MENTAL HEALTH WORKFORCE

We can't find the solution until we know the problem: understanding the mental health nursing labour force

Karla Gough and Brenda Happell

Objective: *Difficulties recruiting and retaining adequate numbers of mental health nurses have been extensively documented in the Australian literature. The continued increase in the average age of practicing mental health nurses has intensified concerns that a workforce crisis is rapidly approaching. Despite the urgency of this situation, there has been no comprehensive, co-ordinated collection of labour force data. The aim of this paper is to synthesise and present labour force data gathered from various official sources to more clearly identify and articulate the nature and extent of the problem.*

Method: *Relevant labour force data was obtained from reports produced by the Australian Institute of Health and Welfare and the Victorian Department of Human Services. Information was collated, synthesised and, in some cases, re-analysed to provide a clearer picture of the current national and Victorian mental health nursing labour force, as well as requirement and supply projections.*

Results: *Findings are consistent with conclusions in the available literature but suggest that the magnitude of the problem is likely to be greater than previously anticipated.*

Conclusions: *The systematic and coordinated collection of mental health nursing labour force data is crucial in order that appropriate interventions can be implemented and evaluated.*

Key words: *Australia, labour force planning, mental health nursing, recruitment, retention.*

During 2005, the Productivity Commission of the Australian Government conducted a study to examine issues impacting on the health workforce. The impending crisis in the current mental health workforce was revealed as an area of considerable concern, with significant workforce shortages noted in all of the mental health professions.[1] The inability to recruit and retain an adequate professional mental health workforce was attributed to factors such as insufficient training and support, unsatisfactory working conditions and the lack of a clearly defined career path.[1]

For more than a decade, the Australian literature has heralded a substantial shortfall in the mental health nursing labour force.[2–5] The relative lack of popularity of mental health nursing has been identified as a significant contributor to this situation.[2,5–11] Devoting only a small proportion of curricula to the theory and practice of mental health nursing is considered a primary reason that so few nursing graduates enter this area of nursing specialty.[2–4]

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Despite the potential crisis looming, in 2000 Clinton and Hazelton[2] observed that "few attempts have been made to monitor the impact of initiatives directed at reversing the recruitment and retention problems that bedevil the mental health nursing workforce" (p. 161). This statement remains equally true seven years after the publication of the article. However, it is not only the solutions, but also the problem itself, that has not been properly investigated.

The lack of comprehensive and up-to-date information about the health and community services' labour force, including about the level and type of training which occurs within it, is a barrier to effective labour force planning. Additionally, there are limited labour force plans to harness this data, and the lack of inter-governmental collaboration in the planning for and provision of services undermines this process.

Furthermore, data collection tends to be ad hoc. For registered nurses (including enrolled nurses), the Australian Institute of Health and Welfare (AIHW) gathers data from state based registration bodies. The process relies on voluntary return of the data and there is poor understanding by nurses as to how this information is used. Given the areas that a nurse practices in, there is not enough data collected to accurately predict future labour force issues, particularly in specialty areas such as mental health nursing. The aim of this paper is to provide a synthesis of the available labour force data to better understand the state of the current mental health nursing labour force and likely trends for the future. The primary focus is Victorian and Australian data.

NATIONAL AND STATE MENTAL HEALTH NURSING SHORTAGE WITHIN AUSTRALIA, 1993 TO 2004

Annually, national and state skill shortage lists for various occupations, including nursing, are made available by the Department of Employment and Workplace Relations (DEWR; http://www.dewr.gov.au/). Skill shortage information, as well as other national and state labour force statistics relevant to nursing, are routinely published by AIHW.[11–16] Skill shortages are not quantified; the Department simply indicates whether shortages are present or not present. This is in itself problematic, as diverse geographical requirements, for example, cannot be quantified nor adequately addressed. Nevertheless, an overview of the skill shortage in mental health nursing by state and territory between December 1998 and March 2004 is presented in Table 1. This information demonstrates a continued shortage of mental health nurses during the time period. Since January 2000, all states or territories have indicated a shortage, although in South Australia in 2002 this referred only to rural areas.

In the following sections, a more detailed overview of the specific issues confronting the mental health nursing workforce is provided.

DEMOGRAPHICS AND WORK CHARACTERISTICS OF THE AUSTRALIAN MENTAL HEALTH NURSING WORKFORCE, 1993 TO 2004

Table 2 gives an overview of the demographic and work characteristics of Australian mental health nurses between 1993 and 2001; all information was extracted from the AIHW nursing labour force reports.[11–16]

The average age of mental health nurses in 1993 was 39.7 years. In 2001, the average age was 43.7 years, demonstrating an increase in age of approximately 0.5 years per year. If this trend continues, the average age for a mental health nurse is likely to be 48.7 by 2011. Furthermore, between 1993 and 1997, the overwhelming majority of clinicians were aged between 30 and 49 years of age. During this same period, there was little change in the proportion of clinicians who were less

Table 1: National and state skill shortages of registered mental health nurses between 1998 and 2004

Location	*December 1998*	*January 2000*	*February 2001*	*February 2002*	*February 2003*	*March 2004*
Australia	S	S	S	S	S	S
NSW/ACT	S	S	S	S	S	S
Victoria	S	S	S	S	S	S
Queensland	S	S	S	S	S	S
Western Australia	N	S	S	S	S	S
South Australia	S	N	S	R	S	S
Tasmania	R	S	S	S	S	S
Northern territory	S	S	S	N	S	N

S = Shortage; R = Shortage in regional areas only; N = No shortage indicated.

Table 2: Characteristics of registered and enrolled nurses employed as clinicians in mental health/psychiatric nursing (Source: AIHW Nursing labour force reports 1993–2002)

Characteristic	*1993*	*1994*	*1995*	*1996*	*1997*	*1999*	*2001*
Registered mental health nurses	9,066	9,408	9,428	9,415	10,112	9,958	10,184
(% of all clinicians)	6.2	6.0	6.2	6.1	6.6	6.3	6.4
Enrolled nurses working in the mental health field	2,068	1,944	1,820	1,840	2,181	2,215	1,893
(% of all clinicians)	4.3	4.0	4.1	4.3	5.1	5.2	4.5
Percentage of male nurses	34.4	35.5	34.9	34.2	33.9	32.7	32.4
Age							
Average (years)	39.7	39.4	39.7	40.3	40.7	42.5	43.7
Frequency (%)							
<30	12.9	13.4	13.6	13.1	12.7	–	–
30–39	39.2	39.2	37.4	34.7	31.6	–	–
40–49	32.9	32.8	34.3	36.5	38.5	–	–
50–59	11.9	11.6	12.6	13.3	14.7	–	–
60+	2.4	2.2	2.1	2.4	2.5	–	–
Hours worked per week							
Average	37.1	37.0	37.4	37.7	36.0	34.7	34.4
(% 35+hours)	78.4	77.1	77.0	75.4	72.3	69.2	66.9

than 30 years of age or 60 years of age or older. In contrast, the proportion of clinicians aged 30–39 years steadily decreased as the proportion of clinicians aged 40–49 years steadily increased. There was also a steady increase in the number of clinicians who were aged 50–59 years.

In relation to number of hours worked, between 1993 and 1996 the average hours by mental health nurses remained fairly stable (37.0–37.7 hours/week). However, the average demonstrated a steady decline from 1996 (37.7 hours) to 2001 (34.4 hours). Indeed, the proportion of nurses working full-time (35 hours or greater) has decreased each year from 1993 (78.4%) to 2001 (66.9%). Compared to all preceding years, there was a notable reduction in the proportions of nurses working in excess of 40 hours per week. During the same period, the percentage of males employed in mental health nursing steadily declined

Table 3: Requirement projections for the Victorian nurse labour force – 2008

		Requirements projections			
Year	*Constant*	*Demographic change low*	*Difference between low growth and constant*	*Demographic change high*	*Difference between high growth and constant*
1998	56,350	56,350	0	56,350	0
2008	56,350	62,802	6,452	63,114	6,767

The three requirement projections include: constant – projections are based on no change in the nurse requirements; demographic change low – projections are based on a change in nurse requirements due to population growth only; demographic change high – projections are based on a change in nurse requirements due to population growth plus ageing effects.

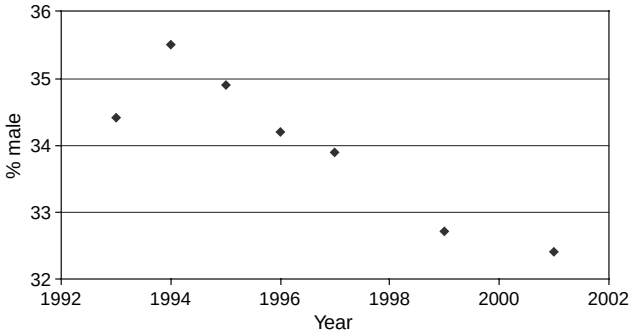

Figure 1: Percentage of male psychiatric/mental health nurses 1993–2001.

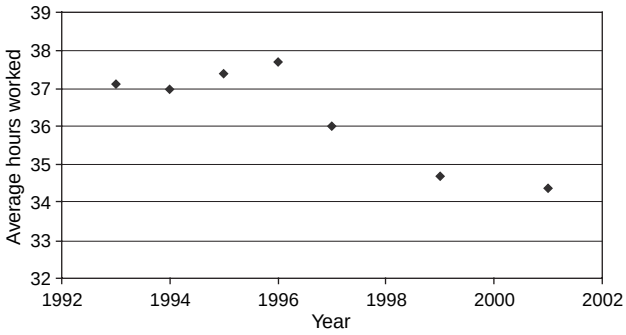

Figure 2: Average hours worked per week by psychiatric/mental health nurses in Australia 1993–2001.

from 1993 to 2001, with the exception of 1994. This trend is demonstrated in Figure 1. There was a strong positive relationship between the percentage of male psychiatric/mental health nurses and the average number of hours worked per week ($r = 0.87$, $p = 0.01$), namely, the average number of hours worked per week decreased as the proportion of male nurses decreased.

VICTORIAN LABOUR FORCE STATISTICS, 1995 TO 2003

According to figures presented by AIHW in 2004, the weekly hours worked by nurses in mental health facilities in Victoria in 2003 (38.3 hours) were, on average, higher than the hours worked by their colleagues working in other clinical settings (32.1 hours).[17] Also in 2003, nurses employed in mental health facilities were more likely to work 45 hours or more per week (16.8%; average across all other settings, 9.1%) and less likely to work part-time (31.3%; average across all other settings, 60.9%).

In 2003, clinical mental health nurses were more likely to be male (34.2%) than nurses working in all other clinical roles (7.8%).[17] During the period 1995 to 2003, the general population in Victoria increased by 8.9% (from 4,517,378 to 4,917,394 people). In the same period, however, the Victorian nursing labour force increased by only 4.7% (from 66,477 to 69,557).[17]

Table 4: Supply projections for the Victorian nurse labour force – 2008

		Supply projections				
Year	***Base model***	***Increase losses by 25%***	***Decrease losses by 25%***	***Decrease losses by 50%***	***Increase graduates by 1,500***	***Increase graduates by 1,800***
1998	56,350	56,350	56,350	56,350	56,350	56,350
2008	57,598	54,678	60,794	64,299	63,886	65,148

The six supply scenarios include: base model – assumes current workforce dynamics rates are retained; increase losses by 25 percent – assumes greater losses from the labour force; decrease losses by 25 percent – assumes lower losses from the labour force; decrease losses by 50 percent – assumes very high improvement in labour force retention rates; increase graduate output by 1,500 – assumes a high increase in the number of graduates; increase graduate output by 1,800 – assumes a very high increase in the number of graduates.

Table 5: Number of registered mental health nurses in Australia by year

	1993	***1994***	***1995***	***1996***	***1997***	***1999***	***2001***
Number of registered mental health nurses	9,066	9,408	9,428	9,415	10,112	9,958	10,184

VICTORIAN NURSE LABOUR FORCE PROJECTIONS, 1998 TO 2009

A report commissioned by the Victorian Department of Human Services detailed a ten-year projection of the demand for, and supply of, the nurse labour force in Victoria between 1998 and 2009.[18] Tables 4 and 5 outline the requirement and supply projections for the Victorian nurse labour force in 2008.

The requirement projections in 2008 based on a change in nurse requirements due to population growth suggested 62,802 nurses would be required; when controlled for ageing effects, a suggested 63,114 nurses would be required. Examination of the supply projections table indicates these requirements would only be met if nurse losses were decreased by 50% or graduates were increased by 1,500 or 1,800.

In 2003, there were 69,557 registered nurses in Victoria.[17] If we assume that only 80.7% of the registered workforce was currently engaged in nursing work, as in 1998,[13] approximately 56,145 nurses were working. This figure is close to the supply projections outlined in the Nurse Labourforce Projections document[18] calculated on the basis of the Base Model (56,717) suggesting 1998 workforce dynamics were retained. Consequently, as of 2003, Victoria did not appear to be on target to meet the requirement projections calculated on the basis of a change in nurse requirements due to population growth only (59,489) or population growth plus ageing.

Unfortunately, specific nurse labour force projection requirements are not available for the mental health field. Nevertheless, these projections do not augur well for the mental health nursing field. It appears unlikely that the mental health nursing labour force will meet future requirements based on population growth plus ageing, unless a concerted effort is made to improve recruitment and retention in this area.

VICTORIAN MENTAL HEALTH NURSING WORKFORCE REQUIREMENTS, 2003–04 TO 2011–12

The following section is based on a report commissioned by the Victorian Department of Human Services, which outlined Victorian public mental health workforce requirements to meet projected service growth to 2011–12.[19] Findings detailed in this report also indicate a shortage of suitably qualified nursing staff in mental health to meet projected demand. Indeed, according to figures presented in this report, a 25% increase in registered nurses is required to meet future service demand.[19] Such an increase would be unprecedented. Australian figures from 1993 to 2001 are used to demonstrate the point (Table 5). From 1993 to 2001, there was a 12.3% increase in registered nurses employed in mental health services, representing a significant shortfall from projected need. Without substantial changes to current recruitment and retention practices, the chances of meeting future service demand are slight.

DISCUSSION

Concern that a crisis within the mental health nursing workforce in Australia is imminent is not a new concept. For almost a decade, this problem has been highlighted in the Australian literature.[4,6–10] Despite the severity of the problem, nursing workforce data has not been collected in a systematic and coordinated manner. This is particularly evident in the field of mental health nursing, and anecdotal evidence suggests that this reflects the assumption that as a specialist field within nursing, the circumstances affecting the mental health field are similar to those affecting all areas of nursing.

A detailed analysis of the available figures, however, suggests that while nursing shortages are evident across the board, there are some issues specific to mental health nursing. For example, the number of males employed in the mental health field has traditionally been consistently higher than other areas of nursing (with the exception of intellectual disability nursing, which is similar to mental health). Data analysis demonstrates that the greater the proportion of males, the higher will be the proportion of staff working full time and the greater mean number of hours worked per week. If the observed trend in the number of males employed in mental health nursing continues to decline steadily, and there is no reason to assume it will not, the number of new recruits required to meet the deficits created via attrition will need to be considerably higher than a 1:1 ratio in order to compensate for the higher average number of hours worked by male nurses.

The data presented suggests that the anticipated crisis is likely to be more severe than previously imagined. While the crisis is not specific to the mental health nursing field, the fact that this area has been demonstrated to be relatively undesirable for undergraduate nursing students[1,4,7–10] means that specific strategies must be implemented and evaluated in order to determine the most effective approach or approaches to overcoming a serious and substantial problem.

In order to find appropriate solutions, a thorough and comprehensive understanding of the problem at hand is needed. This requires systematic and coordinated data. Not only would this information enable a more accurate and comprehensive understanding of the magnitude and nature of the problem, it would provide valuable base-line data from which the effectiveness of recruitment and retention strategies can be evaluated.

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