workforce.

The survey also provides information on those registered health professionals who are not undertaking clinical work or who are not employed. The information from the workforce surveys combined with registration data items make up the NHWDS.

A detailed description of the 2014 NHWDS for [medical practitioners including psychiatrists, nurses and midwives](#), and [allied health professionals including psychologists](#) is available from the AIHW Metadata Online Registry webpages. This includes information on the various classification and categorisation schemas used in the NHWDS, including geographical remoteness classification.

Response rates

The overall response rate to the Medical Workforce Survey in 2014 was 92% (AIHW 2015a); that is, the number of responses to the survey represented 92% of registered medical practitioners. Response rates ranged from 89% (WA) to 83% (NSW).

The overall response rate to the Nursing and Midwifery Workforce Survey 2014 was 93% (AIHW 2015b). Response rates ranged from 92% (ACT) to 94% (NSW, Qld, WA & NT).

The overall response rate to the Psychology Workforce Survey 2014 by psychologists with a full registration was 95% (AIHW 2016). Response rates ranged from 92% (SA) to 95% (NSW, Vic & ACT).

Reference

AIHW 2015a. National Health Workforce Data Set: medical practitioners 2014: National Health Workforce Data Set, 2014; Data Quality Statement.

AIHW 2015b. National Health Workforce Data Set: nurses and midwives 2014: National Health Workforce Data Set, 2014; Data Quality Statement.

AIHW 2016. National Health Workforce Data Set: allied health practitioners 2014: National Health Workforce Data Set, 2014; Data Quality Statement.

AIHW labour force surveys

Prior to the introduction of the NRAS, the AIHW Medical Labour Force Survey and the AIHW Nursing and Midwifery Labour Force Survey were 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 was the data custodian for these national collections and was responsible for collating, editing and weighting the survey data to provide nationally consistent estimates.

The AIHW Medical Labour Force Survey was a survey of all registered medical practitioners in each state and territory in Australia. The AIHW Nursing and Midwifery Labour Force Survey was a survey of all registered nurses and midwives in each state and territory in Australia. The surveys were mail-outs conducted in association with the annual registration renewal process. The Medical Labour Force Survey was conducted annually from 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. Other AIHW health workforce surveys were conducted irregularly. The AIHW Psychology Labour Force Survey was last conducted in 2003 (AIHW 2006).

In the surveys, information on demographic details, main areas and specialty of work, qualifications and hours worked was collected from registered professionals. The data collected generally related to the week before the survey for medical practitioners and nurses. Survey responses were weighted by state and territory, age and sex (and the number of registered and enrolled nurses for nursing) to produce jurisdictional and national estimates of the total medical labour force, and nursing and midwifery labour force. Benchmarks for weighting came from registration information provided by state and territory registration boards.

The response rates to these surveys varied from year to year and among jurisdictions. In 2009, the estimated national response rate for the Medical Labour Force Survey was 53%, ranging from 32% for Queensland to 79% for New South Wales (AIHW 2011a).

For the Nursing and Midwifery labour force survey, the response rate declined from 61% in 2004 to 45% in 2009. In 2009, response rates in Queensland, Tasmania, the Northern Territory, Victoria and Western Australia ranged from 28% to 35% (AIHW 2011b). As a result, historical estimates for states and territories included in this report should be treated with care. The national estimates were based on workforce census results from all jurisdictions, as the effect of any bias in responses from states with low response rates was likely to be relatively small at the national level.

The survey 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 when interpreting changes over time and differences across jurisdictions.

More detailed information about how these surveys were conducted is available from the *Medical labour force 2009* (AIHW 2011a), *Nursing and midwifery labour force 2009* (AIHW 2011b) and *Psychology labour force 2003* (AIHW 2006).

References

AIHW 2006. Psychology labour force 2003. AIHW cat. no. HWL 34. Canberra: AIHW.

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
Benchmark data	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 benchmark data 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).
Employed	<p>In this report, an employed health professional is defined as one who:</p> <ul style="list-style-type: none">• 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• usually worked but was away on leave (with some pay) for less than 3 months, on strike or locked out, or rostered off. <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 psychiatry as a second or third speciality, those who were on extended leave for 3 months or more, and those who were not employed.</p>
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, 38 hours is assumed to be a standard working week and equivalent to 1 FTE. 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.
Total hours	Total hours are the sum of 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).