Adult mental health and addiction occupational therapist roles

2014 survey of Vote Health funded services
Introduction

In 2014, Te Pou and Matua Rakiri undertook the More than numbers organisation workforce survey of adult mental health and addiction services. The survey aimed to identify the size and configuration of the Vote Health funded workforce in these services and to identify specific workforce challenges faced by organisations. This report presents survey results for the occupational therapist workforce. It describes the size and distribution of this workforce by provider and services delivered. It also includes information about the number of vacancies and perceived recruitment issues.

Occupational therapists are registered health professionals whose practice aims to enable people’s activity and participation in all areas of life. They work in accordance with the Occupational Therapy Board of New Zealand’s prescribed competencies and code of ethics, and within the individual’s area and level of expertise. Occupational therapists’ work in a variety of settings including hospitals, communities, schools and private practice, and across a variety of sectors. They adopt client-centred approaches to ‘enable occupation’ across multiple life domains including:

• employment, learning and applying knowledge
• general tasks and demands including self-care and domestic life
• communication, interpersonal interaction and relationships
• mobility
• major life areas
• community, social and civic life (Occupational Therapy Board of New Zealand, 2004).

Occupational therapists in mental health and addiction services work with consumers of all ages, especially with those who have long term health needs. They often work within multi-disciplinary teams, may work with consumers independently or jointly with other professionals such as psychologists, and may be responsible for developing a care plan that is delivered by other services, for example by NGO support workers. In DHBs, occupational therapists may work as generic clinicians conducting mental health assessments, medical monitoring, and risk assessments among other activities.

The occupational therapy workforce promotes wellbeing, recovery and resilience by supporting consumers to live as independently as possible in their communities while also engaging in meaningful and productive lives (AOTA, n.d.). Their approach is consistent with current mental health and addiction service priorities identified in Rising to the Challenge: The mental health and addiction service development plan 2012-2017 (Ministry of Health, 2012).

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1 More information about these aspects of occupational therapy can be found on the website of the Occupational Therapy Board of New Zealand at [http://www.otboard.org.nz/](http://www.otboard.org.nz/)
Existing workforce information

Under the 2003 *Health Practitioners Competence Assurance Act*, to legally use the title of ‘occupational therapist’ individuals require specific qualifications and registration with the Occupational Therapy Board of New Zealand. As of March 2013, 2,296 occupational therapists held current annual practising certificates (Health Workforce New Zealand, 2014, p. 11).

The 2007 Future Workforce review of the district health board (DHB) allied health workforce (across all areas of practice) found that:

- 50 per cent of registered occupational therapists worked in DHBs
- 7 per cent worked for other government departments and Crown agencies (excluding schools and tertiary education providers)
- 7 per cent worked in non-government organisations (NGOs)
- 4 per cent worked for community and not-for-profit organisations (Future Workforce, 2007, p. 41).

Current workforce development priorities for occupational therapists are described in the *Occupational Therapy Strategic Plan (2010-2015)*, (Occupational Therapy Key Strategic Stakeholders Aotearoa New Zealand, 2010). These include ensuring responsiveness to Māori, strengthening communication and networks, engagement with primary health care, development of workforce potential, research to advance knowledge and practice, and creating effective leadership (Occupational Therapy Key Strategic Stakeholders Aotearoa New Zealand, 2010).

The **More than numbers** organisation workforce survey

The *More than numbers* survey profiled the size, distribution and configuration of the Vote Health funded workforce in adult mental health and addiction services.

Organisations invited to participate in the survey included the 20 DHBs and 231 NGOs contracted by DHBs or the Ministry of Health to provide adult mental health and addiction services during the year ended 30 June 2013. All 20 DHBs and 169 NGOs (73 per cent) completed the survey, giving an overall response rate of 75 per cent.

The survey requested information that team leaders and managers could reasonably obtain, as at 1 March 2014. Respondents were asked to report their total Vote Health funded workforce for each role

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2 The survey method and limitations are described in the national and regional reports at [www.tepou.co.nz/morethannumbers](http://www.tepou.co.nz/morethannumbers). The survey did not collect information from services whose primary focus was Whānau Ora, primary health, youth, disability support, health promotion, policy, quality improvement, research activities and workforce development, or that did not employ any mental health or addiction staff.
using a pre-set list with the option to add other roles. Most of the information provided here is based upon full-time equivalent (FTE) positions including both employed and vacant positions.

**Overview of the reported total workforce in adult mental health and addiction services**

The Vote Health funded workforce reported to the survey by adult mental health and addiction services totalled 8,929 FTE positions (employed plus vacant). Figure 1 shows the workforce was unevenly distributed across the three main service groups, with most (79 per cent) reported by mental health services, followed by addiction services (15 per cent) and combined (mental health and addiction) services (6 per cent).³

![Distribution of the total reported workforce by service groups](image)

*Figure 1. Proportion of the total reported workforce in each of the three service groups*

In terms of the organisations reporting to the survey:
- DHBs reported a total workforce of 5,657 FTEs (63 per cent of the total workforce)
- NGOs reported 3,273 FTEs (37 per cent).

**What can the survey tell us about occupational therapist roles?**

*More than numbers* captured information about the Vote Health funded workforce in dedicated occupational therapist roles in adult mental health and addiction services. The results improve our understanding of the occupational therapist role in the context of services delivered and in relation to the size and composition of the total workforce surveyed.

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³ For this report results from combined services include those surveys that self-identified as providing both mental health and addiction services, which were received from organisations funded to deliver both types of services. The method for identifying this group is described in the national and regional reports available on the Te Pou website.
The survey did not capture how many qualified occupational therapists are working in adult mental health and addiction services, as some people with these qualifications may be employed in other roles such as addiction practitioner or team leader. In addition, the occupational therapist workforce may be slightly under-reported by the survey for the following reasons.

- Approximately one-quarter (27 per cent) of the NGOs invited to participate did not complete a survey.\(^4\)
- Some participating DHBs and NGOs may have under-reported their workforce.

**Workforce in occupational therapist roles**

The Vote Health funded workforce in occupational therapist roles reported to the survey totalled 220 FTE positions (employed plus vacant).

- 242 people were employed in 202 FTE positions.
- There were 18 FTEs vacant.

Occupational therapist roles comprised 2 per cent of the total adult mental health and addiction workforce and 14 per cent of the allied health workforce reported to the survey. Figure 2 shows the occupational therapist workforce as a proportion of the total workforce reported to the survey, and as a proportion of the allied health workforce.\(^5\)

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\(^4\) The Adult mental health and addiction workforce: 2014 survey of Vote Health funded services report estimates that the total NGO workforce is likely to be approximately 18 per cent greater than that reported to the survey. This report is available on the Te Pou website.

\(^5\) The full list of roles included in the allied health occupation group are described in the national and regional reports available on the Te Pou website.
Occupational therapist workforce in DHBs and NGOs

The Vote Health funded workforce in occupational therapist roles totalled 220 FTE positions (employed plus vacant).

- 20 DHBs reported a total workforce of 198 FTEs (90 per cent), including:
  - 215 people employed in 182 FTE positions
  - 17 FTEs vacant (giving a vacancy rate of 9 per cent).
- 14 NGOs reported a total workforce of 21 FTEs (10 per cent), including:
  - 27 people employed in 20 FTE positions
  - 1 FTEs vacant (vacancy rate of 5 per cent).

Figure 3 shows the distribution of the workforce in occupational therapist roles across DHBs and NGOs, and across the three service groups.

As shown above, mental health services (both DHB and NGO) reported 89 per cent of the workforce in occupational therapist roles (195 FTEs). Addiction services reported 7 per cent (15 FTEs) and combined services reported 4 per cent (10 FTEs).

Across the three service groups, the occupational therapist workforce was unevenly distributed between DHBs and NGOs, with most (90 to 100 per cent) of the workforce reported by DHBs.
Workforce by service types

Figure 4 shows the distribution of the occupational therapist workforce in DHBs and NGOs by service types. More than half (57 per cent) of this workforce was reported in community services, with 18 per cent in inpatient services and 15 per cent in forensic services.

![DHB and NGO services](image)

*Figure 4. Distribution of the DHB and NGO occupational therapist workforce across service types*

DHBs reported more than half (60 per cent) of the workforce was located in community services, with another third (37 per cent) located in inpatient and forensic services (20 and 17 per cent respectively). In contrast, the NGO workforce was located in community services (35 per cent) and residential services (65 per cent).

As shown earlier in Figure 3, mental health services (both DHB and NGO) reported most (89 per cent) of the occupational therapist workforce in adult mental health and addiction services. (195 FTEs). Addiction services reported 7 per cent and combined services reported 4 per cent.

Mental health services reported their occupational therapist workforce was widely distributed across a number of service types, as shown in Figure 5 below. In contrast, the small occupational therapist workforce in the addiction and combined service groups was all located in community services.

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*Survey respondents identified the predominant type of service delivered by their workforce. These services have been collated in five service types: community, inpatient, residential, forensic, administration and management, and other services.*
Workforce by region

Figure 6 shows the workforce in occupational therapist roles was distributed unevenly across the regions.

- Northern region reported 105 FTEs employed plus vacant (48 per cent).
- Midland region reported 29 FTEs (13 per cent).
- Central region reported 45 FTEs (21 per cent).
- South Island region reported 40 FTEs (18 per cent).

Figure 7 uses regional information from the 2013 New Zealand Population Census to compare each region’s occupational therapist workforce per 100,000 adults in the region’s population. The national
average was 9 FTEs per 100,000 adults. The Northern and Central regions had higher than average ratios of occupational therapist workforce to population, whereas ratios in the Midland and South Island regions were lower than the national average.

![Figure 7. Adult mental health and addiction Vote Health funded workforce per 100,000 adults, by region with national average](image)

**Vacancies and recruitment issues**

DHBs reported 17 FTE occupational therapist positions vacant (a vacancy rate of 9 per cent). NGOs reported 1 vacant FTE (a 5 per cent vacancy rate). Vacancy rates for occupational therapist were higher than the average vacancy rate across the entire surveyed DHB and NGO workforce, which was 5 and 4 per cent respectively.

Respondents employing occupational therapists were asked about future shortages of staff to fill the role; 120 respondents answered the question - 100 from DHBs and 20 from NGOs. Figure 8 shows the proportion of these respondents who indicated potential future recruitment issues including about right numbers, some shortages (quantified as less than 20 per cent shortage) and large shortages (20 per cent or more).

Half (51 per cent) the DHB respondents thought there were about right numbers for this role, and 45 per cent thought there may be some or a large shortage. NGO respondents showed a similar pattern with 55 per cent thinking there would be about right numbers and 40 per cent perceiving there may be some or a large shortage in future.

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7 The structure of the survey meant organisations provided as many responses as they needed to report their workforce by service type within DHB locality. This is why there are more respondents than organisations employing occupational therapist roles.
Comparison with earlier surveys

This section compares the *More than numbers* survey results for occupational therapist roles with four recent workforce surveys.

- 2014 Stocktake of infant, child and adolescent mental health and alcohol and other drug services in New Zealand (The Werry Centre, 2015).
- 2007 Future Workforce The Allied Health Workforce Employed in DHBs (Future Workforce, 2007).
- 2007 NgOIT workforce survey of NGO mental health and addiction services (Platform Trust, 2007).

*More than numbers* identified that occupational therapist roles comprised a smaller proportion of the workforce in adult mental health and addiction services compared to that in child and youth services identified by the Werry Centre’s *2014 Stocktake of infant, child and adolescent mental health and alcohol and other drug services in New Zealand* (2 per cent compared to 5 per cent respectively, The Werry Centre, 2015, pp. 29-30). However, in both adult and infant, child and adolescent services, DHBs reported 90 per cent of the occupational therapist workforce.

*More than numbers* survey results showed a higher proportion of occupational therapist roles in the addiction workforce than the Matua Raki *Addiction Services: Workforce and service demand survey 2011 report* (1 per cent compared to 0.5 per cent respectively, Matua Raki, 2011, p. 9). The relative size of this workforce identified by *More than numbers* was also larger (15 FTEs compared to 5 FTEs, Matua Raki, 2011, p.9). In addition, *More than numbers* identified a larger proportion of occupational therapists in addiction services were located in DHBs compared to the Matua Raki survey (93 per cent compared to 80 per cent respectively).

The 2007 *Future Workforce survey* of DHB services identified that occupational therapists made up 2 per cent of the total DHB workforce (Future Workforce, 2007, p. 7). *More than numbers* found these roles made up 4 per cent of the DHB adult mental health and addiction workforce reported to the
survey. This result may indicate that occupational therapists play a greater role in DHB adult mental health and addiction services compared to all DHB services. Alternatively, the number of occupational therapists in the DHB workforce may have increased over time, which might also explain differences in the DHB results compared with the More than numbers and Matua Rāki surveys described previously.

In the NGO workforce, More than numbers identified a similar proportion of people in occupational therapist roles (0.6 per cent, 27 people out of a total of 4,524 in all NGO roles) compared with the proportion identified by the 2007 NgOIT workforce survey of mental health and addiction services,8 (0.6 per cent of people, Platform Trust, 2007, p. 13).

Of interest, the NgOIT survey identified that the workforce contained three times as many people with Occupational Therapy Board registration as there were people employed as occupational therapists (32 people compared to 11 people). This finding supports the earlier caveat that the workforce reported to More than numbers will not capture all registered occupational therapists working in adult mental health and addiction services as some may be working in other roles such as management.

Concluding comments

This report describes the 2014 More than numbers survey results for occupational therapists in the adult mental health and addiction workforce. There were 220 FTE occupational therapist roles reported to the survey. Most (90 per cent) of this workforce was reported by DHBs. Nearly 89 per cent of the occupational therapist workforce in DHBs and NGOs was in the mental health service group.

Understanding the size and location of the occupational therapist workforce will support future workforce development and planning. Important workforce issues identified in this report include high DHB vacancy rates for this role (9 per cent), and nearly half (40 to 45 per cent) of DHB and NGO respondents perceiving potential future shortages of staff to fill this role. These results suggest that attention to recruitment and retention issues in future workforce planning may be warranted.

While this report has focused on occupational therapists it is critical that workforce and service planning considers these roles in the context of the entire workforce delivering adult mental health and addiction services. More information about the Vote Health funded workforce in adult mental health and addiction services can be found in the Adult mental health and addiction workforce: 2014 survey of Vote Health services report (Te Pou o Te Whakaaro Nui, 2015).

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8 The NgOIT survey covered mental health and addiction services including child and youth, adult and older adult services. NgOIT identified 11 out of 1,833 people surveyed were occupational therapists. NgOIT did not provide FTE positions by role.
References


