

Mental Health Workforce: Supply of Mental Health Nurses



MENTAL HEALTH
WORKFORCE
ADVISORY COMMITTEE

Nurses in Australia must be either registered or enrolled with the appropriate state or territory nursing, midwifery, or health practitioner board. To approve registration or enrolment, boards must be satisfied that the applicant has completed an approved nursing or midwifery course; the applicant is fit and competent to practise nursing; the applicant's state or health is such that they can safely practice nursing; and the applicant has sufficient command of English language to ensure safe practice.

The minimum educational requirement for a registered nurse is a three-year bachelor or postgraduate degree in nursing, or the equivalent from a recognised hospital-based program. Nurse practitioners are registered nurses who undertake additional education and training at an advanced level in specialty areas, including mental health. The minimum educational requirement for enrolled nurses is a one-year Certificate IV or equivalent, although in some jurisdictions the minimum qualification is a Diploma (Certificate V). Enrolled nurses usually work under the direction of registered nurses. Registered nurses form the majority of the Australian nursing workforce. The characteristics of the mental health nursing workforce differ from those of the Australian nursing workforce as a whole.

There are clear and accepted definitions of nurses and midwives, but the definition of 'mental health nurse' is contested. Mental Health Nurses (MHNs) may be defined as nurses who indicate that their main area of nursing is in the psychiatric or mental health field, and includes both registered and enrolled nurses. This is a broad definition not based on qualifications such as postgraduate mental health nursing qualifications, and used by the Australian Institute of Health and Welfare (AIHW). Using this broad definition of MHN, it was estimated there were 13,472 employed mental health nurses in Australia in 2005, and about 20% of this nursing workforce was enrolled nurses.ⁱ Approximately 23% of MHNs report they have completed a post-registration or post-enrolment course of more than six months' duration in mental health.

The Australian College of Mental Health Nurses (ACMHN), defines a MHN as 'a registered nurse who holds a recognised specialist qualification in mental health nursing'ⁱⁱ. In its position statement on mental health nurse education, the College states that mental health nurses require specialist educational preparation and qualifications in mental healthⁱⁱⁱ. The AIHW and Australian Bureau of Statistics (ABS) do not discriminate between registered nurses who have obtained an undergraduate or postgraduate qualification in psychiatric nursing, and registered nurses who work in mental health settings, but do not have any specialist qualification. This paper will follow AIHW and ABS practice, however, the contested definition of 'mental health nurse' is acknowledged.

Distribution of the workforce

The main place of work in 2005 for the majority of MHNs was inner regional areas, with 69 FTE per 100,000 population. Some 64 FTE per 100,000 population worked in major cities, with 42 FTE, and 32 FTE per 100,000 population working in outer regional and remote and very remote locations respectively^{iv}. While there is a maldistribution of MHNs, generally they are more evenly distributed than other mental health professionals, and form a higher proportion of the workforce in rural and remote areas. Distribution also varies markedly between states and territories.

Table 1: Employed mental health nurses^(a), average total hours worked per week and FTE, and proportion with post-registration qualifications in mental health states and territories 2005^v

Mental Health Nurses						All nurses
Jurisdiction	Number	Average total hours worked per week	FTE	FTE per 100,000 population ^(b)	% of Mental health nurses who have completed a post-registration/enrolment course in mental health ^(c)	FTE per 100,000 population ^(b)
NSW	4,315	37.8	4,293	64	23.5	975
Vic	3,869	36.4	3,706	73	21.9	1,144
Qld	2,317	37	2,256	56	18.5	913
WA ^(d)	1,037	36.5	996	49	16.7	984
SA	1,153	36.8	1,116	72	41.2	1,235
Tas	343	37.6	339	70	18.0	1,190
ACT	221	37.1	215	65	25.0	1,095
NT ^(e)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total	13,472	37.2	13,188	65	22.8	1,040

Note: FTE is based on 38 hour standard working week

(a) Mental health nurses are nurses whose principal area of activity in their main job is either adult mental health, child and adolescent mental health, forensic medicine, psychogeriatric medicine or rural and remote mental health.

(b) Crude rate based on the Australian estimated resident population as at 30 June 2005. Population estimates have been updated for 2005 since *Nursing and midwifery labour force 2005* was published. This has resulted in changes to the FTE rates per 100,000 population.

(c) Includes courses of 6 months or longer in adult mental health, child and adolescent mental health, community psychiatric, mental health/psychiatric nursing practice and rural and remote mental health.

(d) Estimates for WA for 2005 should be treated with caution due to the low response rate (26.9%) in the 2005 census.

(e) Estimates for the NT are not separately published due to the very low response rate to the census in that jurisdiction (13.7%).

MHNs are predominantly employed in the public sector, most commonly in psychiatric hospitals/ mental health facilities. Of some 10,570 MHNs employed in this work setting, 9,390 (88.8%) worked in the public sector in their main job. This proportion is relatively consistent across jurisdictions, ranging from 82.0% in Tasmania to 89.8% in NSW^{vi}. Information on the sector of employment of community-based MHNs is not readily available.

Registered MHNs appear on the Department of Education, Employment and Workplace Relations (DEEWR) State and Territory Skills in Demand Lists. These lists give those occupations and specialisations identified by the Department of Employment and Workplace Relations that are in short supply^{vii}. Demand for MHNs is broadly generated by the level of government funding for mental health services^{viii}. Expenditure is increasing, generating increased demand for MHNs, and filling positions can be difficult. A NSW DEEWR survey of employers who had recently advertised for registered MHNs found that only 18% of vacancies were filled within six weeks of advertising. This was one of the lowest success rates of any of the health professions surveyed by the department^{ix}. There is variation between jurisdictions, however, the number of applicants for MHN roles is often low, and there are particular difficulties in attracting people to regional and remote areas.

Workforce characteristics

Compared to nurses in the general workforce, nurses working in mental health are more likely to be full time, slightly older on average, and are much more likely to be male. Nursing is generally a female dominated profession, with 92.1% of all nurses employed in 2005 being women. Male nurses, however, made up 31% of employed mental health nurses in 2005, and the proportion has increased from the 1999 level of 28.4%. Also in 2005, registered nurses made up 81.2% of all employed nurses in Australia, and 82.1% of all nurses working principally in mental health^x.

Between 2001 and 2005 the number of employed mental health nurses increased very slightly from 13,355 to 13,472. During this period there was an overall 7.1% increase in the total number of employed nurses in Australia, but the number working in mental health nursing increased by only 0.9%^{xi}. The mental health nursing workforce is ageing, as is the nursing workforce more generally. The proportion of mental health nurses aged 55 years and over increased from 12.4% in 2001 to 19.7% in 2005^{xii}.

The relatively static number of employed MHNs over time was offset by an increase in average weekly working hours. The average weekly hours worked increased by 7.2% from 34.7 to 37.2 hours per week between 2001 and 2005. As a result, the number of FTE mental health nurses increased by 8.1%, and this growth in FTE was greater for enrolled nurses (26.5%) than for registered nurses (4.7%)^{xiii}.

Table 2: Employed mental health nurses, demographic characteristics, 2001-2005^{xiv}

	2001	2003	2004	2005	Distribution 2005 (%)	Change 03-05 (%)	Average annual change 1999-2004 (%)
Registered nurses	11,353	10,315	10,134	11,066	82.1%	3.6%	-0.6%
Enrolled nurses	2,002	3,463	3,702	2,406	17.9%	-16.6%	4.7%
Sex							
Males	4,353	4,469	4,676	4,211	31.3%	-2.9%	-0.8%
Females	9,002	9,308	9,160	9,261	68.7%	0.3%	0.7%
Average age (years)							
Males	44.9	45.6	46.2	47.7	..	2.3%	1.5%
Females	43.5	44.1	44.3	45.8	..	1.9%	1.3%
Total	43.9	44.6	44.9	46.4	..	2.0%	1.4%
Total no.	13,355	13,777	13,836	13,472	100.0	-1.1%	0.2%
All employed nurses	228,230	236,645	243,917	244,360	..	1.6%	1.7%

- (a) The Nursing and Midwifery Labour Force Survey was conducted every two years from 1995 to 2003, hence there is no data for 2002. The survey has been conducted annually since 2003.
- (b) 2004 data have been revised since the publication of *Mental Health Services in Australia 2004-05*.
- (c) The number for each variable may not sum to the total due to the estimation process and rounding.
- .. Not applicable

Education

The minimum educational requirement for a registered nurse is now a three-year bachelor or postgraduate degree in nursing, or the equivalent. A recent project by the Mental Health Nurse Education Taskforce (MHNET) has recommended changes to the pre-registration curriculum to strengthen mental health content for all undergraduate nursing students^{xv}. A further recent development is the inception of comprehensive nursing degrees with a major in mental health. In a survey undertaken as part of the MHNET project, ten universities nationally reported that they were currently delivering, or were planning to deliver, a pre-registration nursing degree with a mental health major. These courses have a greater focus on mental health in both theory and clinical hours.

Postgraduate mental health qualifications for mental health nurses are generally provided at the postgraduate diploma level, with a few universities providing Masters level qualifications. The estimated number of registered nurses working in mental health with specialist mental health qualifications varies significantly between states, from 17.1% in Western Australia to 41.2% in South Australia^{xvi}. The proportion of enrolled nurses with specialist qualifications is lower. Some states have the capacity to register and recognise nurses with accredited postgraduate qualifications in mental health nursing.

Credentialing

Registered nurses practising within the mental health field in Australia may apply to the Australian College of Mental Health Nursing for credentialing. To become a credentialed mental health nurse, a person must:

- Have licensure as a registered nurse in Australia.
- Possess a specialist or postgraduate mental health nursing qualification, or demonstrate equivalence.
- Meet practice experience requirements (duration & recency)
- Accumulate continuing professional education and continuing practice development points over set periods^{xvii}.

MHNs may currently provide limited Medicare Services in areas such as allied health and psychological services. The requirements for a MHN to hold a credential to provide Medicare and related services are inconsistent—credentialing is not a requirement of the *Better Outcomes In Mental Health Care* program, but is a requirement of the *Mental Health Nurse Incentive Program*. The number of credentialed MHNs is small, and rose from 203 nationally in March 2008 to 267 in September 2008^{xviii}.

Future supply of mental health nurses

An analysis of the nursing workforce reports between 2001-2004 noted that the current supply of nurses will not be sufficient to meet future demand, with supply decreasing from factors such as an ageing workforce and changed labour patterns, while demand for nursing services will increase. It was estimated that by 2006 between 10,182 and 13,408 new graduates would be needed. With an estimated 9,382 commencements in 2003, the shortfall is likely to be significant^{xix}. A more recent report suggests that a substantial improvement in the supply of RNs will occur, particularly from 2009 when the large increase in graduates from the 2007 new places announced by the Commonwealth become available^{xx}. However, effects are likely to vary significantly between states and territories, with ongoing large shortfalls in Queensland and Victoria. Between 2000-2009 Australia is projected to almost double the number of completions from pre-registration nursing courses, from 5,049 to 9,674 (including the new places). The attrition rate of nursing courses is high—the completion rate for university-level general nursing courses was about two-thirds the level of commencements for the period 2001-03^{xxi}.

Any shortage in nursing generally is likely to be greater in mental health, due to the higher average age of MHNs, increased services (for example, the new Commonwealth MHN incentive initiative) and the difficulties in recruiting nurses to work in the area. It is concerning that increases in the overall nursing workforce are not reflected in mental health. Over time, the number of people working as mental health nurses has remained static, and those people are working longer hours. As Preston notes in relation to registered nurses, workforce shortages 'are clearly unsatisfactory because health authorities and other employers of RNs cannot provide the necessary quality of care (or supervision of student RNs), and RNs' work intensifies, putting them under pressure to work longer hours than they desire or not take the leave to which they are entitled. They lack time for mentoring colleagues, for their own professional development, and for the reflective time needed for personal and professional sustenance and growth in the often stressful practices of nursing.'^{xxii}

Strategies to meet demand

The *Australian Mental Health Nurse Supply, Recruitment and Retention* report outlines a range of recommendations to meet demand that cover awareness, education, working conditions and registration/accreditation. Recent Commonwealth initiatives, such as funding an increased number of undergraduate nursing places; post graduate mental health scholarships; enhanced job roles in primary care settings; and supporting principles for mental health in undergraduate nursing courses are likely to have a positive impact. Similarly, other jurisdictions are investing in other strategies to meet demand. For example, Victoria has developed projects on enhancing the scope of practice of enrolled nurses in mental health, and NSW has been supporting mental health nurse practitioner development.

Specific strategies that may be considered include:

- Ongoing support for and promotion of mental health majors within pre-registration nursing degrees.
- Ongoing support for programs to attract graduate nurses to work in mental health.
- Improvements to clinical mental health placements for nursing students.
- Further development of mental health nurse practitioner roles.
- Ongoing development and support for enrolled nursing roles in mental health, with pathways from enrolled nursing to nursing degree qualifications.
- Development and support of pathways for nurses to move between general nursing and mental health.
- Further use of incentives to improve distribution of the existing workforce.
- Development of incentives for practice change to improve utilisation of the existing workforce.
- Promotion of the mental health setting for graduate (newly registered) nurse placement.
- Promotion and marketing of practicing in mental health.

ⁱ Australian Institute of Health and Welfare (AIHW) 2008a, *Mental Health Services in Australia 2005-06*. Mental health series no. 10. Cat. No. HSE 56. Canberra: AIHW.

ⁱⁱ Australian and New Zealand College of Mental Health Nurses, 1996, *Constitution*, Adelaide.

ⁱⁱⁱ Australian College of Mental Health Nurses 2004, *Position Statement: Mental Health Nursing Education*, available at <http://www.acmhn.org/files/EducationPositionStatementFeb2004.pdf> accessed 27 August 2008.

^{iv} AIHW 2008a.

^v AIHW 2008a, with additional unpublished data provided by AIHW from *Nursing and midwifery labour force census 2005*.

^{vi} www.aihw.gov.au Additional tables from the *Nursing and midwifery labour force census 2005*, accessed 29 September 2008.

^{vii} <http://www.workplace.gov.au/workplace/Publications/LabourMarketAnalysis/SkillShortages/OccupationalReports/HealthProfessions.htm> accessed 27 August 2008

^{viii} Victoria Labour Economics Office, DEEWR June 2007, Registered Mental Health Nurse, Victoria, available at <http://www.workplace.gov.au/workplace/Publications/LabourMarketAnalysis/SkillShortages/OccupationalReports/HealthProfessions.htm> accessed 27 August 2008.

^{ix} NSW Labour Economics Office, DEEWR June 2007, Registered Mental Health Nurse, NSW, available at <http://www.workplace.gov.au/workplace/Publications/LabourMarketAnalysis/SkillShortages/OccupationalReports/HealthProfessions.htm> accessed 27 August 2008.

^x AIHW 2008a

^{xi} AIHW 2008a.

^{xii} AIHW 2008a.

^{xiii} AIHW 2008a.

^{xiv} AIHW 2008a.

^{xv} Mental Health Nurse Education Taskforce (MHNET), 2008, *Final Report: Mental Health in Pre-registration Nursing Courses*, Melbourne.

^{xvi} Australian Institute of Health and Welfare (AIHW) 2008b. *Nursing and midwifery labour force 2005*. National health labour force series no. 39. Cat. no. HWL 40. Canberra: AIHW.

^{xvii} <http://www.acmhn.org/index.html> accessed 27 August 2008.

^{xviii} Australian College of Mental Health Nurses, unpublished, 17 March 2008, 11 September 2008.

^{xix} Australian Health Workforce Advisory Committee 2004, *The Australian Nursing Workforce – An overview of workforce planning 2001-2004* AHWAC Report 2004.2.

^{xx} Preston, Barbara, 2006. *Nurse workforce futures: development and application of a model of demand for, and supply of graduates of Australian and New Zealand pre-registration nursing and midwifery courses to 2010*, Council of Deans of Nursing and Midwifery (Australia and New Zealand).

^{xxi} AIHW 2008b.

^{xxii} Preston, Barbara, 2006, p. 2.