2.3 National workforce trends

KEY MESSAGES:

- The direct care workforce employed in state and territory mental health services increased by 72%, from 14,084 full-time equivalent (FTE) in 1992-93 to 24,292 FTE in 2010-11.
- On a per capita basis, this equates to an increase from 80 FTE per 100,000 in the former period to 108 FTE per 100,000 in 2010-11, or an increase of 35%. New South Wales reported the most growth (52%), followed by Tasmania (47%) and Queensland (43%).
- Nationally, the absolute increase in the direct care workforce size of 72% was lower than the increase in recurrent expenditure on state and territory inpatient and community-based services (119%). Factors such as rising labour costs and increases in overhead and infrastructure costs may contribute to this discrepancy.
- At a conservative estimate, 3,119 full-time equivalent mental health professionals provided services through Australian Government funded primary mental health care initiatives in 2010-11. The majority of these (1,928 or 62%) were psychologists. The next largest professional group was psychiatrists (817 or 26%).
- In total, 1,517 full-time equivalent mental health professionals were employed in private hospitals in 2010-11. The workforce mix mainly comprised nurses (1,165, 77%) and allied health professionals (310, 20%). Medical practitioner services provided to consumers treated in private hospitals are delivered primarily through the Medicare Benefits Schedule rather than direct employment arrangements.

The wide-ranging changes that have occurred in the financing and structure of Australia's mental health sector over the period from 1992-93 to 2010-11 are reflected in shifts in the profile of the workforce. These changes are summarised below.

Size and composition of the workforce in state and territory mental health services

Between 1992-93 and 2010-11, the direct care workforce[B] in state and territory mental health services increased by 72% (see Figure 14). This is equivalent to 10,208 full-time staff.

Figure 15 summarises this trend at a national level, showing that the number of full-time equivalent direct care staff rose from 80.1 per 100,000 in 1992-93 to 108.1 per 100,000 in 2010-11. Although all jurisdictions increased the overall size of their respective workforces during this period, New South Wales reported the most growth (52%), followed by Tasmania (47%) and Queensland (43%). More detail on individual jurisdictions' growth can be found in Part 4.

[B] 'Direct care staff' include those within the health professional categories of 'medical', 'nursing', 'allied health' and 'other personal care'.

Figure 14
Number of direct care staff (FTE) employed in state and territory mental health service delivery, 1992-93 to 2010-11

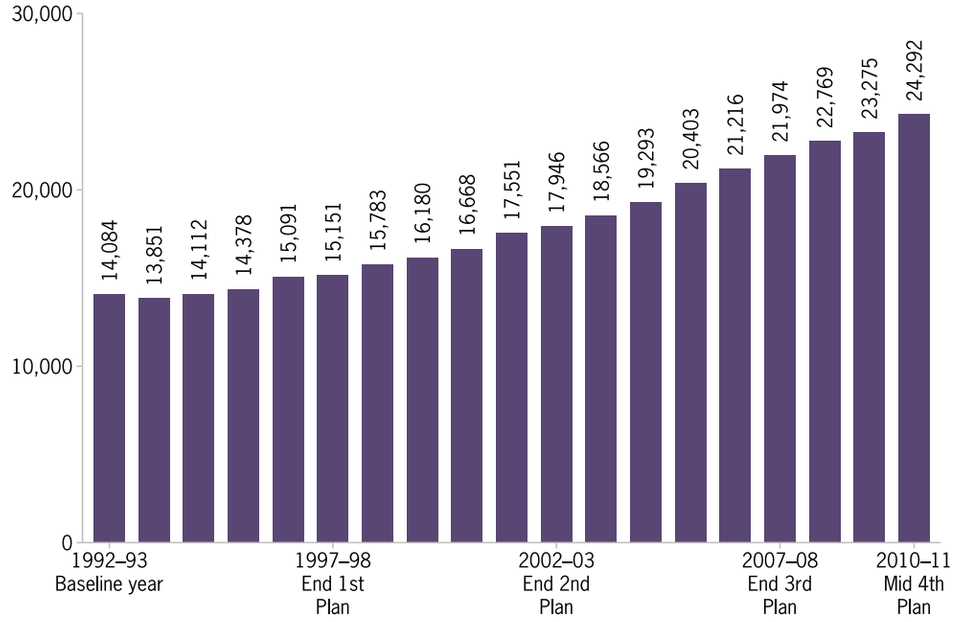
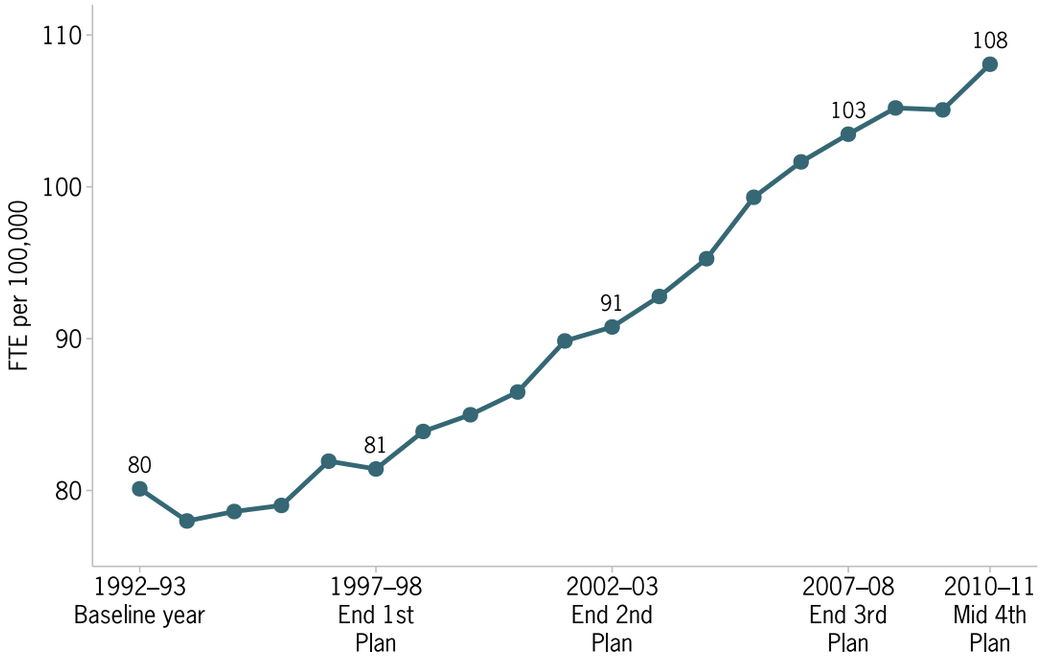


Figure 15
Number of direct care staff (FTE) employed in state and territory mental health service delivery per 100,000, 1992-93 to 2010-11



The growth in the direct care workforce in state and territory mental health services equates to a 35% increase when population size is taken into account.

Table 3 summarises the composition of the mental health professional workforce since 1994-95, the year for which a breakdown by provider types first became available. It shows that all provider groups have expanded under the Strategy, but there has been a shift in the professional staffing mix. The numbers of allied health professionals grew the most (120%), followed by medical practitioners (106%) and then nurses (54%). In 2010-11, nurses accounted for 64% of the mental health professional workforce, allied health professionals for 24% and medical practitioners for 12%. This represents a drop of 7% for nurses as a percentage of the total state and territory workforce and an increase of 5% for allied health professionals, reflecting a move to develop multi-disciplinary community services.

Nationally, increases in spending by states and territories on inpatient and community-based services were greater than the workforce growth in these settings. Figure 16 shows that by 2010-11, when the direct care workforce had grown 72% compared with the baseline year, recurrent expenditure had increased by 119%.

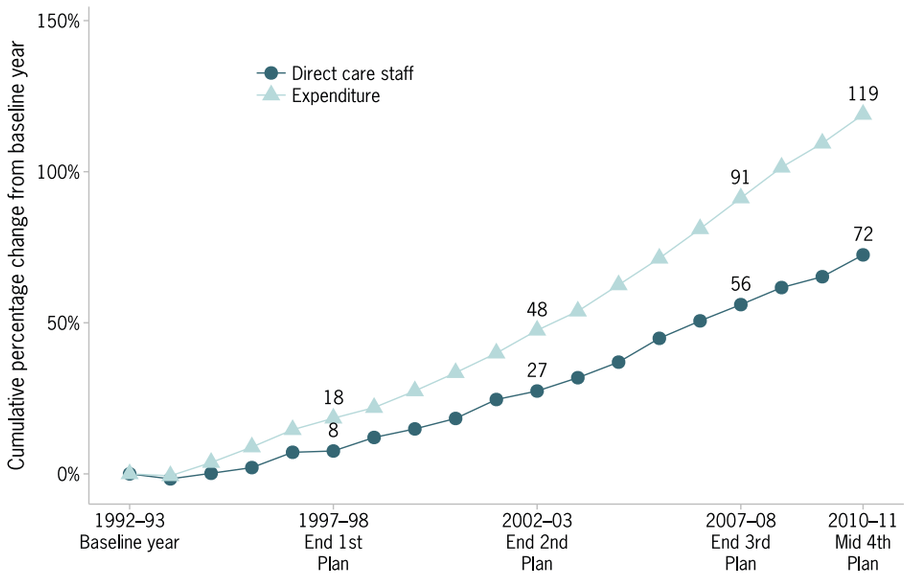
There are various reasons why higher spending may not translate into proportionally equivalent numbers of staff, and these may have a differential impact in different jurisdictions. These include, for example, rising labour costs and increases in overhead and infrastructure (including training and support) costs.

Table 3
Change in the health professional workforce (FTE) in state and territory mental health services, 1994-95 to 2010-11[a]

		1994-95 (Mid 1st Plan)	1997-98 (End 1st Plan)	2002-03 (End 2nd Plan)	2007-08 (End 3rd Plan)	2010-11 (Mid 4th Plan)
Medical	Consultant psychiatrists	560	657	753	1,094	1,355
	Psychiatry registrars and trainees	568	659	882	1,102	1,259
	Other medical officers	273	303	284	329	271
	Total medical	1,401	1,619	1,920	2,525	2,885
Nursing	Registered nurses	8,318	8,504	9,649	11,405	12,592
	Enrolled nurses	1,262	1,323	1,663	2,166	2,196
	Total nursing	9,580	9,827	11,312	13,571	14,788
Allied health	Psychologists	696	1,024	1,417	1,741	1,810
	Social workers	759	975	1,233	1,563	1,867
	Occupational therapists	525	548	697	859	1,038
	Other allied health professionals	546	624	779	864	845
	Total allied health	2,527	3,171	4,125	5,027	5,560
Total		13,508	14,617	17,357	21,122	23,232

(a) Totals differ slightly from those in Figure 14 because they do not include other personal care staff and do include a small number of staff employed at the organisational level.

Figure 16
Growth in service expenditure compared with growth in direct care staff (FTE), 1992-93 to 2010-11



Size and composition of the Australian Government funded primary mental health care and private hospital workforce

There is a significant workforce of mental health professionals delivering services in primary mental health care settings and in private hospitals. This workforce has grown over time as a result of a range of factors, most notably the introduction of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative ('Better Access', described in more detail at 2.5, below). Better Access introduced a series of new item numbers on the Medicare Benefits Schedule which provided a rebate for mental health care services delivered by eligible providers, expanding the MBS-funded services provided by general practitioners and psychiatrists and introducing services provided by psychologists and other allied health professionals. Other programs have also contributed to an expansion of this workforce, including the Access to Allied Psychological Services (ATAPS) program introduced in 2002 which enables general practitioners to refer consumers to allied health professionals, through Medicare Locals. Additionally, the Mental Health Nurse Incentive Program (MHNIP) was introduced in 2006 and provides a non-MBS incentive payment to community based general practices, private psychiatrist services, Divisions of General Practice, Medicare Locals and Aboriginal and Torres Strait Islander Primary Health Care Services who engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders.

It is not possible to quantify the exact magnitude of workforce growth associated with these initiatives, because comprehensive figures on workforce numbers in the early years are not available. However, estimates for 2010-11 exist and are shown in Table 4. It should be noted that these estimates are conservative because they only include selected programs (Better Access, ATAPS and MHNIP) and providers. They exclude initiatives such as *headspace* and certain providers (notably general practitioners who are key providers of primary mental health care) for which reliable mental health specific workforce estimates are not yet available. Table 4 shows that 3,119 full-time equivalent mental health professionals provided

services through Australian Government funded primary mental health care initiatives in 2010-11. The majority of these (1,928 or 62%) were psychologists. The next largest professional group was psychiatrists (817 or 26%).

Table 4 also shows the size of the workforce of mental health professionals working in private hospitals in 2010-11. Again, these figures are an underestimate because they do not include psychiatrists and other medical practitioners with admitting rights who are funded on a fee for service basis through the Medicare Benefits Schedule. In total, 1,517 full-time equivalent mental health professionals were employed in private hospitals in 2010-11. Of these, 1,165 (77%) of these were nurses and 310 (20%) were allied health professionals.

Overall, 4,635 full-time equivalent mental health professionals provided services through Australian Government funded primary mental health care initiatives and in private hospitals in 2010-11. This is around one fifth of the size of the workforce employed in state and territory mental health services (23,232), reported in Table 3.

Table 4
Health professional direct care workforce (FTE) in Australian Government funded primary mental health care[a,b] and private hospitals[c], 2010-11

MBS and other Australian Government funded primary mental health care	Psychiatrists	817
	Mental health nurses	240
	Psychologists	1,928
	Other allied health professionals	134
	Total	3,119
Private hospitals	Medical professionals	42
	Nurses	1,165
	Allied health professionals	310
	Total	1,517
Total		4,635

(a) Excludes general practitioners because their numbers cannot be accurately estimated; (b) Excludes providers funded through the Department of Veterans Affairs, or providers offering services through *headspace*, the National Youth Mental Health Foundation; (c) Excludes psychiatrists and other medical practitioners with admitting rights who work in private hospitals on a fee for service basis through the Medicare Benefits Schedule.