

# Mental health workforce

This section provides data on the number of psychiatrists, mental health nurses and psychologists who are employed in Australia. It reports on the average [total hours](#), [clinical hours](#) worked and other selected characteristics. Both [full-time equivalent](#) (FTE) and [clinical FTE](#) figures have been reported to provide meaningful comparisons.

The workforce data 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 Practitioner Regulation Agency (AHPRA) since 2010. Responses to the surveys have been weighted to [benchmark figures](#) based on registration data supplied by AHPRA to account for the non-responses.

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

## Data downloads:

Excel – Mental health workforce 2019 tables

PDF – Mental health workforce 2019 section

Link: Data source and key concepts related to this section.

Data in this section were last updated in July 2021.

## Key points

- **3,615** psychiatrists (**13.7** FTE per 100,000 population), **24,111** mental health nurses (**90.2** FTE per 100,000 population) and **28,412** psychologists (**95.3** FTE per 100,000 population) were employed in Australia in 2019.
- **46.0 hours**, on average, were worked per week by psychiatrists in *Remote* areas compared to **38.4** for those in *Major cities*.
- **6.3 hours** more per week were worked by male than female psychiatrists, on average, in 2019.
- Nationally, the population rate of psychiatrists increased by 8.3% between 2014 and 2019.
- **17,060** women and **7,051** men were employed as mental health nurses in 2019.
- **55.3%** of all employed mental health nurses were aged 45 or over.
- **82.2%** FTE psychologists were employed in *Major cities* in 2019.

- **35.5** hours, on average, was the total hours worked per week by male psychologists compared to **31.5** hours for female psychologists

## Psychiatric workforce

An estimated 3,615 [psychiatrists](#) were working in Australia in 2019, representing 3.5% of all employed medical practitioners and 9.8% of all specialist employed medical practitioners.

At a national level, there were 13.7 FTE psychiatrists per 100,000 population working in Australia in 2019. Rates ranged from 12.3 per 100,000 population in Tasmania to 16.9 in the Australian Capital Territory (Figure WK.1). In terms of clinical roles, there were 11.4 clinical FTE per 100,000 population in Australia in 2019. Rates ranged from 10.3 per 100,000 in the Northern Territory to 14.3 in the Australian Capital Territory.

## Remoteness area

Almost 9 out of 10 psychiatrists (87.1%) were employed in Major cities in 2019, compared to the 72.2% of the Australian population who lived in Major cities in 2019. There were 16.5 FTE psychiatrists per 100,000 population in *Major cities*, 6.9 in *Inner regional*, 5.5 in *Outer regional*, 6.7 in *Remote* areas and 2.6 in *Very remote* areas.

## Hours worked per week

Psychiatrists reported working an average of 38.4 total hours and 31.9 clinical hours per week in 2019. Average working hours ranged from 36.1 hours per week for Tasmanian psychiatrists to 43.4 for Northern Territory psychiatrists. Average weekly clinical hours ranged from 30.3 for Victorian psychiatrists to 36.3 hours for Northern Territory psychiatrists.

On average, male psychiatrists worked 6.3 total hours and 5.4 clinical hours more per week than female psychiatrists. Psychiatrists employed in *Remote* and *Very remote* areas reported working the highest average number of total hours and clinical hours per week (*Remote*: 46.0 total hours per week and 38.4 clinical hours per week; *Very remote*: 42.8 total hours per week and 37.8 clinical hours per week). Employed psychiatrists working in *Remote* areas reported working 7.6 more hours on average than the national average.

# Characteristics

In 2019, almost three-quarters of psychiatrists were aged 45 and over (73.5%); over 2 in 5 (42.2%) were aged 55 and over and nearly 1 in 5 psychiatrists (18.0%) were aged 65 and over (Figure WK.1.1). Nationally, the population rate of psychiatrists increased by 8.3% between 2014 and 2019, from 12.6 FTE per 100,000 in 2014 to 13.7 in 2019. The proportion of female psychiatrists increased from 37.1% in 2014 to 41.3% in 2019 .

**Figure WK.1: Employed psychiatrists, 2014 to 2019**

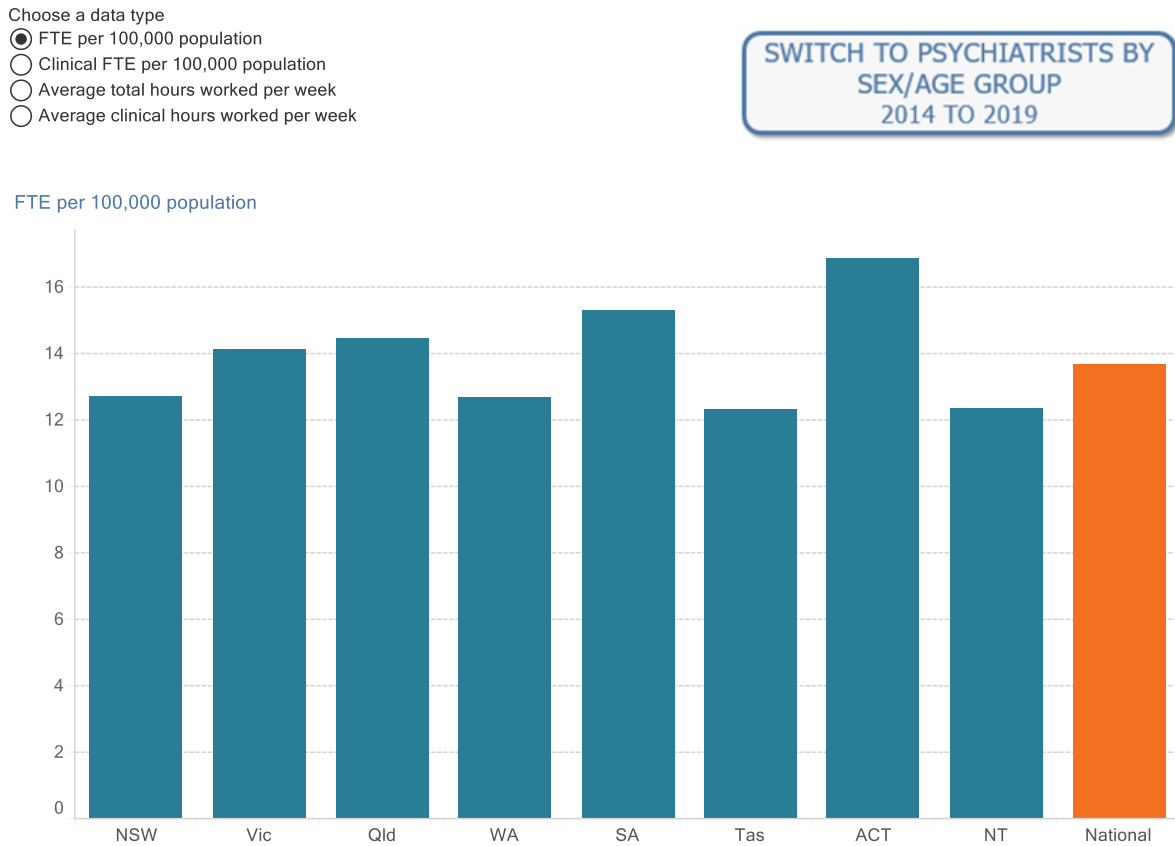


Figure WK.1: Employed psychiatrists, by states and territories, 2019

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

Source: National Health Workforce Data Set; Figure WK.1 - Table WK.3, Figure WK.1.1 – Table WK.1

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 2019.

Figure WK.1.1 can be found on the [MHSA](http://www.aihw.gov.au/mhsa) website.

## Work characteristics

Just over 9 in 10 (92.3%) FTE psychiatrists reported their principal role as a clinician in 2019, followed by administrator (3.2%), researcher (1.6%), teacher or educator (1.5%) and other (1.3%). The most common work setting was hospital (27.3%), followed by solo private practice (23.0%), and community mental health service (20.0%). In the overall medical practitioner workforce, hospital (excluding outpatient services) is also the most common work setting, followed by group private practice and solo private practice (DoH 2020).

## Mental health nursing workforce

In 2019, almost 1 in 15 (24,111 or 7.1%) mental health [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 (85.1%), similar to the total nursing workforce (DoH 2020).

There were 90.2 FTE mental health nurses per 100,000 population working in Australia in 2019, with state and territory rates ranging from 78.5 in the Northern Territory to 105.3 in Western Australia (Figure WK.2). In terms of a clinical role, there were 83.6 clinical FTE mental health nurses per 100,000 population at a national level, with state and territory rates ranging from 72.6 in the Northern Territory to 98.9 in Western Australia.

## Remoteness area

Three-quarters of FTE mental health nurses (77.0%) were employed in *Major cities* in 2019. *Major cities* had the highest rate of FTE mental health nurses (96.1 FTE per 100,000 population), followed by *Inner regional* (85.7), *Outer regional* (56.8), *Remote* (56.2) and *Very remote* (34.8) areas. This distribution was different from the overall nursing and midwifery workforce, with the highest rate of FTE nurses found in *Remote* areas (1,340.8 per 100,000 population), followed by *Very remote* (1,331.4), *Major cities* (1,204.5), *Inner regional* (1,177.3) and *Outer regional* (1,139.3) areas (DoH 2020).

## Hours worked per week

In 2019, mental health nurses reported working an average of 36.0 total hours per week, with averages ranging from 34.3 hours per week in Tasmania to 38.6 hours in the Northern Territory. The average clinical hours worked per week reported by mental health nurses was 33.4 hours at the national level, ranging from 32.2 hours in Tasmania to 35.7 hours in the Northern Territory.

Male mental health nurses worked more total and clinical hours per week on average than female nurses (males: 37.6 total hours and 34.7 clinical hours; females: 35.4 total

hours and 32.9 clinical hours) in 2019. Registered nurses worked an average of 36.3 hours per week while enrolled nurses worked an average of 34.3 hours per week. Registered nurses and enrolled nurses worked similar clinical hours of 33.4 and 33.5 average hours per week respectively. Mental health nurses employed in *Remote* and *Very remote* areas reported working the highest average total hours (39.7 and 38.9 hours, respectively) and clinical hours (37.7 and 34.9 hours, respectively) per week in 2019.

### Characteristics

About 3 in 5 mental health nurses (55.3%) were aged 45 and above in 2019; a third (31.3%) were aged 55 and older and 1 in 20 (6.3%) were aged 65 and over (Figure WK.2.1). The proportion of male nurses is nearly 3 times higher in the mental health nursing workforce when compared to the male proportion of all employed nurses and midwives in Australia (29.2% and 11.3%, respectively) (DoH 2020).

The supply of mental health nurses increased by 7.0% from 2014 to 2019 (from 84.3 FTE per 100,000 population to 90.2). The proportion of female mental health nurses increased slightly over this period (from 68.6% in 2014 to 70.8% in 2019).

**Figure WK.2: Employed mental health nurses, 2014 to 2019**

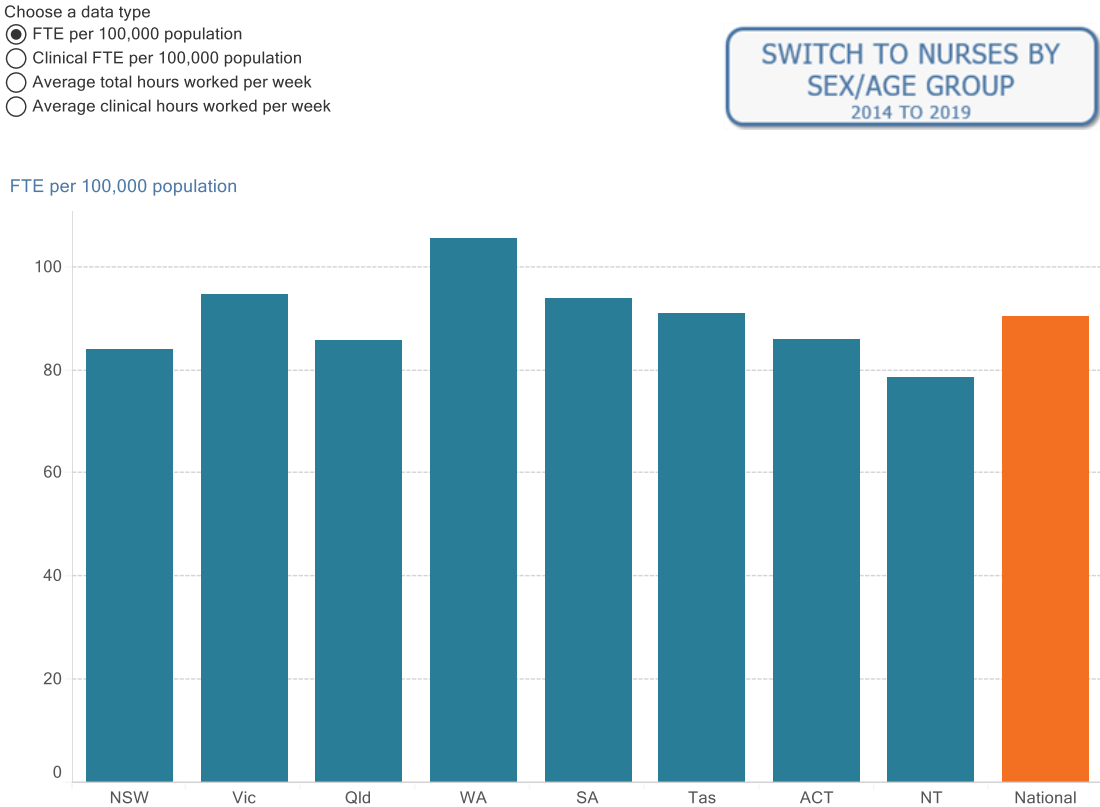


Figure WK.2: Employed mental health nurses, by states and territories, 2019

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

Source: National Health Workforce Data Set; Figure WK.2 - Table WK.11, Figure WK.2.1 – Table WK.9.  
*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 2019.

Figure WK.2.1 can be found on the [MHSA](#) website.

## Work characteristics

Most FTE mental health nurses (94.5%) reported their principal role at work to be a clinician, followed by administrator (2.9%) and teacher or educator (2.0%). The most common FTE mental health nurse work setting reported was hospitals (64.3%, excluding outpatient services), followed by community health care services (20.7%) and residential health care facilities (4.0%).

## Psychologist workforce

In 2019, an estimated 28,412 [psychologists](#) with full registration were working in Australia. Provisionally registered psychologists did not complete the NHWDS survey and were therefore excluded from the analysis presented below. According to figures from the Psychology Board of Australia, there were an additional 5,221 provisionally registered psychologists in Australia in 2019 (Psychology Board of Australia 2020).

At a national level, there were 95.3 FTE psychologists per 100,000 population working in Australia in 2019. Rates ranged from 68.8 FTE psychologists per 100,000 population in South Australia to 161.8 in the Australian Capital Territory (Figure WK.3). In terms of time spent working in a clinical role, 70.5 clinical FTE psychologists per 100,000 population were employed in Australia, ranging from 48.9 in the Northern Territory to 114.4 in the Australian Capital Territory.

## Remoteness area

Over 8 in 10 FTE psychologists (82.2%) were employed in *Major cities* in 2019. There were 109.6 FTE psychologists per 100,000 population working in *Major cities*, 64.6 in *Inner regional*, 47.4 in *Outer regional*, 42.2 in *Remote* and 31.1 in *Very remote* areas.

## Hours worked per week

Psychologists reported working an average of 32.3 total hours per week in 2019, with an average of 23.9 clinical hours. Average total hours worked ranged from 30.9 hours per week for psychologists working in Tasmania to 37.1 hours per week in the Northern Territory. The average clinical hours worked ranged from 23.2 hours per week for Victorian psychologists to 26.0 hours per week for Northern Territory psychologists. Male psychologists reported working on average more total and clinical hours than

female psychologists (males: 35.5 total hours per week and 25.4 clinical hours per week; females: 31.5 total hours per week and 23.5 clinical hours per week).

## Characteristics

Half of all psychologists were aged 45 and over (51.4%) in 2019, with more than one-quarter (27.4%) aged 55 and over (Figure WK.3.1).

Nationally, there has been a 8.9% increase in the supply of psychologists from 2014 to 2019, from 87.5 FTE per 100,000 population in 2014 to 95.3 FTE per 100,000 population in 2019. The proportion of female psychologists has also increased over this period from 77.6% in 2014 to 79.7% in 2019.

**Figure WK.3: Employed psychologists, 2014 to 2019**

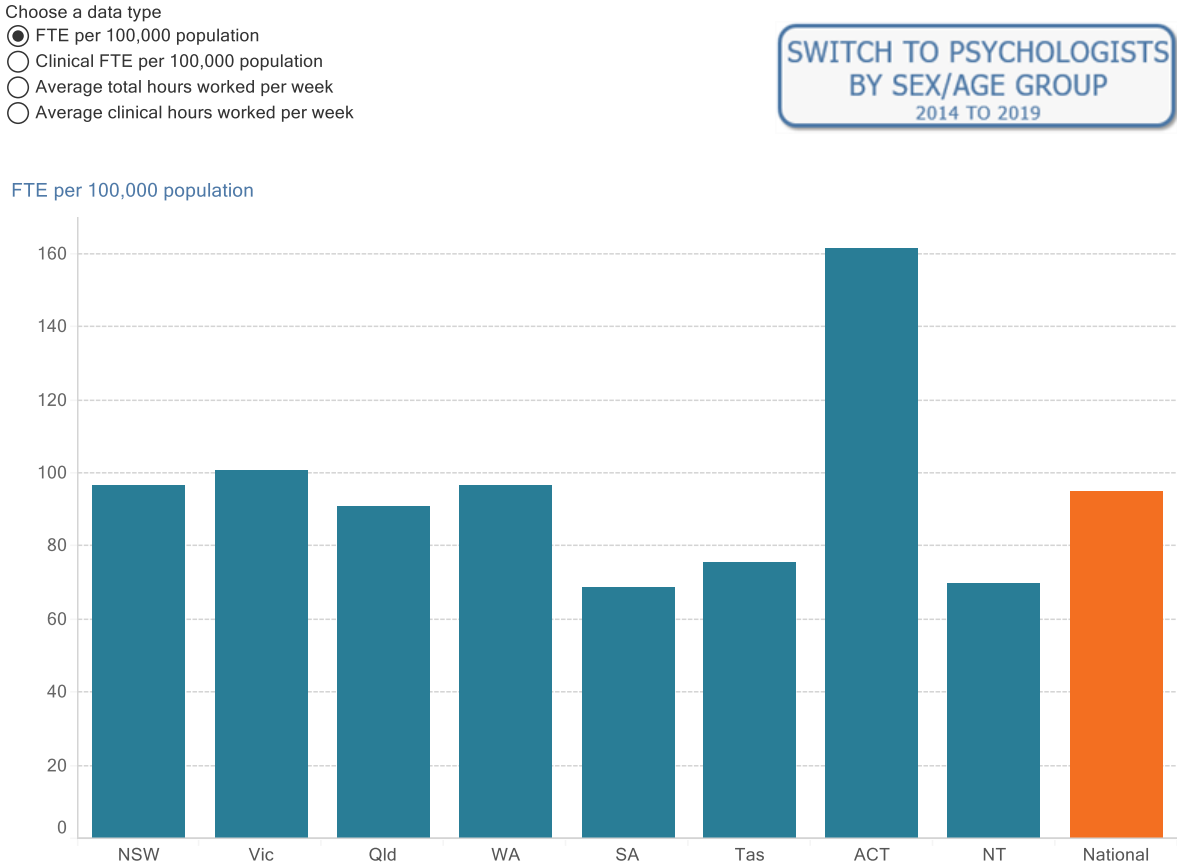


Figure WK.3: Employed psychologists, by states and territories, 2019

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

Source: National Health Workforce Data Set; Figure WK.3 - Table WK.19, Figure WK.3.1 – Table WK.17.

**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 2019.

Figure WK.3.1 can be found on the [MHSA](#) website.

## Work characteristics

The majority (88.5%) of FTE psychologists reported their principal role at work to be clinician, followed by administrator (4.4%) and researcher (3.3%). The main area of practice (principal area of main job) nominated by almost 2 in 5 (39.1%) FTE psychologists was counselling, followed by mental health intervention (29.8%) and neuropsychological/cognitive assessment (4.5%). The most common work setting was solo private practice (19.0%), followed by group private practice (18.0%) and school (10.6%).

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 2021). In 2019, over one-third (39.9%) of psychologists held an area of practice endorsement. The most commonly held endorsement was as a Clinical Psychologist, held by almost 1 in 3 (30.1%) of all psychologists (endorsed and non-endorsed), followed by Counselling Psychologist (3.2%) (Psychology Board of Australia 2020).

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## Data source

### 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. Updated response rates are not published every year, however the 2015 response rates published on the NHWDS website are in the 90 to 95% range on average. 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.

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 is 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 21 April 2021. 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 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](#)

## Key concepts

### Mental health workforce

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Key Concept	Description
<b>Area of practice endorsement</b>	Psychologists who practice in an approved area of psychology may be eligible for an <b>area of practice endorsement</b> . 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 2021).
<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

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(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, age group and sex. Weighting included an identification of persons with an endorsement of 'clinical psychology', 'clinical neuropsychology' and 'other' (all other psychologists).

**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 and psychologists 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

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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 (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.

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 2020).

**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 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 2021).

**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).

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## References

DoH (Department of Health) 2020. [Health Workforce](#). Viewed 3 May 2021

Nursing and Midwifery Board of Australia 2019. [Approved programs of study](#). Viewed 3 May 2021.

Psychology Board of Australia 2020. [Registrant Data- Reporting period: 1 October 2019 - 31 December 2019](#). Viewed 3 May 2021.

Psychology Board of Australia 2021. [Registration standards](#). Viewed 3 May 2021.

RANZCP (Royal Australian and New Zealand College of Psychiatrists) 2020. [Become a member](#). Viewed 3 May 2021.