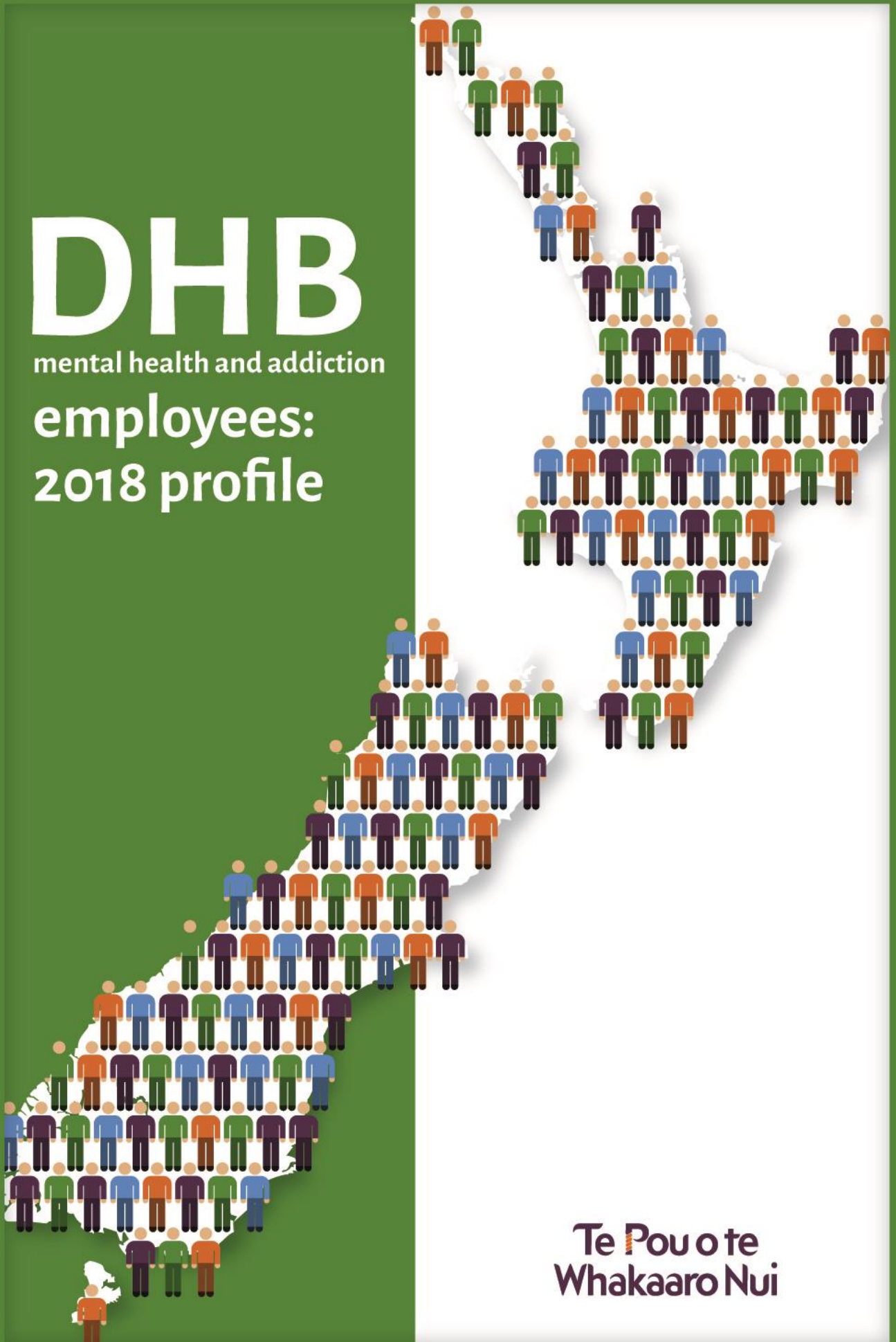


DHB

mental health and addiction

employees: 2018 profile



Te Pou o te
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This report was written by Te Pou o te Whakaaro Nui (Te Pou). The author of the report is Joanne Richdale (PhD). Input into the series was also provided by Angela Jury (PhD).

Abbreviations

ANZSCO	Australia and New Zealand Standard Classification of Occupations
DHB	District health board
FTE	Full-time equivalent
HWIP	Health Workforce Information Programme
MHA	Mental health and addiction
NGO	Non-government organisation
PAOW	Primary area of work
PRIMHD	Programme for the Integration of Mental Health Data

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Executive summary

This is the third report in the series of annual publications describing district health board (DHB) mental health and addiction employee demographic and service profiles. The purpose of this report is to summarise routinely collected DHB employee health workforce (held by the Health Workforce Information Programme (HWIP)) data about DHB mental health and addiction employees to inform workforce planning and development activities. Specific objectives include describing, as at 30 June 2018:

- the number of people employed and full-time equivalent positions, by occupation groups
- employees' profile
 - by age, gender and ethnicity
 - length of service
 - FTE turnover.

The information presented in this report has been provided by the Health Workforce Information Programme (HWIP), at TAS (Technical Advisory Services) to Te Pou o te Whakaaro Nui (Te Pou). It describes aggregated socio-demographic and service information for all people employed in a mental health and addiction primary area of work (PAOW). This includes people working in mental health and addiction services for:

- children and adolescents (CAMHS)
- adults
- older people (MHSOP).

Results indicate there are 8,038 DHB mental health and addiction employees working in 7,259 full-time equivalent (FTE) positions across all 20 DHBs. Compared to all DHB employees, DHB mental health and addiction employees:

- tended to be older on average (48 years compared to 45 years)
- were more likely to be aged over 50 years (50 per cent compared to 42 per cent)
- were less likely to be female (70 per cent compared to 79 per cent)
- were more likely to identify as Māori or in a Pasifika ethnic group (11 and 7 per cent respectively, compared to 8 and 4 per cent)
- have on average been employed for slightly longer (8.9 compared to 8.3 years)
- have slightly higher FTE turnover (11.4 per cent compared to 10.9 per cent).

Figure 1 summarises the demographic and service profile for each of the occupation groups described in this report, all DHB mental health and addiction employees (MHA), and all DHB employees.

DHB mental health and addiction employee profile at a glance

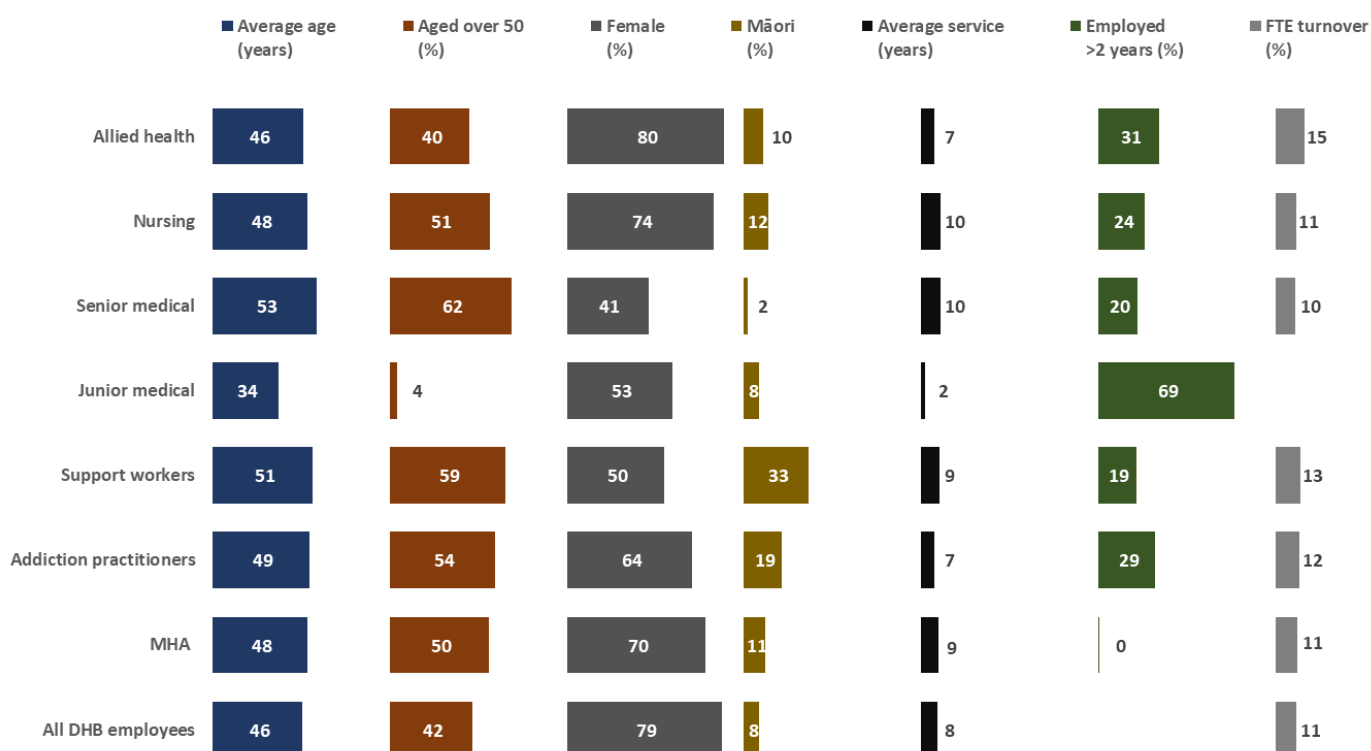


Figure 1. Summary of DHB mental health and addiction employee profile by occupation groups.

The information provided in this 2018 report is slightly different to previous reports in the series. This report includes only DHB employees with mental health and addiction PAOW codes. Earlier reports included a small group of employees (in around 365 FTE positions) who were not coded for a mental health and addiction PAOW but had this described in their ANZSCO role code or job description. This change in scope for reporting is due to improved coding of PAOW giving better access to DHB mental health and addiction employee records.

Overall, findings corroborate with earlier reports (Te Pou o te Whakaaro Nui, 2017a, 2017b) emphasising the need for workforce planning and development activities to ensure continuity of DHB mental health and addiction workforce supply, including:

- being prepared to address impending attrition in the workforce due to ageing
- finding ways to maintain workforce capability over time, and to capitalise on older employees' long service and experience to support the development of new entrants
- monitoring workforce diversity and continuing to build on the momentum of workforce development programmes to better align workforce ethnicity to that of people accessing services.

In the future, there is an opportunity to begin documenting mental health and addiction workforce trends over time. Understanding these trends will contribute to our understanding of the impact of factors such as workforce ageing and provide evidence to support future workforce development activities.

Introduction

This is the third report in the series of annual publications describing district health board (DHB) mental health and addiction employees and their demographic and service profiles.

The purpose of this report is to summarise routinely collected DHB employed health workforce (held by HWIP) data about DHB mental health and addiction employees to inform workforce planning and development activities. This includes people working in CAMHS, adult mental health and addiction services, and dedicated MHSOP.

Specific objectives include describing, as at 30 June 2018:

- the number of people employed and full-time equivalent positions, by occupation groups
- employees' profile
 - by age, gender and ethnicity
 - length of service
 - FTE turnover.

This report is based on information provided to Te Pou by HWIP. The HWIP team collects and collates DHB employed workforce information submitted from all 20 DHBs' human resources and payroll systems. HWIP reports quarterly on aggregated information for all DHB employees; see <https://tas.health.nz/strategic-workforce-services/health-workforce-information-programme-hwip/>.

The information in this report is presented in a variety of ways for use in workforce planning, including:

- national and regional averages¹
- comparisons with all DHB employees and by occupation group
- averages by DHB-size (see Appendix B for DHB-size groups).

The following sections describe the methods used to select and analyse the HWIP data, results overall and by service delivery occupation groups, and the implications of this information for workforce planning and development are described in the discussion.

The occupation group names differ from those reported elsewhere by the HWIP team. This report describes occupation groups in ways consistent with other workforce reports from Te Pou and Matua Raki (Te Pou o te Whakaaro Nui, 2018a, 2018b).

¹ For the purposes of this report, the average refers to the mean, which is the sum of all valid values divided by the number of employees with valid values.

Method

This report is based on DHB employed workforce (held by HWIP) data collected for the quarter ended 30 June 2018. HWIP provided Te Pou with aggregated information and analyses about DHB employees in mental health and addiction roles. The data was extracted from the DHB employed workforce information dataset for DHB employees with PAOW codes associated with mental health and addiction.² This includes people working in DHB provider arm CAMHS, adult mental health and addiction services, and dedicated MHSOP.

The extracted data includes only employed people meeting the criteria above and who have contracted hours greater than zero. It excludes all people on long-term leave, leave without pay and parental leave, casual staff, and contractors.

HWIP aggregated and analysed the data according to their current practice and specifications provided by Te Pou for DHB-size groups (see Appendix B) and length of service groups. Only employee records with valid data were included in analyses.

Workforce ethnicity has been calculated taking the number of people who identify in an ethnic group as a proportion of all people with valid ethnicity information supplied. Employees' ethnicity is prioritised according to the Ministry of Health ethnicity data protocols (Ministry of Health, 2004). The use of prioritised ethnicity results in under-reporting of individuals in non-Māori ethnic groups (for example Pasifika and Asian peoples) if they also identified as Māori.

FTE turnover is calculated from the sum of FTE positions terminated during the year ended 30 June 2018, divided by the average FTE employed during that period. The calculation excludes staff on fixed term contracts, those with zero contracted hours, non-voluntary resignations for example redundancies and deaths, and all junior medical staff.

Results are reported in two sections. The first describes the sociodemographic profile, length of service and FTE turnover for all DHB mental health and addiction employees and makes comparisons with all DHB employees (approximately 72,000 people). The second section describes the profile of DHB mental health and addiction employees in the following occupation groups:

- allied health
- nurses
- senior medical practitioners
- junior medical practitioners (resident medical officers)
- support workers
- addiction practitioners.³

Analysis of 790 people in the administration and management (corporate and other) occupation group has not been included in this report. The specific ANZSCO codes and role descriptions in each

² Mental health and addiction PAOW definition, codes and descriptions are provided in Appendix C.

³ Information provided by HWIP by ANZSCO codes has been designated occupation groups according to the categories used in the *More than numbers* project to align with its workforce data collected in 2018.

of these occupation groups are described in the respective sections of this report and in Table 3 of Appendix A.

In each section, comparisons are made with relevant information about all DHB employees. Direct comparisons with the findings of the 2016 and 2017 reports in this series cannot be made due to the different scope used in those reports.⁴

The implications of this information to workforce planning and development is described in the discussion and concluding comments.

Appendices provide more detailed information about roles and FTEs employed; DHB-size groups; PAOW codes; and summary tables of results.

⁴ The 2016 and 2017 profile reports included people with no PAOW code in mental health and addiction roles based on relevant ANZSCO codes and others who had mental health and addiction involvement in their job titles. These people are not included in this report as to most DHBs are now completing PAOW coding for all employees.

DHB employee profile

This section describes the socio-demographic profile, length of service and FTE turnover of these employees. Figures show comparisons between all DHB mental health and addiction employees (MHA) and all DHB employees (all DHB) across all services.

As at 30 June 2018, DHBs employed 8,038 people employed in 7,259 FTE positions with a mental health and addiction PAOW code. Table 1 describes the total people and FTEs employed, as at 30 June 2018, in each HWIP occupation group.

Table 1. *Mental health and addiction employees by occupation groups, FTEs employed and number of people*

Occupation group	FTEs employed	Total people	Proportion of people employed (%)
Allied health	1,357.1	1,586	19.7
Nurses	3,269.0	3,572	44.4
Senior medical	480.7	547	6.8
Junior medical	221.7	232	2.9
Support workers	1,017.8	1,101	13.7
Addiction practitioners*	195.2	210	2.6
Administration & management**	717.2	790	9.8
Total	7,258.8	8,038	100.0

* People and FTE positions in addiction practitioner roles are identified by the ANZSCO code for Drug and alcohol counsellors (code number 272112). This report likely under-estimates the size of the DHB addiction practitioner workforce as people undertaking similar work may be reported against their professional group code, eg as social workers.

** Demographic information for employees in the administration and management group is not provided in this report.

Age

The average age of DHB mental health and addiction employees was 48 years, as at 30 June 2018. DHB mental health and addiction employees tended to be slightly older than all DHB employees whose average age was just under 46 years.

Figure 2 outlines the proportion of DHB mental health and addiction employees in 5-year age groups. It shows that DHB mental health and addiction employees are less likely to be represented in the younger age groups (under 40 years old), and more likely to be aged over 45 years compared to all DHB employees.

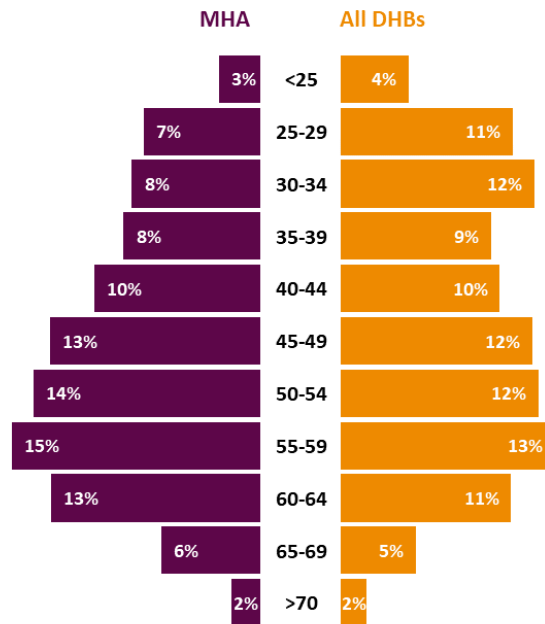


Figure 2. DHB mental health and addiction employees distributed across 5-year age groups.

Half of DHB mental health and addiction employees were aged over 50 years, with 36 per cent aged over 55, and 21 per cent aged over 60 years. In contrast, 42 per cent of all DHB employees were aged over 50; see Figure 3.

Half of MHA employees are aged over 50 years

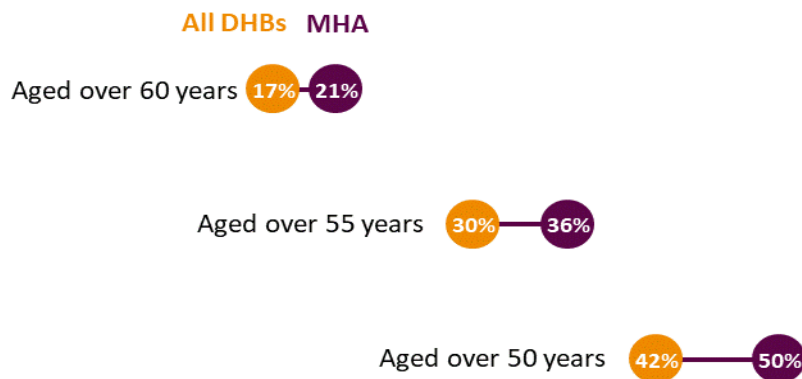


Figure 3. Comparison of mental health and addiction employees' average age with all DHB employees, by age groups.

DHB mental health and addiction employees in the Northern region had a slightly lower average age (47 years) compared to other regions, and the South Island region the highest (49 years). Employees in large DHBs tended to be younger than those in small DHBs; see Figure 4.

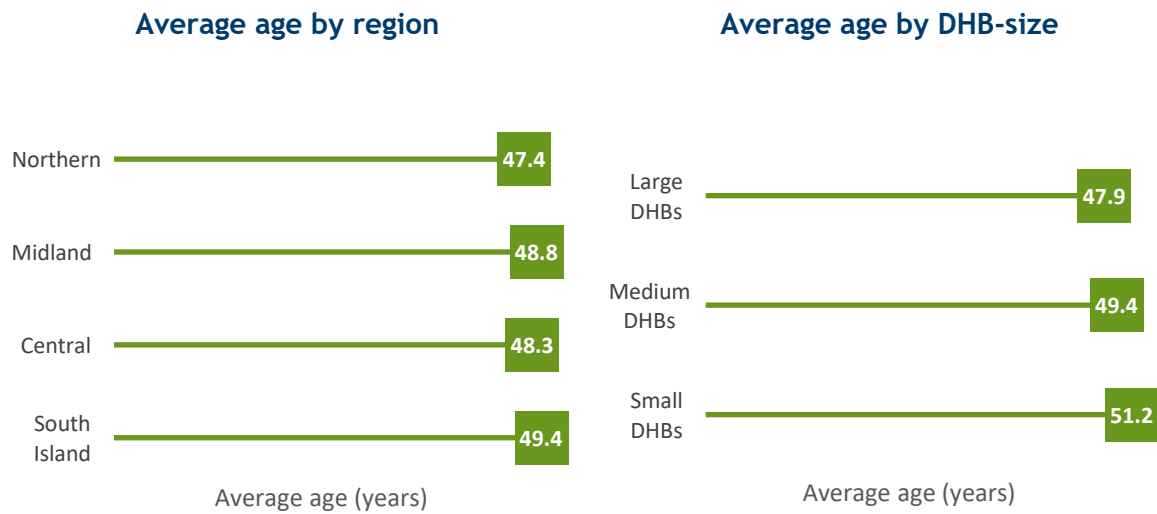


Figure 4. Comparison of mental health and addiction employees' average age, by region and by DHB-size groups, as at 30 June 2018.

Gender

In 2018, 70 per cent of DHB mental health and addiction employees were female, compared to 79 per cent of all DHB employees; see Figure 5.

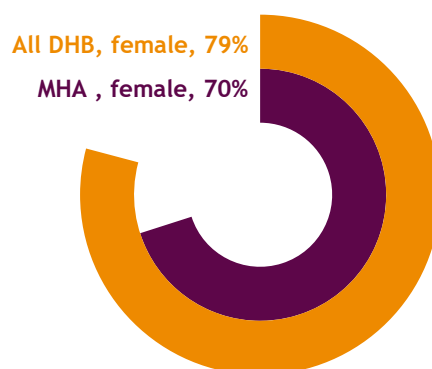


Figure 5. Comparison of female DHB mental health and addiction employees with all DHB female employees.

Ethnicity

DHB mental health and addiction employees identified as Māori (11 per cent) or Pasifika (7 per cent), at higher rates than all DHB employees (8 and 4 per cent respectively) and were less likely to identify in an Asian ethnic group; see Figure 6.

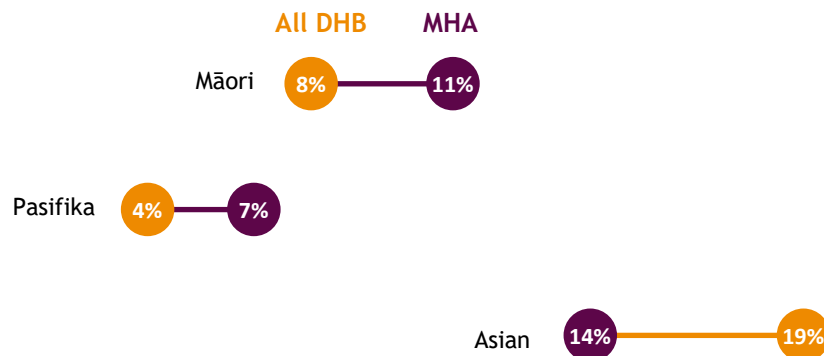


Figure 6. Comparison of DHB mental health and addiction employees' ethnicity with all DHB employees for Māori, Pasifika and Asian ethnic groups.

DHB mental health and addiction employees were most likely to be Māori in the Midland region (17 per cent of employees) and in medium-sized DHBs (20 per cent). DHB mental health and addiction employees in the Northern and Central regions were most likely to identify in Pasifika ethnic groups (10 and 9 per cent respectively), like those working in large DHBs (8 per cent). A similar trend was seen for employees in Asian ethnic groups in the Northern region and in large DHBs (17 per cent and 13 per cent respectively); see Figure 7.

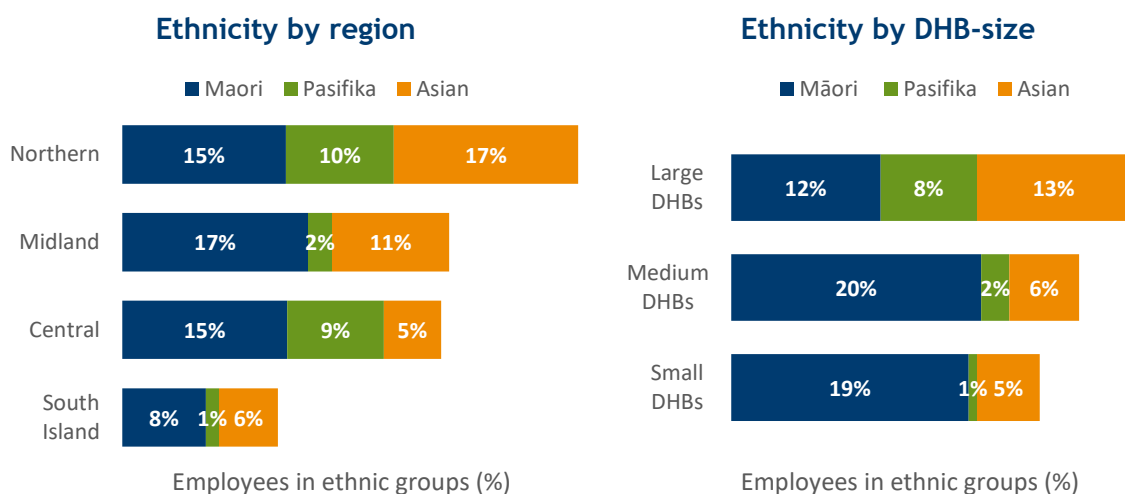


Figure 7. Māori, Pasifika and Asian representation among DHB mental health and addiction employees, by region and DHB-size groups, as at 30 June 2018.

Length of service

The average length of service for DHB mental health and addiction employees was just under 9 years, as at 30 June 2018; compared to 8 years for all DHB employees. The average length of service for DHB mental health and addiction employees includes information about junior medical professionals' length of service. Although this group is very small (232 people out of a total of 8,038; 3 per cent), their shorter length of service due to the nature of their role does slightly lower the overall average.

More than half (56 per cent) of DHB mental health and addiction employees had over 5 years' length of service, and most were employed for more than 8 years; see Figure 8.

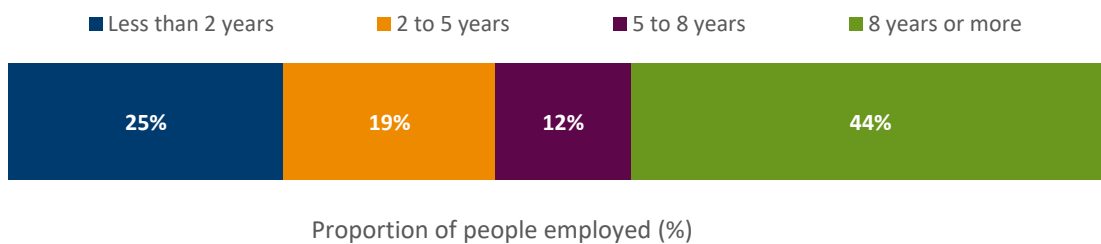


Figure 8. The proportion of DHB mental health and addiction employees by period employed, as at 30 June 2018.

DHB mental health and addiction employees in the South Island region had the longest average length of service (11 years) as did those in small DHBs (10 years); see Figure 9.

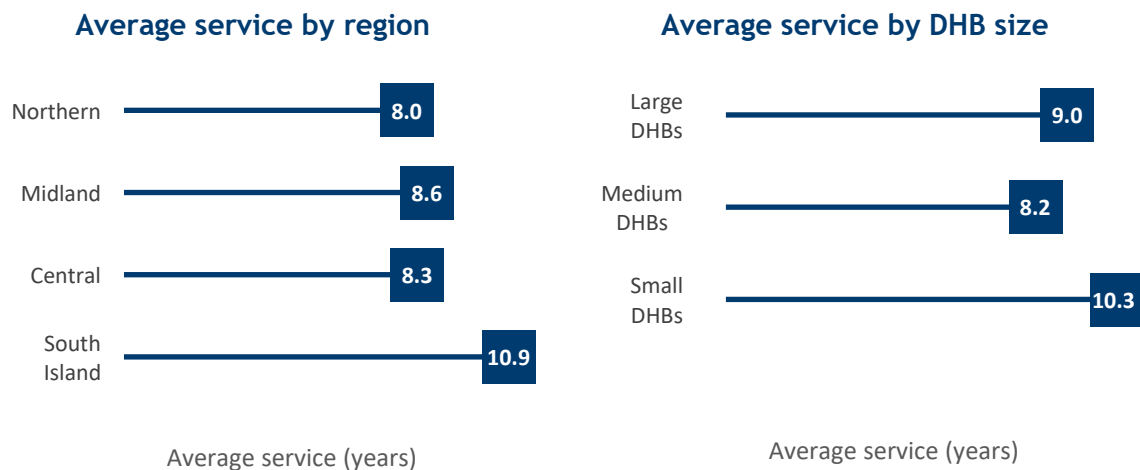


Figure 9. Average length of service for DHB mental health and addiction employees, by regions and DHB size groups, as at 30 June 2018.

FTE turnover

DHB mental health and addiction employees had an FTE turnover rate of 11.4 per cent for the year ended 30 June 2018. This was slightly higher than for all DHB employees over the same period (10.9 per cent). In the regions, DHB mental health and addiction employees in the Northern and Central regions had the highest FTE turnover (11.7 and 11.9 per cent respectively), as did the employees in medium-sized DHBs (12 per cent each); see Figure 10.

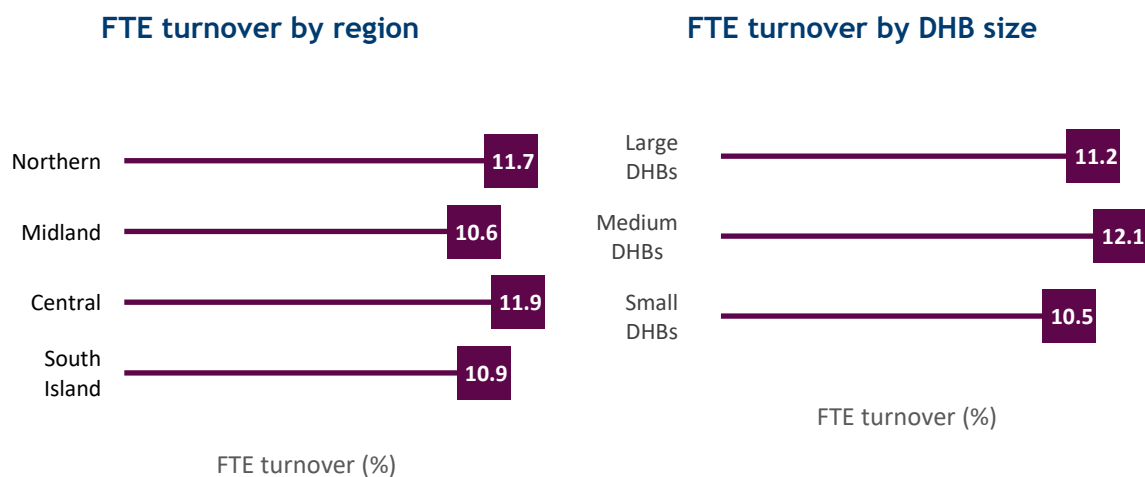


Figure 10. DHB mental health and addiction employees' FTE turnover, by region and by DHB-size groups, as at 30 June 2018.

Occupation groups

This section provides information about the socio-demographic profile, length of service and FTE turnover of DHB mental health and addiction employees in each of the occupation groups described in Table 1 on page 14.

Figure 11 compares key information for each occupation group, with averages for all DHB mental health and addiction employees and for all DHB employees.

DHB mental health and addiction employee profile at a glance

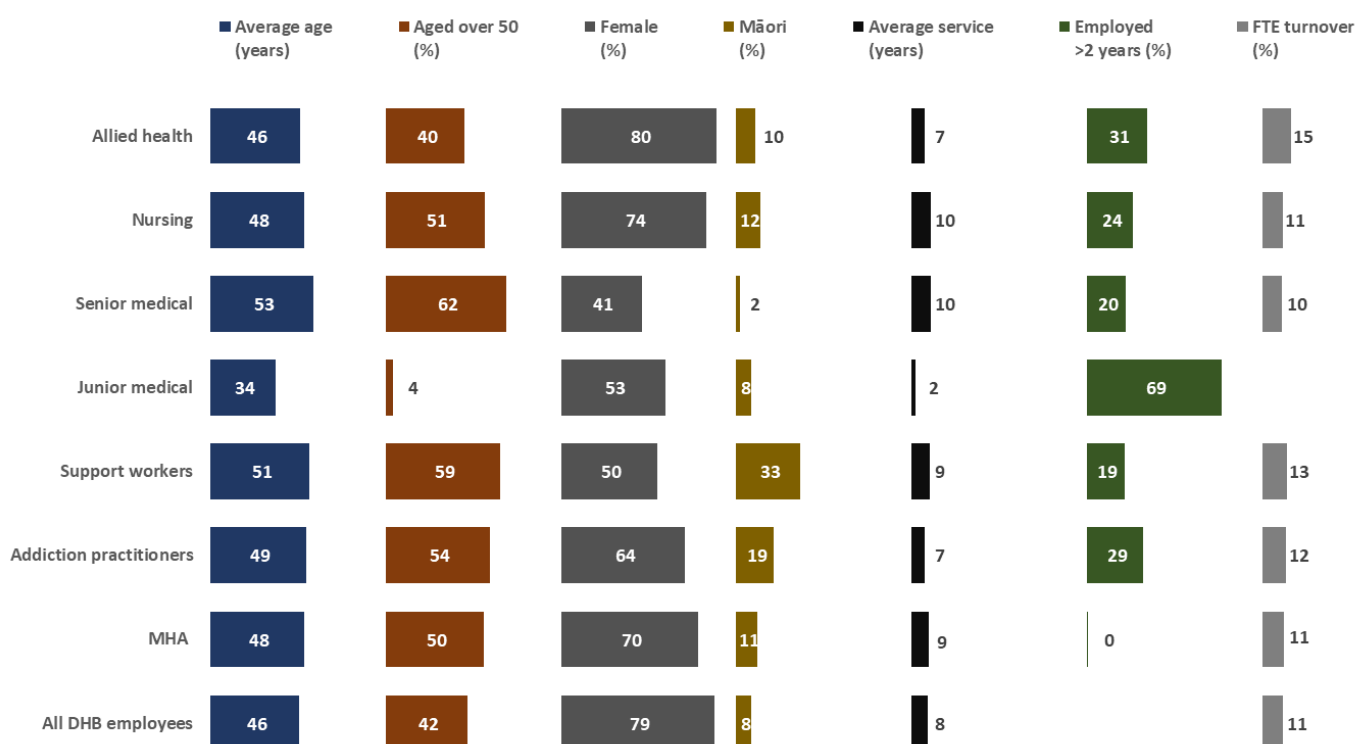


Figure 11. Summary of DHB mental health and addiction employee profile by occupation groups.

DHB mental health and addiction employees are described in the following subsections by occupation groups. Comparisons are made with demographic information provided by HWIP for **all DHB employees in the same occupation group (referred to as “all DHB peers”)**, where relevant.

Allied health

The DHB mental health and addiction employees in the allied health occupation group included 1,586 people working in 1,357 FTE positions. Within this group, the roles with the most FTEs employed were social workers (38 per cent of allied health workers), clinical psychologists (35 per cent), and occupational therapists (20 per cent).⁵

Key findings

DHB mental health and addiction allied health employees:

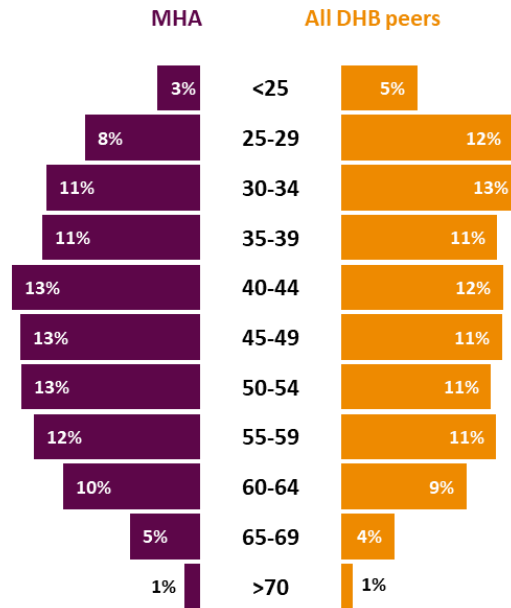
- are on average older than all DHB allied health employees
- are mostly female
- are more likely to identify as Māori, and less likely to identify in an Asian ethnic group than all DHB peers
- have been employed for shorter periods on average compared to all DHB allied health workers
- have higher FTE turnover rates than all DHB peers and all DHB mental health and addiction employees.

Age

The average age of DHB mental health and addiction allied health employees was 46 years, as at 30 June 2018. This was older than for all DHB peers in the allied health group (44 years). The median age group for DHB mental health and addiction allied health employees was 45 to 49 years.

Despite being relatively a youthful workforce compared to all DHB mental health and addiction employees, nonetheless mental health and addiction allied health workers were more likely to be aged over 40 years old than all DHB allied health workers; see Figure 12.

⁵ More information about the roles in this group, by ANZSCO code, is provided in Appendix A (Table 3).



Proportion of allied health workers by age groups (years)

Figure 12. Proportion of DHB mental health and addiction allied health employees by age groups.

Two-fifths (40 per cent) of DHB mental health and addiction allied health employees were aged over 50 years, which was greater than for all DHB peers (35 per cent). However, the proportion of allied health workers aged over 60 years was closer to that of all DHB allied health workers (16 per cent compared to 14 per cent); see Figure 13.

Allied health employees tended to be older than all DHB peers

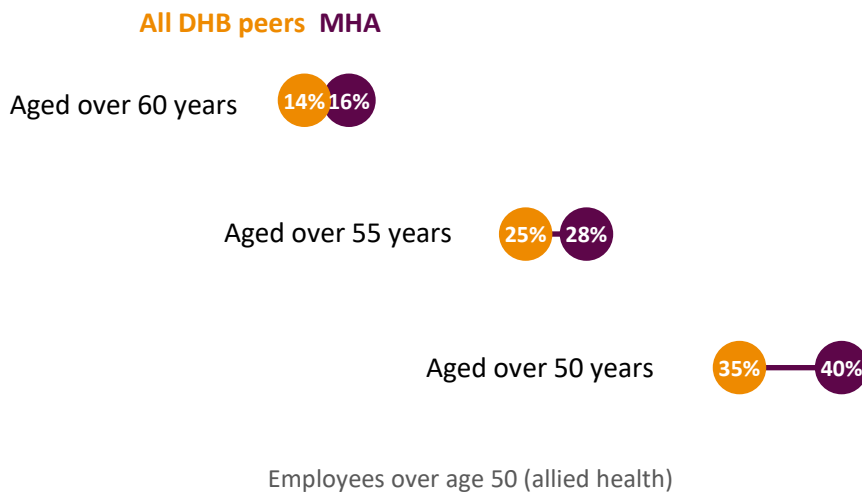


Figure 13. Comparison of the DHB mental health and addiction allied health employees over 50, 55 and 60 years old with all DHB peers in the same age groups.

Of the regions, DHB mental health and addiction allied health employees in the Midland region were on average older (48 years) while those in the Northern region were on average younger (45 years). Allied health workers in large and small DHBs were on average younger than those in medium-sized DHBs; see Figure 14.

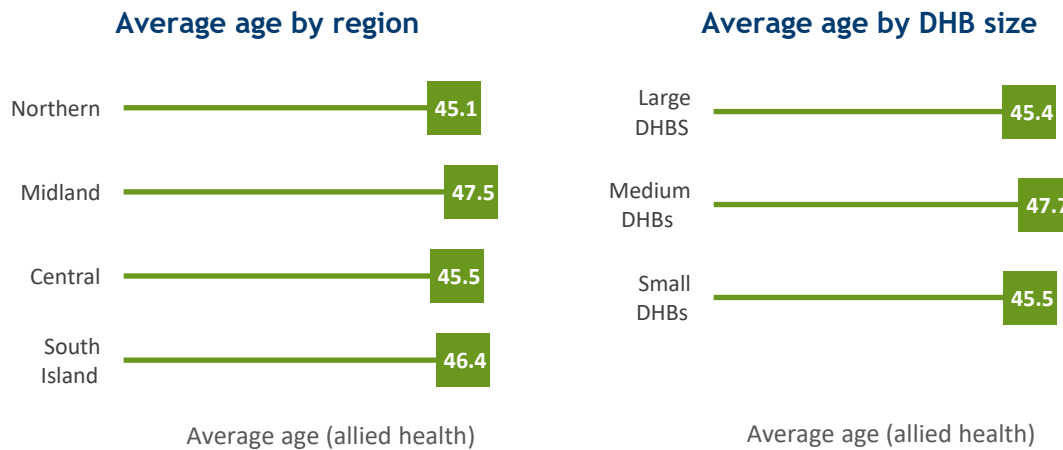


Figure 14. Average age for mental health and addiction allied health employees, by region and by DHB size groups, as at 30 June 2018.

Gender

About 80 per cent of DHB mental health and addiction allied health employees were female, like all DHB peers (81 per cent); see Figure 15.

MHA allied health employees were as likely to be female as all DHB peers

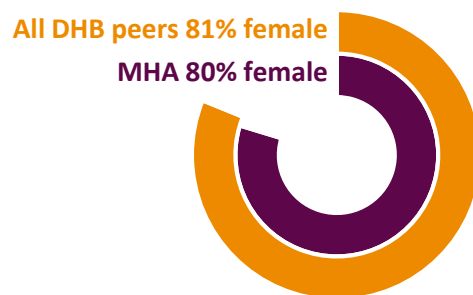


Figure 15. Comparison of female DHB mental health and addiction allied health employees with all DHB peers.

Ethnicity

DHB mental health and addiction allied health employees were more likely to identify as Māori (10 per cent) than all DHB peers (6 per cent), and less likely to identify in an Asian ethnic group compared to all DHB peers (8 per cent compared to 15 per cent); see Figure 16.

Allied health employees are more likely to be Māori than all DHB peers

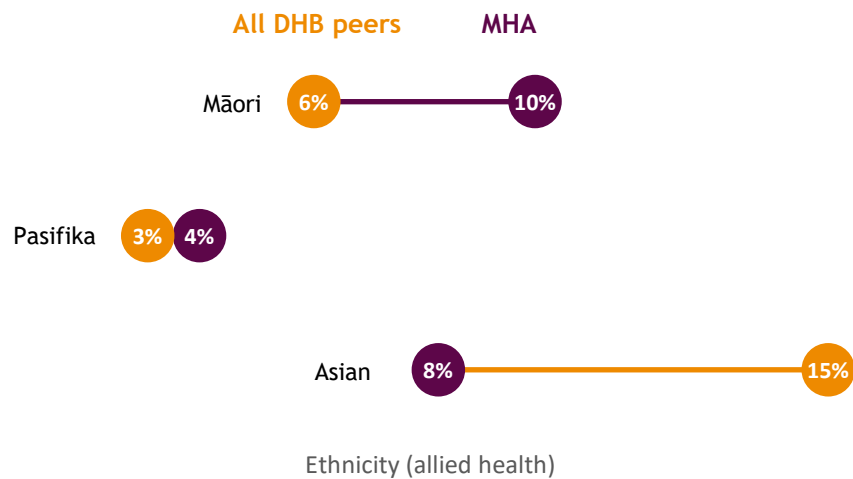


Figure 16. Comparison of DHB mental health and addiction allied health employees' ethnicity with all DHB peers.

The proportion of DHB mental health and addiction allied health employees identifying as Māori was higher in the three North Island regions (11 to 12 per cent) than the South Island (4 per cent). Also in large and medium-sized DHBs (9 and 16 per cent respectively) compared to small DHBs (5 per cent); see Figure 17.

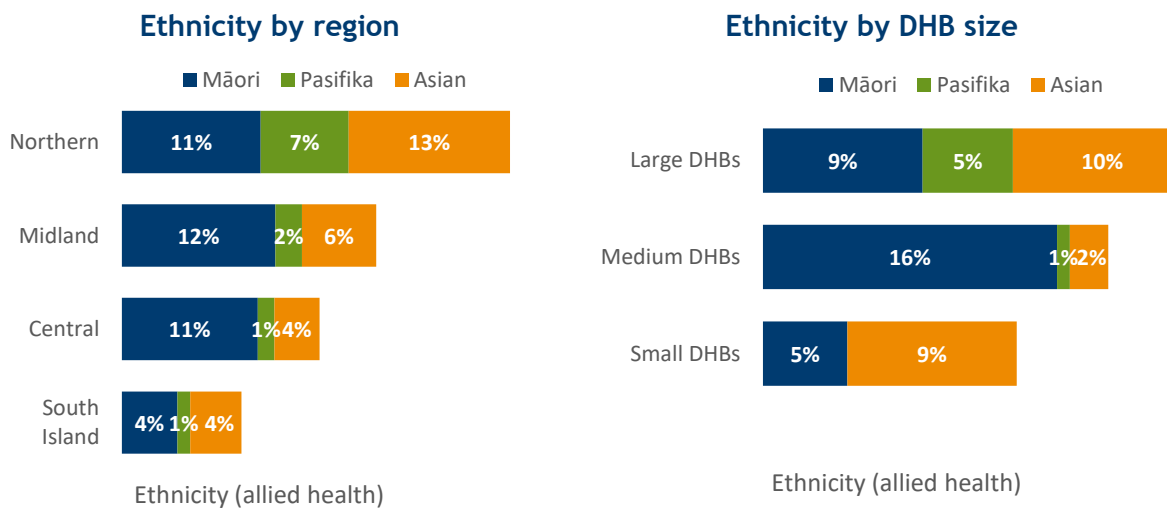


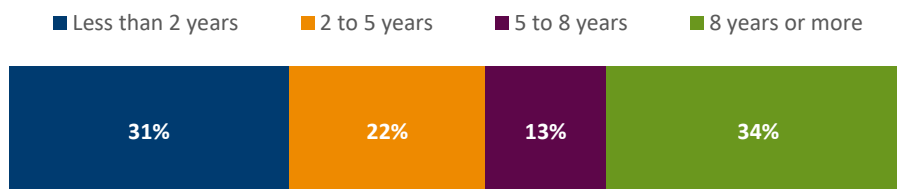
Figure 17. DHB mental health and addiction allied health employees' ethnicity, by region and by DHB-size group, as at 30 June 2018.

Length of service and FTE turnover

Nationally, DHB mental health and addiction allied health employees have been employed for 7 years on average, as at 30 June 2018. This was approximately 17 months less than all DHB peers, whose average length of service is just over 8 years.

Nearly one third (31 per cent) of DHB mental health and addiction allied health employees had been employed for less than two years, and 53 per cent for less than 5 years; see Figure 18.

Half of allied health employees are employed for less than 5 years



Proportion of employees by length of service (allied health)

Figure 18. Proportion of DHB mental health and addiction allied health employees employed for specified periods of time.

DHB mental health and addiction allied health employees in the South Island region had the longest average length of service (8 years), as did those in medium-sized DHBs (7 years); see Figure 19.

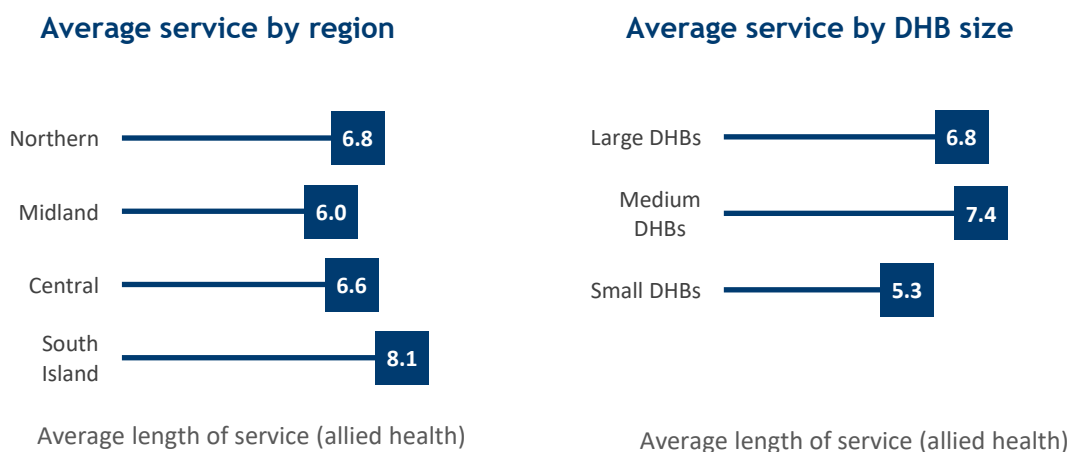


Figure 19. DHB mental health and addiction allied health average length of service by region, and by DHB size-group.

The FTE turnover for DHB mental health and addiction allied health employees as at 30 June 2018 was relatively high at 15 per cent. This was higher than for all DHB peers (13 per cent) and for all mental health and addiction employees (11 per cent). The rate varied by region with the Central region having the highest (18 per cent). The FTE turnover rate in small DHBs (35 per cent) was more than twice the rate of medium and large DHBs; see Figure 20.

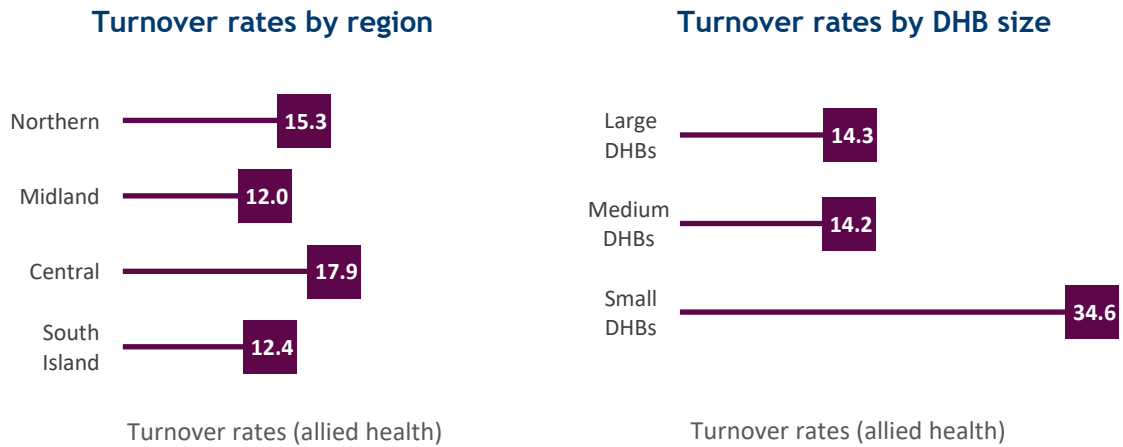


Figure 20. DHB mental health and addiction allied health employees' FTE turnover, by region and by DHB-size group, as at 30 June 2018.

Nurses

The nurse occupation group included 3,572 people working in 3,269 FTE positions. Within this group, the roles with the most FTEs employed were registered nurse (mental health), (81 per cent) followed by nurse managers (5 per cent).⁶

Key findings

DHB mental health and addiction nurses:

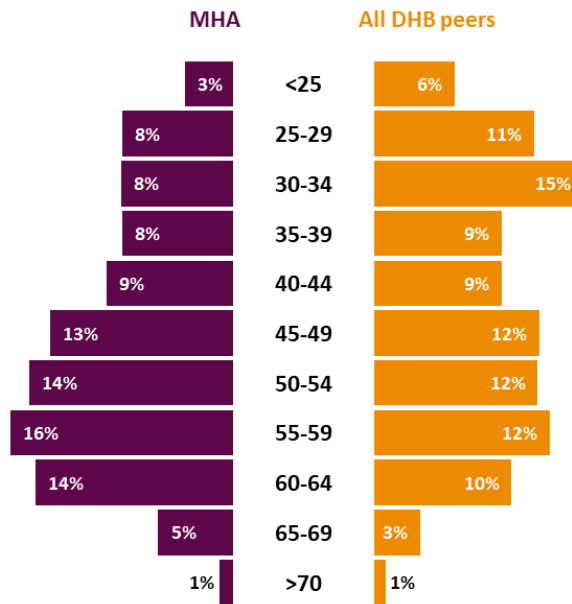
- are on average older than all DHB nurse peers
- are more likely to be male than all DHB peers
- are more likely to identify as Māori or Pasifika than all DHB peers
- have a longer average length of service than all DHB peers
- have similar FTE turnover to all DHB peers.

Age

The average age of DHB mental health and addiction nurses was 48 years. These employees tended to be older than nurses across all DHB services, whose average age was 44 years. The median age group for mental health and addiction nurses was 50 to 54 years.

Nurses aged under 35 years were substantially under-represented among DHB mental health and addiction nurses compared to all DHB nurses; see Figure 21.

⁶ More information about the roles in this group, by ANZSCO code, is provided in Appendix A (Table 3).

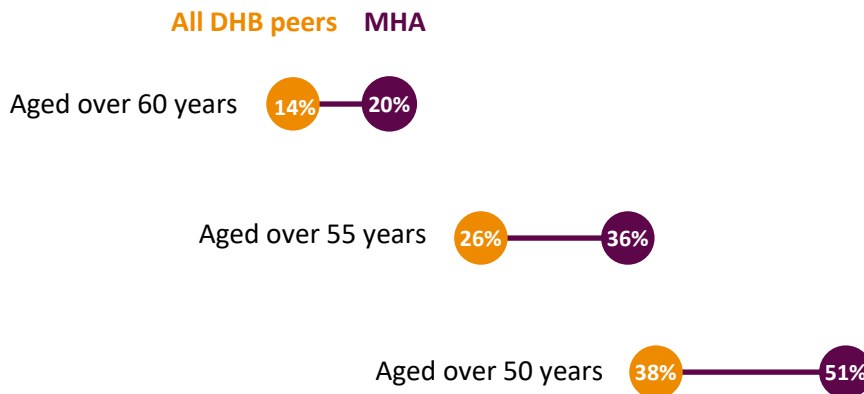


Proportion of nurses by age groups (years)

Figure 21. Proportion of DHB mental health and addiction nurses by age groups.

Just over half (51 per cent) of DHB mental health and addiction nurses are aged over 50 years old, which is more than for all DHB peers (38 per cent); see Figure 22.

MHA nurses tend to be older than all DHB peers



Employees over age 50 (nurses)

Figure 22. Comparison of the DHB mental health and addiction nurses over 50, 55 and 60 years old with all DHB peers in the same age groups.

Of the regions, DHB mental health and addiction nurses in the Northern region were on average younger (46 years) than those in other regions, as were those in large DHBs (48 years) compared to medium and small DHBs; see Figure 23.

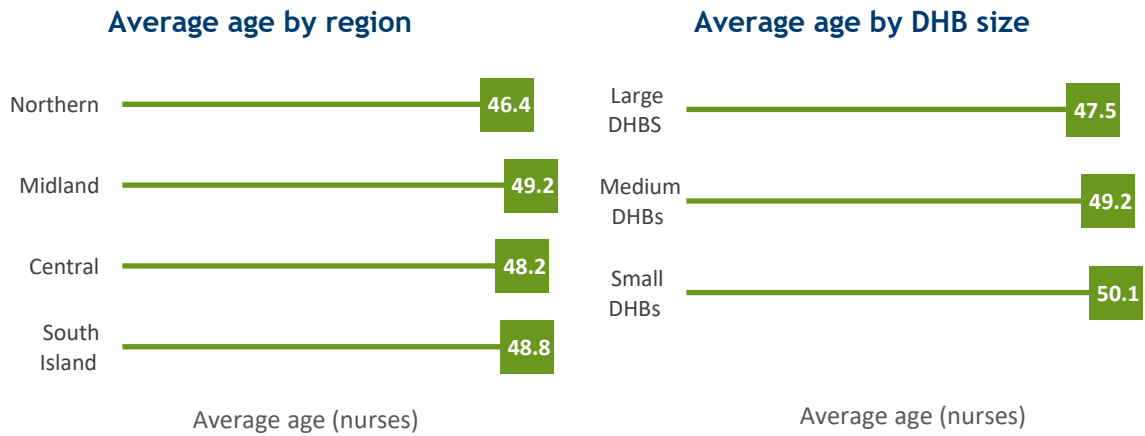


Figure 23. Average age for mental health and addiction nurses, by region and by DHB size groups, as at 30 June 2018.

Gender

About 74 per cent of DHB mental health and addiction nurses were female (74 per cent). Figure 24 shows that DHB mental health and addiction nurses were less likely to be female than all DHB nurses.

MHA nurses were less likely to be female than all DHB nurses

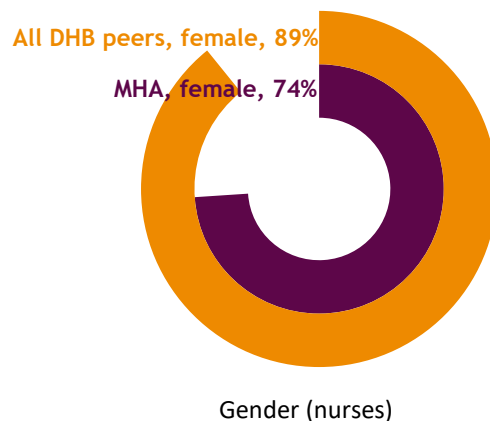


Figure 24. Comparison of female DHB mental health and addiction nurses with all DHB peers.

Ethnicity

DHB mental health and addiction nurses were more likely to identify as Māori (12 per cent) or Pasifika (5 per cent) than all DHB peers (6 and 3 per cent respectively). They were much less likely to identify in an Asian ethnic group than all DHB peers (11 per cent compared to 24 per cent); see Figure 25.

Mental health and addiction nurses were more likely to be Māori or Pasifika than all DHB nurses

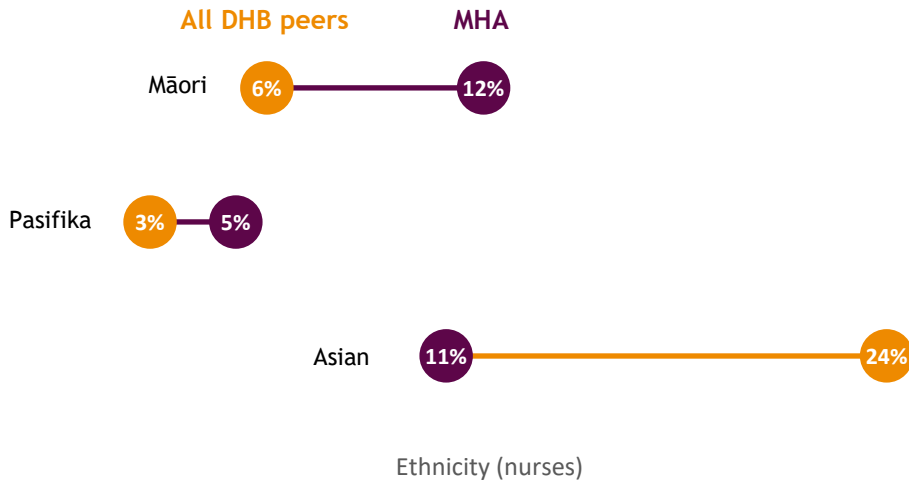


Figure 25. Comparison of DHB mental health and addiction nurses' ethnicity with all DHB peers.

DHB mental health and addiction nurses in the three North Island regions were more likely to be Māori than in the South Island. Nurses in medium and small-sized DHBs were more likely to be Māori than those employed in large DHBs; see Figure 26.

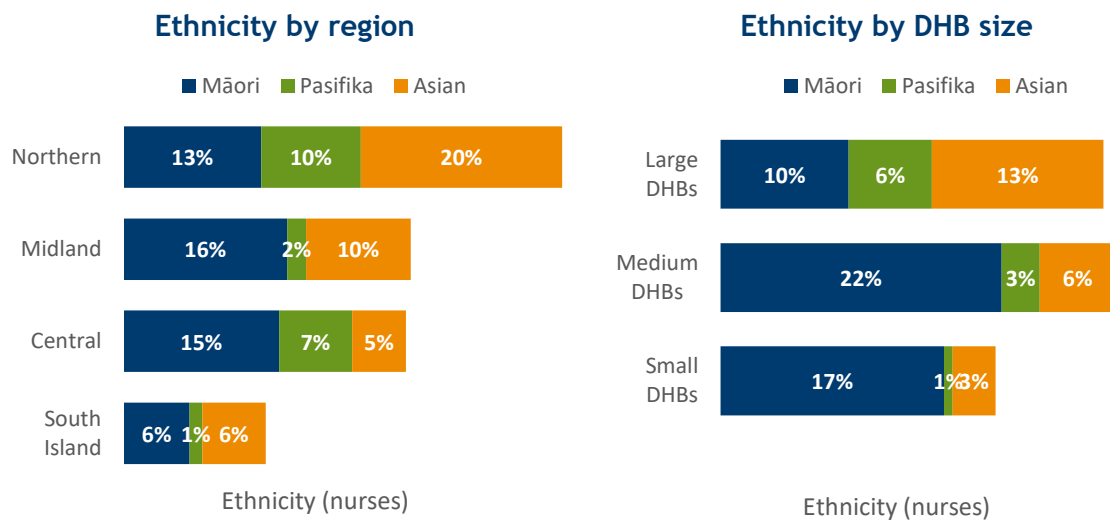


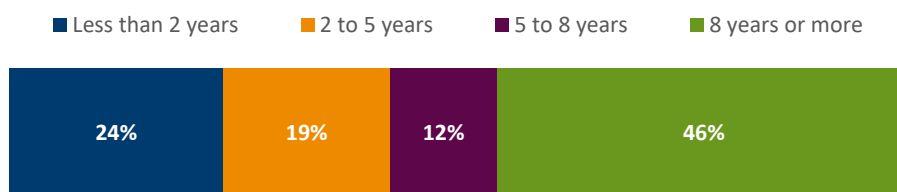
Figure 26. DHB mental health and addiction nurses' ethnicity, by region and by DHB-size group, as at 30 June 2018.

Length of service and FTE turnover

Nationally, DHB mental health and addiction nurses have been employed for 10 years, on average. This was longer than the average for all DHB peers (9 years).

Nearly half (46 per cent) of DHB mental health and addiction nurses have been employed for more than 8 years. Almost one in every four nurses (24 per cent) have been employed for less than 2 years; see Figure 27.

Nearly half of MHA nurses have over 8 years length of service



Proportion of employees by length of service (nurses)

Figure 27. The proportion of DHB mental health and addiction nurses by length of service as at 30 June 2018.

DHB mental health and addiction nurses in the Northern region had the shortest average length of service (9 years) of all the regions, as did nurses in medium sized DHBs (9 years); see Figure 28.

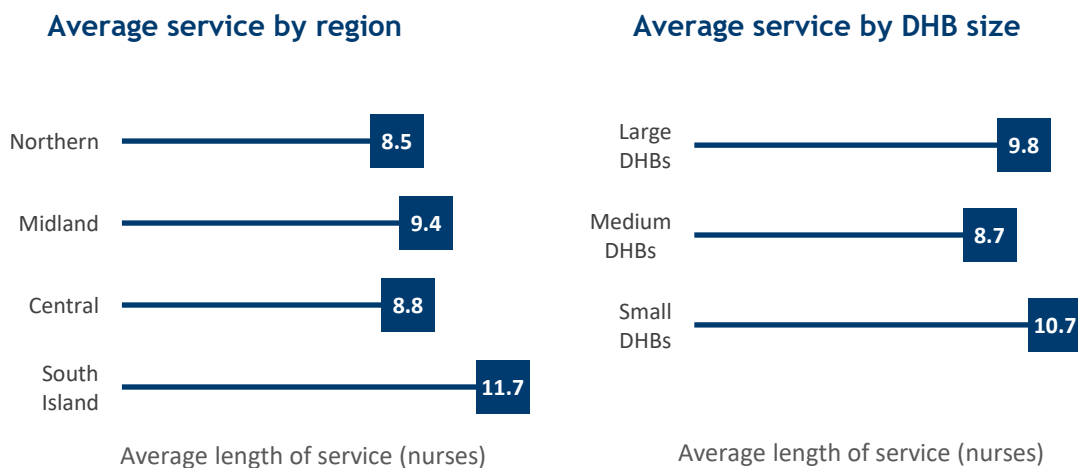


Figure 28. DHB mental health and addiction nurses' average length of service by region, and by DHB size-group.

FTE turnover for DHB mental health and addiction nurses was similar to all DHB peers (11 per cent compared to 10 per cent). The rate was highest in the Northern and Central regions (11 per cent each). Small DHBs had low FTE turnover on average at 7 per cent, compared to medium and large DHBs; see Figure 29.

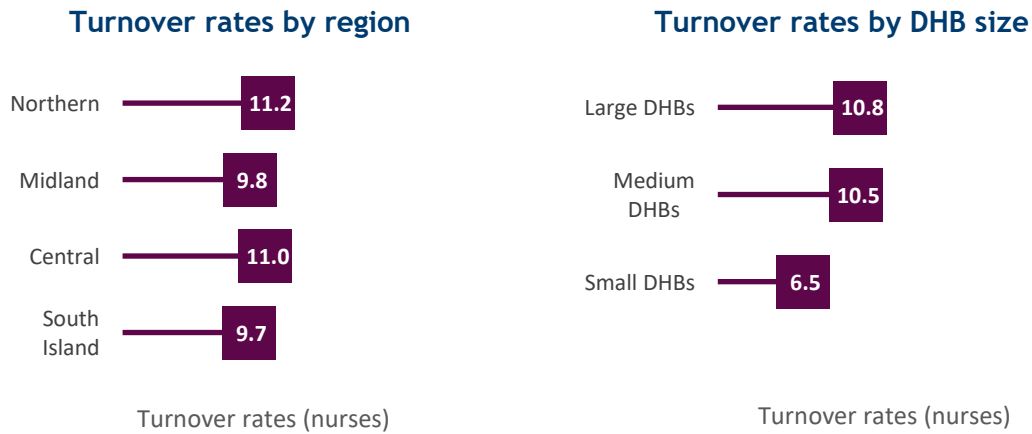


Figure 29. DHB mental health and addiction nurses' FTE turnover, by region and by DHB-size group, as at 30 June 2018.

Senior medical

The senior medical occupation group included 547 people working in 481 FTE positions. Most (91 per cent) senior medical practitioners were psychiatrists.⁷

Key findings

DHB mental health and addiction senior medical employees are:

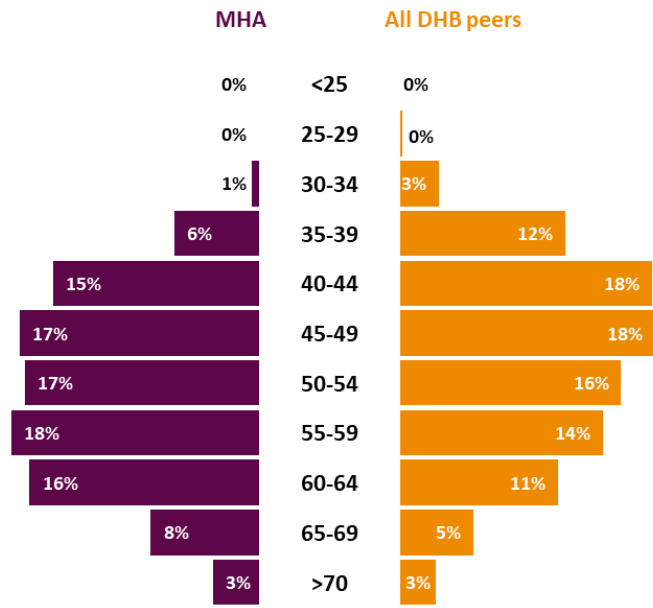
- slightly older than all DHB peers
- more gender-balanced than all DHB peers
- more likely to belong to an Asian ethnic group than all DHB peers
- have similar average length of service and almost twice the rate of FTE turnover compared to all DHB peers.

Age

The average age of DHB mental health and addiction senior medical employees was 53 years. This is more than 3 years older than the average for all DHB senior medical peers (50 years). The median age group for senior medical employees was 50 to 54 years.

People aged over 60 years comprised a much larger share of DHB mental health and addiction senior medical employees than all DHB senior medical employees; see Figure 30.

⁷ More information about the roles in this group, by ANZSCO code, is provided in Appendix A (Table 3).

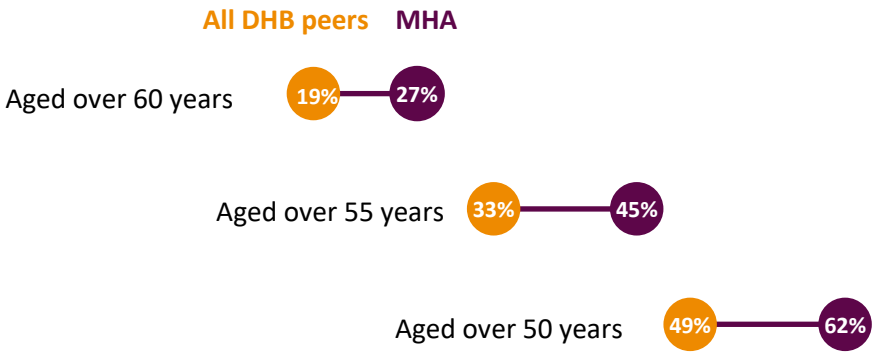


Proportion of senior medical employees by age groups (years)

Figure 30. Proportion of senior medical employees in each age group.

Three out of five (62 per cent) DHB mental health and addiction senior medical employees were aged over 50 years old, compared to about half of all DHB peers (49 per cent); see Figure 31.

Senior medical employees tend to be much older than all DHB peers



Employees over age 50 (senior medical)

Figure 31. Comparison of the DHB mental health and addiction senior medical employees over 50, 55 and 60 years old with all DHB peers in the same age groups.

The average of DHB mental health and addiction senior medical employees was similar across all four regions, and senior medical practitioners in small DHBs were slightly older on average than other DHB-size groups; see Figure 32.

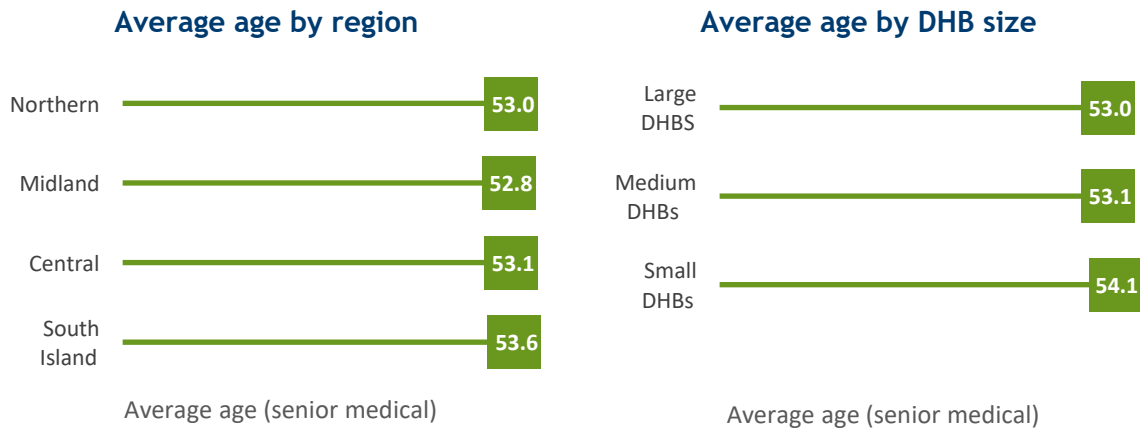


Figure 32. Average age for mental health and addiction senior medical employees, by region and by DHB size groups, as at 30 June 2018.

Gender

Two in five (41 per cent) DHB mental health and addiction senior medical employees were female as at 30 June 2018, which was greater than for all DHB peers (38 per cent); see Figure 33.

MHA senior medical employees were less likely to be male than all DHB peers

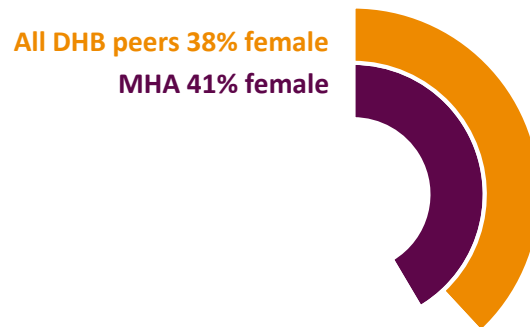


Figure 33. Comparison of male DHB mental health and addiction senior medical employees with all DHB peers.

Ethnicity

There were very low rates of Māori and Pasifika representation among DHB mental health and addiction senior medical employees (2 and 1 per cent respectively), which was similar to all DHB peers. DHB mental health and addiction senior medical employees were more likely to identify in an Asian ethnic group than all DHB peers (21 per cent compared to 17 per cent); see Figure 34.

Senior medical employees are more likely to be Asian compared to all DHB peers

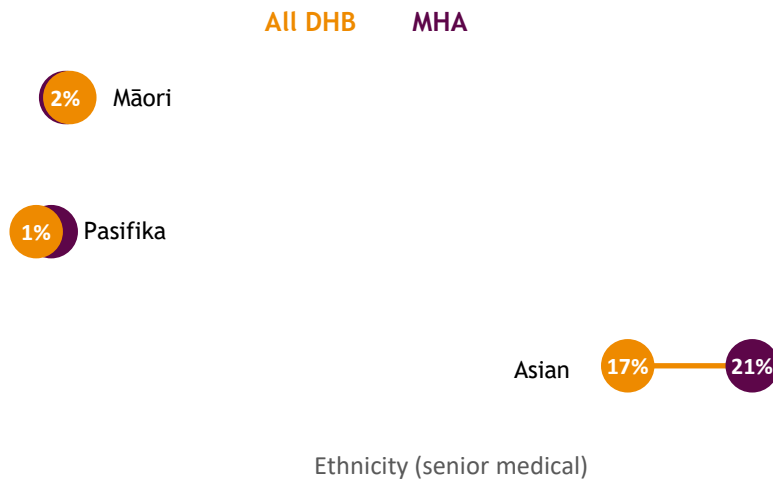


Figure 34. Comparison of DHB mental health and addiction senior medical employees' ethnicity with all DHB peers.

The proportion of DHB mental health and addiction senior medical employees identifying as Māori was highest in the South Island region (4 per cent) and in small DHBs (10 per cent). Senior medical employees in the Northern and Midland regions were most likely to identify within Asian ethnic groups (26 and 23 per cent respectively); see Figure 35.

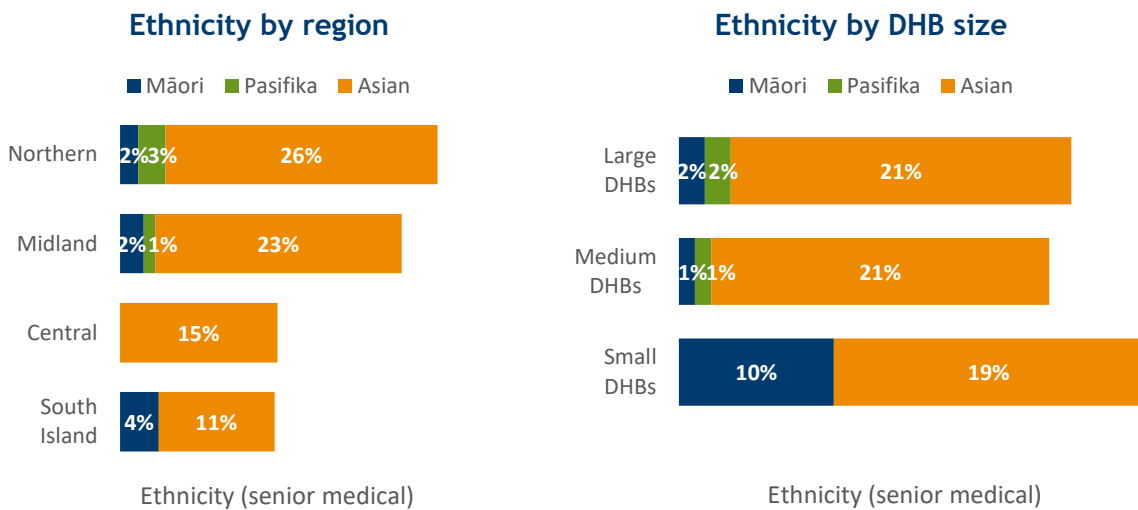


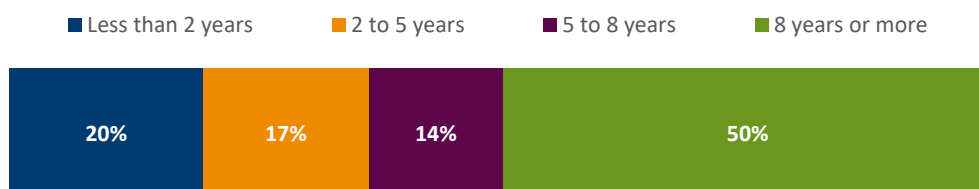
Figure 35. DHB mental health and addiction senior medical employees' ethnicity, by region and by DHB-size group, as at 30 June 2018.

Length of service and FTE turnover

Nationally, DHB mental health and addiction senior medical employees have been employed for 10 years on average, similar to the average for all DHB peers (10 years).

Nearly two-thirds (64 per cent) of DHB mental health and addiction senior medical employees have been employed for more than five years; see Figure 36.

Most senior medical employees have length of service over 5 years



Proportion of employees by length of service (senior medical)

Figure 36. The proportion of DHB mental health and addiction senior medical employees by length of service as at 30 June 2018.

DHB mental health and addiction senior medical employees in the Northern region had the shortest average length of service (9 years) while those in the South Island region had the longest (12 years). For DHB-size groups, employees in medium-sized DHBs had the shortest average length of service (8 years); see Figure 37.

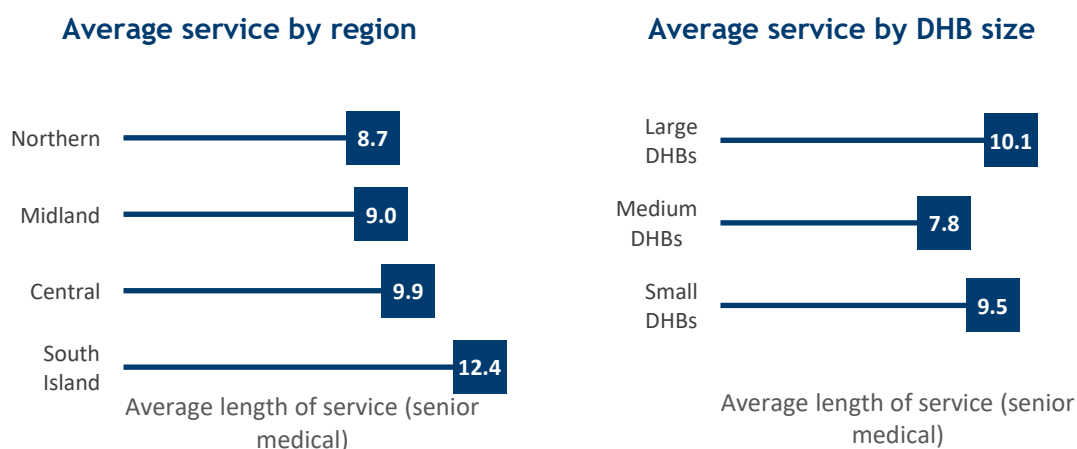


Figure 37. DHB mental health and addiction senior medical employees' average length of service by region, and by DHB size-group.

The FTE turnover for DHB mental health and addiction senior medical employees as at 30 June 2018 was much higher than for all DHB peers (10 per cent compared to 6 per cent). The rate varied by region with the Central and Midland regions having the lowest (7 per cent each). By DHB-size groups, large DHBs had the highest FTE turnover of 11 per cent; see Figure 38.

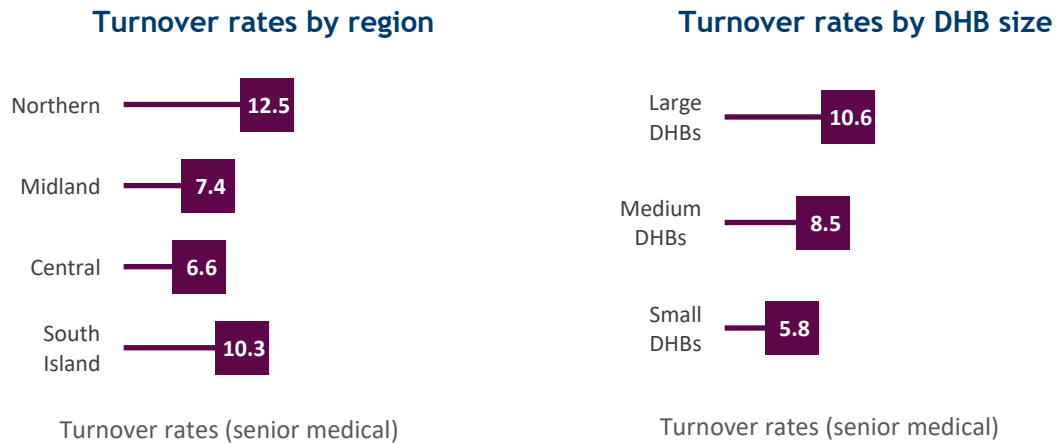


Figure 38. DHB mental health and addiction senior medical employees' FTE turnover, by region and by DHB-size group, as at 30 June 2018.

Junior medical

The junior medical occupation group included 232 people working in 222 FTE positions, as resident medical officers; see Appendix A (Table 3). Due to the small size of this group and its unique employment conditions, limited analyses are presented in this section.

Key findings

DHB mental health and addiction junior medical employees were:

- older than all DHB peers
- as likely to be female as all DHB peers
- more likely to be Māori compared to all DHB peers
- employed on average for slightly longer than all DHB peers.

Age

The average age of DHB mental health and addiction junior medical employees was 34 years, as at 30 June 2018. This was nearly 3 years older than all DHB junior medical peers (31 years). Around 4 per cent of DHB mental health and addiction junior medical employees were aged over 50 years, which was more than for all DHB peers (1 per cent).

The average age of DHB mental health and addiction junior medical employees across the regions ranged from 33 to 35 years. Large and medium-sized DHBs were also in the same range (33 to 34 years) whereas junior medical employees in small DHBs had older average age of 42 years; see Appendix D (Table 6).

Gender

Just over half (53 per cent) of DHB mental health and addiction junior medical employees were female, which is similar to all DHB peers (52 per cent); see Figure 39.

MHA junior medical employees were female at similar rates to all DHB peers

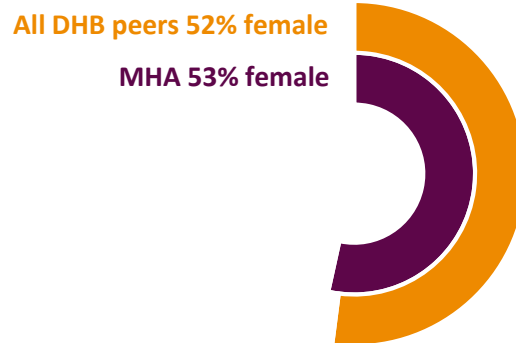


Figure 39. Comparison of female DHB mental health and addiction junior medical employees with all DHB peers.

It is notable that DHB mental health and addiction junior medical employees were far more likely to be female than senior medical employees (53 per cent compared to 41 per cent; see Figure 33).

Ethnicity

DHB mental health and addiction junior medical employees were slightly more likely to identify as Māori (8 per cent) than all DHB peers (4 per cent). This may reflect the impact of targeted scholarships. Rates of Pasifika representation among junior medical employees were similar across mental health and addiction employees and all DHB peers (3 per cent each). However, DHB mental health and addiction junior medical employees were less likely to belong to an Asian ethnic group than all DHB peers; see Figure 40.

Junior medical employees are more likely to be Māori than all DHB peers

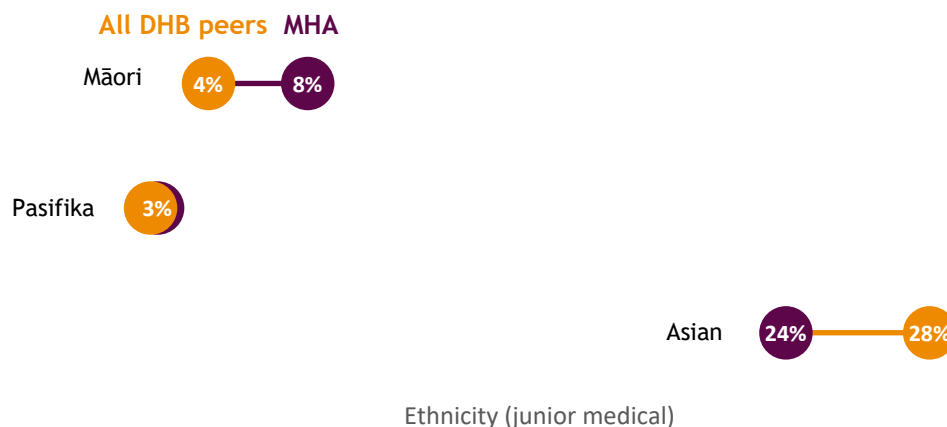


Figure 40. Comparison of DHB mental health and addiction junior medical employees' ethnicity with all DHB peers.

DHB mental health and addiction junior medical employees were most likely to identify as Māori or in a Pasifika ethnic group in the Northern region (15 and 8 per cent respectively). There was no Māori, Pasifika or Asian representation reported for junior medical employees in small DHBs. In contrast, a large proportion of DHB mental health and addiction junior medical employees in the Midland and Northern regions identified with an Asian ethnic group (28 and 34 per cent respectively); see Figure 41.

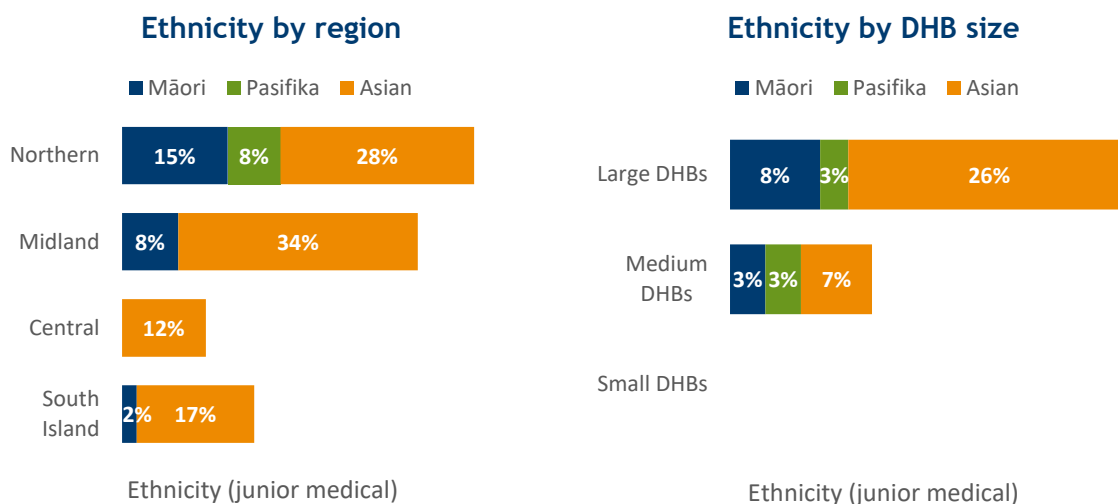


Figure 41. DHB mental health and addiction junior medical employees’ ethnicity, by region and by DHB-size group, as at 30 June 2018.

Length of service and FTE turnover

The average length of service for DHB mental health and addiction junior medical employees was just under 2 years compared to 1.3 years for all DHB peers. FTE turnover for DHB mental health and addiction junior medical employees is not reported due to the nature of their employment conditions.

Support workers

The support worker occupation group included 1,101 people working in 1,018 FTE positions. The roles with the largest workforces included nursing support worker (61 per cent), community worker (18 per cent), and Māori health assistant (9 per cent).⁸

Key findings

DHB mental health and addiction support workers were:

- on average older than all DHB peers
- more likely to be male than all DHB peers

⁸ More information about the roles in this group, by ANZSCO code, is provided in Appendix A (Table 3).

- more likely to identify as Māori or in a Pasifika ethnic group than all DHB peers
- employed for longer on average than all DHB peers
- have slightly higher FTE turnover on average than all DHB peers.

Age

DHB mental health and addiction support workers had an average age of 51 years, similar to all DHB care and support peers (50 years). The median age range for support workers was 50 to 54 years.

DHB mental health and addiction support workers were less likely to be aged under 35 years old than all DHB support workers; see Figure 42.

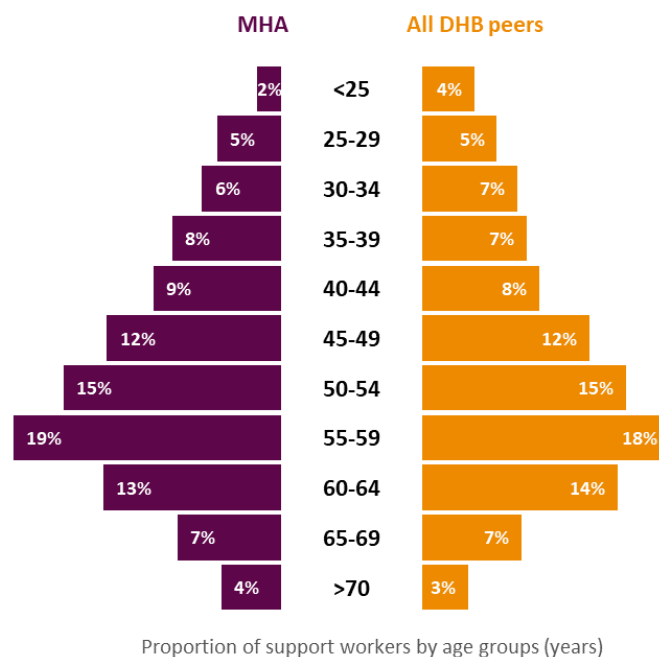


Figure 42. Proportion of mental health and addiction support workers in 5-year age groups, compared to all DHB support workers.

Around three in five (59 per cent) DHB mental health and addiction support workers were aged over 50 years, which was slightly higher than for all DHB peers (56 per cent). The proportion of the workforce aged over 55 and 60 years old was similar to all DHB peers; see Figure 43. This potentially indicates future competition for support employees among DHB services, to fill workforce gaps as older workers retire.

Support workers tended to be slightly older than all DHB peers

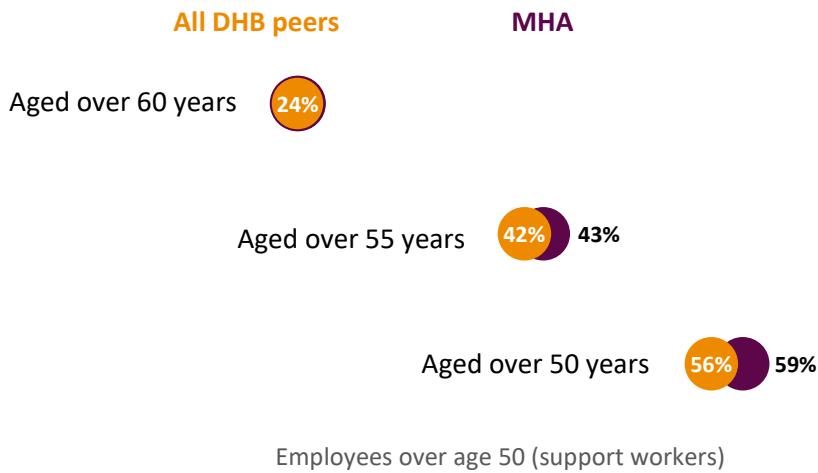


Figure 43. Comparison of the DHB mental health and addiction support workers over 50, 55 and 60 years old with all DHB peers in the same age groups

DHB mental health and addiction support workers in the South Island were on average older than those in the other regions (55 years compared to 49 to 51 years). Likewise, care and support employees in small DHBs were older than those employed in large and medium-sized DHBs; see Figure 44.

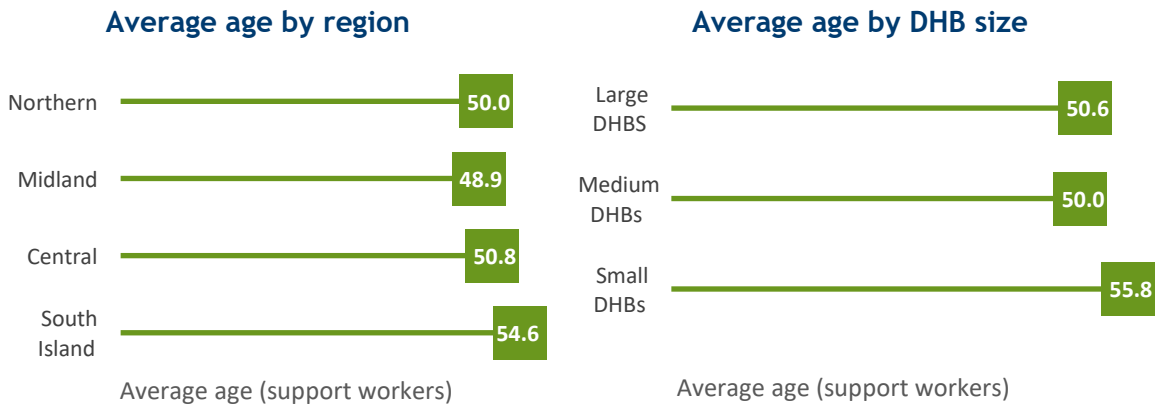


Figure 44. Average age for mental health and addiction support workers, by region and by DHB size groups, as at 30 June 2018.

Gender

Half (50 per cent) of DHB mental health and addiction support workers were female, which was very different to all DHB support worker peers of whom 75 per cent were female; see Figure 45.

MHA support workers were much less likely to be female than all DHB peers

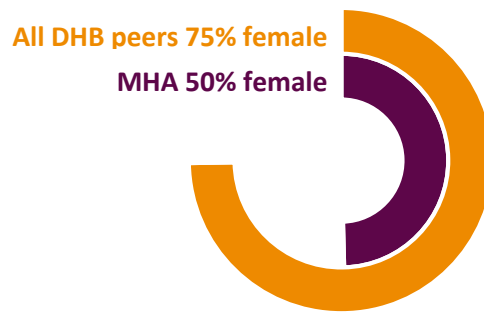


Figure 45. Comparison of female DHB mental health and addiction support workers with all DHB peers.

Ethnicity

DHB mental health and addiction support workers were more likely to identify as Māori than all DHB peers (33 per cent compared to 17 per cent); or with a Pasifika ethnic group (17 per cent compared to 10 per cent). DHB mental health and addiction support workers were much less likely to identify in an Asian ethnic group than all DHB peers (9 per cent compared to 18 per cent); see Figure 46. DHB mental health and addiction support workers had the highest Māori and Pasifika representation of all mental health and addiction occupation groups.

Care and support employees are much more likely to be Māori or Pasifika than all DHB peers

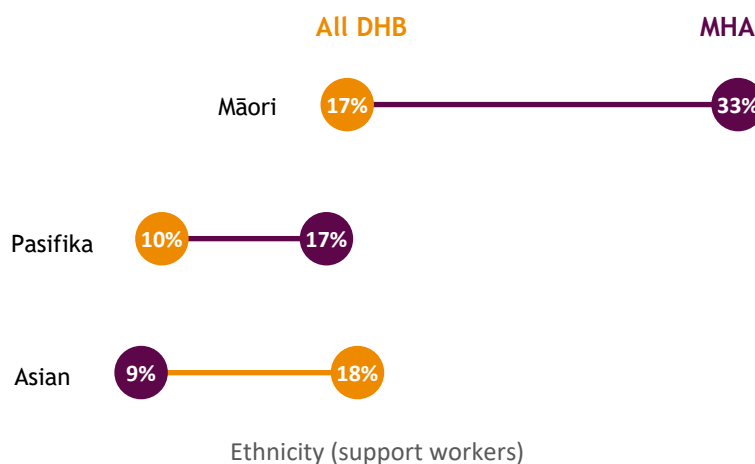


Figure 46. Comparison of DHB mental health and addiction support workers' ethnicity with all DHB peers.

DHB mental health and addiction support workers in the Midland region were most likely to be Māori (38 per cent), and in the Central region were most likely to be identified in a Pasifika ethnic group (31 per cent). Māori representation in medium and small DHBs tended to be higher than large DHBs; see Figure 47.

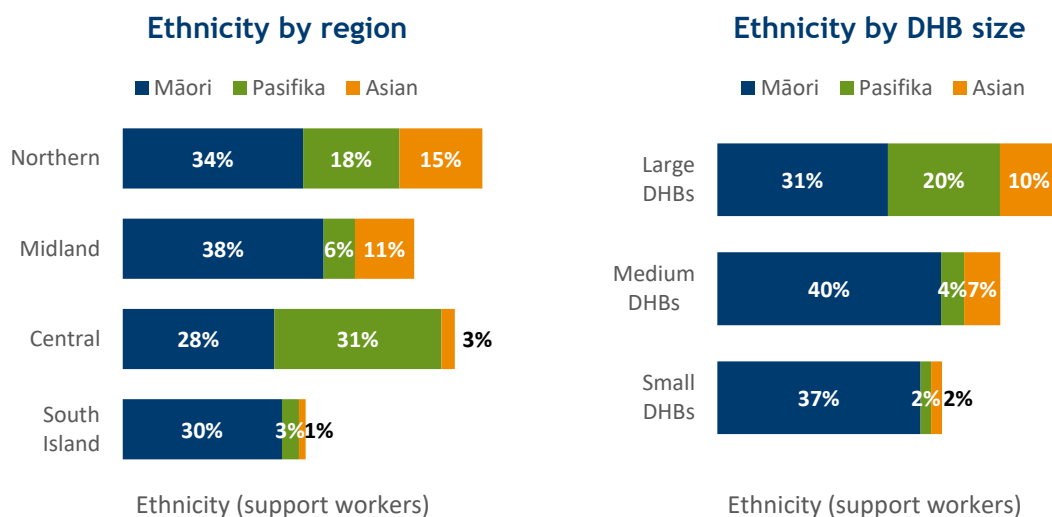


Figure 47. DHB mental health and addiction support workers' ethnicity, by region and by DHB-size group, as at 30 June 2018.

Length of service and FTE turnover

Nationally, DHB mental health and addiction support workers have been employed for 10 years, on average. This is slightly longer than all DHB peers (8 years).

Half (50 per cent) of DHB mental health and addiction support workers have been employed for more than 8 years; see Figure 48.

Half of support workers have 8 years or more service

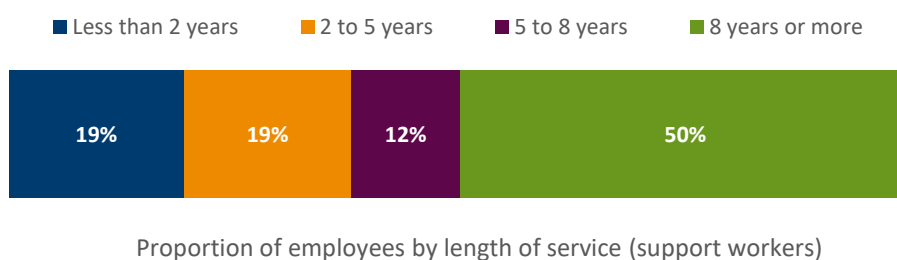


Figure 48. The proportion of DHB mental health and addiction support workers by length of service as at 30 June 2018.

DHB mental health and addiction support workers in the South Island region had the longest average length of service (11 years) of all the regions. Compared to DHBs in other size groups, small DHBs had the longest average length of service (12 years); see Figure 49.

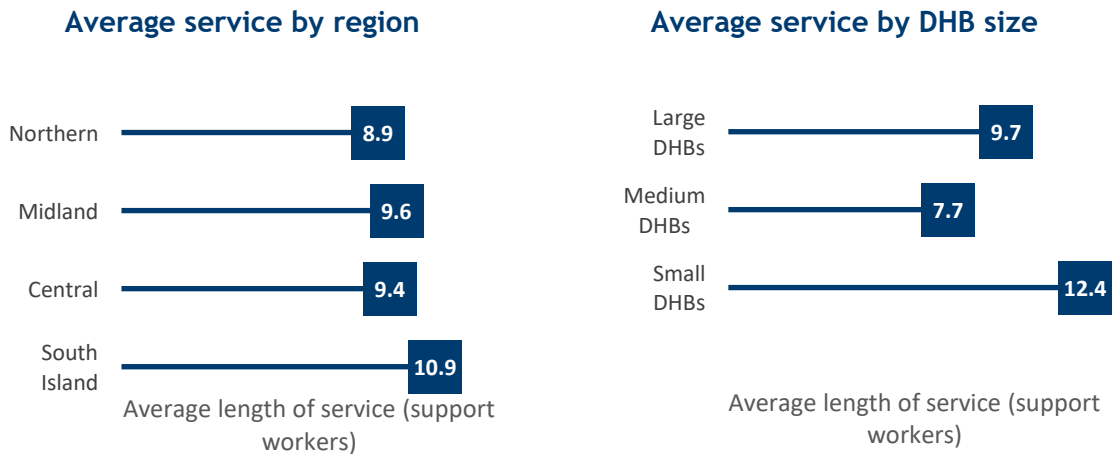


Figure 49. DHB mental health and addiction support workers’ average length of service, by region and by DHB-size group, as at 30 June 2018.

FTE turnover for DHB mental health and addiction support workers for the year ended 30 June 2018 was 13 per cent, which was higher than for all DHB peers 12 per cent. The Northern and Central regions had the lowest FTE turnover of 10 and 12 per cent respectively. Small DHBs had the highest turnover of 16 per cent; see Figure 50.

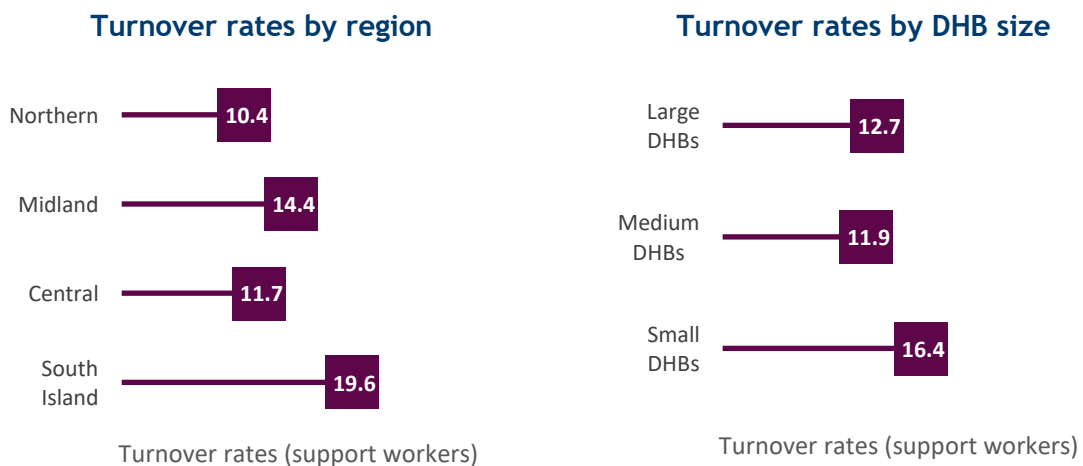


Figure 50. DHB mental health and addiction support workers’ FTE turnover, by region and by DHB-size group, as at 30 June 2018

Addiction practitioners

There were 210 people employed in drug and alcohol counsellor roles (ANZSCO code number 272112), working in 195 FTE positions, although the actual number of addiction practitioners may be higher than reported here.⁹

⁹ For consistency with other workforce reporting by Te Pou and Matua Raki, drug and alcohol counsellors are called “addiction practitioners”. It is important to note that other DHB employees may fill similar roles but be categorised by ANZSCO codes relevant to their qualifications, such as social workers.

The following analyses present demographic information for this role separate from occupation groups.¹⁰ Comparisons are made with DHB mental health and addiction employees across all occupation groups. More information by region and DHB-size groups is provided in Table 6 of Appendix D.

Key findings

Compared to all DHB mental health and addiction employees, addiction practitioners were:

- on average older
- more likely to be male
- more likely to identify as Māori and less likely to identify with Pasifika or Asian ethnic groups
- employed for less time on average
- have higher FTE turnover on average.

Age

Addiction practitioners were aged 49 years old on average. They tended to be older than all DHB mental health and addiction employees whose average age is 48 years. The median age range was 45 to 49 years old.

Addiction practitioners were slightly less likely to be aged under 30 years old than all DHB mental health and addiction employees; see Figure 51.

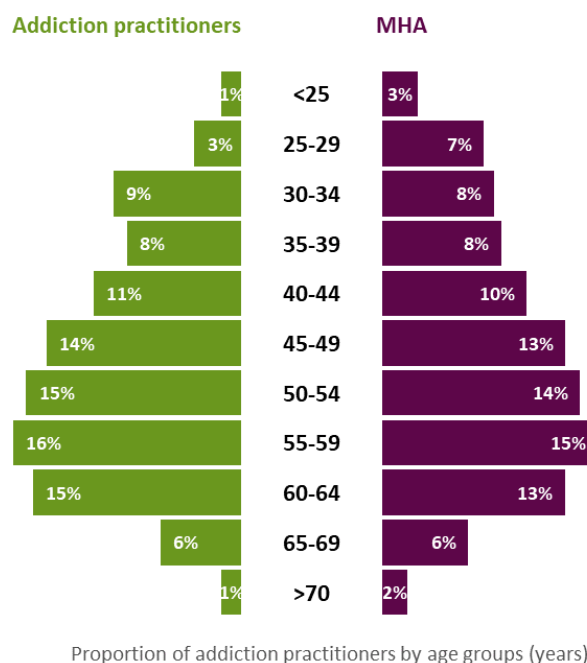


Figure 51. Proportion of addiction practitioners in 5-year age groups, compared to all DHB mental health and addiction employees.

¹⁰ The overall workforce in DHB addiction services is not yet able to be analysed separately from mental health; although PAOW coding for AOD employees is improving over time.

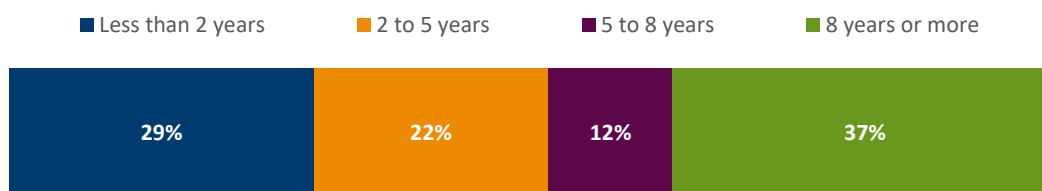
Gender and ethnicity

In 2018, 64 per cent of DHB addiction practitioners were female. In contrast, 70 per cent of all DHB mental health and addiction employees were female.

Compared to all DHB mental health and addiction employees, addiction practitioners were much more likely to identify as Māori (19 per cent compared to 11 per cent). In contrast, addiction practitioners were less likely to identify with a Pasifika ethnic group (4 per cent compared to 7 per cent) or an Asian ethnic group (11 per cent compared to 14 per cent).¹¹

Length of service and FTE turnover

The average length of service for addiction practitioners was nearly 7 years, which was over 2 years less than all DHB mental health and addiction employees (9 years). Almost one-third (29 per cent) of addiction practitioners have been employed for less than 2 years; see Figure 52.



Proportion of employees by length of service (addiction practitioners)

Figure 52. The proportion of addiction practitioners by length of service, as at 30 June 2018.

The low average length of service was also reflected in slightly higher FTE turnover for addiction practitioners compared to all DHB mental health and addiction employees (12 per cent compared to 11 per cent).¹²

¹¹ More information about DHB addiction practitioners by region and DHB-size groups is available in Appendix D (Table 6).

¹² See footnote 11.

Discussion

This report describes the socio-demographic profile, length of service and FTE turnover of 8,038 DHB employees whose PAOW code related to mental health and addiction. These employees worked in 7,259 FTE positions, across DHB services for all age groups including CAMHS, adult mental health and addiction services and dedicated MHSOP.

Our understanding of the demographic and service profile of DHB mental health and addiction employees has been strengthened by improvements in PAOW coding for people working in mental health and addiction services. As at 30 June 2018, all but one DHB had coded more than 95 per cent of all employees by PAOW. Going forward it will be useful to explore trends arising from change in this DHB employed workforce data over time, now that most mental health and addiction employees can be identified.

In line with the 2016 and 2017 reports, results indicate the workforce is stable and experienced, with low FTE turnover at 11 per cent compared to the New Zealand average across all industries (19 per cent) and compared to the NGO adult mental health and addiction workforce (23 per cent) (Lawson Williams, 2017; Te Pou o te Whakaaro Nui, 2018b). However, it is anticipated that ageing of the workforce will begin to disrupt that stability very soon, as one in five DHB mental health and addiction employees were aged over 60 years old in 2018. This is particularly evident for the nurse, senior medical, and support worker occupation groups, which have high rates of peoples aged over 50 years old.

The potential impact of workforce ageing on employee numbers in 5, 10, and 15 years' time is shown in Table 2.

Table 2. Number of 2018 DHB mental health and addiction employees expected to attain or exceed the age of 65 years in 5, 10 and 15 years (cumulative over time)

Occupation group	Aged 60 or older in 5 years	Aged 55 or older in 10 years	Aged 50 or older in 15 years
Allied health	252	440	641
Support workers	267	477	647
Junior medical	2	5	9
Nurses	726	1,294	1,810
Senior medical	149	246	337
Addiction practitioners	46	80	113
Administration and management	239	380	494
Total DHB mental health and addiction employees	1,681	2,922	4,051

Note: the three number columns show the cumulative total employees.

These findings continue to underscore the need for workforce planning and development to ensure adequate supply of health workers to replace older workers over the next 15 years. This will be in

addition to growing the existing workforce size to meet the health needs of our future population, which is projected to grow by 15 per cent over the next 15 years to 2033 (Statistics New Zealand, 2017).

An influx of younger health workers to DHB employment to replace established and experienced older workers will require monitoring of workforce capability to ensure this is maintained. Services will need to find ways to retain or capitalise on older workers' long service and experience to support the development of new entrants to the workforce. To ensure that current workforce diversity is not eroded by high turnover, this too will need to be monitored to inform ongoing workforce development activities are able to achieve better workforce alignment with the ethnicity of people accessing services.

Limitations

The HWIP DHB employed workforce dataset relies upon the quality of the data supplied from DHBs that is extracted from multiple systems within the DHBs. The HWIP team works closely with DHBs to continually improve the data quality of this national collection.

The information presented here is dependent upon coding decisions made within individual DHBs, in consultation with the HWIP team. Consequently, there may be issues with the accuracy and consistency of information collected that are not specifically described here.

This report examined only DHB employees with PAOW codes for mental health and addiction. It excludes other employees with mental health and addiction involvement in their job titles or ANZSCO codes, that were included in previous reports. This means that the results provided here are not directly comparable with those of previous reports.

The occupation group names differ from those reported elsewhere by the HWIP team. This report describes occupation groups in ways consistent with other workforce reports from Te Pou and Matua Rāki (Te Pou o te Whakaaro Nui, 2018a, 2018b).

Concluding comments

The information provided in this report is useful to inform workforce planning and development activities by DHB locality, regionally, and nationally. The regional and DHB-size group analyses provide useful comparators for DHBs undertaking workforce planning so that they can compare their own workforce information with the whole region, or with other similar sized DHBs.

With nearly universal PAOW coding for DHB employees, there is an opportunity in the future to begin documenting mental health and addiction workforce trends over time. Understanding these trends will contribute to our understanding of the impact of factors such as workforce ageing and provide further evidence to support workforce development activities.

Appendices

Appendix A: Roles in HWIP occupation groups

The roles allocated to each of the HWIP occupation groups described in this report are listed with the relevant ANZSCO codes in Table 3.

Table 3. Roles and ANZSCO codes allocated to each HWIP occupation group

ANZSCO code and role description	FTEs employed	Proportion of occupation group (%)	Proportion of all employees (%)
Allied health			
272511 Social worker	517.8	38.2	7.1
272311 Clinical psychologist	468.5	34.5	6.5
252411 Occupational therapist	276.2	20.4	3.8
251999 Health diagnostic & promotion professionals	30.1	2.2	0.4
272314 Psychotherapist	28.4	2.1	0.4
252511 Physiotherapist	8.0	0.6	0.1
411311 Diversional therapist	7.2	0.5	0.1
251111 Dietitian	6.3	0.5	0.1
272399 Psychologists	5.4	0.4	0.1
251511 Hospital pharmacist	4.7	0.3	0.1
252712 Speech language therapist	3.3	0.2	0.0
234999 Natural & physical science professionals	1.1	0.1	0.0
Allied health total	1,357.1	100.0	18.7
Nurses			
254422 Registered nurse (mental health)	2,659.0	81.3	36.6
254311 Nurse manager	160.7	4.9	2.2
254499 Registered nurses	139.9	4.3	1.9
411411 Enrolled nurse	130.4	4.0	1.8
254414 Registered nurse (community health)	91.3	2.8	1.3
254211 Nurse educator	26.1	0.8	0.4
254418 Registered nurse (medical)	11.1	0.3	0.2
134212 Nursing clinical director	10.8	0.3	0.1
254411 Nurse practitioner	9.9	0.3	0.1
254416 Registered nurse (developmental disability)	9.1	0.3	0.1
254417 Registered nurse (disability & rehabilitation)	7.9	0.2	0.1
254412 Registered nurse (aged care)	4.9	0.1	0.1
254413 Registered nurse (child & family health)	3.8	0.1	0.1
254425 Registered nurse (paediatric)	1.8	0.1	0.0
254424 Registered nurse (surgical)	1.8	0.1	0.0
254212 Nurse researcher	0.5	0.0	0.0
Nurses total	3,269.0	100.0	45.0
Senior medical			
253411 Psychiatrist	437.9	91.1	6.0
253999 Medical practitioners	22.7	4.7	0.3

ANZSCO code and role description	FTEs employed	Proportion of occupation group (%)	Proportion of all employees (%)
253399 Specialist physicians	7.8	1.6	0.1
253111 General practitioner	3.6	0.8	0.1
253321 Paediatrician	3.5	0.7	0.0
253311 Specialist physician (general medicine)	2.8	0.6	0.0
134211 Medical superintendent (NZ)	2.5	0.5	0.0
Senior medical total	480.7	100.0	6.6
Junior medical			
253112 Resident medical officer	221.7	100.0	3.1
Support workers			
423312 Nursing support worker	622.4	61.1	8.6
411711 Community worker	178.3	17.5	2.5
411512 Māori health assistant	93.5	9.2	1.3
423314 Therapy aide	34.5	3.4	0.5
272199 Counsellors	28.0	2.8	0.4
272613 Welfare worker	21.6	2.1	0.3
411715 Residential care officer	14.4	1.4	0.2
272113 Family and marriage counsellor	7.2	0.7	0.1
251911 Health promotion officer	5.2	0.5	0.1
423313 Personal care assistant	5.0	0.5	0.1
272612 Recreation coordinator	3.0	0.3	0.0
411713 Family support worker	2.6	0.3	0.0
411716 Youth worker	1.9	0.2	0.0
272499 Social professionals	0.2	0.0	0.0
Support workers total	1,017.8	100.0	14.0
Addiction practitioners			
272112 Drug and alcohol counsellor	195.2	100.0	2.7
Administration & management			
531111 General clerk	147.1	20.5	2.0
599999 Clerical and administrative workers	112.8	15.7	1.6
134299 Health & welfare services managers	85.1	11.9	1.2
521211 Secretary (general)	69.9	9.8	1.0
542114 Medical receptionist	50.7	7.1	0.7
542112 Admissions clerk	37.2	5.2	0.5
521111 Personal assistant	31.2	4.4	0.4
561999 Clerical & office support workers	28.1	3.9	0.4
511112 Program or project administrator	22.5	3.1	0.3
542111 Receptionist (general)	19.1	2.7	0.3
899311 Handyperson	16.0	2.2	0.2
224999 Information & organisation professionals	14.8	2.1	0.2

ANZSCO code and role description	FTEs employed	Proportion of occupation group (%)	Proportion of all employees (%)
532113 Word processing operator	10.4	1.5	0.1
442217 Security officer	7.0	1.0	0.1
224712 Organisation and methods analyst	6.5	0.9	0.1
811411 Commercial housekeeper	6.0	0.8	0.1
224411 Intelligence officer	5.0	0.7	0.1
139914 Quality assurance manager	4.7	0.7	0.1
111211 Corporate general manager	4.0	0.6	0.1
139999 Specialist managers	3.8	0.5	0.1
851311 Kitchenhand	3.3	0.5	0.0
512111 Office manager	3.0	0.4	0.0
223311 Training and development professional	2.8	0.4	0.0
132411 Policy and planning manager	2.6	0.4	0.0
223111 Human resource adviser	2.0	0.3	0.0
224912 Liaison officer	2.0	0.3	0.0
511111 Contract administrator	2.0	0.3	0.0
841412 Horticultural nursery assistant	2.0	0.3	0.0
224711 Management consultant	1.0	0.1	0.0
225311 Public relations professional	1.0	0.1	0.0
551111 Accounts clerk	1.0	0.1	0.0
132111 Corporate services manager	1.0	0.1	0.0
134214 Welfare centre manager	1.0	0.1	0.0
224611 Librarian	1.0	0.1	0.0
541211 Information officer	1.0	0.1	0.0
132211 Finance manager	1.0	0.1	0.0
132511 Research and development manager	1.0	0.1	0.0
221112 Management accountant	1.0	0.1	0.0
249111 Education adviser	1.0	0.1	0.0
262113 Systems administrator	1.0	0.1	0.0
442216 Security consultant	1.0	0.1	0.0
312611 Safety inspector	0.9	0.1	0.0
541112 Call or contact centre operator	0.6	0.1	0.0
811699 Cleaners	0.5	0.1	0.0
731199 Automobile drivers	0.4	0.1	0.0
351411 Cook	0.2	0.0	0.0
Administration & management total	717.2	100.0	9.9
DHB mental health and addiction employees (FTEs)	7,258.8		100.0

Appendix B: DHBs by size groups

While national and regional analyses are useful for thinking about local workforce priorities, individual DHBs may also find it helpful to compare their workforce with similar sized DHBs. Three DHB size groups were used to analyse the HWIP DHB employed workforce dataset: large, medium and small. Table 4 shows the different DHBs included in each group, which are the same size groups used in the key performance indicator framework for New Zealand mental health and addiction services in their reports (Mental Health and Addiction Key Performance Indicator Programme, 2015).

Table 4. *DHBs in each of the three size groupings*

Large	Medium	Small
Bay of Plenty	Lakes	West Coast
Capital and Coast	Taranaki	Wairarapa
Southern	Nelson–Marlborough	Tairāwhiti
Waikato	Hutt Valley	Whanganui
Auckland	Hawke’s Bay	South Canterbury
Counties Manukau	Northland	
Canterbury	MidCentral	
Waitematā		

Appendix C: Primary area of work codes

The primary area of work code is used to describe the main or most common area of work, even though an employee may work in two or more different areas, this may often be the case for nurses.

The HWIP DHB employed workforce data was extracted for the primary area of work codes described in Table 5. As at 30 June 2018, all but two DHBs had completed a PAOW code for more than 99 per cent of employees: one DHB had done so for 96 per cent of employees, and one small DHB had coded 27 per cent of its employees.

Table 5. *Primary area of work codes relevant to mental health and addiction included in this report*

Primary code	Primary level	Secondary code	Secondary level	Area of work code	Department grouping
08	Psychiatry	01	General psychiatry	0801	Mental health
08	Psychiatry	02	Forensic psychiatry	0802	Mental health
08	Psychiatry	03	Psychotherapy	0803	Mental health
10	Primary care	04	Mental health	1004	Mental health
12	Clinical support	02	Substance abuse	1202	Counselling
12	Clinical support	19	Clinical psychology	1919	Psychology

Sourced from Health Workforce Information Programme (2016).

Appendix D: DHB mental health and addiction employees' profile

Table 6. DHB mental health and addiction employee demographic and service profile averages and proportions nationally, regionally and in DHB size groups, and by service delivery occupation groups

Category	MHA employees	All DHB employees	Mental health and addiction employees by occupation groups					
			Allied health	Nurses	Senior medical	Junior medical	Support workers	Addiction practitioners
No. people employed	8,038	72,067	1,586	3,572	547	232	1,101	210
FTEs employed	7,258.8	60,759	1,357.1	3,269.0	480.7	221.7	1,017.8	195.2
Average age (years)	48.3	45.4	45.8	48.0	53.1	33.7	50.8	49.3
Average age by region								
Northern region	47.4		45.1	46.4	53.0	32.9	50.0	46.3
Midland region	48.8		47.5	49.2	52.8	34.6	48.9	51.7
Central region	48.3		45.5	48.2	53.1	33.4	50.8	52.5
South Island region	49.4		46.4	48.8	53.6	34.2	54.6	55.0
Average by DHB size								
Large DHBs	47.9		45.4	47.5	53.0	33.7	50.6	
Medium DHBs	49.4		47.7	49.2	53.1	33.2	50.0	
Small DHBs	51.2		45.5	50.1	54.1	42.0	55.8	
Employees by age groups								
Under 25 years	2.6%	4.2%	3.0%	3.4%	0.0%	1.7%	1.7%	1.4%
25-29	7.3%	10.6%	8.2%	7.9%	0.0%	32.8%	4.6%	3.3%
30-34	8.0%	12.0%	10.9%	8.0%	0.6%	28.0%	5.6%	9.1%
35-39	8.5%	9.3%	11.2%	7.9%	6.1%	19.4%	7.7%	8.1%
40-44	10.3%	9.8%	13.4%	9.0%	14.7%	10.3%	9.1%	10.5%
45-49	13.0%	11.8%	12.8%	13.0%	17.1%	3.9%	12.4%	13.9%

Category	MHA employees	All DHB employees	Mental health and addiction employees by occupation groups					
			Allied health	Nurses	Senior medical	Junior medical	Support workers	Addiction practitioners
50-54	14.1%	12.2%	12.7%	14.5%	16.7%	1.7%	15.5%	15.3%
55-59	15.4%	13.3%	11.9%	15.9%	17.6%	1.3%	19.0%	16.3%
60-64	13.0%	10.5%	9.8%	14.1%	16.3%	0.4%	12.7%	14.8%
65-69	6.1%	4.6%	5.0%	5.3%	7.7%	0.4%	7.4%	5.7%
Over 70 years	1.8%	1.6%	1.1%	1.0%	3.3%	0.0%	4.3%	1.4%
Gender								
Female	70.3%	78.6%	80%	74%	41%	53%	50%	64%
Male	29.7%	21.4%	20%	26%	59%	47%	50%	36%
Ethnicity (national)								
Māori	14.0%	7.8%	9.9%	12.3%	1.8%	7.7%	32.5%	19.0%
Pasifika	6.5%	4.1%	3.9%	5.5%	1.4%	2.7%	16.6%	4.6%
Asian	10.9%	18.7%	8.1%	11.3%	20.8%	23.6%	9.4%	11.3%
Other	68.6%	69.4%	78.1%	70.9%	76.0%	65.9%	41.5%	65.1%
Northern region								
Māori	15.3%		11.0%	13.4%	1.7%	15.0%	33.7%	21.3%
Pasifika	10.1%		7.0%	9.7%	2.6%	7.5%	18.0%	6.5%
Asian	17.2%		12.8%	19.7%	25.8%	27.5%	15.5%	15.7%
Other	57.4%		69.2%	57.2%	70.0%	50.0%	32.8%	56.5%
Midland region								
Māori	17.3%		12.2%	15.9%	2.2%	8.0%	37.6%	22.6%
Pasifika	2.3%		2.1%	1.8%	1.1%	0.0%	5.8%	3.2%
Asian	10.9%		5.9%	10.2%	23.3%	34.0%	11.1%	9.7%
Other	69.4%		79.8%	72.0%	73.3%	58.0%	45.5%	64.5%

Category	MHA employees	All DHB employees	Mental health and addiction employees by occupation groups					
			Allied health	Nurses	Senior medical	Junior medical	Support workers	Addiction practitioners
Central region								
Māori	15.4%		10.8%	15.2%	0.0%	0.0%	28.3%	15.4%
Pasifika	9.0%		1.3%	7.1%	0.0%	0.0%	31.3%	3.8%
Asian	5.3%		3.6%	5.2%	14.9%	11.9%	2.5%	3.8%
Other	70.2%		84.3%	72.4%	85.1%	88.1%	37.9%	76.9%
South Island region								
Māori	7.8%		4.4%	6.4%	3.7%	2.1%	29.7%	10.0%
Pasifika	1.2%		1.0%	1.2%	0.0%	0.0%	3.2%	0.0%
Asian	5.5%		4.1%	6.2%	11.0%	16.7%	1.3%	3.3%
Other	85.4%		90.5%	86.2%	85.4%	81.3%	65.8%	86.7%
Large DHBs								
Māori	12.1%		8.6%	9.8%	1.6%	8.5%	30.6%	14.4%
Pasifika	7.8%		4.8%	6.4%	1.6%	2.6%	20.2%	6.1%
Asian	12.5%		9.6%	13.1%	21.0%	26.5%	10.5%	16.7%
Other	67.5%		77.0%	70.7%	75.9%	62.4%	38.7%	62.9%
Medium DHBs								
Māori	20.3%		15.8%	21.5%	1.0%	3.3%	40.2%	27.5%
Pasifika	2.3%		0.7%	2.9%	1.0%	3.3%	4.1%	2.0%
Asian	5.7%		2.1%	5.8%	20.8%	6.7%	6.5%	0.0%
Other	71.7%		81.4%	69.7%	77.2%	86.7%	49.1%	70.6%
Small DHBs								
Māori	19.3%		4.5%	17.1%	9.5%	0.0%	36.5%	33.3%
Pasifika	0.7%		0.0%	0.7%	0.0%	0.0%	1.9%	0.0%
Asian	5.1%		9.1%	3.3%	19.0%	0.0%	1.9%	0.0%
Other	74.9%		86.4%	78.9%	71.4%	100.0%	59.6%	66.7%

Category	MHA employees	All DHB employees	Mental health and addiction employees by occupation groups					
			Allied health	Nurses	Senior medical	Junior medical	Support workers	Addiction practitioners
Length of service (LOS)								
Average LOS (years)	8.9	8.3	6.9	9.6	9.7	1.9	9.5	6.8
By region								
Northern	8.0		6.8	8.5	8.7	0.8	8.9	5.8
Midland	8.6		6.0	9.4	9.0	2.9	9.6	6.8
Central	8.3		6.6	8.8	9.9	1.1	9.4	8.7
South Island	10.9		8.1	11.7	12.4	3.6	10.9	8.6
By DHB size								
Large DHBs	9.0		6.8	9.8	10.1	2.0	9.7	5.9
Medium DHBs	8.2		7.4	8.7	7.8	1.2	7.7	7.9
Small DHBs	10.3		5.3	10.7	9.5	2.9	12.4	10.5
Proportion employed for								
Less than 2 years	25.0%		31.0%	23.7%	19.7%	69.0%	19.3%	29.0%
2 to less than 5 years	19.2%		21.8%	18.6%	16.8%	19.8%	18.6%	22.4%
5 to less than 8 years	12.3%		13.3%	11.8%	13.7%	7.3%	12.0%	11.9%
Over 8 years	43.5%		33.9%	45.9%	49.7%	3.9%	50.0%	36.7%
FTE turnover								
Average	11.4%	10.9%	14.7%	10.5%	10.1%	*	12.8%	12.3%
By region								
Northern	11.7%		15.3%	11.2%	12.5%	*	10.4%	9.8%

Category	MHA employees	All DHB employees	Mental health and addiction employees by occupation groups					
			Allied health	Nurses	Senior medical	Junior medical	Support workers	Addiction practitioners
Midland	10.6%		12.0 %	9.8 %	7.4 %	*	14.4 %	24.2%
Central	11.9%		17.9 %	11.0 %	6.6 %	*	11.7 %	4.7%
South Island	10.9%		12.4 %	9.7 %	10.3 %	*	19.6 %	12.7%
By DHB size								
Large DHBs	11.2%		14.3 %	10.8 %	10.6 %	*	12.7 %	15.2%
Medium DHBs	12.1%		14.2 %	10.5 %	8.5%	*	11.9 %	7.1 %
Small DHBs	10.5%		34.6%	6.5%	5.8%	*	16.4%	6.5 %

*Some results for Junior medical employees are not reported due the short-term nature of their employment.

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