

Mental health workforce

+/- On this page:

- [Key points](#)
- [Summary](#)
- [Specialist workers](#)
- [Generalist workers](#)
- [Lived experience workers](#)
- [References](#)
- [Data source and key concepts](#)

Key points

- There were **3,769** psychiatrists, **24,567** mental health nurses, **31,618** psychologists and **2,555** mental health occupational therapists working in Australia in 2020.
- The paid **lived experience workforce** in specialised mental health care facilities has **grown at an average annual rate of 15.9%** from 2015–16 to 2019–20.

+/-: Summary

Although the definition of a ‘mental health worker’ may be debated, there is broad agreement that the workforce is divided into three inter-related sectors - specialist, generalist and lived experience (Cleary, Thomas and Boyle 2020). This section is broadly structured into specialist, generalist and lived experience sections, although these categories are by no means definitive or mutually exclusive.

+/-: Specialist workers

[Specialist workers](#) provide mental health services directly and may include professionals with tertiary training in a mental health-related field. For the purpose of this

section, the specialist workforce is considered to include [psychiatrists](#), [mental health nurses](#), [psychologists](#) and [mental health occupational therapists](#).

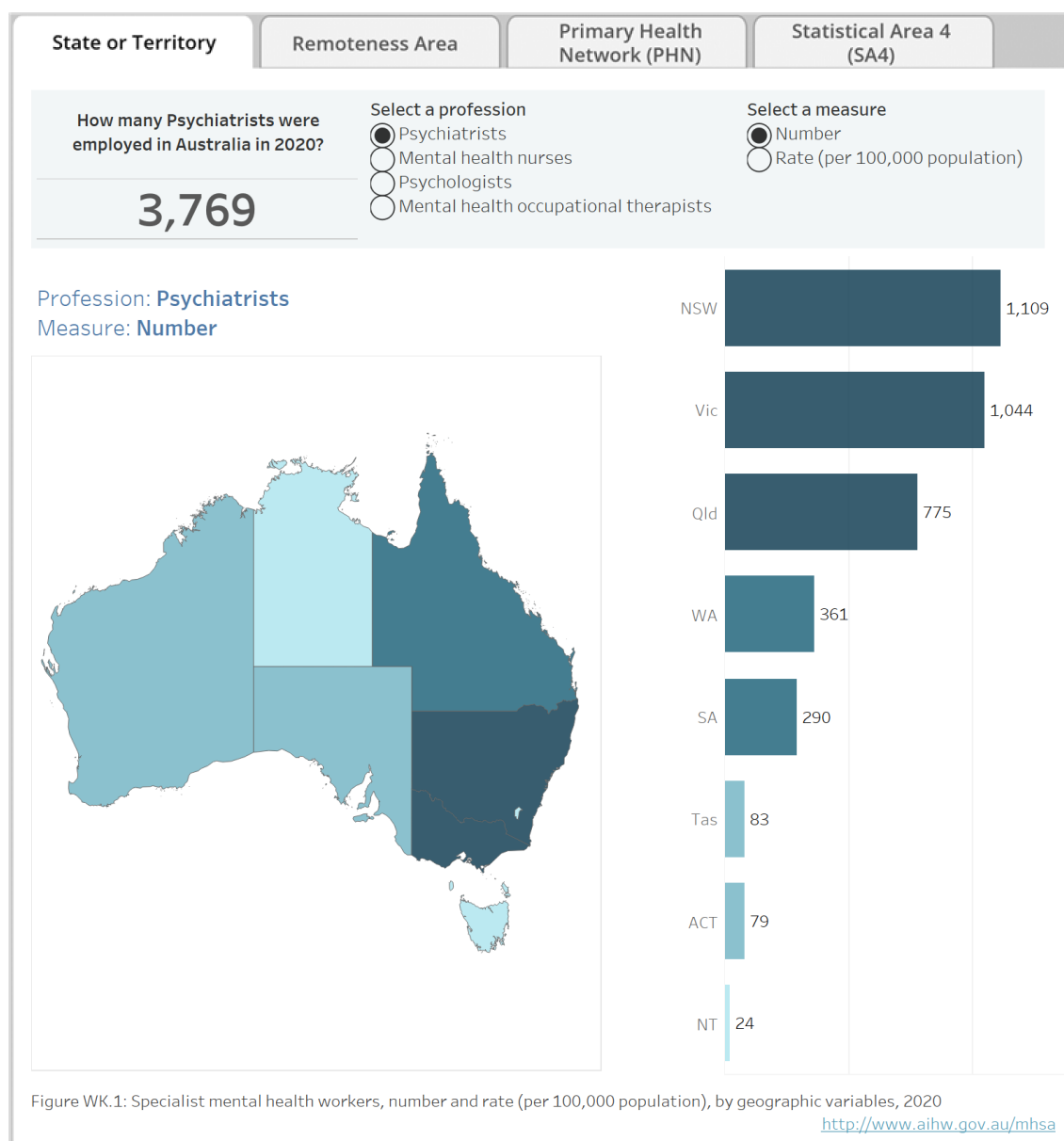
+/-: Generalist workers

[Generalist workers](#) include other professionals who engage in mental health-related work or with people experiencing mental illness, but who may not have specialist training in mental health. Alternatively, generalist workers may include people in administrative or research roles that are vital to support the specialist workforce.

+/-: Lived experience workers

[Lived experience workers](#), also called peer workers, are people who have themselves experienced mental illness or cared for someone who has, and can bring valuable insight into the caring experience. People with lived experience may also have specialist or generalist qualifications.

How many specialist mental health workers are employed in Australia?



Notes:

1. The number for each variable may not sum to the total due to the estimation process, rounding, not stated/missing data and/or confidentialisation.
2. Crude rate is based on the Australian estimated resident population as at 30 June 2020 for State or territory, PHN and SA4, and 30 June 2016 for Remoteness area.

Source: Mental health workforce 2020 tables, WK.2, WK.5, WK.8, WK.11

Alt text: Four maps of Australia showing the number and rate per 100,000 population of psychiatrists, mental health nurses, psychologists and mental health occupational therapists by state or territory,

remoteness area, Primary Health Network (PHN) or Statistical Area 4 (SA4). The Australian Capital Territory has a substantially higher rate of psychologists than other jurisdictions (202.7). All four professions are found at the highest rate in Major cities across all states and territories, with the exception of mental health nurses, who are found at a higher rate in Inner Regional areas of New South Wales (99.3) than in Major cities in New South Wales (94.8). The PHN with the highest rate of psychiatrists is Brisbane North (25.9). The SA4 with the highest rates of mental health occupational therapists are Perth – Inner (47.0) followed by Townsville (26.8).

Mental health workers may be employed in a wide variety of settings, including state-run health services, private or not-for-profit care providers, and/or private practice. Each state and territory has a mental health workforce plan (Cleary, Thomas and Boyle 2020), intended to guide and support the development of the mental health workforce to ensure it meets the needs of residents. A 10-year national mental health workforce strategy is currently under development and expected to be released in 2022. For further information, refer to the [National Mental Health Workforce Strategy Taskforce](#) site.

You may also be interested in:

- [Specialised mental health care facilities](#)
- [Mental health impact of COVID-19](#)
- [Health workforce](#)
- [Welfare workforce](#)

Data downloads:

Excel – Mental health workforce 2020 tables

PDF – Mental health workforce 2020 section

[Data source and key concepts](#) related to this section

Data in this section were last updated in July 2022.

Specialist workers

This section provides data on the number of [psychiatrists](#), [mental health nurses](#), [psychologists](#) and [mental health occupational therapists](#) who are employed in Australia. These professions are regulated by the Australian Health Practitioner Regulation Agency (AHPRA) and national boards, which enforces registration standards and legally protect these titles.

In 2020, there were 3,769 psychiatrists, 24,567 mental health nurses, 31,618 psychologists and 2,555 mental health occupational therapists working in Australia.

The total number of psychiatrists grew at an average annual rate of 3.8% from 2016 to 2020, compared to 3.6% for the whole medical profession. Notably, the number of psychiatrists aged 20–34 increased by a much higher rate of 26.9% (Males – 21.7%, Females – 33.4%) over this time period (Figure WK.2.1). Additionally, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) reported that 316 trainees had commenced their Fellowship program between February 2020 to February 2021, an increase of 52 from 2019. Just over half (54.0%) of trainees were aged 31 to 40 ([RANZCP 2021a](#)).

In 2020, the majority of psychiatrists (58.4%) were male, although the number of female psychiatrists has increased at more than double the average annual rate from 2016 to 2020 than male (6.1% and 2.3%, respectively). The other three professions were overwhelmingly female, comprising 71.0% of the mental health nurse workforce, 79.7% of the psychologist workforce and 84.9% of the mental health occupational therapist workforce (Figure WK.2.2).

Specialist mental health workers, number, by age group, sex, year, 2013–2020

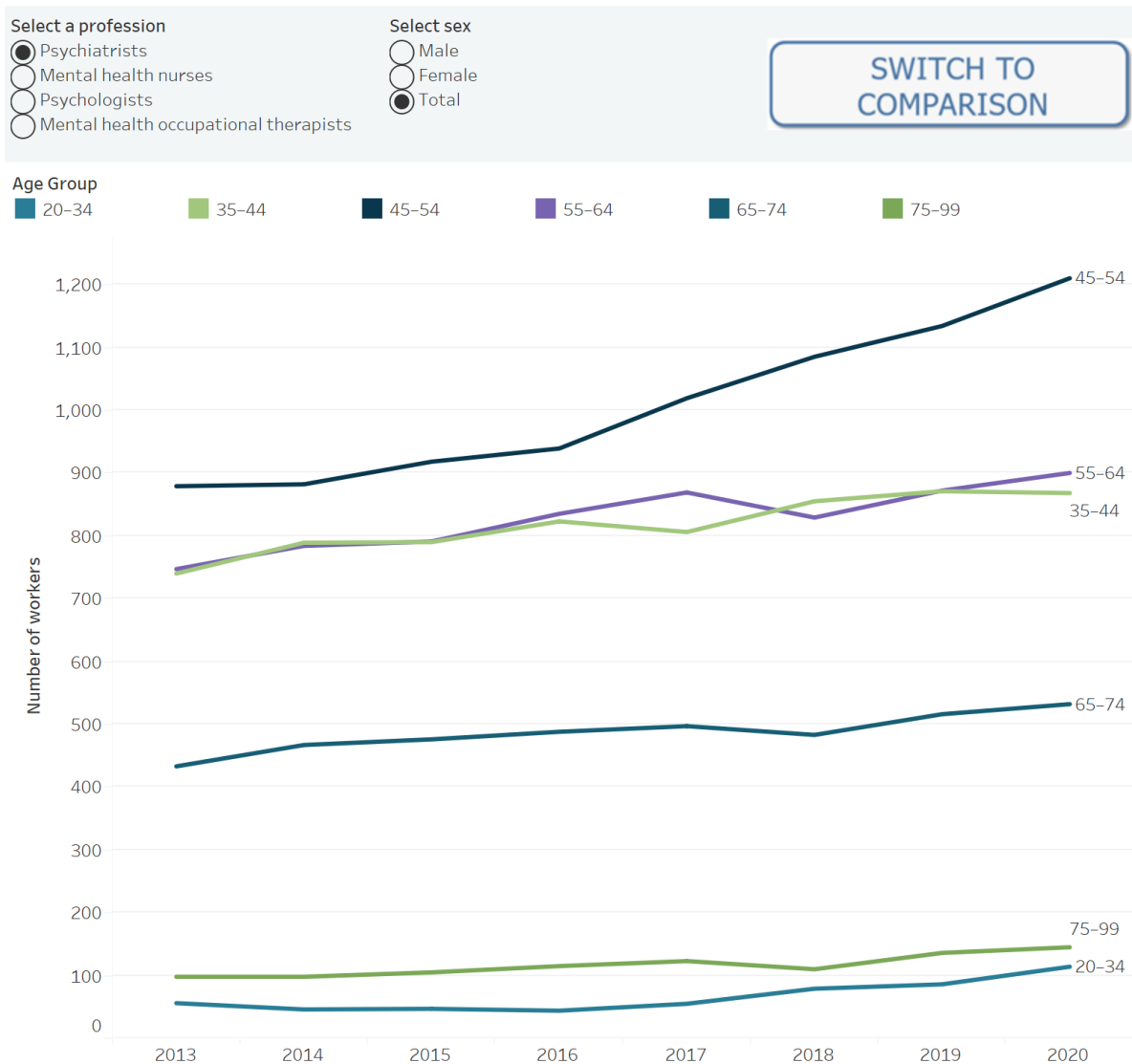


Figure WK.2.1: Specialist mental health workers, number, by age group, year.

<http://www.aihw.gov.au/mhsa>

Notes:

1. The number for each variable may not sum to the total due to the estimation process, rounding, not stated/missing data and/or confidentialisation.
2. The Figure displayed in WK.2.1. WK2.2 can be found on the [MHSA website](#)

Source: Mental health workforce 2020 tables, WK.1, WK.4, WK.7, WK.10

Alt text: WK.2.1 is a line chart showing the number of people working in each profession by sex and age group from 2013 to 2020. In 2020, the most numerous age group for psychiatrists was 45–54, mental health nurses 20–34, psychologists 35–44, mental health occupational therapists 20–34.

WK.2.2 is a horizontal butterfly bar chart showing the number of each profession in each age group by sex and year. In 2020, the largest group of psychiatrists are males aged 45–54 (667), mental health nurses, females aged 20–34 (4,614), psychologists females aged 35–44 (7,391), mental health occupational therapist's females aged 20–34 (940).

The rate (per 100,000 population) of mental health nurses employed in *Remote* areas of the Northern Territory (125.6) was higher than those employed in *Major cities* in New South Wales (94.8) or Victoria (115.4). Overall though, all four professions tend to be concentrated in *Major cities*, with lower rates of workers per 100,000 population in *Remote* and *Very remote* areas (Figure WK.1). On average, workers in *Remote* and *Very remote* areas work more hours per week than their counterparts in *Major cities*.

According to the Psychology Board of Australia, 13,662 psychologists held an [area of practice endorsement](#) in 2020. The most common was Clinical psychology, accounting for 10,328, or 70.1%, of total endorsements ([Psychology Board of Australia 2021a](#)). More than two in five psychologists (42.1%) were employed in either solo or group private practice, while 1 in 10 are employed in schools.

The mental health occupation therapist workforce was the fastest growing of the four professions presented here, growing at an average annual rate of 7.3% from 2016 to 2020. This compares to 3.8% for psychiatrists, 3.3% for mental health nurses and 5.8% for psychologists.

Generalist workers

A large number of different professions and roles may be included under the broad category of generalist mental health workers. The availability of data varies considerably depending on the accreditation framework of each role. Selected examples are presented here:

+/-: General practitioners (GPs) are often first to be engaged to manage mental illness, and act as a gateway to the professions noted above. In 2020, there were around 26,000 working in Australia. According to the Bettering the Evaluation and Care of Health (BEACH) survey of general practitioners, last conducted in 2015–16, one in eight (12.4%) of all GP encounters were mental health-related ([AIHW 2018](#)).

+/-: Paramedicine practitioners (paramedics) are first-responders to mental health crises. In 2020, there were around 17,000 paramedics working in Australia. Although the proportion of paramedic workload associated with mental illness is difficult to estimate, research has indicated that around 10% of ambulance attendances are related to mental illness, substance

misuse or suicide and self harm ([Turning Point 2019](#)). The National Ambulance Surveillance System, established in 2018, is likely to provide more national data in future.

+/-: Aboriginal and Torres Strait Islander health practitioners arrange, coordinate and provide health care delivery in Indigenous community health clinics ([ABS 2021](#)). It is estimated that 1 in 4 Indigenous people experience a mental health or behaviour condition ([AIHW 2022a](#)), with these professionals recognised as bringing valuable knowledge and skills to the management of mental illness ([RANZCP 2016](#)). In 2020, there were around 600 Aboriginal and Torres Strait Islander health practitioners working in Australia.

+/-: Social workers assess the social needs of individuals, families and groups, assist and empower people to develop and use the skills and resources needed to resolve social and other problems, and further human wellbeing and human rights, social justice and social development ([ABS 2021](#)). There are around 22,000 social workers employed in Australia ([ABS 2016](#)) including over 2,000 with a mental health accreditation ([AASW 2022](#)).

+/-: Counsellors and psychotherapists work with people to help them to identify and define their emotional issues through therapies such as talking therapies. There are a variety of different types of counsellors, including drug and alcohol, family and marriage, and rehabilitation. The Australian Counselling Association reports that they have around 9,000 members ([ACA 2022](#)). However, as counsellors and psychotherapists are not required to be members of this organisation, the true number is likely to be higher.

+/-: Support line volunteers form a vital point of contact for people experiencing distress of crises. There are multiple support lines which provide mental health-related assistance. Some of the largest include:

Lifeline – Approximately 1,000 paid staff and 10,000 volunteers ([Lifeline 2022](#))

Beyond Blue – Approximately 5,000 volunteers ([Beyond Blue 2022](#)).

For further information on crisis support lines, refer to the [Mental health impact of COVID-19](#) section.

Lived experience workers

Lived experience workers, also known as peer or consumer workers, are increasingly recognised as forming a vital component of mental health care. Lived experience workers also include informal carers – family members, friends or others who care for those experiencing mental illness outside of an employment or volunteer setting.

Expanding the lived experience workforce as a proportion of the overall mental health workforce is an indicator under The Fifth National Mental Health and Suicide Prevention Plan (DoH 2017). The National Mental Health Commission has released guidelines to support the development of a national lived experience workforce (Byrne et al. 2021).

Because of the broad scope and often informal nature of lived experience workers' engagement with the mental health care sector, there are little reliable data on the total number of lived experience workers in Australia. An exception is specialised mental health care facilities. In 2019–20, 48.9% of these facilities employed consumer workers while 23.8% employed carer workers (AIHW 2022b). Nationally, 216.2 FTE paid consumer workers and 77.8 FTE paid carer workers were employed in these facilities (Productivity Commission 2022), though numbers varied greatly between states and territories (Figure WK.3). The number of consumer workers increased by an average of 15.9% per year from 2015–16 to 2019–20, while the number of carer workers increased by an average of 13.3% per year. For further information, refer to the [Specialised mental health care facilities](#) section.

Consumer and carer workers, FTE and rate, states and territories, 2010–11 to 2019–20

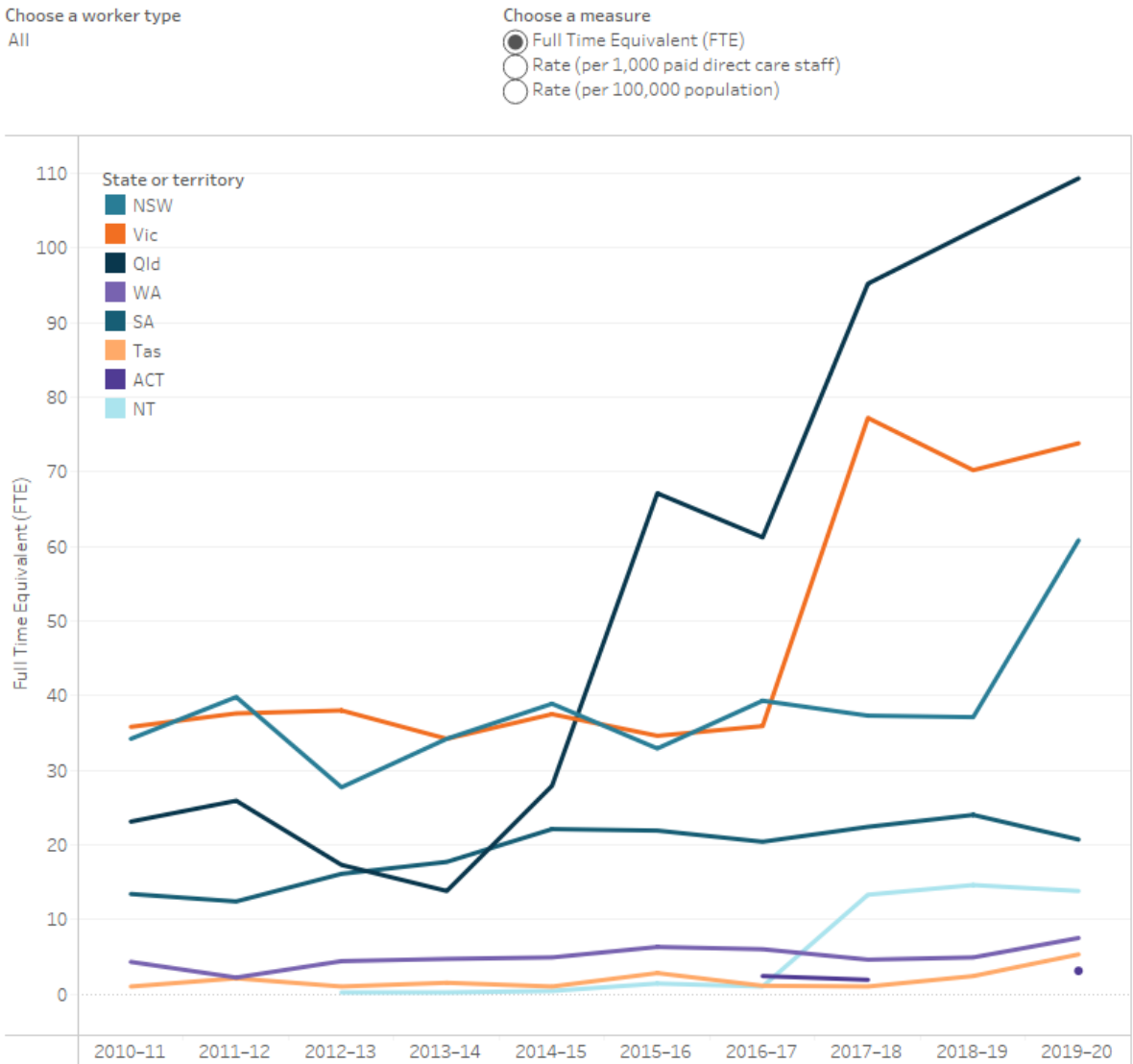


Figure WK.3: Consumer and carer workers, FTE and rate, states and territories, 2010–11 to 2019–20.

<http://www.aihw.gov.au/mhsw>

Notes:

1. Crude rate is based on the Australian estimated resident population as at 30 June 2020.

Source: Mental health workforce 2020 tables, WK.13

Alt text: Line chart showing the Full Time Equivalent (FTE), rate per 1,000 paid direct care staff and rate per 100,000 population of consumer and career workers in each state and territory from 2010–11 to 2019–20. Queensland had the highest FTE of consumer and carer workers of any jurisdiction in 2019–20 (109.3). The Northern Territory has the highest rate of consumer workers per 100,000 population from 2017–18 (5.4) to 2019–20 (5.6). The Australian Capital Territory had the highest rate of carer workers in 2019–20 (0.6).

The Mental Health Commission of New South Wales also publishes some data on the peer and carer workforce engaged in that states' mental health service system. In 2018, there were 100 FTE peer workers employed in NSW public mental health services ([MHCNSW 2018](#)).

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Data sources

National Health Workforce Data Set (NHWDS)

The voluntary Workforce Surveys are administered to all registered health practitioners by the Australian Health Practitioner 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 registered health practitioners who are not undertaking clinical work or who are not [employed](#). Response rates for the NHWDS workforce surveys are generally high, although it will vary by profession. An imputation process is employed to

correct for non-response which creates a complete dataset that can be used for workforce analysis and planning. Imputation replaces missing values with plausible values based on other available information. The information from the AHPRA workforce surveys, combined with AHPRA registration data items, comprise the NHWDS.

Health workforce data is available for public access through the Australian Government Department of Health's Health Workforce Data Tool (HWDT) and the numbers in this publication reflect those extracted using the HWDT as at 4 May 2022. For 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 statistical 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 [National Health Workforce Dataset](#).

Mental Health Establishments National Minimum Data Set (MHE NMDS)

Collection of data for the Mental Health Establishments (MHE) NMDS began on 1 July 2005, replacing the Community Mental Health Establishments NMDS and the National Survey of Mental Health Services. The main aim of the development of the MHE NMDS was to expand on the Community Mental Health Establishments NMDS and replicate the data previously collected by the National Survey of Mental Health Services. The National Mental Health Establishments Database is compiled as specified by the MHE NMDS.

The scope of the MHE NMDS includes all specialised mental health services managed or funded, partially or fully, by state or territory health authorities. Specialised mental health services are those with the primary function of providing treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function.

The MHE NMDS data are provided at a number of levels: state, regional, organisational and individual mental health service unit. The data elements at each level in the NMDS collect information appropriate to that level. The state, regional and organisational levels include data elements for revenue, grants to non-government organisations and indirect expenditure. The organisational level also includes data elements for salary and non-salary expenditure, numbers of full-time-equivalent staff and consumer and carer worker participation arrangements. The individual mental health service unit level comprises data elements that describe the function of the unit. Where applicable, these

include target population, program type, number of beds, number of accrued patient days, number of separations, and number of service contacts and episodes of residential care. In addition, the service unit level also includes salary and non-salary expenditure and depreciation.

[Data Quality Statements](#) for National Minimum Data Sets are published annually on the Metadata Online Registry (METEOR). Statements provide information on the institutional environment, timelines, accessibility, interpretability, relevance, accuracy and coherence.

Key concepts

Mental health workforce

Key Concept	Description
Area of practice endorsement	To qualify for an area of practice endorsement , a psychologist must have completed advanced training (a Masters or Doctorate qualification) in the particular area of practice followed by a period of supervised practice. There are nine endorsements, including clinical psychology and forensic psychology (APS 2022).
Clinical FTE	Clinical FTE 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, psychologists and occupational therapists and 40 hours for psychiatrists.
Clinical hours	Clinical hours 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).

Employed

In this report, an **employed** health professional is defined as one who:

- 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.

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.

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, psychologists and occupational therapists 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.

Nurse

To qualify for registration as a registered or enrolled **nurse** in Australia, an individual must have completed an approved program of study ([Nursing and Midwifery Board of Australia 2019](#)). 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.

For the purpose of this section, a mental health nurse is an enrolled or registered nurse that indicates their principal area of work is mental health. In other contexts, mental health nurse may refer to a nurse who has a specific qualification in mental health care instead of or as well as generalist care. Refer to the [Nursing and Midwifery Board of Australia](#) for more information.

Occupational therapist **Occupational therapists** provide support to people whose health or disability impacts on their day-to-day life and function. For the purpose of this section, a mental health occupational therapist is an occupational therapist who has indicated they have a scope of practice of 'mental health'.

Psychiatrist A **psychiatrist** is a medical practitioner who has completed specialist training in the diagnosis, treatment and prevention of mental illness and emotional problems. Treatment may include prescribing medication, brain stimulation therapies and psychological treatment ([RANZCP 2021b](#)). 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 2020](#)).

Psychologist A **psychologist** is an allied health practitioner who is trained in human behaviour. They may provide diagnosis, assessment and treatment of mental illness through psychological interventions, such as cognitive behavioural therapy. 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 2 year postgraduate qualification, a fifth year of study followed by a 1 year internship program or a 2 year internship program ([Psychology Board of Australia 2021b](#)).

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).
