

13 Mental health workforce

The information presented in this section describes the size and characteristics of the workforce of psychiatrists and nurses specialised in mental health care.

The annual AIHW Medical Labour Force Survey (AIHW 2010a) of all registered medical practitioners provides estimates on the number of psychiatrists and psychiatrists-in-training practising in Australia. 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.

Information on the mental health nursing workforce is derived from responses to the AIHW Nursing and Midwifery Labour Force Survey (AIHW 2010b), with these responses weighted to available nursing registration data from each state and territory. The definition of mental health nursing is based on a self-identified principal area of nursing activity, rather than the qualification of the nurse.

For further details on these surveys see the [data source](#) section.

To enable meaningful comparison in the mental health workforce across Australia over time, **full-time-equivalent** (FTE) figures are 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 worked, regardless of full-time or part-time work.

Key points

- Nationally, there were approximately 17 FTE psychiatrists and 69 FTE mental health nurses per 100,000 population in 2008.
- Almost 90% of FTE psychiatrists worked mainly in *Major cities*, while mental health nurses worked predominantly in *Inner regional* areas followed by *Major cities*.
- Males comprised approximately one-third of the mental health nursing workforce (compared with below 10% of the general nursing workforce) and comprised nearly two-thirds of the psychiatrist workforce.
- The proportion of registered mental health nurses (rather than enrolled nurses) increased from under 75% in 2004 to over 80% in 2008.
- The proportion of mental health nurses aged 55 years and over increased from 17% in 2004 to 23% in 2008 and nearly one third of psychiatrists were aged over 55 years in 2008.

References

AIHW 2010a. Medical labour force 2008. Bulletin no. 82. Cat. no. AUS 131. Canberra: AIHW.

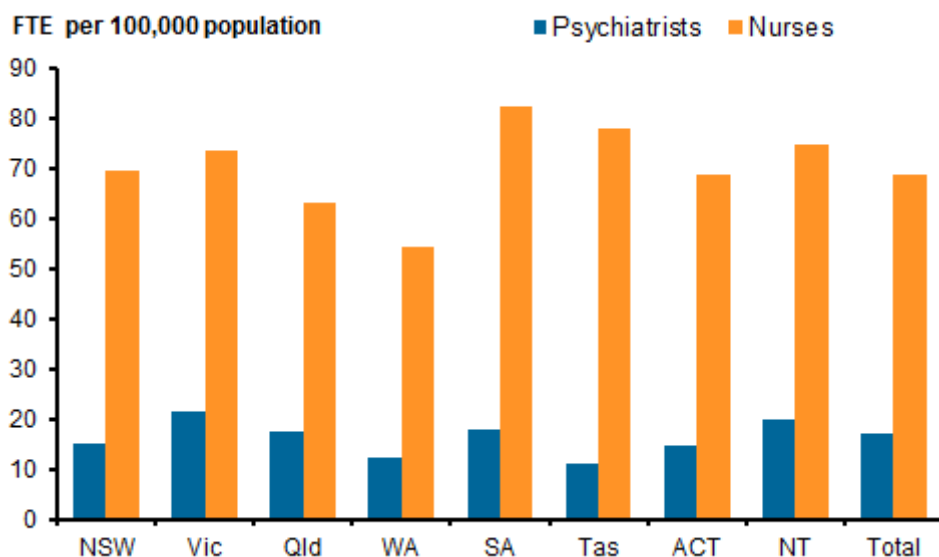
AIHW 2010b. Nursing and midwifery labour force 2008. Bulletin no. 81. Cat. no. AUS 130. Canberra: AIHW.

Mental health workforce by states and territories

Full time equivalent

Psychiatrists comprised 5.1% of all employed medical practitioners in Australia, with an estimated 3,516 working in 2008. Psychiatrists-in-training made up 22.0% (or an estimated 772) of these psychiatrists. Nationally, there were an estimated 17 FTE psychiatrists per 100,000 population in 2008. However, this figure varied between the states and territories, ranging from 11 for Tasmania, to 21 for Victoria (Figure 13.1).

Nurses working principally in mental health comprised approximately 5.6% (or an estimated 15,211) of the 272,741 nurses employed in Australia in 2008. As with psychiatrists, nurses working in mental health areas are not evenly distributed across the states and territories or the regions of Australia. Their distribution also differs from the distribution of all employed nurses in Australia (AIHW 2010). In 2008, there were 69 FTE mental health nurses per 100,000 population in Australia, ranging from 54 for Western Australia to 82 for South Australia (Figure 13.1).



Note:

1. 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.
2. State and territory mental health nurses estimates should be treated with caution due to low response rates in some jurisdictions.

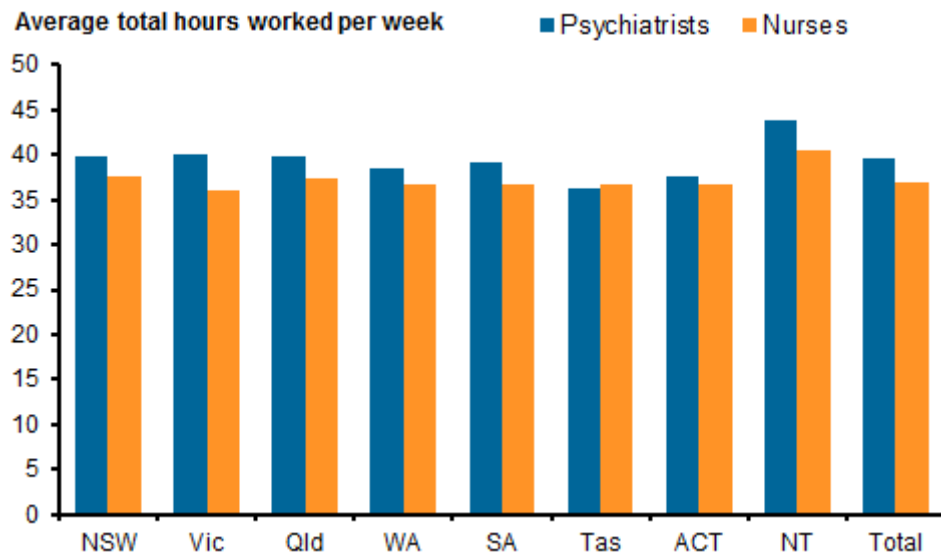
Sources: AIHW Medical Labour Force Survey, 2008, AIHW Nursing and Midwifery Labour Force Survey, 2008.

Figure 13.1: Employed psychiatrists and mental health nurses, FTE per 100,000 population, states and territories, 2008

Average total hours worked per week

Psychiatrists worked an average of 39.7 total hours per week in 2008, including clinical and non-clinical hours. The average hours worked by psychiatrists varied across jurisdictions, ranging from 36.3 hours per week for Tasmania to 43.8 for the Northern Territory (Figure 13.2).

Mental health nurses worked an average of 37.0 total hours per week in 2008. The average hours worked by mental health nurses varied across jurisdictions, ranging from 36.1 hours per week for Victoria to 40.4 for the Northern Territory (Figure 13.2).



Sources: AIHW Medical Labour Force Survey, 2008, AIHW Nursing and Midwifery Labour Force Survey, 2008.

Figure 13.2: Employed psychiatrists and mental health nurses, average total hours worked per week, states and territories, 2008

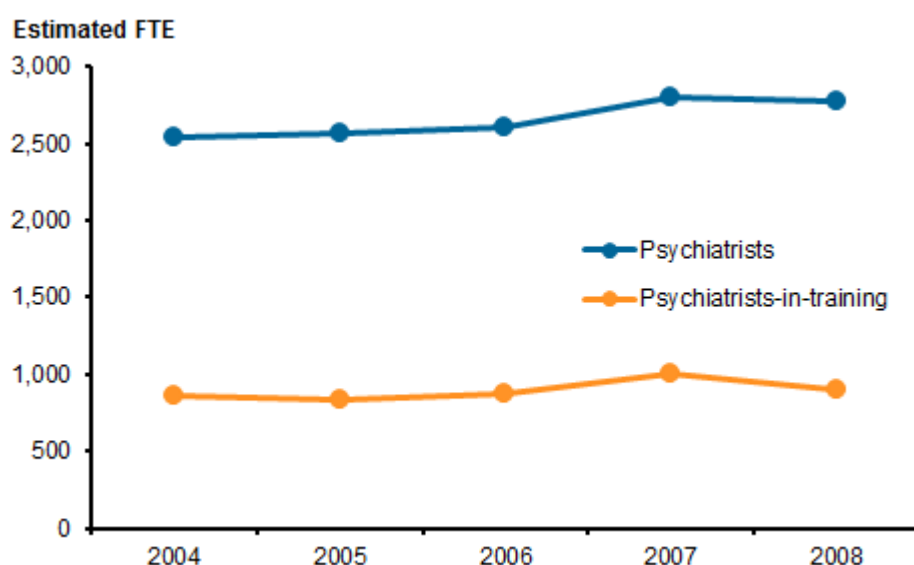
Reference

AIHW 2010. Nursing and midwifery labour force 2008. Bulletin no. 81. Cat. no. AUS 130. Canberra: AIHW.

Psychiatric workforce over time

The size and characteristics of the psychiatrist workforce, including the hours worked, changed in the period from 2004 to 2008. During this period, the number of employed psychiatrists (and psychiatrists-in-training) increased by an annual average of 2.8% compared with 4.2% for all employed medical practitioners. These figures equate to average annual increases of 3.3% for psychiatrists and 1.0% for psychiatrists-in-training, respectively (Figure 13.3).

Nationally, the supply of psychiatrists and psychiatrists-in-training, measured as FTE per 100,000 population, increased between 2004 and 2008 by an annual average of 0.1%. The supply increased in some, but not all, jurisdictions during this period. In the Northern Territory the number of psychiatrist FTE per 100,000 population increased by an annual average of 18.5%, while in Tasmania there was an annual average decrease of 5.3%.



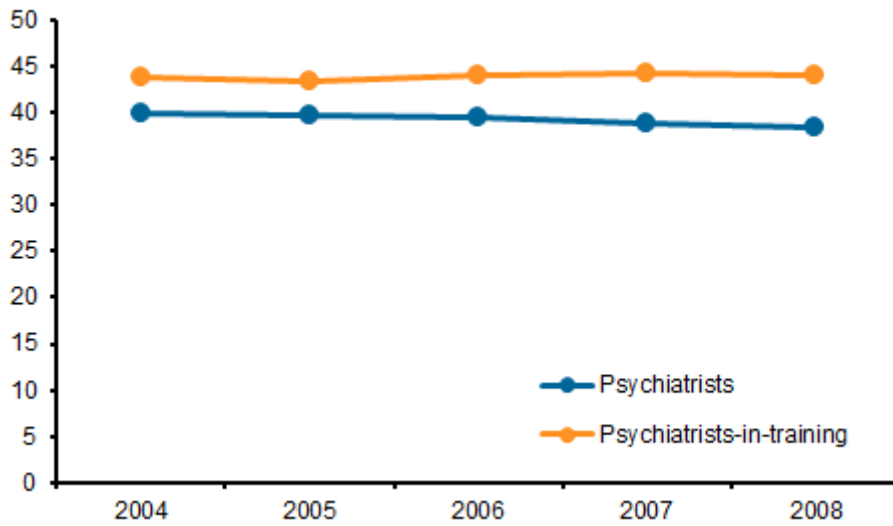
Source: AIHW Medical Labour Force Survey, 2008.

Figure 13.3: Employed psychiatrists and psychiatrists-in-training, estimated FTE, 2004–2008

Between 2004 and 2008, the number of male and female psychiatrists increased by annual averages of 2.3% and 3.5%, respectively. However, for the age group less than 35 years, the number of male psychiatrists decreased by an annual average of 3.1% while the number of female psychiatrists in the same age group decreased by an annual average of 1.2%. The proportion of psychiatrists in the workforce who were female increased from 35.9% in 2004 to 37.0% in 2008.

The average hours worked by psychiatrists (including psychiatrists-in-training) per week declined by an annual average of 0.7% over the past five years, with the number of hours worked per week decreasing for psychiatrists by an annual average of 1.0% and increasing for psychiatrist in training by an annual average of 0.2% (Figure 13.4).

Average total hours worked per week

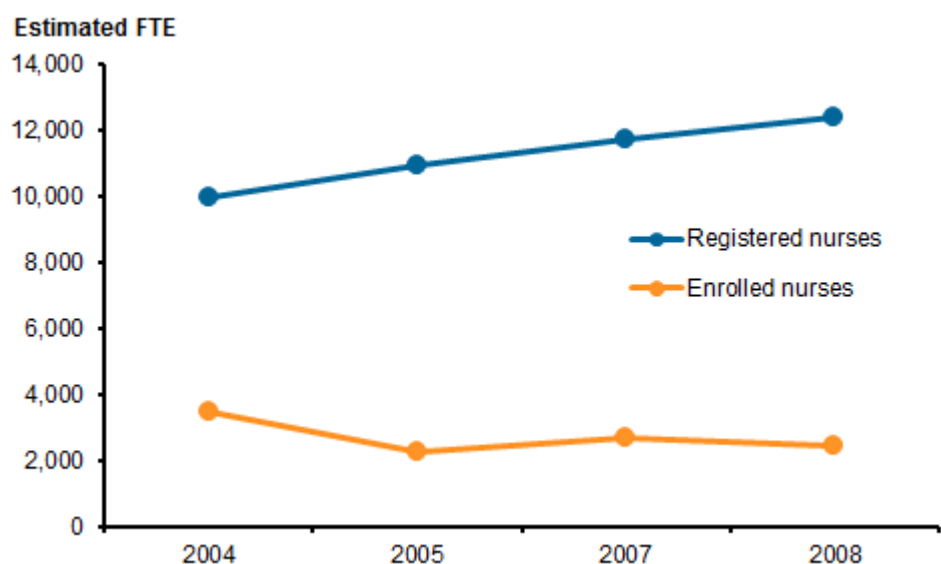


Source: AIHW Medical Labour Force Survey, 2008.

Figure 13.4: Employed psychiatrists and psychiatrists-in-training, average total hours worked per week, 2004–2008

Mental health nursing workforce over time

The size and characteristics of the mental health nursing workforce changed in the period from 2004 to 2008. The number of nurses working in mental health nursing increased by an annual average of 2.4% compared with 2.8% for all employed nurses in Australia (Figure 13.5).



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

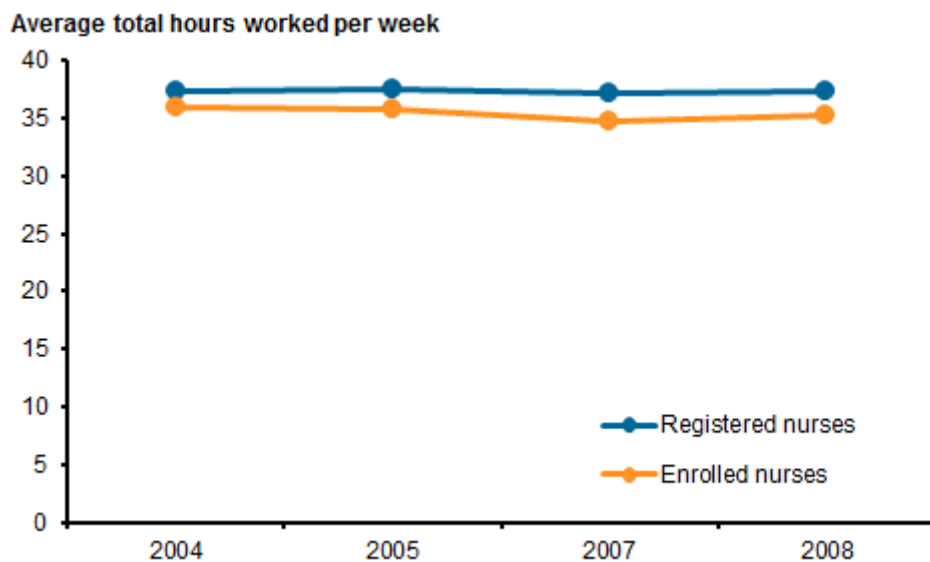
Source: AIHW Nursing and Midwifery Labour Force Survey, 2008.

Figure 13.5: Employed mental health nurses, estimated FTE, 2004–2008

Demographic characteristics of the mental health nursing workforce also changed over this time period. While the proportion of males and females in this workforce remained similar from 2004 to 2008, there was an average annual increase of 1.7% for male mental health nurses and a 2.8% increase for females. The proportion of mental health nurses who were registered nurses (rather than enrolled nurses) increased over the same period, from 73.2% in 2004 to 82.8% in 2008. This equates to an average annual increase of 5.6% for registered nurses compared with an average annual decrease of 8.4% for enrolled nurses over the period from 2004 to 2008.

As with the general nursing population (AIHW 2010), the mental health nursing workforce is ageing, with the average age increasing from 44.9 in 2004 to 46.2 years in 2008. This reflects a 0.7% average annual increase in the average age of mental health nurses since 2004. The proportion of mental health nurses aged 55 years and over also increased, from 16.9% in 2004 to 23.1% in 2008.

The average hours worked by mental health nurses per week increased by an annual average of 0.1% over the past five years, with the number of hours worked per week increasing for registered mental health nurses (0.1%) and decreasing for enrolled mental health nurses (0.5%)(Figure 13.6).



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

Source: AIHW Nursing and Midwifery Labour Force Survey, 2008.

Figure 13.6: Employed mental health nurses, average total hours worked per week, 2004–2008

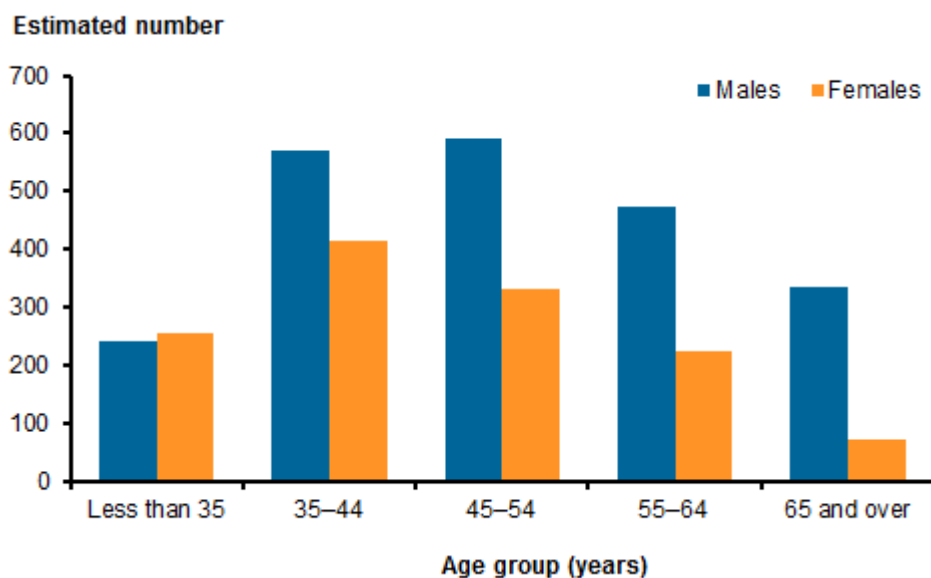
Reference

AIHW 2010. Nursing and midwifery labour force 2008. Bulletin no. 81. Cat. no. AUS 130. Canberra: AIHW.

Characteristics of the workforce

Psychiatrists

In 2008, 63.0% of employed psychiatrists were male. The average age of psychiatrists was 48.6 years, with female psychiatrists being younger, on average, than their male counterparts (Figure 13.7).



Source: AIHW Medical Labour Force Survey, 2008.

Figure 13.7: Estimated number of employed psychiatrists and psychiatrists-in-training, by sex and age group, 2008

Psychiatrists worked an average of 39.7 total hours per week in 2008, including clinical and non-clinical hours. The hours worked per week were, on average, higher for males than females (41.9 hours compared with 36.0 hours) and for psychiatrists in training than for those not in training (44.1 hours compared with 38.5 hours).

In 2008, approximately 88.3% of FTE psychiatrists (for whom region was reported) worked mainly in *Major cities*. Once population sizes for each region were taken into account, the FTE psychiatrists per 100,000 population was highest for *Major cities* (21), followed by *Inner regional* (6) areas.

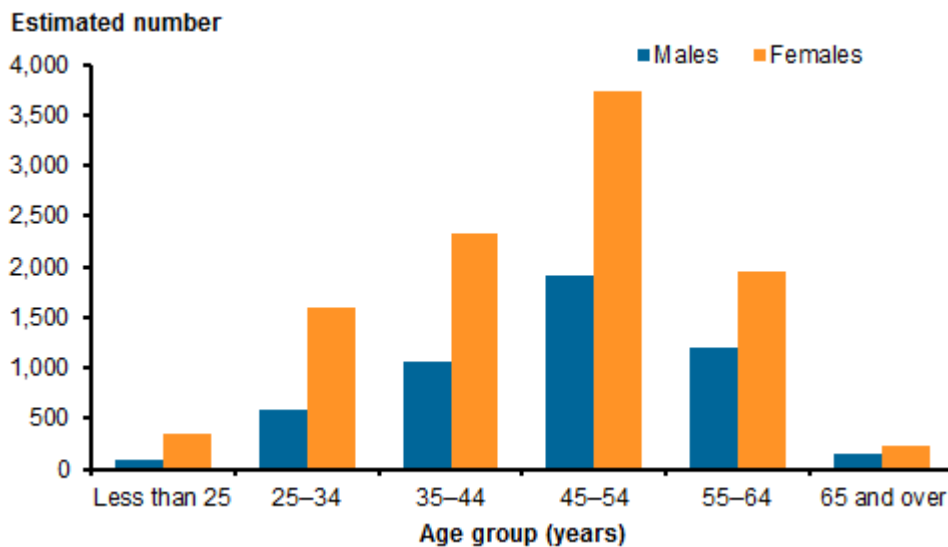
Mental health nurses

Nurses working in mental health are more likely to work full time, are older on average and more likely to be male when compared with nurses in the general workforce (AIHW 2010).

The usual minimum educational requirement for a registered nurse is a 3-year degree or equivalent. Enrolled nurses, whose minimum educational requirement is a 1-year diploma or equivalent, usually work under the direction of registered nurses to provide basic care (AIHW 2010). In 2008, 80.3% of all employed nurses in Australia were registered nurses, with the remainder being enrolled nurses (AIHW 2010). This trend was similar for nurses working principally in mental health.

The average age of employed mental health nurses in 2008 was 46.2 years, which is slightly older than the

44.1 years for all employed nurses (AIHW 2010). Female mental health nurses were younger, on average, than their male counterparts (45.5 years compared with 47.5 years)(Figure 13.8).



Source: AIHW Nursing and Midwifery Labour Force Survey, 2008.

Figure 13.8: Estimated number of employed mental health nurses, by sex and age group, 2008

In general, nursing is a female dominated profession, with males comprising only 9.4% of all nurses employed in Australia in 2008 (AIHW 2010). By contrast, male nurses made up a third of employed mental health nurses in 2008.

Mental health nurses worked an average of 37.0 total hours per week in 2008. The hours worked per week were, on average, higher for males than females (39.5 hours compared with 35.8 hours) and higher for registered nurses than for enrolled nurses (37.4 hours compared with 35.2 hours).

For nurses who reported information on the location of their main job, the number of FTE mental health nurses per 100,000 population was highest in *Inner regional areas* (76) and in *Major cities* (67). *Outer regional* and *Remote and very remote* regions had lower rates than the national average, with 42 and 34 FTE per 100,000 population, respectively. This compares to a national rate of 69 FTE per 100,000 population for mental health nurses and 1,115 FTE per 100,000 population for all nurses (AIHW 2010).

Reference

AIHW 2010. Nursing and midwifery labour force 2008. Bulletin no. 81. Cat. no. AUS 130. 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 census of all registered medical practitioners in each state and territory in Australia. The Nursing and Midwifery Labour Force Survey is a census 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 2008, 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 2008, the estimated national response rate for the Medical Labour Force Survey was 68.7%, ranging from 44.4% for the Northern Territory to 81.7% for New South Wales. While estimates for the Northern Territory were particularly low, the response rate showed a substantial improvement from 2007, allowing 2008 estimates to be published for the Northern Territory. 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 46.6% in 2008. In 2008, response rates in Queensland (32.9%) were particularly low, with low response rates also noticeable in Victoria (33.3%), Western Australia (34.4%) and the Northern Territory (34.9%). 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.

It should also be noted that, for both surveys (although more so for the nursing than for the medical survey), the questionnaire has varied over time and across jurisdictions. 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.

More detailed information about how these surveys were conducted is available from the *Medical labour force 2008* (AIHW 2010a) and *Nursing and midwifery labour force 2008* (AIHW 2010b).

References

AIHW 2010a. Medical labour force 2008. Bulletin no. 82. Cat. no. AUS 131. Canberra: AIHW.

AIHW 2010b. Nursing and midwifery labour force 2008. Bulletin no. 81. Cat. no. AUS 130. Canberra: AIHW.