

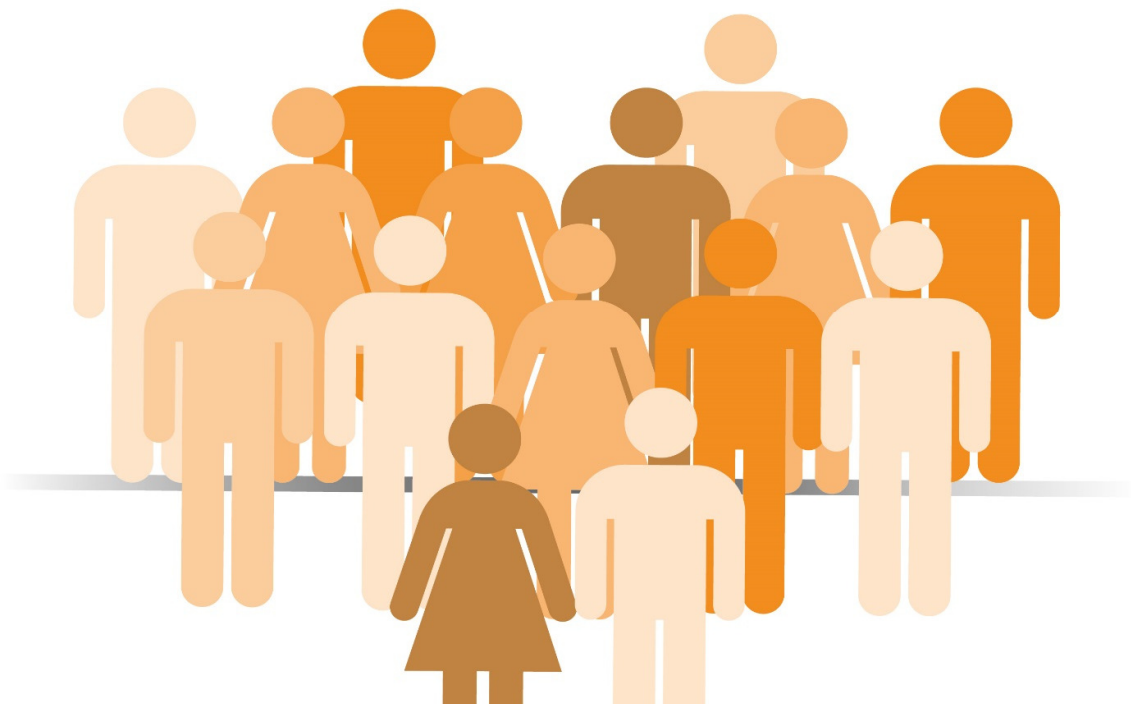
MORE THAN  
NUMBERS

Matua Raki  
National Addiction Workforce Development

Te Pou  
o Te Whakaaro Nui

# Adult mental health forensic workforce

2014 survey of Vote Health funded services



Te Pou  
o Te Whakaaro Nui

Matua Raki  
National Addiction Workforce Development

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## Introduction

This report describes the New Zealand Vote Health funded workforce in adult forensic mental health services ('the forensic workforce') reported to the 2014 *More than numbers* organisation workforce survey. The forensic workforce provides mental health assessment and treatment to people who have committed a criminal offence or are at high risk of doing so. These services are delivered in inpatient, community, court and prison settings, which vary in levels of security.

Forensic mental health services were developed as a result of issues outlined in the 1988 Mason Report. Vote Health funded forensic mental health services are delivered through five regional services, and a handful of forensic services operate within NGOs. The five regional DHB services are based in the following DHB areas: Southern, Canterbury, Auckland and Waitematā, Waikato, and Capital and Coast and Whanganui.

*Rising to the Challenge: The mental health and addiction service development plan 2012-2017* (Ministry of Health, 2012) outlines a number of goals for the future delivery of mental health and addiction services, including increasing the integration of primary and secondary services, increasing access to services and increasing services for people with high needs. Specific goals for adult forensic mental health services focus on improving cross-sector relationships with other mental health and addiction services, the courts, the Department of Corrections and youth justice, and developing a new framework to guide forensic service provision. Other reports (eg *The Midland Regional Forensic Psychiatric Services Stakeholders Report*, 2009) have highlighted that appropriate training is essential for the development of the forensic workforce.

Existing information about the forensic workforce can be found in a national *Census of Forensic Mental Health Services 2005* (Ministry of Health, 2007). This census identified at least 570 full-time equivalent positions (FTEs) working in inpatient forensic settings and 129 FTEs working in prison liaison, court liaison and community-based forensic services. Since 2005, there have been a number of changes in probation services, the location of prison facilities and the services funded by the Corrections department. These changes have flow-on effects for the need for forensic mental health services in each New Zealand region.

The 2005 census provided a brief snapshot of the size of the forensic workforce in the services at that time. The *More than numbers* workforce survey updates information about the size, configuration and location of the workforce and provides other information of relevance to future workforce development.

## About the *More than numbers* survey

To build on existing information about the workforce in adult mental health and addiction services, Te Pou and Matua Raki conducted the *More than numbers* organisation workforce survey in 2014. It collected information about the size and distribution of this workforce across provider and service types as at 1 March 2014 as well as provider opinions about areas for future workforce development.

The survey sample included all 20 district health boards (DHBs) and 231 non-government organisations (NGOs) contracted by the Ministry of Health or local DHBs to provide adult mental health and addiction services during the year ended 30 June 2013. All 20 DHBs and 169 NGOs completed the survey, describing their workforce as at 1 March 2014.<sup>1</sup> DHB provider arms reported the regional forensic services and four NGOs also reported forensic services. Three NGOs that were funded to provide forensic services during 2012/13 did not complete the survey.<sup>2</sup>

The survey collected information about the workforce in three broad categories of services: mental health services, addiction services,<sup>3</sup> and mental health and addiction (combined) services.<sup>4</sup> However, as no forensic addiction services were reported to the survey this report is limited to results for forensic mental health services only.

Participating organisations reported their total Vote Health funded workforce by roles in their organisation, including the number of people employed and relevant FTEs. Most of the analyses provided here are based upon FTE positions including both employed and vacant positions. Organisations were also asked to comment on a number of workforce and service development needs for their organisation.

The report provides an overview of responses from adult forensic mental health services and situates these within the context of the overall adult mental health and addiction workforce.

## Limitations

### Forensic mental health services

Forensic services were defined in the survey based upon respondents self-selecting the predominant service provided by their workforce (chosen from a pre-set list of options, including forensic inpatient

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<sup>1</sup> 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, workforce development or that did not employ any mental health or addiction staff. The workforce identified by the survey did not include volunteers. The non-health funded workforce is likely to be under-reported as only health funded services were surveyed therefore this workforce is not included in this report.

<sup>2</sup> These included two small NGOs and one large NGO.

<sup>3</sup> For this report addiction services includes alcohol and other drug and problem gambling services.

<sup>4</sup> 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.

services and forensic community services). The self-selection of forensic mental health services may mean the DHB and NGO workforce has been over or under reported, for the following reasons.

- Some DHB and NGO respondents may have over-reported their workforce by identifying that some or all of it was Vote Health funded when in fact it was funded by the Department of Corrections or Ministry of Justice. There is no reliable way to assess the extent of such over-reporting.
- Three NGOs that were funded to deliver forensic services during the 2012/13 year did not complete the survey. These included two small NGOs and one large NGO; the latter received nearly half the total funding for NGO forensic services that year.
- The workforce contributing to DHB forensic services may be under-reported to the extent that these services receive advice and support from staff in clinical, management or administrative support services working across multiple mental health services in the DHB.

### Forensic addiction services

There were no dedicated forensic addiction services reported to the survey, which was consistent with the lack of specific Vote Health funding for forensic addiction services during 2012/13.<sup>5</sup> Nor was there any forensic addiction workforce reported to the survey as funded from other sources of income than Vote Health.<sup>6</sup> As such, the *More than numbers* survey results are unable to describe the addiction workforce delivering forensic services.

However, it is known that a number of addiction services work with forensic consumers and criminal justice clients through an array of service provisions. These services may be funded by existing health contracts as individual workers meeting the needs of the locality or through other sources of income, such as Department of Corrections contracts. Examples of addiction services that respond to forensic consumers are residential services, the workforce in court liaison roles, prison education and treatment, drug treatment units and people who undertake community work with probation clients.

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<sup>5</sup> There was no option for forensic addiction services included in the list of services from which survey respondents selected their service type.

<sup>6</sup> The workforce funded from other sources is known to have been widely under-reported to the survey particularly for addiction services.

# Workforce in adult mental health forensic services

## Overview

There were 1,017 people<sup>7</sup> employed in adult forensic mental health services who worked in 985 Vote Health funded FTE positions in either a DHB or NGO. This workforce included 926 FTE positions employed and 59 FTE positions vacant.<sup>8</sup>

The forensic workforce represents 11 per cent of the total adult mental health and addiction workforce (8,929 FTE positions) and 13 per cent of the adult mental health workforce (7,612 FTE positions).<sup>9</sup>

Figure 1 shows the forensic workforce as a proportion of the total workforce reported to the survey by DHBs and NGOs, as well as the distribution of the total reported workforce across the main service types, including forensic services.

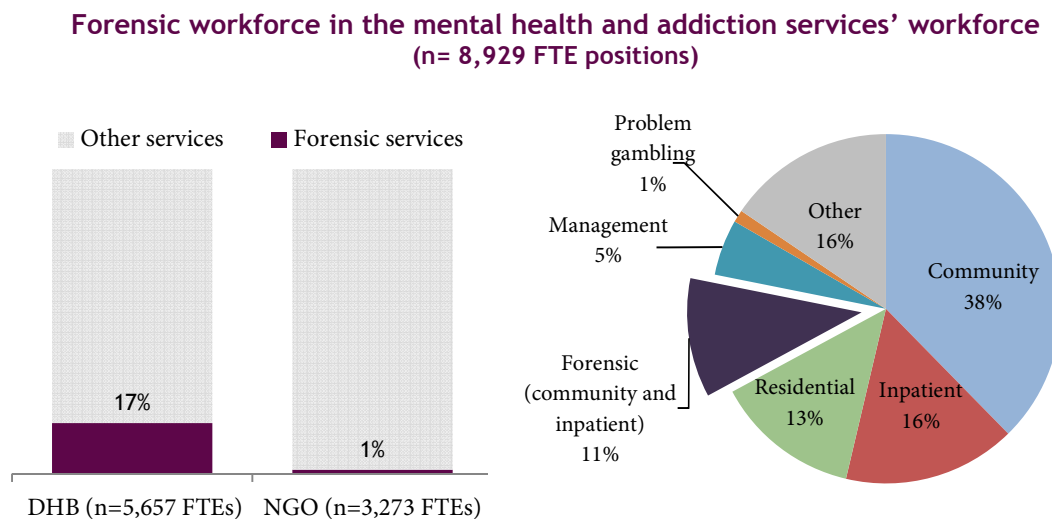


Figure 1. Adult forensic services as a proportion of the total adult mental health and addiction workforce in DHBs and NGOs (left) and by main service types (right)

The high intensity of care provided by the forensic workforce is reflected in the small proportion of consumers it serves<sup>10</sup> relative to the workforce size; the forensic workforce made up 11 per cent of the

<sup>7</sup> Some of these people may be counted twice if they work for more than one organisation.

<sup>8</sup> The forensic services' workforce in each role is described in Table 3 of the Appendix.

<sup>9</sup> The mental health services workforce includes FTEs in both mental health services and combined mental health and addiction services.

<sup>10</sup> Consumer numbers were drawn from PRIMHD data relating to the period from 1 July 2012 to 30 June 2013.

total adult mental health and addiction workforce and yet it works with 5 per cent of all mental health and addiction consumers.

### Provider and service types

The survey collected information about the forensic workforce from DHBs and NGOs. Figure 2 shows the proportion of the reported workforce in DHB and NGO community and inpatient services.<sup>11</sup>

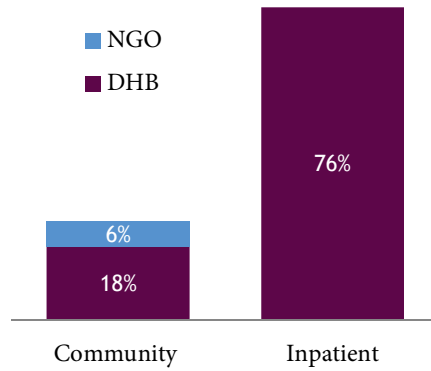


Figure 2. Proportion of FTE positions reported by DHBs and NGOs across service types (n=705 FTE positions)

Most (96 per cent) of the forensic workforce was reported by DHB providers. DHB forensic services employed 969 people working in 942 FTE positions, working across five regional providers in six DHB localities. The workforce in these services ranged in size from 34 to 352 FTE positions.

For those DHBs reporting the forensic workforce by service type, 81 per cent was reported in inpatient services. See Figure 3.

### Workforce in DHB forensic inpatient and community services (n=705 FTEs)

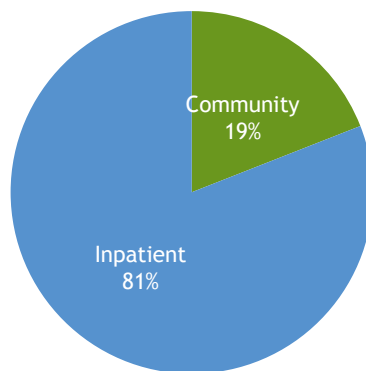


Figure 3. Distribution of the DHB forensic services workforce across inpatient and community services (n = 705 FTEs)

<sup>11</sup> One of the six responding DHBs did not separately report its forensic workforce by community and inpatient services. Its workforce, totalling 280 FTE positions (28 per cent of the total forensic workforce), has been excluded from comparisons of results for forensic community and inpatient services.

Four NGOs reported the remaining 4 per cent of the forensic workforce (48 people working in 43 FTE positions). All of these FTEs were based in forensic community services.

### Distribution of the forensic workforce

Most of the reported FTE positions were located in the Northern (38 per cent) and Central (33 per cent) regions. Midland had the smallest forensic workforce (12 per cent) followed by the workforce in South Island region (Canterbury and Southern DHBs, 10 and 6 per cent respectively). The survey collected partial information from forensic services in the Midland region which accounts, at least in part, for the small relative workforce size displayed in Figure 4.

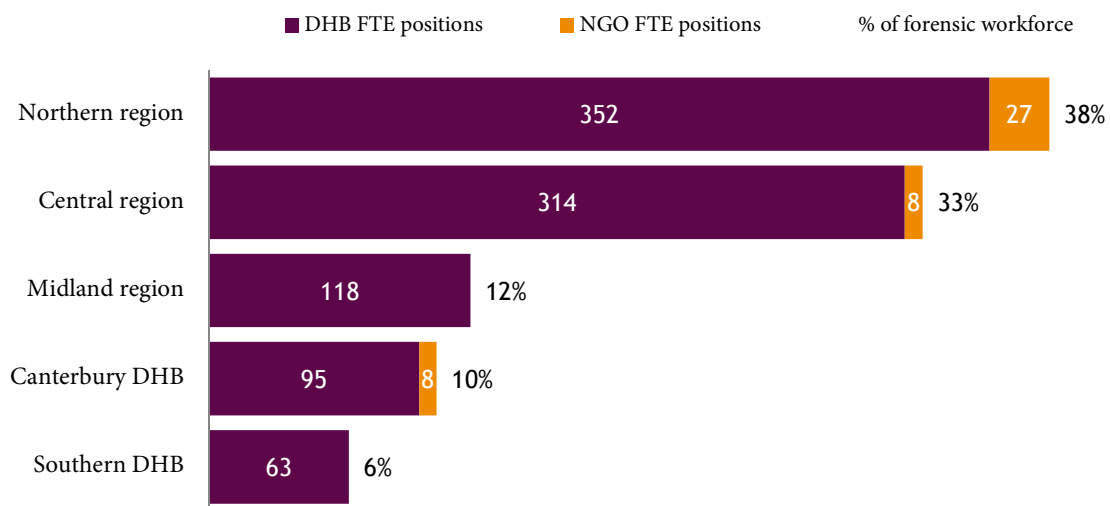


Figure 4. Forensic FTE positions across DHB regions and districts (n=985 FTE positions, employed plus vacant)

\*One large NGO and one small NGO did not return a survey and thus this figure under-represents the true number of forensic staff working in the Midland region. There was also one small NGO in the Northern region that did not report its workforce to the survey.

## Workforce composition

### Roles in the forensic workforce

Services were asked to report on the total workforce by role (including FTE positions employed and vacant). Nearly two-thirds of the reported forensic workforce was in clinical roles (see Figure 5).



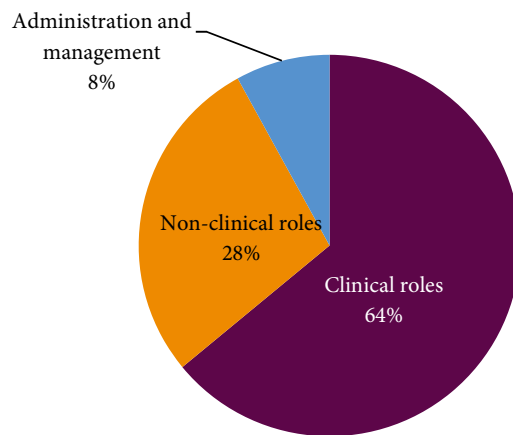


Figure 5. Proportion of FTE positions (employed plus vacant) in forensic services in clinical and non-clinical roles (n=985 FTE positions)

Registered nurse roles made up the largest clinical workforce with 412 FTE positions employed plus vacant (42 per cent of the forensic workforce), followed by consultant psychiatrist roles (36 FTE positions, 4 per cent) and occupational therapist roles (33 FTE positions, 3 per cent).<sup>12</sup>

Of the workforce in non-clinical roles, healthcare assistant roles had the largest workforce with 164 FTE positions (17 per cent of the total forensic workforce), followed by psychiatric assistants (54 FTE positions, 6 per cent) and community support workers (24 FTE positions, 3 per cent).

Figure 6 summarises the forensic workforce (FTEs employed plus vacant) by occupation groups and shows the relative proportion of the forensic workforce.

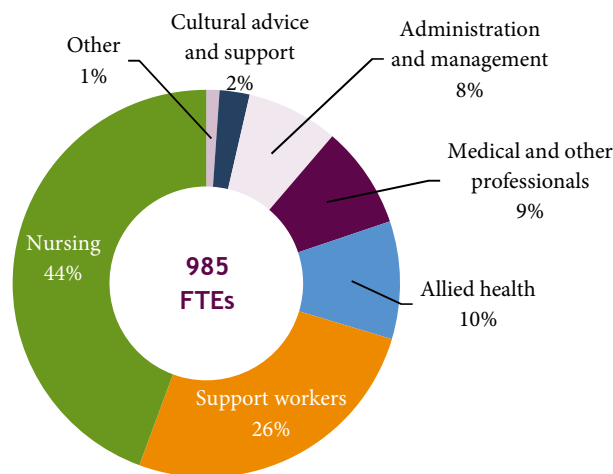


Figure 6. Occupation groups in the forensic workforce

<sup>12</sup> The Appendix contains a table summarising the total workforce for each role reported to the survey.

## Role distribution across community and inpatient forensic services

To compare the workforce by roles and across inpatient and community forensic services, the following text and Figure 7 excludes information from one DHB which reported all its forensic workforce in community services when it is known it provides both forensic inpatient and community services.

More than three-quarters (82 per cent) of registered nurse roles and all psychiatric assistant roles were reported in forensic inpatient services, reflecting a tendency for people who undertake support work in DHBs to be employed under this role title. More than half (59 per cent) of the FTE positions in consultant psychiatrist roles and all community support worker roles were reported in forensic community services.

Figure 7 shows the distribution of consultant psychiatrist and clinical psychologist roles across forensic community and inpatient services.

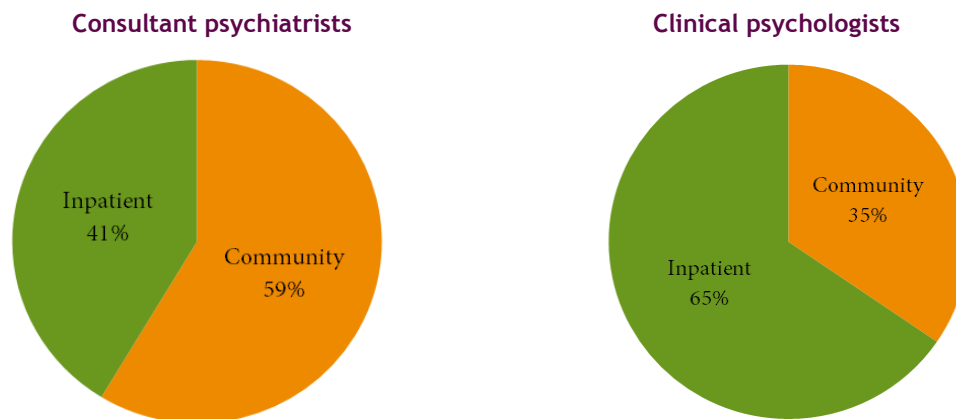


Figure 7. Proportion of FTE positions for consultant psychiatrist and clinical psychologist roles across forensic inpatient and community services (employed plus vacant)

Across the entire adult mental health and addiction workforce, 292 FTE consultant psychiatrist roles were reported to the survey. Of these, 12 per cent were based in forensic services (36 out of 292 FTE positions). Similarly, 12 per cent of the total reported psychiatric registrar FTEs were also based in forensic services (16 out of 125 FTE positions).<sup>13</sup>

Forensic services also reported 11 per cent of the clinical psychologist roles in the total workforce (27 out of 257 FTE positions) and 22 per cent of 'other' psychologist roles (5 out of 21 FTE positions).

<sup>13</sup> One DHB did not report its workforce by service types and has been excluded from Figure 6. The proportions in the graphs are based on the remaining 36 FTE positions for consultant psychiatrists and 27 FTE positions for clinical psychologists.

## Vacancies

A total of 59 vacant FTE positions (6 per cent of the forensic workforce) were reported in the survey. This represents 14 per cent of all vacancies reported for adult mental health and addiction services. Of all the services reported to the survey, forensic had the second highest vacancy rate behind administration, management and support services (8 per cent).

Registered nurse roles comprised 60 per cent of the reported vacancies in forensic services, compared to 39 per cent of vacancies across all adult mental health and addiction services. The role with the next highest number of vacancies was healthcare assistants (17 per cent of forensic vacancies, compared to 5 per cent across all mental health and addiction services). There were 2 FTE positions vacant for clinical psychologists in forensic services (out of the total 23 FTE positions vacant across all adult mental health and addiction services).

## Ethnicity and cultural competence

*Rising to the Challenge* (Ministry of Health, 2012) emphasised the need for a representative and culturally competent workforce to support the goal of improving health outcomes for Māori, and for people in Pasifika and Asian ethnic groups.

Kaupapa Māori forensic services reported 29 per cent (290 FTEs) of the 985 FTE positions in the forensic workforce<sup>14</sup> and Pasifika forensic services reported 9 FTEs. No Asian services reported employing a forensic workforce.

In 2012/13, PRIMHD (The Programme for the Integration of Mental Health Data) reported that nearly half (43 per cent) of all consumers of forensic services were recorded as Māori. Figure 8 shows the ethnicity of forensic service consumers, as reported in PRIMHD.<sup>15</sup>

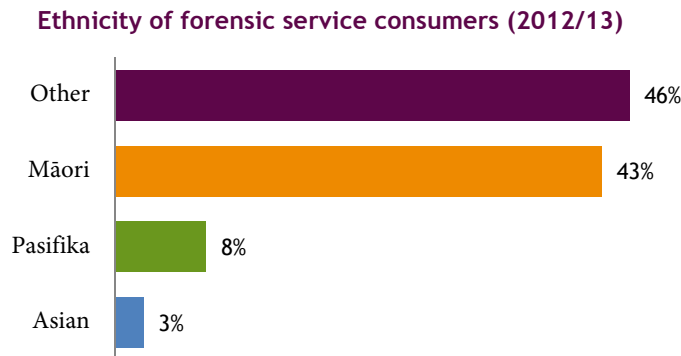


Figure 8. Ethnic representation of adult mental health forensic service consumers

<sup>14</sup> There is one forensic kaupapa Māori service that was not captured in the survey data.

<sup>15</sup> Other comprises all other ethnic groups including Pākehā/New Zealand European. Source: PRIMHD data for service consumers aged 18-64 years extracted on 7 April 2015.

Forensic service respondents provided staff ethnicity information for employees in 580 FTE positions. Māori staff in the clinical and non-clinical forensic workforce slightly under-represent the adult population (12 per cent). However, Māori staff in the forensic workforce substantially under-represent the proportion of forensic service consumers who identified as Māori. Pasifika non-clinical staff representation in the forensic workforce is higher than the adult population (6 per cent). The proportion of Asian staff in the forensic workforce is similar to the proportion of consumers who identified as Asian. However, Asian staff in non-clinical roles substantially under-represented the proportion of Asian consumers for these services (0.5 per cent compared to 3 per cent).

The ethnicity of the workforce across clinical and non-clinical<sup>16</sup> roles is represented in Figure 9 and compared to the ethnicity of forensic service consumers.

### Ethnicity of staff in clinical and non-clinical roles in the forensic workforce

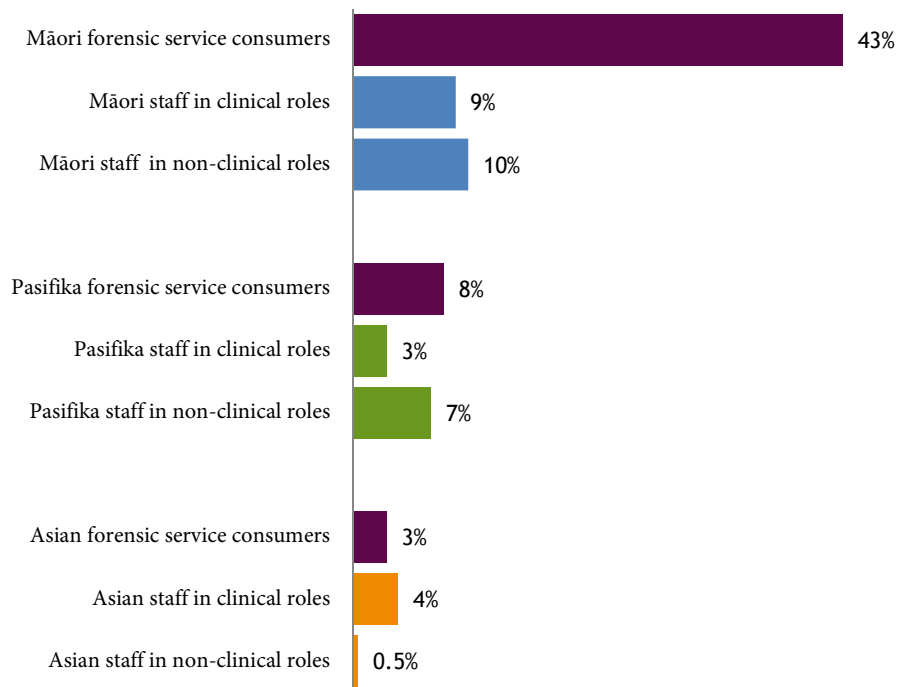


Figure 9. Ethnic representation of staff in the forensic workforce

Forensic service respondents reported that their workforce needed to increase knowledge and skills in relation to specific cultural competencies. Figure 10 shows the top four cultural competency areas most commonly identified as needing to increase among the forensic workforce.

A high proportion of respondents from forensic services indicated their workforce needed some or large increase in knowledge and skills for working with Māori, Pasifika and Asian ethnic groups.

<sup>16</sup> For the purposes of this analysis, non-clinical roles include administration, management and support roles.

These results are slightly higher than the the average cultural competency results across all mental health and addiction respondents. Most forensic service respondents indicated a need to increase cultural competence for working with Pasifika and Asian ethnic groups even though they made up a small proportion of consumers (8 and 3 per cent respectively).

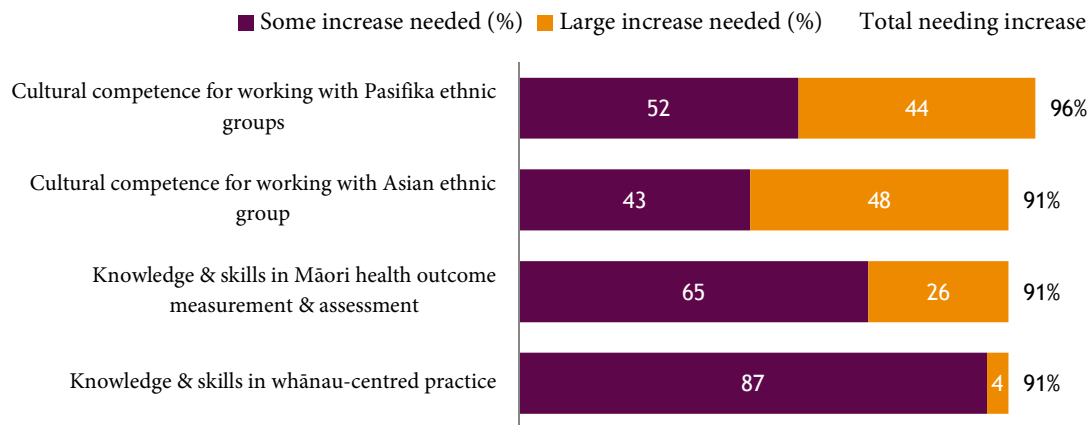


Figure 10. Top four cultural knowledge and skill areas needing some or large increase as reported by forensic service respondents (n=23 responses)

## Challenges faced by forensic services

The survey asked questions about the workforce and service challenges facing forensic services. The following responses, in most cases, reflect the opinions of team leaders and managers, including any input they sought from others.

### Workforce development challenges

Forensic service respondents more commonly identified recruitment in their top four challenges compared to all mental health and addiction respondents (72 per cent compared to 54 per cent of all mental health and addiction responses). This was commonly reported in the top four challenges by both inpatient and community forensic services.

Table 1. Proportion of forensic services ranking the following workforce and service challenges in the top four of the seven challenges, with comparison to all services

Workforce challenges	Forensic service responses (n=18)	All service responses (n=647)
Recruiting qualified and experienced staff	72%	54%
Retaining qualified and experienced staff	61%	48%
Managing pressure on staff due to increased complexity	61%	64%
Managing pressure on staff due to increased demand for service	56%	64%
Static or reduced funds	39%	55%
Managing pressure due to changing service delivery models	33%	43%
Cost of training and other professional development	28%	45%

## Recruitment and retention issues for forensic services

Responses from forensic services to questions about future roles shortages were relatively consistent with responses received from other mental health and addiction services. In this regard, respondents from forensic inpatient services commonly reported future shortages for clinical psychologists and Māori staff for clinical roles. In contrast, respondents from forensic community services were more concerned about future shortages of registered nurses.

Table 2. Top five roles that forensic service respondents perceived may be in future shortage

Community	Inpatient
Registered nurse	Māori clinical and non-clinical staff
Community support worker	Clinical psychologist
Consultant psychiatrist	Occupational therapist
Social worker	Registered nurse
Dual diagnosis/CEP clinician	Consultant psychiatrist

## Knowledge and skill needs

Respondents were asked to identify whether their workforce needed to increase knowledge and skills in relation to a pre-set list of policy and practice areas. Respondents most commonly indicated that their workforce needed to increase co-existing problems capability, particularly in community services. The top four knowledge and skill areas identified by forensic respondents as needing an increase (presented in Figure 10) were consistent with responses received from across adult mental health and addiction services. However, compared to all responses, a higher proportion of forensic respondents indicated a need for an increase in the promotion of restraint and seclusion reduction initiatives (71 per cent, compared to 35 per cent of mental health and addiction respondents).

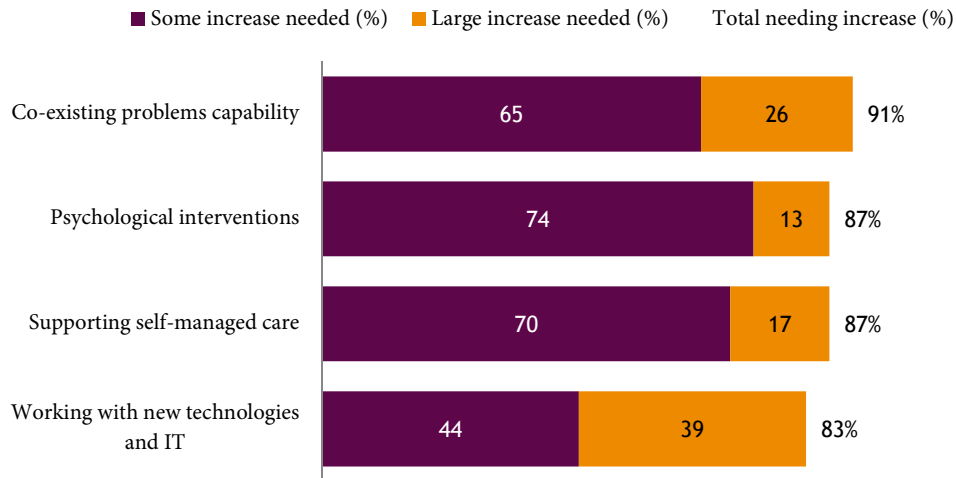


Figure 11. Proportion of forensic respondents indicating need for some or large increases in the most commonly selected knowledge and skill areas, n=23 responses)

### Cross-sector relationships

As mentioned, *Rising to the Challenge* (Ministry of Health, 2012) emphasised the need for forensic mental health services to improve cross-sector relationships. Most respondents indicated that relationships with other mental health services, police and the Corrections Department were working adequately or well. See *Figure 12*.

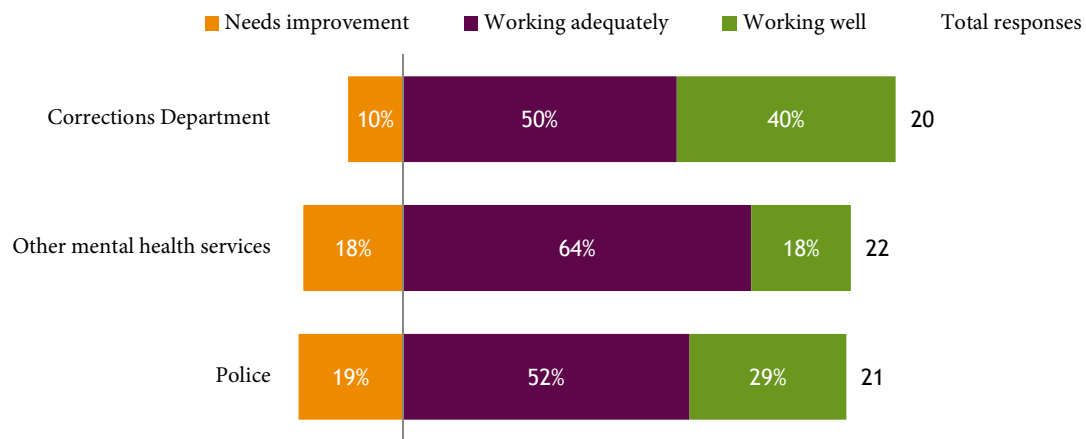


Figure 12. Three cross-sector relationships most commonly identified as working adequately or well by forensic services.

However, respondents indicated relationships with Housing New Zealand Corporation and other accommodation providers, general hospitals and emergency departments, and the family violence sector needed improvement.

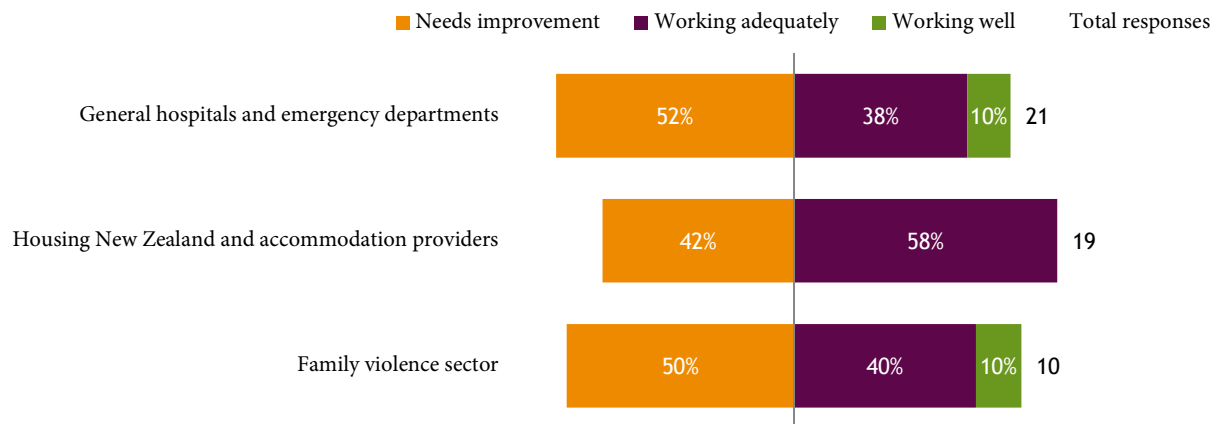


Figure 13. Three cross-sector relationships most commonly identified as needing improvement by forensic services.

Compared to all mental health and addiction responses, a higher proportion of forensic respondents indicated the need to improve relationships with general hospitals and emergency departments (52 per cent, compared to 25 per cent of total responses).

## Comparison with the *Census of Forensic Mental Health Services 2005*

This section compares the *More than numbers* survey results for the forensic workforce with the earlier *Census of Forensic Mental Health Services 2005* (Ministry of Health, 2007). Although both surveys excluded intellectual disability and forensic youth services, differences in the collection methods used in each survey may account for some of the differences in the findings.

The *More than numbers* survey reported a larger forensic workforce than the *Census of Forensic Mental Health Services 2005* (984 FTE positions, employed plus vacant, compared to 701 FTEs). This may suggest the forensic workforce has increased over the past 10 years, but is also likely to reflect the



inclusion of NGO services and non-responses by different services to each survey.<sup>17</sup> The proportions of inpatient and community FTE positions are similar across the two surveys.<sup>18</sup>

Both surveys indicated that psychologist and psychiatrist roles comprised 9 per cent of the total forensic workforce. However, the proportion of forensic nursing roles reported in the *More than numbers* survey is lower in comparison to nursing roles reported in the *Census of Forensic Mental Health Services 2005* (44 per cent compared to 65 per cent). This may reflect differences in how nurses were defined in the census (it does not state whether information about occupation or roles was collected) or changes in the composition of the workforce over time.

## Conclusion

Forensic mental health services were developed as a result of the 1988 Mason Report. Across the country there are five regional forensic mental health services for people in courts, prisons, and other community settings, as well as in inpatient settings, with varying levels of security (Ministry of Health, 2007). In addition, addiction services are provided to forensic consumers, either through health services for the general population or through services funded from other (non-health) contracts, for example Corrections Department contracts. Changes in the justice system, including how and where prison services are delivered, will impact on the need for forensic mental health services in different regions.

The 2014 *More than numbers* survey identified that 1,017 people<sup>19</sup> were employed in adult forensic mental health services in 985 FTE positions funded by Vote Health. Nearly all (96 per cent) of this workforce was reported by DHBs and 4 per cent was reported by NGOs. In addition, it is possible to identify 42 FTE positions funded by Vote Health for youth forensic services in 2013/2014.<sup>20</sup> There are also forensic addiction services in New Zealand, however these services were not captured in this survey.<sup>21</sup>

Forensic services had a higher reliance on clinical roles, which require substantial training time and investment, compared to the average results for all surveyed adult mental health and addiction services. Forensic respondents also reported higher needs for improvements in various knowledge and skill areas as well as greater challenges with recruitment and retention compared to other services.

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<sup>17</sup>FTEs from the non-secure 'step-down' beds in Porirua and Stanford House in Whanganui were not included in the 2005 census. The *More than numbers* survey did not gather workforce information from three NGOs (two small and one large).

<sup>18</sup>One service which incorrectly reported all its workforce in community services was excluded from the calculation used for this comparison.

<sup>19</sup>Some of these people may be counted twice if they work for more than one organisation.

<sup>20</sup>Ministry of Health Price Volume Schedule 2013/14. The Werry Centre's *2014 Stocktake of infant, child and adolescent mental health and alcohol and other drug services in New Zealand* did not specifically identify the youth forensic workforce (The Werry Centre, 2015).

<sup>21</sup>Forensic addiction services are mainly funded from sources other than Vote Health, which was the focus of this current survey.

Remaining responsive to the changing justice system context poses an additional challenge for forensic mental health service workforce planning.

Given the many challenges facing workforce development for forensic services, ongoing investment in workforce planning and collaboration between services and sectors is important. While not included in this survey, youth forensic services have been highlighted as a priority for future development and investment (Ministry of Health, 2012).

## References

Ministry of Health. (2007). *Census of Forensic Mental Health Services 2005*. Wellington: Ministry of Health.

Ministry of Health. (2012). *Rising to the Challenge: The mental health and addiction service development plan 2012-2017*. Wellington: Ministry of Health.

The Werry Centre. (2015). *2014 Stocktake of infant, child and adolescent mental health and alcohol and other drug services in New Zealand*. Auckland: The Werry Centre for Child & Adolescent Mental Health Workforce Development, The University of Auckland.

## Appendix

The following table presents the workforce (FTEs employed plus vacant) in each role reported by forensic mental health services. Respondents were asked to report their workforce in forensic community and forensic inpatient services separately. One DHB only provided survey returns for forensic community services, and it is assumed that these surveys included their forensic inpatient workforce.

Table 3. *The forensic mental health workforce by roles (employed plus vacant) in community and inpatient services*

Roles	Forensic workforce (FTE positions employed plus vacant)			Proportion of total forensic workforce
	Community	Inpatient	Total	
<b>Clinical roles</b>				
<b>Allied health</b>				
Addiction practitioner/clinician	-	0.5	0.5	0.1%
Dual diagnosis practitioner/CEP clinician	4.0	-	4.0	0.4%
Counsellor	-	-	-	-
Educator/ trainer	-	0.9	0.9	0.1%
Occupational therapist	16.7	16.4	33.1	3.4%
Clinical psychologist	14.8	12.3	27.2	2.8%
Other psychologist	3.0	1.5	4.5	0.5%
Social worker	15.1	10.6	25.7	2.6%
Other allied health	-	1.0	1.0	0.1%
<b>Total (allied health)</b>	<b>53.6</b>	<b>43.2</b>	<b>96.8</b>	<b>9.8%</b>
<b>Medical and other professionals</b>				
General practitioner	2.0	0.2	2.2	0.2%
House surgeon	2.0	4.0	6.0	0.6%
Consultant psychiatrist	26.5	9.1	35.6	3.6%
Medical officer special scale	-	5.8	5.8	0.6%
Psychiatric registrar	7.5	8.0	15.5	1.6%
Liaison/consult liaison	17.0	2.0	19.0	1.9%
Other medical professionals	-	-	-	-
<b>Total (medical and other professionals)</b>	<b>55.0</b>	<b>29.1</b>	<b>84.1</b>	<b>8.5%</b>
<b>Nursing</b>				
Registered nurse	159.7	251.9	411.6	41.8%
Enrolled nurse	2.0	16.9	18.9	1.9%
Nurse practitioner/nurse specialist/nurse educator	4.0	2.5	6.5	0.7%
Other nursing professionals	-	-	-	-
<b>Total (nursing)</b>	<b>165.7</b>	<b>271.3</b>	<b>437.0</b>	<b>44.4%</b>

Roles	Forensic workforce (FTE positions employed plus vacant)			Proportion of total forensic workforce
	Community	Inpatient	Total	
Other clinical roles	7.0	3.8	10.8	1.1%
<b>Total (clinical roles)</b>	<b>281.3</b>	<b>347.5</b>	<b>628.8</b>	<b>63.8%</b>
<b>Non-clinical roles</b>				
<b>Support workers</b>				
Community development worker	-	-	-	-
Employment worker	-	-	-	-
Community support worker	24.2	-	24.2	2.5%
Family support worker	-	-	-	-
Healthcare assistant	80.0	84.0	164.0	16.7%
Peer support - consumer and service user	2.0	-	2.0	0.2%
Peer support - family and whānau	-	-	-	-
Psychiatric assistant	-	54.3	54.3	5.5%
Residential support worker	8.0	-	8.0	0.8%
Other support workers	-	3.5	3.5	0.4%
<b>Total (support workers)</b>	<b>114.2</b>	<b>141.8</b>	<b>255.9</b>	<b>26.0%</b>
<b>Cultural advice and support</b>				
Cultural supervisor	1.0	0.2	1.2	0.1%
Kaumātua	2.0	-	2.0	0.2%
Kuia	2.0	-	2.0	0.2%
Kaiāwhina	2.0	0.8	2.8	0.3%
Traditional Māori health practitioner	-	-	-	-
Matua	-	-	-	-
Pasifika cultural advisor	1.0	-	1.0	0.1%
Other cultural advisor	8.5	7.0	15.5	1.6%
<b>Total (cultural advice and support)</b>	<b>16.5</b>	<b>8.0</b>	<b>24.5</b>	<b>2.5%</b>
Other (non-clinical roles)	-	-	-	-
<b>Total (non-clinical roles)</b>	<b>130.7</b>	<b>149.8</b>	<b>280.4</b>	<b>28.5%</b>
<b>Administration and management</b>				
Administrative and/or technical support	18.7	19.1	37.7	3.8%
Senior manager	1.0	5.6	6.6	0.7%
Clinical director	1.0	-	1.0	0.1%
Professional leader	0.4	-	0.4	-
Service manager/team leader	13.2	13.7	26.9	2.7%
Consumer advisor/consumer leader	2.0	-	2.0	0.2%
Family/whānau advisor	1.0	-	1.0	0.1%
Other administration and management	-	-	-	-
<b>Total (administration and management)</b>	<b>37.3</b>	<b>38.4</b>	<b>75.6</b>	<b>7.7%</b>
<b>Total (all roles)</b>	<b>449.3</b>	<b>535.6</b>	<b>984.9</b>	<b>100.0%</b>