



DHB mental health and addiction employees

2020 profile

Acknowledgements

This report is the fifth in the series of annual DHB mental health and addiction employee profile reports published by Te Pou (formerly Te Pou o te Whakaaro Nui) since 2017. We thank and acknowledge Amanda Newton and Karin Noresten from the Health Workforce Information Programme at TAS (Technical Advisory Services) for providing the data and analyses, and for peer review.

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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
TAS	Technical Advisory Services

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Executive summary

As major employers and providers of mental health and addiction services, district health boards (DHBs) need good staff demographic and service profile information to plan and develop this workforce. To ensure there are enough people with the right skills to deliver services and meet demand, DHBs need to know the size and composition of the workforce and changes over time.

The information presented in this report describes aggregated socio-demographic and service information for all people employed in DHB mental health and addiction services as of 30 June 2020. This includes people working in mental health and alcohol and drug services for all age groups (children and youth, adults, older people) and forensic mental health services.

There were 8,419 DHB mental health and addiction service employees working in 7,554 full-time equivalent (FTE) positions across all 20 DHBs on 30 June 2020. This equates to 11 percent of the total FTE positions employed by DHBs.¹

Over the past year, the DHB employed mental health and addiction workforce grew by nearly 2 percent, mainly due to apparent increases in FTE allied health workers, nurses, and support workers, although this could also reflect better data reporting.

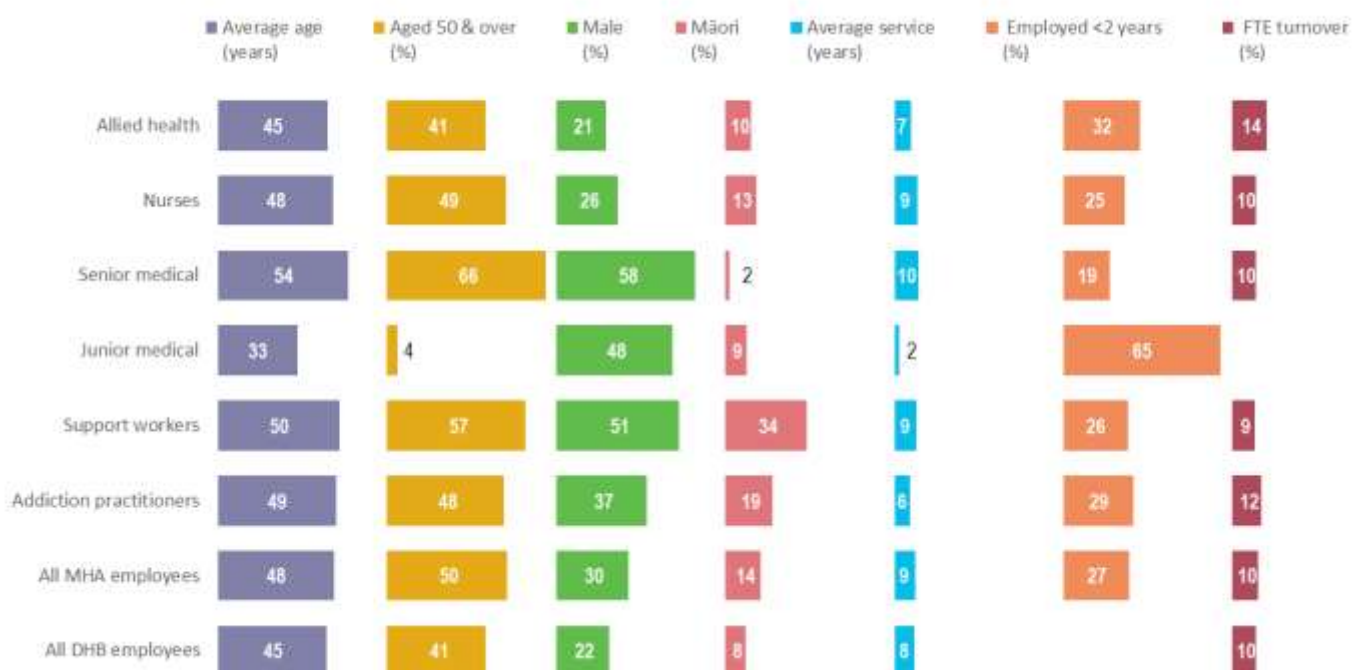
Compared to all DHB employees, DHB mental health and addiction employees:

- tend to be older on average (48 years compared to 45 years)
- are more likely to be aged over 50 years (50 percent compared to 41 percent)
- are more likely to be male (30 percent compared to 22 percent)
- are more likely to identify as Māori or in a Pasifika ethnic group (14 and 7 percent respectively, compared to 8 and 4 percent)
- have been employed for similar length of time on average (nearly 9 years compared to just over 8 years)
- have similar FTE turnover (10 percent).

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

¹ More information about the DHB employed workforce is available from Central Region's Technical Advisory Services (2020).

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



The data indicates this workforce is more ethnically diverse than all DHB employees, albeit not yet reflecting the diversity of people seen by services. It is currently a stable and experienced workforce with low FTE turnover compared to the New Zealand average across all industries (Lawson Williams Consulting Group et al., 2019).

Nonetheless, the number of people employed in DHB mental health and addiction services who are aged over 50 has increased over the past 3 years, suggesting the risks associated with workforce ageing are not dissipating with time. Half of DHB mental health and addiction employees are likely to want to reduce their hours or retire over the next 15 years (Health Workforce New Zealand, 2012). This situation may lead to substantially increased turnover in the future.

With the challenges and risks to DHB workforce stability increasing over time, workforce planning and development is needed to ensure there are enough workers in mental health and addiction to meet demand from our growing population and replace retiring workers. This report shows DHBs will need to plan how large-scale replacement of the mental health and addiction workforce will increase Māori and Pasifika representation; how best to support and mentor new, young employees into their roles; and how to mitigate the loss of older, experienced workers. DHBs will need to continue to plan how they will meet these workforce goals at the same time as expanding access to and choice of services (Government Inquiry into Mental Health and Addiction, 2018) and moving to provide services within a new health and disability system structure (Ministry of Health, 2021).

Introduction

This is the fifth report in the series of annual publications describing district health board (DHB) mental health and addiction employees and their demographic and service profiles. The report summarises routinely collected DHB employed health workforce data held by the Health Workforce Information Programme (HWIP) for mental health and addiction employees to inform workforce planning and development activities.² It describes people working in DHB mental health and addiction services for infants, children, and adolescents; adults; older people; and for forensic mental health. Specific objectives include describing, as of 30 June 2020:

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

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

- national and regional averages³
- comparisons with all DHB employees and by occupation group
- averages by DHB-size groups.

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. Findings are compared with all DHB employees (approximately 78,600 people in 66,300 FTE positions). The second section describes the profile of DHB mental health and addiction employees in the following occupation groups.

- Allied health workers.
- Nurses.
- Senior medical practitioners.
- Junior medical practitioners (resident medical officers).
- Support workers.
- Addiction practitioners.

Analysis of 851 people in the administration and management (corporate and other) occupation group has not been included. This is because this group is not directly involved in

² HWIP collects and collates DHB employed workforce information submitted from all 20 DHBs' human resources and payroll systems. They report quarterly on aggregated information for all DHB employees; see <https://tas.health.nz/strategic-workforce-services/health-workforce-information-programme-hwip/>.

³ 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.

service delivery. The specific role descriptions used in each occupation group are described in Appendix A (Table 3). Other information provided in appendices includes a summary of DHBs by size groups (Appendix B); HWIP primary area of work codes (Appendix C) and a summary table of DHB mental health and addiction employee profile data (Appendix D).

Method

HWIP has provided to Te Pou a summary and analyses of DHB employed workforce data collected for the quarter ended 30 June 2020. The data extracted relates to DHB employees whose primary area of work code is associated with mental health and addiction. Information is provided by Australia and New Zealand Standard Classification of Occupations (ANZSCO) codes. It includes only employed people 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.

Analyses

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 are included in analyses.

The data is summarised by occupation group. These group names differ slightly from those reported elsewhere by HWIP. This report describes occupation groups in ways consistent with other workforce reports from Te Pou (Te Pou o te Whakaaro Nui, 2018a, 2018b).

Workforce ethnicity is calculated taking the number of people who identify in an ethnic group as a proportion of all people with valid ethnicity information supplied. Employee ethnicity is prioritised according to the Ministry of Health ethnicity data protocols (Health Information Standards Organisation, 2017). 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 identify as Māori.

FTE turnover is calculated from the sum of FTE positions terminated during the year ended 30 June 2020, 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.

DHB employee profile

This section describes the socio-demographic profile, length of service and FTE turnover of 8,419 DHB mental health and addiction employees working in 7,554 FTE positions, as of 30 June 2020. Table 1 summarises the people and FTEs employed by each occupation group and the proportionate change in FTEs employed since 2019.

The total FTEs employed grew by nearly 2 percent over the year. This is mainly due to FTE growth for allied health workers (3 percent), nurses, and support workers (2 percent each).⁴ Given the current stability of the HWIP dataset, this likely reflects actual growth of the workforce rather than changes in reporting.

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

Occupation group	People employed	FTEs employed	Proportion of FTEs employed (%)	Change FTEs employed since 2019 (%)
Allied health	1,598	1,371.4	18.2	3.4
Nurses	3,784	3,436.1	45.5	2.4
Senior medical	565	483.4	6.4	0.7
Junior medical	243	227.9	3.0	1.4
Support workers	1,151	1,055.3	14.0	1.6
Addiction practitioners*	227	215.9	2.9	-0.2
Administration & management**	851	764.0	10.1	-1.3
Total	8,419	7,554.0	100.0	1.9

Notes:

* 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 using their professional group code, eg as social workers.

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

Figures in the following subsections show comparisons between all DHB mental health and addiction employees (MHA) and all DHB employees (all DHB) across all services.

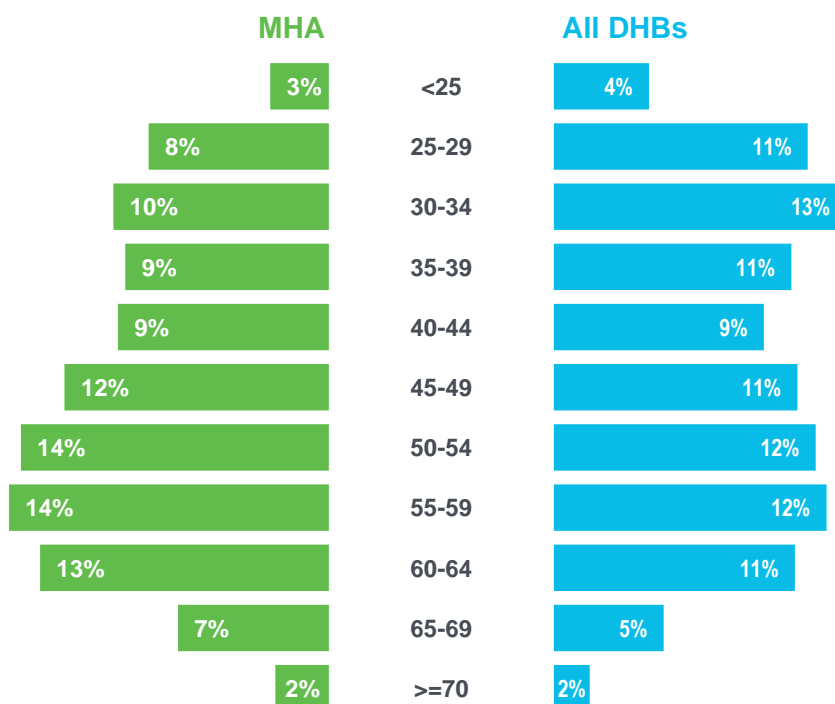
⁴ Change in FTEs employed may reflect either workforce growth or more complete coding of employee records.

Age

The average age of DHB mental health and addiction employees is just under 48 years. DHB mental health and addiction employees tend to be older than all DHB employees whose average age is 45 years.

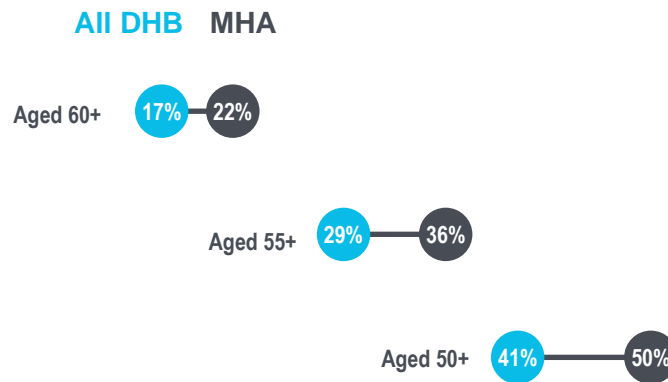
Figure 2 outlines the proportion of DHB mental health and addiction employees in five-year age groups. Mental health and addiction employees are less likely to be represented in the younger age groups with 29 percent aged under 40 compared to 39 percent of all DHB employees.

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



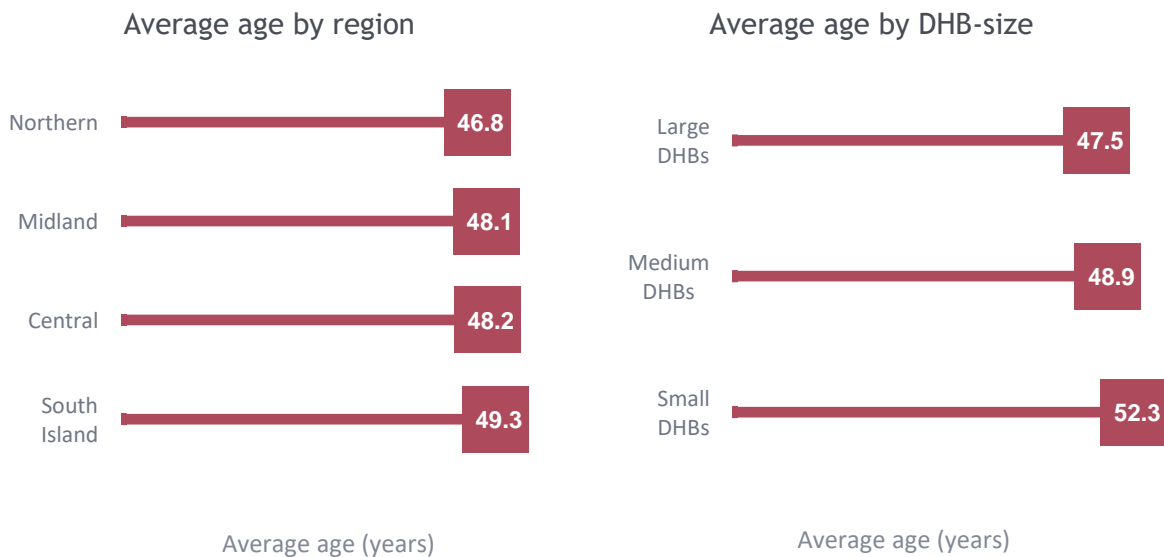
Half of DHB mental health and addiction employees are aged over 50, with 36 percent aged over 55, and 22 percent aged over 60. In contrast, 41 percent of all DHB employees are aged over 50; see Figure 3.

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 are on average slightly younger (47 years) compared to other regions. The South Island region has the highest average age (49 years). Employees in large DHBs tend to be younger than those in small DHBs; see Figure 4.

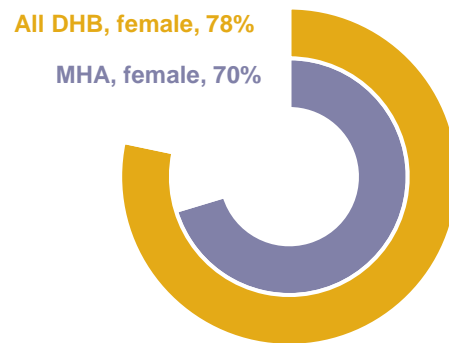
Figure 4. Comparison of mental health and addiction employees' average age, by region and by DHB-size groups.



Gender

Seventy percent of DHB mental health and addiction employees identify as female and 30 percent as male. In comparison, 78 percent of all DHB employees identify as female and 22 percent male; see Figure 5.

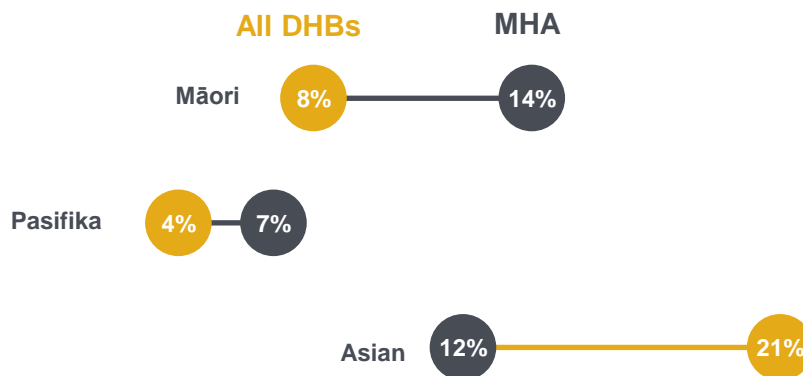
Figure 5. Comparison of female DHB mental health and addiction employees with all DHB female employees



Ethnicity

DHB mental health and addiction employees identify as Māori (14 percent) or Pasifika (7 percent) at higher rates than all DHB employees (8 and 4 percent respectively) and are 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

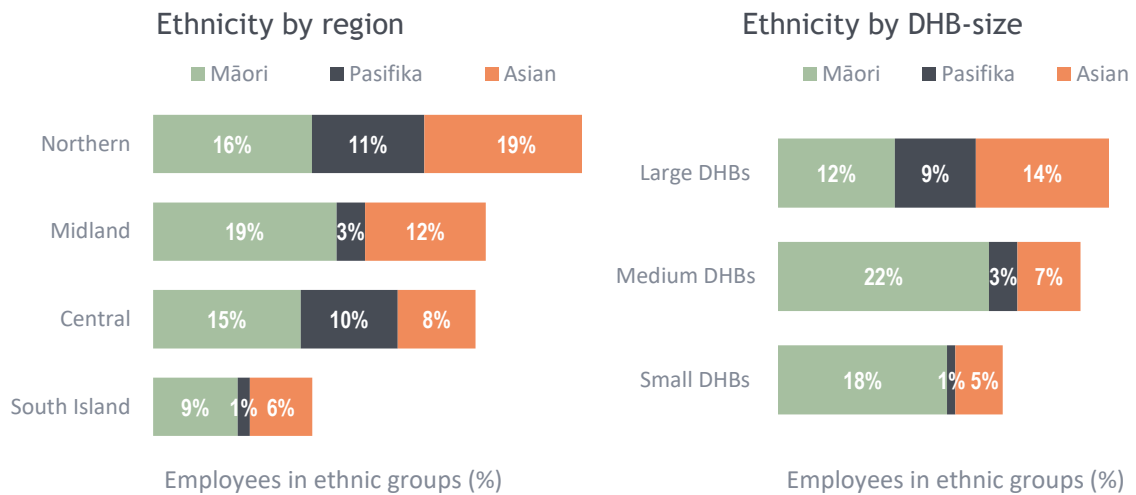


Māori representation among DHB mental health and addiction employees is highest in the Midland region (19 percent of employees) and in medium sized and small DHBs (22 and 18 percent respectively).⁵ Representation of Pasifika peoples is highest in the Northern and Central regions (11 and 10 percent respectively), and among people working in large DHBs

⁵ Māori representation varies by region, with the Midland region having the highest rate of Māori in the population (28 percent), followed by Central (19 percent), Northern (14 percent), and the South Island (11 percent); see Statistics New Zealand (2020).

(9 percent). A similar trend is seen for employees in Asian ethnic groups in the Northern region and in large DHBs (19 and 14 percent respectively); see Figure 7.

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

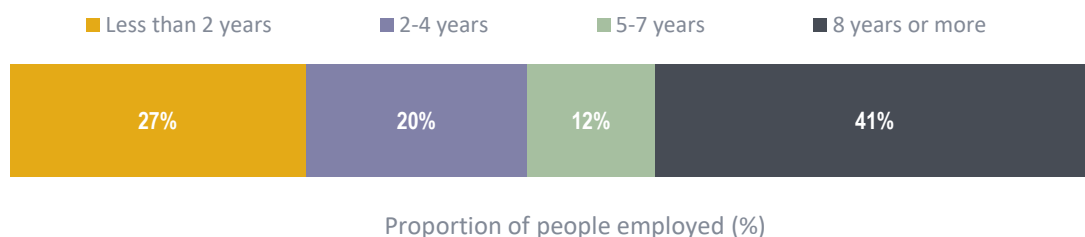


Length of service

The average length of service for DHB mental health and addiction employees is nearly 9 years 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 (243 people out of a total of 8,419; 3 percent), their shorter length of service due to the nature of their role slightly lowers the overall average.

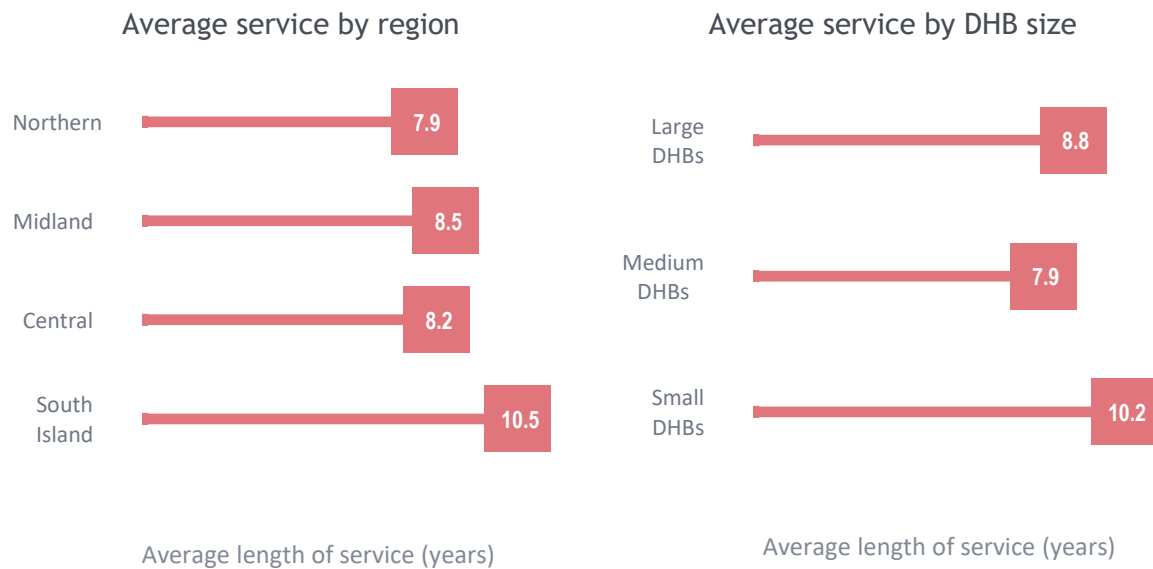
Just over half (53 percent) of DHB mental health and addiction employees have over 5 years' length of service, and most of these people have been employed for more than 8 years; see Figure 8.

Figure 8. The proportion of DHB mental health and addiction employees by period employed



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

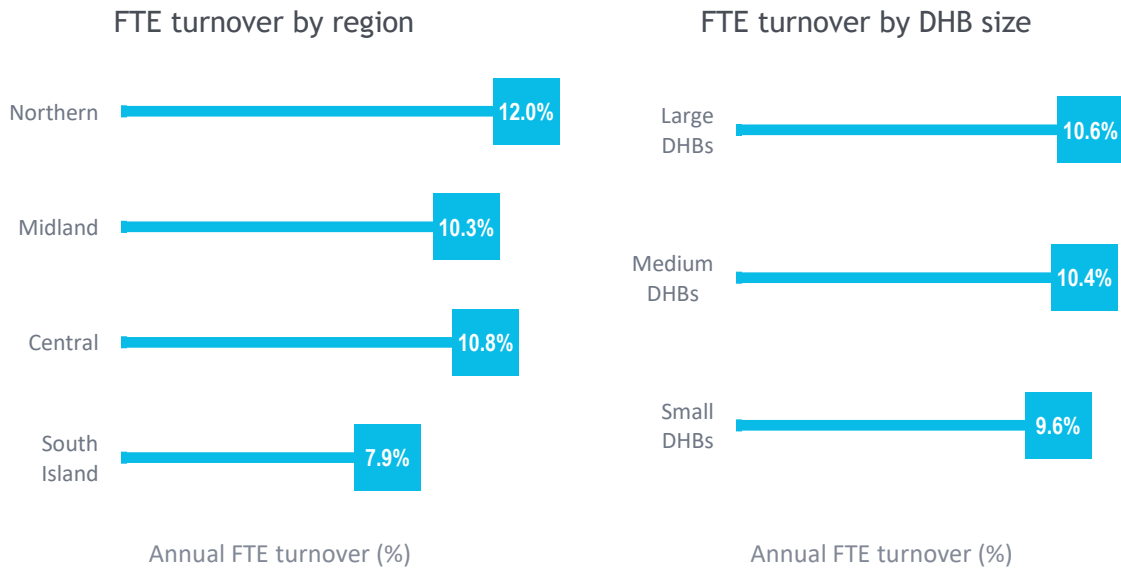
Figure 9. Average length of service for DHB mental health and addiction employees, by regions and DHB size groups



FTE turnover

DHB mental health and addiction employees have an FTE turnover rate of 10 percent for the year to June 2020, the same as all DHB employees over the same period. In the regions, DHB mental health and addiction employees in the Northern region have the highest FTE turnover (12 percent), as do the employees in large and medium-sized DHBs (11 percent); see Figure 10.

Figure 10. DHB mental health and addiction employees' FTE turnover, by region and by DHB-size groups



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 one subsection for each service delivery occupation group, including allied health workers, nurses, senior and junior medical, support workers, and addiction practitioners. 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 workers

The DHB mental health and addiction employees in the allied health occupation group include 1,598 people working in 1,371 FTE positions. Within this group, the roles with the largest FTE workforce employed are social workers (37 percent of allied health workers), clinical psychologists (34 percent), and occupational therapists (22 percent).⁶

Key findings

Compared to their DHB allied health peers, mental health and addiction allied health employees:

- are on average older
- are just as likely to be female
- are more likely to identify as Māori, and less likely to identify in an Asian ethnic group
- have been employed for less time on average
- have higher FTE turnover rates than both DHB peers and all DHB mental health and addiction employees.

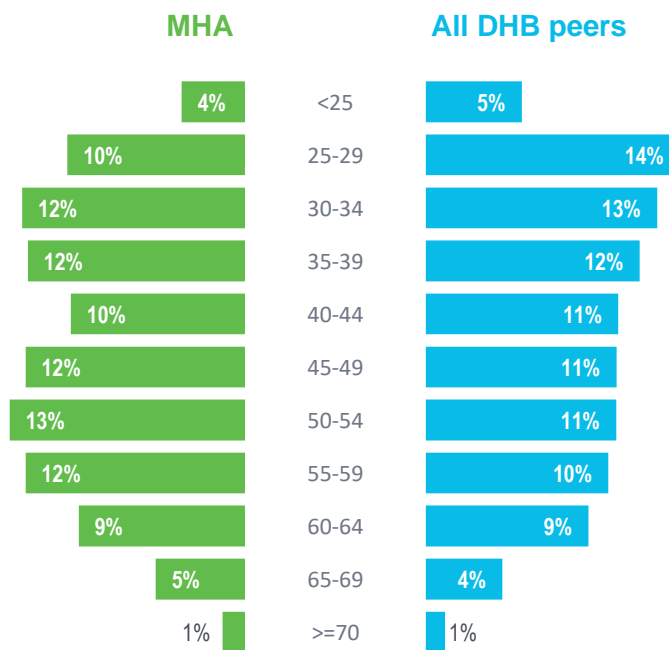
Age

The average age of DHB mental health and addiction allied health employees is 45. This is older than for all DHB peers in the allied health group (43 years). The median age group for DHB mental health and addiction allied health employees is 45 to 49 years.

Despite being a relatively youthful workforce compared to other DHB mental health and addiction employees, DHB mental health and addiction allied health workers are less likely to be aged under 40 than all DHB allied health workers (38 percent compared to 44 percent respectively); see Figure 11.

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

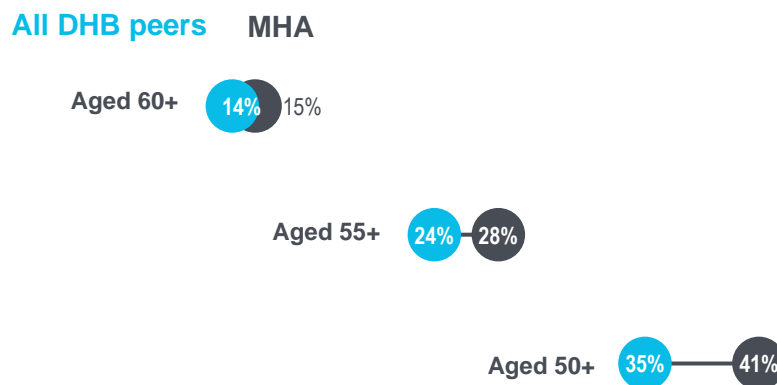
Figure 11. Proportion of DHB mental health and addiction allied health employees by age groups



Allied health workers by age groups

Two in five (41 percent) of DHB mental health and addiction allied health employees are aged over 50, which is greater than for all DHB peers (35 percent). However, the proportion of allied health workers aged over 60 is similar to that of all DHB allied health workers (15 and 14 percent respectively); see Figure 12.

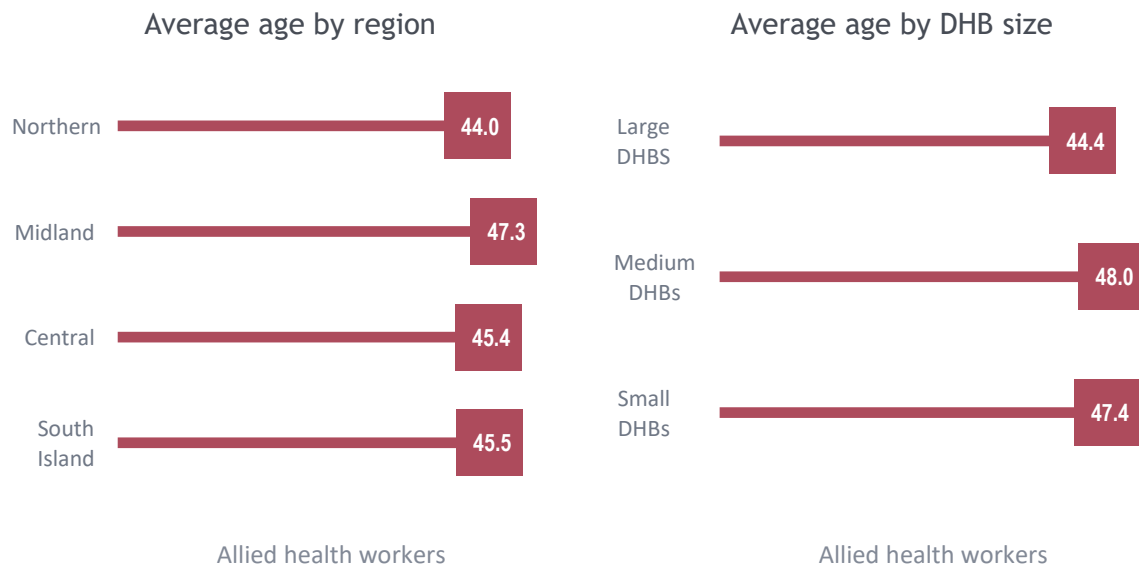
Figure 12. Comparison of the DHB mental health and addiction allied health employees aged 50, 55 and 60 and over with all DHB peers in the same age groups



Allied health workers

Of the regions, DHB mental health and addiction allied health employees in the Midland region are on average slightly older (47 years) than those in other regions. Allied health workers in the Northern region are on average slightly younger (44 years) than those in other regions. Allied health workers in large DHBs are on average younger than those in medium sized and small DHBs; see Figure 13.

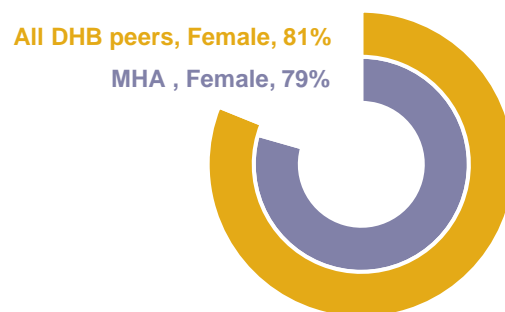
Figure 13. Average age for mental health and addiction allied health employees, by region and by DHB size groups



Gender

A slightly smaller proportion of DHB mental health and addiction allied health employees are female (79 percent) compared to all DHB peers (81 percent); see Figure 14.

Figure 14. Comparison of female DHB mental health and addiction allied health employees with all DHB peers

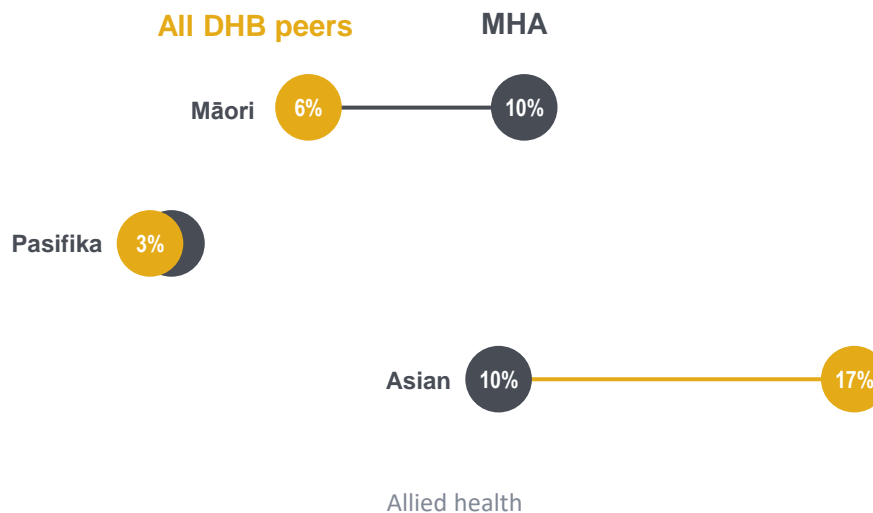


Allied health

Ethnicity

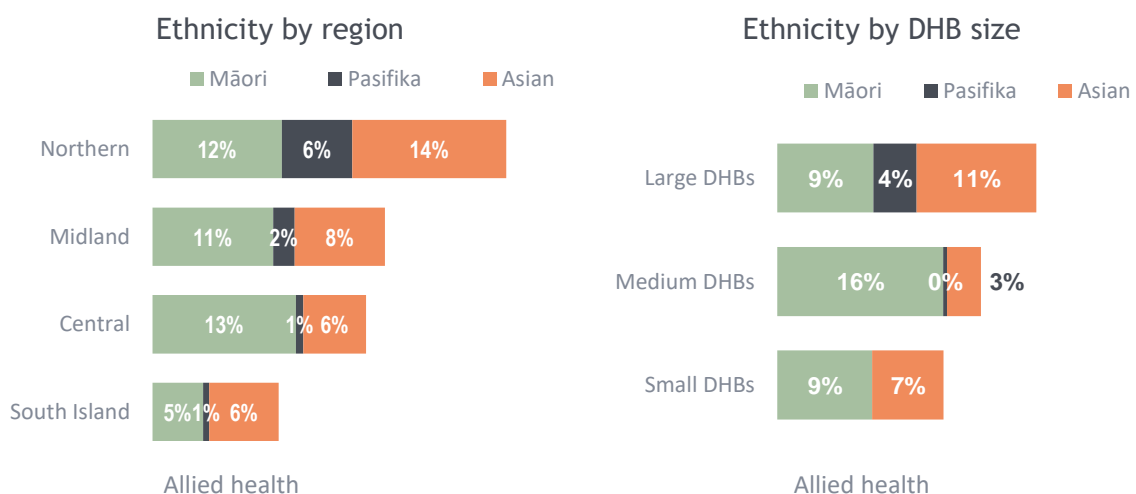
DHB mental health and addiction allied health employees are more likely to identify as Māori (10 percent) than all DHB peers (6 percent), and less likely to identify in an Asian ethnic group than all DHB peers (10 percent compared to 17 percent); see Figure 15.

Figure 15. 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 is higher in the three North Island regions (11 to 13 percent) than the South Island (5 percent). This is also seen in medium sized DHBs (16 percent) compared to large and small DHBs (9 percent each); see Figure 16.

Figure 16. DHB mental health and addiction allied health employees' ethnicity, by region and by DHB-size group

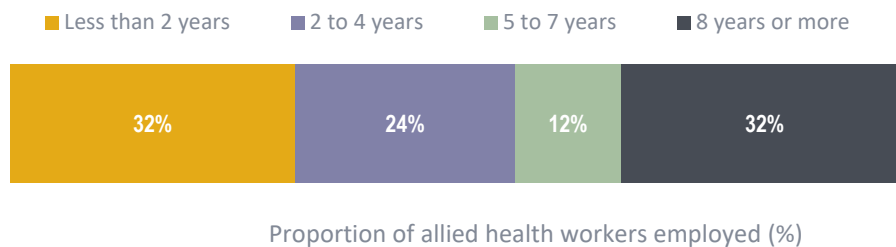


Length of service and FTE turnover

Nationally, DHB mental health and addiction allied health employees have been employed just under 7 years on average. This is less than all DHB peers, whose average length of service is slightly over 8 years.

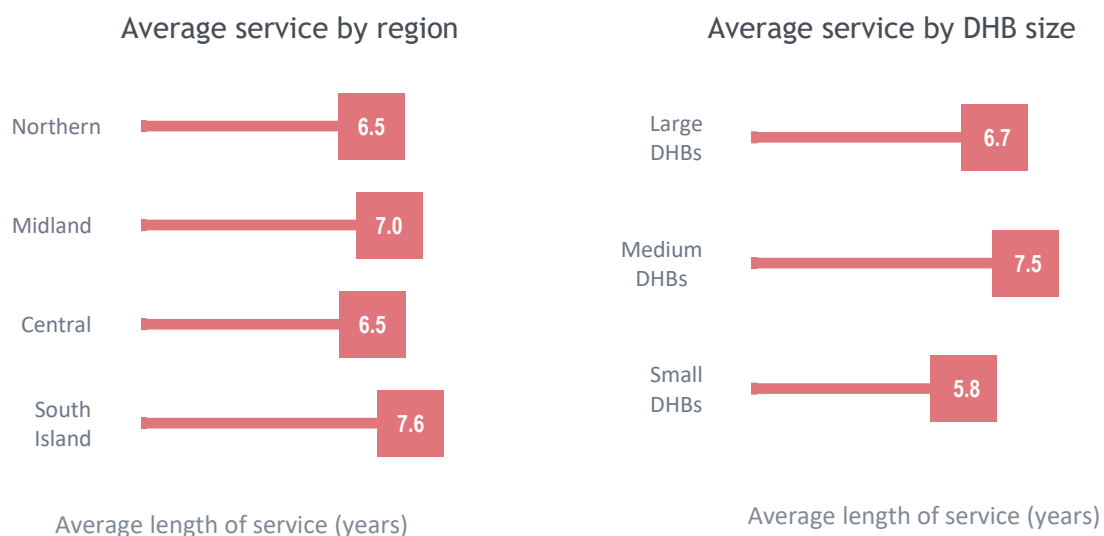
Nearly one third (32 percent) of DHB mental health and addiction allied health employees have been employed for less than 2 years, and 56 percent for less than 5 years; see Figure 17.

Figure 17. Proportion of DHB mental health and addiction allied health employees employed for specified periods of time



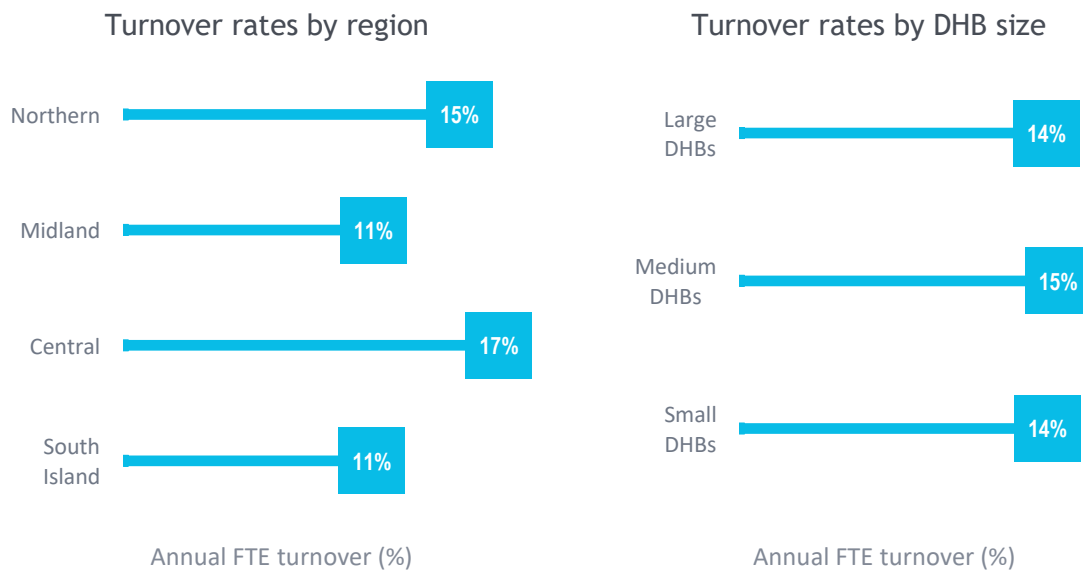
DHB mental health and addiction allied health employees in the South Island region and in medium sized DHBs have the longest average length of service (nearly 8 years each); see Figure 18.

Figure 18. 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 at 30 June 2020 was 14 percent. This is higher than for all DHB peers and for all mental health and addiction employees (10 percent each). The Central region has the highest FTE turnover rate (17 percent), whereas the rates are similar for all DHB size groups (14 to 15 percent); see Figure 19.

Figure 19. DHB mental health and addiction allied health employees' FTE turnover, by region and by DHB-size group



Nurses

The nurse occupation group includes 3,784 people working in 3,436 FTE positions. Within this group, the roles with the most FTEs employed are registered nurse (mental health, 80 percent) followed by nurse managers (7 percent).⁷

Key findings

Compared to all DHB nurses, mental health and addiction nurses:

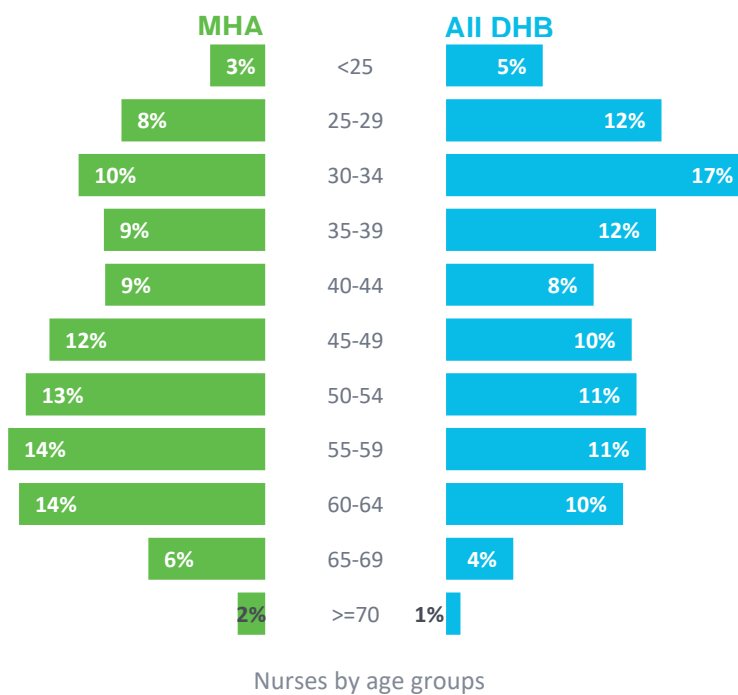
- are on average older
- are more likely to be male
- are more likely to identify as Māori or Pasifika
- have a similar average length of service
- have similar FTE turnover.

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

Age

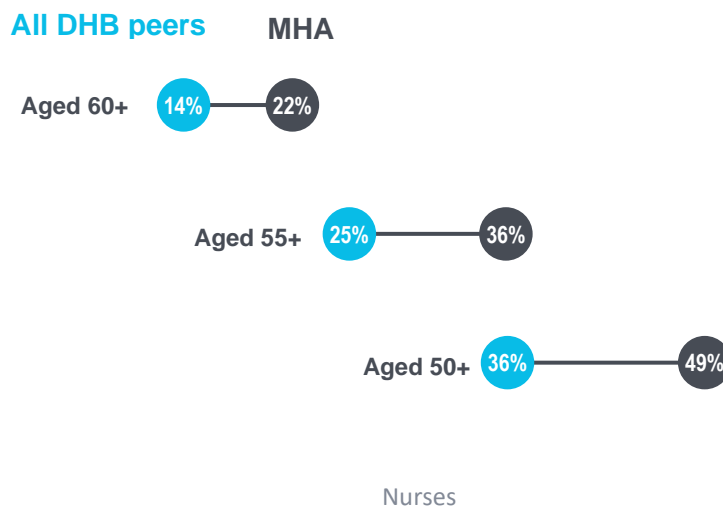
The average age of DHB mental health and addiction nurses is 48. These employees tend to be older than nurse peers across all DHB services, whose average age is 43. The median age group for mental health and addiction nurses is 45 to 49. Less than one-third (30 percent) of DHB mental health and addiction nurses are aged under 40 compared to nearly half of all DHB nurses (46 percent); see Figure 20.

Figure 20. Proportion of DHB mental health and addiction nurses by age groups



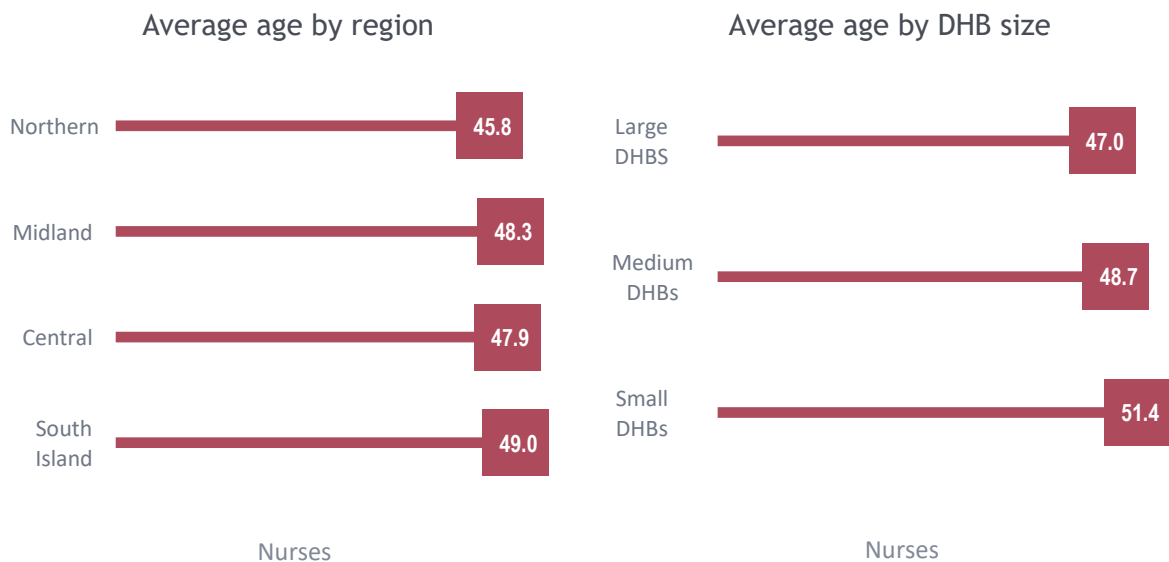
Half (49 percent) of DHB mental health and addiction nurses are aged over 50, which is higher than for all DHB peers (36 percent); see Figure 21.

Figure 21. Comparison of the DHB mental health and addiction nurses over 50, 55 and 60 with all DHB peers in the same age groups



Of the regions, DHB mental health and addiction nurses in the Northern region are on average younger (46 years) than those in other regions, as are those in large DHBs (47 years) compared to medium and small DHBs; see Figure 22.

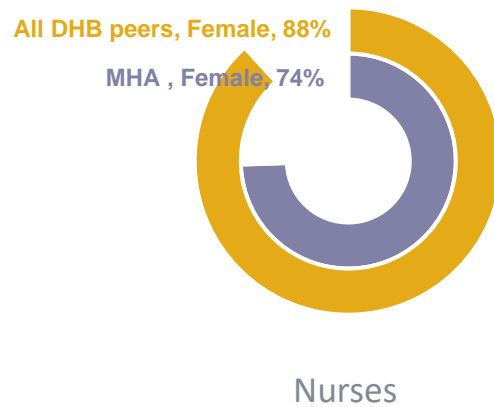
Figure 22. Average age for mental health and addiction nurses, by region and by DHB size groups



Gender

Three-quarters (74 percent) of DHB mental health and addiction nurses are female. Figure 23 shows that DHB mental health and addiction nurses are less likely to be female than all DHB nurses (88 percent).

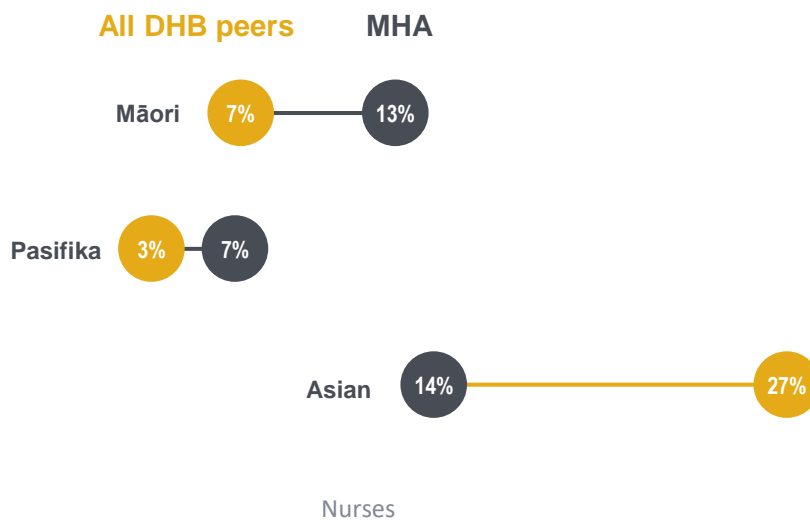
Figure 23. Comparison of female DHB mental health and addiction nurses with all DHB peers



Ethnicity

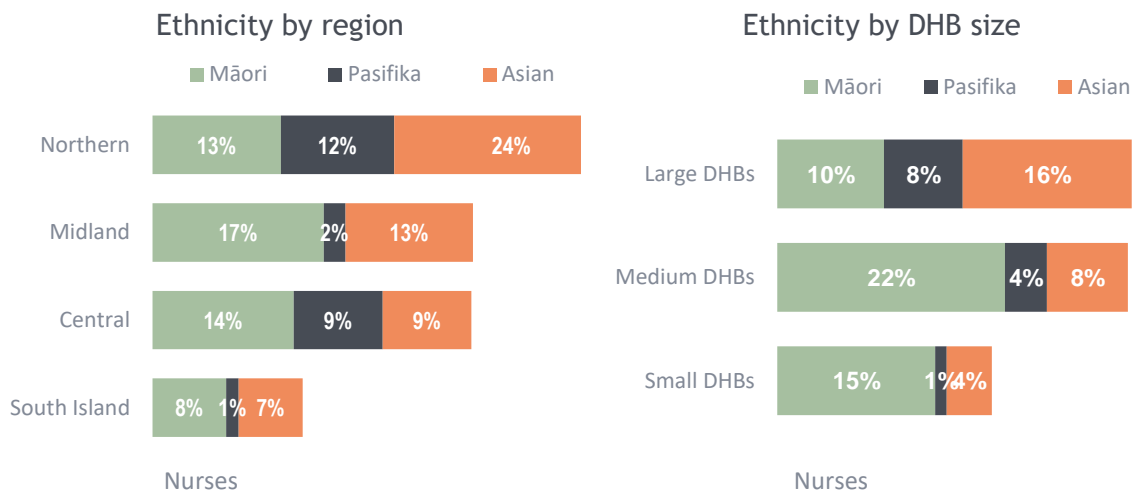
DHB mental health and addiction nurses are more likely to identify as Māori (13 percent) or Pasifika (7 percent) than all DHB peers (7 and 3 percent respectively). They are much less likely to identify in an Asian ethnic group than all DHB peers (14 percent compared to 27%); see Figure 24.

Figure 24. 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 are more likely to be Māori than in the South Island (13 to 17 percent compared to 8). Nurses employed in medium and small-sized DHBs are more likely to be Māori than those in large DHBs; see Figure 25.

Figure 25. DHB mental health and addiction nurses' ethnicity, by region and by DHB-size group

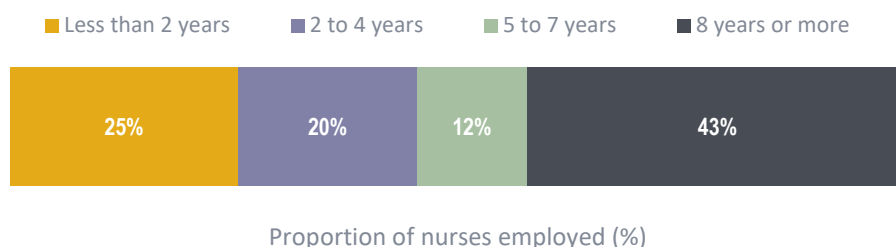


Length of service and FTE turnover

Nationally, DHB mental health and addiction nurses have been employed for just over 9 years, on average. This is similar to the average for all DHB peers (just under 9 years).

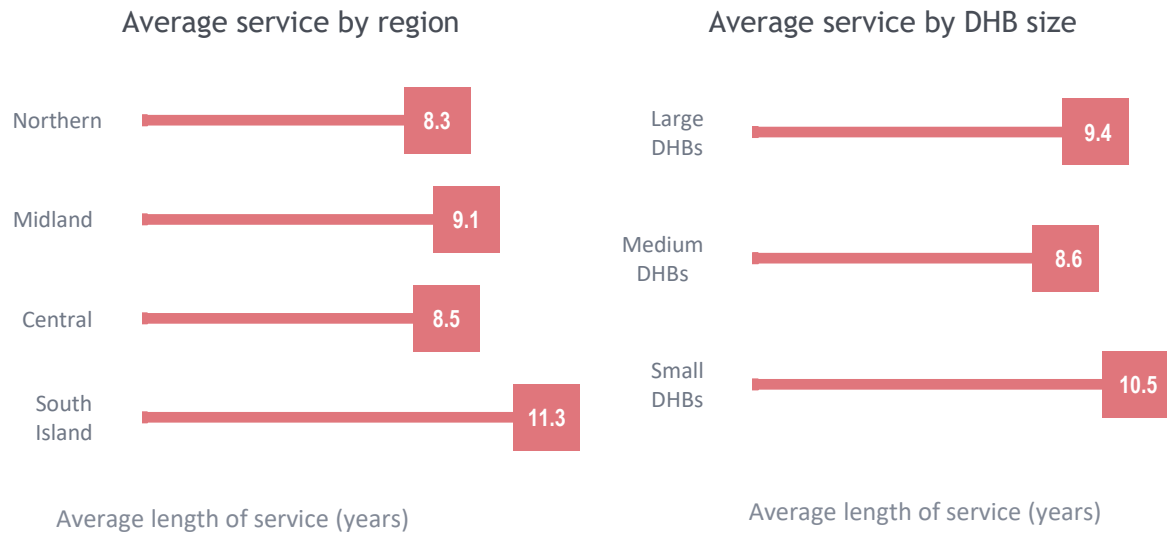
Two in five (43 percent) DHB mental health and addiction nurses have been employed for more than 8 years. One quarter (25 percent) of nurses have been employed for less than 2 years; see Figure 26.

Figure 26. The proportion of DHB mental health and addiction nurses by length of service



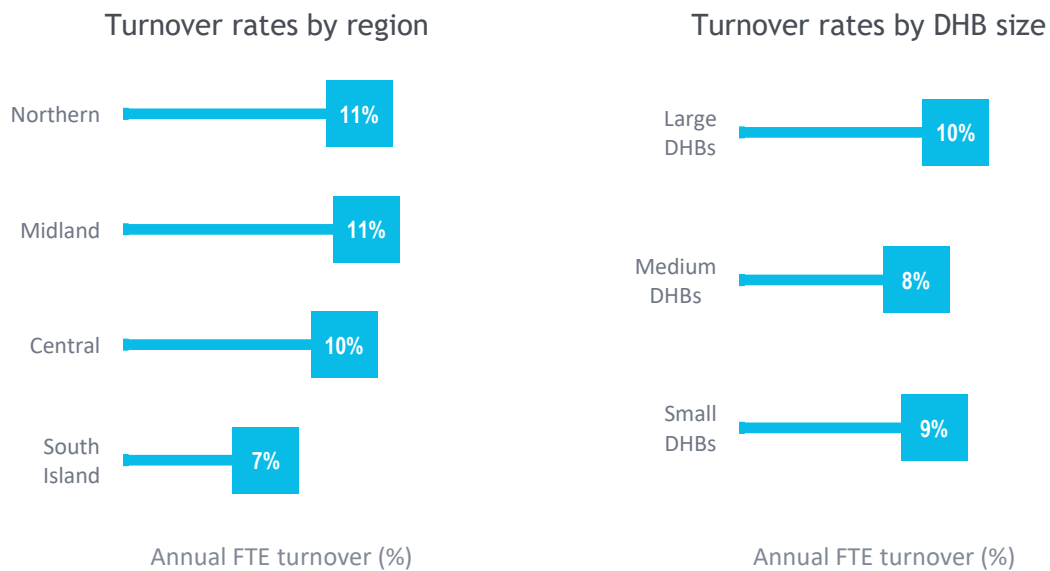
DHB mental health and addiction nurses in the North Island regions have similar average length of service between 8 to 9 years. The average length of service is much higher for nurses in the South Island and for those in small DHBs (11 years each); see Figure 27.

Figure 27. 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 is similar to all DHB peers (nearly 10 percent). The rate is highest in the North Island regions (10 to 11 percent). Large DHBs have the highest FTE turnover on average at 10 percent; see Figure 28.

Figure 28. DHB mental health and addiction nurses' FTE turnover, by region and by DHB-size group



Senior medical

The senior medical occupation group includes 565 people working in 483 FTE positions. Most (90 percent) senior medical practitioners are psychiatrists.⁸

Key findings

DHB mental health and addiction senior medical employees are:

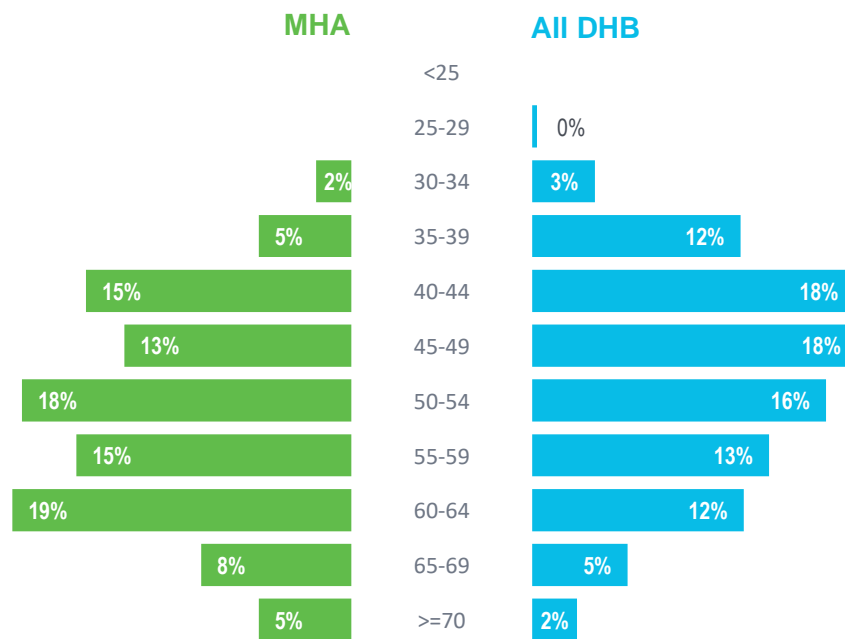
- older than all DHB peers
- more gender-balanced than all DHB peers
- slightly more likely to belong to an Asian ethnic group than all DHB peers
- have similar average length of service and substantially higher FTE turnover compared to all DHB peers.

Age

The average age of DHB mental health and addiction senior medical employees is 54. This is more than the average for all DHB senior medical peers (50 years). The median age group for senior medical employees is 50 to 54 years. Seven percent of DHB mental health and addiction senior medical employees are aged under 40, compared to 15 percent of all DHB senior medical employees; see Figure 29.

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

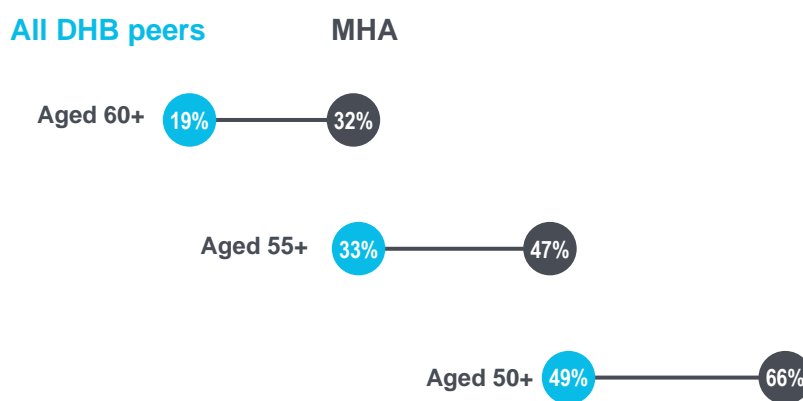
Figure 29. Proportion of senior medical employees in each age group



Senior medical employees by age groups

Two-thirds (66 percent) of DHB mental health and addiction senior medical employees are aged over 50, compared to about half of all DHB peers (49 percent); see Figure 30.

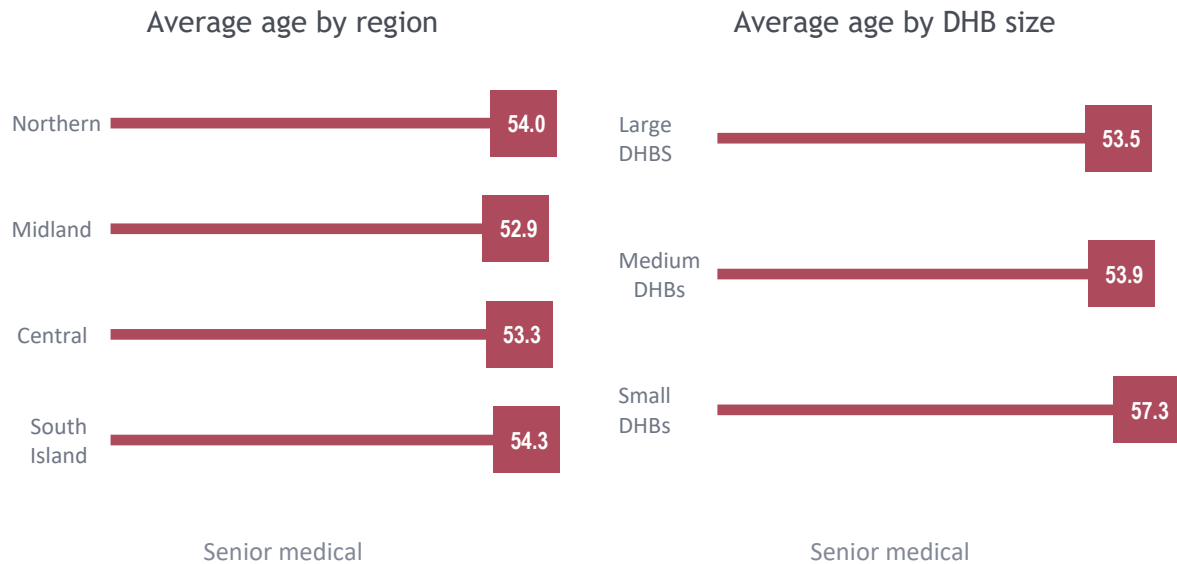
Figure 30. Comparison of the DHB mental health and addiction senior medical employees over 50, 55 and 60 years old with all DHB peers in the same age groups



Senior medical

The average age of DHB mental health and addiction senior medical employees is similar across all four regions (53 to 54 years). Senior medical employees in small DHBs are older on average than other DHB-size groups; see Figure 31.

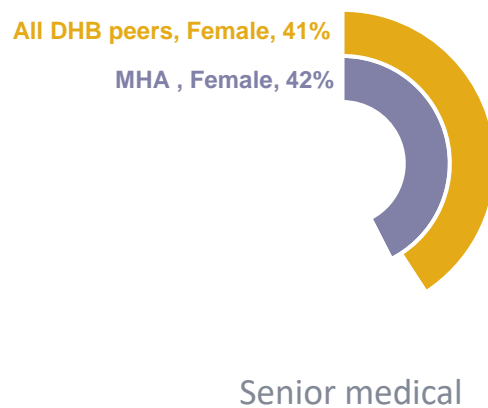
Figure 31. Average age for mental health and addiction senior medical employees, by region and by DHB size groups



Gender

Two in five (42 percent) DHB mental health and addiction senior medical employees are female, which is about the same as for all DHB peers (41 percent); see Figure 32.

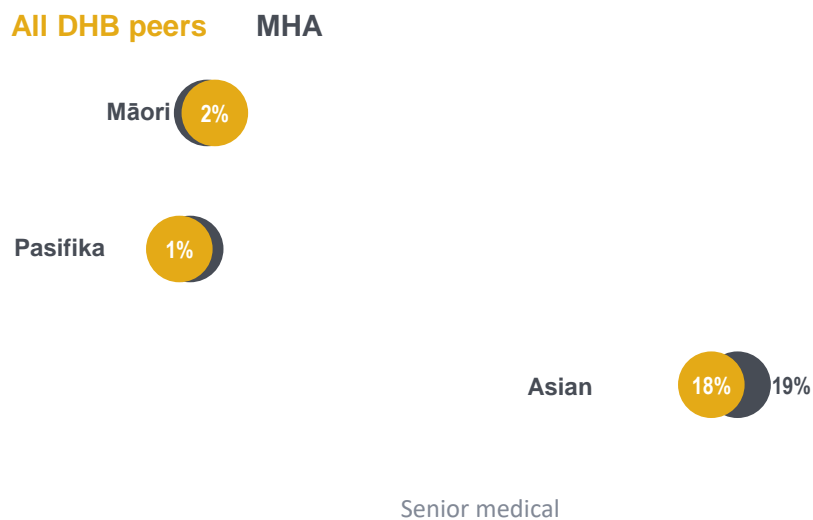
Figure 32. Comparison of male DHB mental health and addiction senior medical employees with all DHB peers



Ethnicity

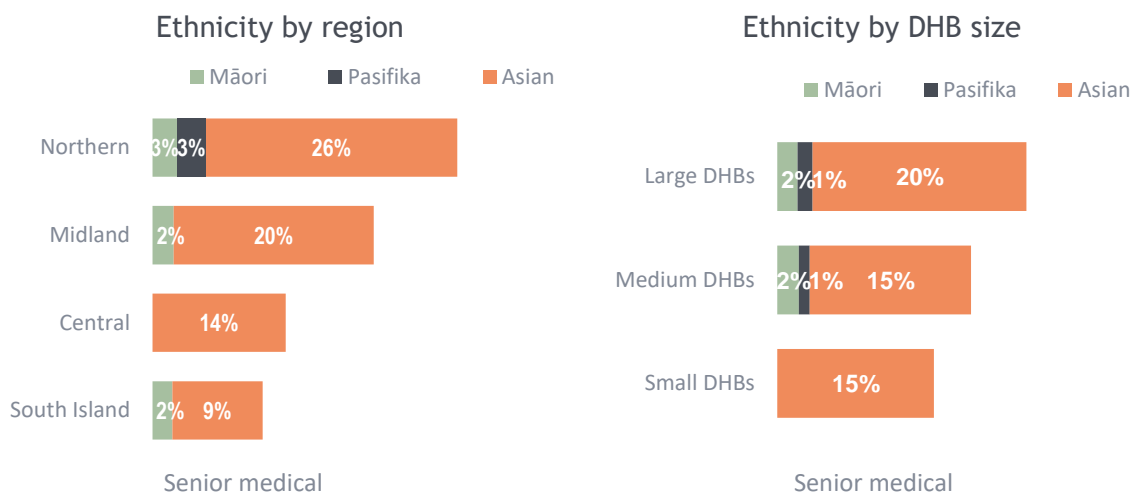
There are low rates of Māori and Pasifika representation among DHB mental health and addiction senior medical employees (2 and 1 percent respectively) this is the same as all DHB peers. DHB mental health and addiction senior medical employees are as likely to identify in an Asian ethnic group as all DHB peers (19 percent compared to 18 percent); see Figure 33.

Figure 33. 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 is highest in the Northern region (3 percent) and in large and medium-sized DHBs (2 percent each). Senior medical employees in the Northern region are most likely to identify within Asian ethnic groups (26 percent); see Figure 34.

Figure 34. DHB mental health and addiction senior medical employees' ethnicity, by region and by DHB-size group

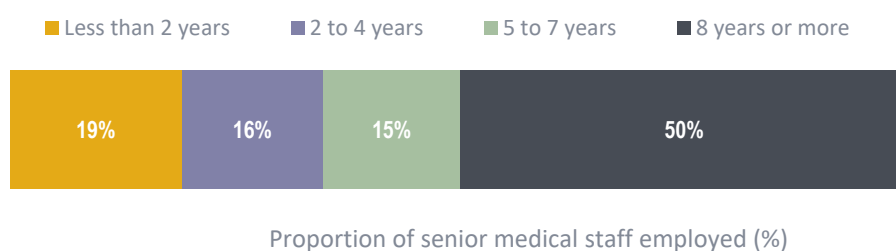


Length of service and FTE turnover

Nationally, DHB mental health and addiction senior medical employees have been employed for 10 years on average. This is the same as the average for all DHB senior medical staff.

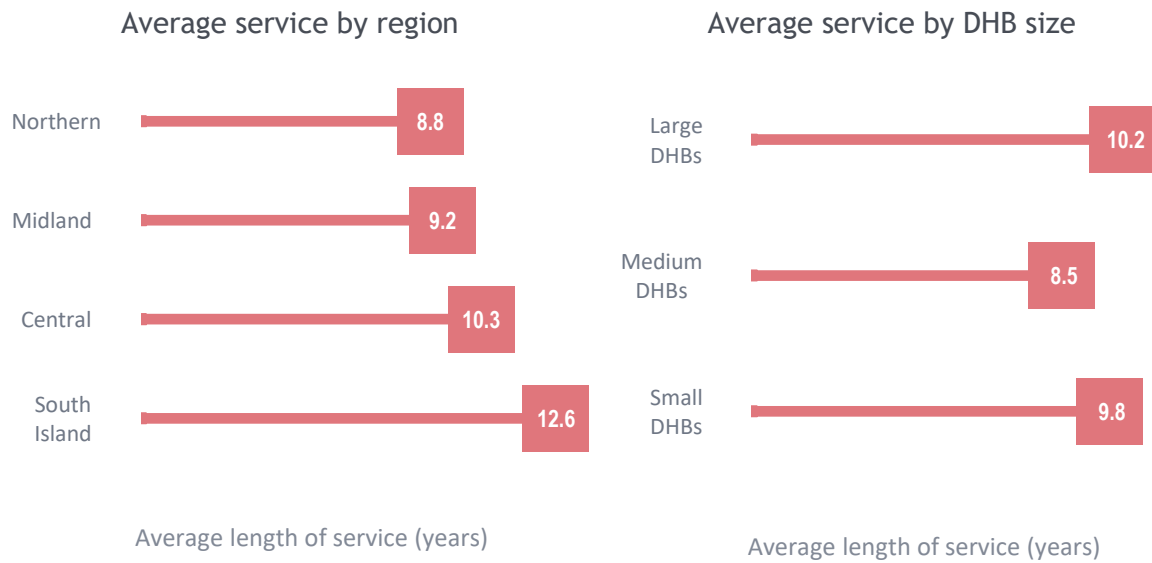
Nearly two-thirds (65 percent) of DHB mental health and addiction senior medical employees have been employed for more than 5 years; see Figure 35.

Figure 35. The proportion of DHB mental health and addiction senior medical employees by length of service



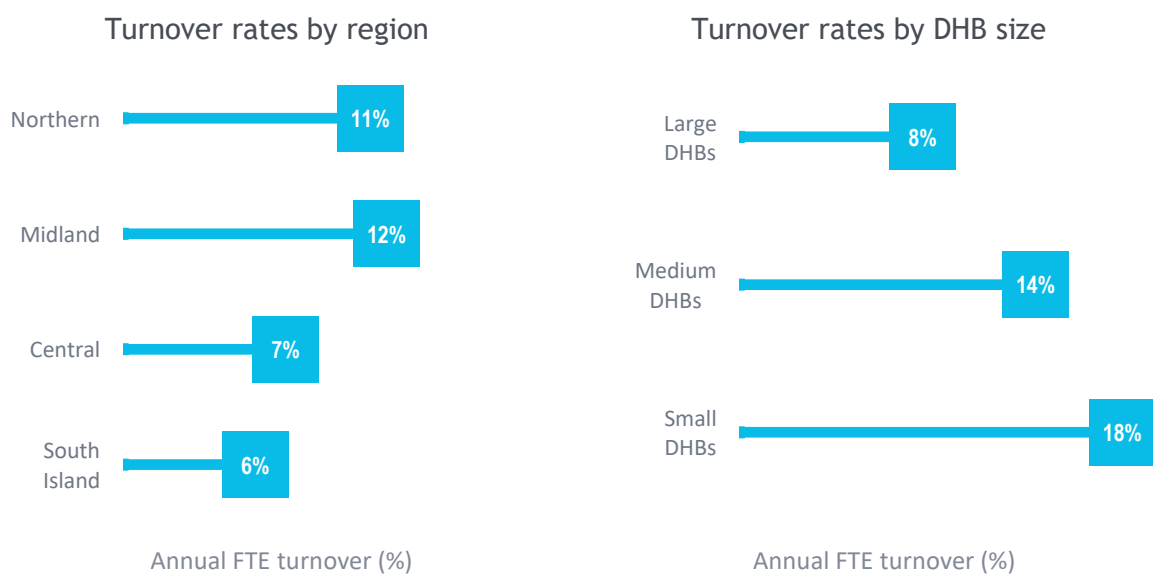
DHB mental health and addiction senior medical employees in the Northern and Midland regions have the shortest average length of service (9 years each) while those in the South Island region have the longest (13 years). For DHB-size groups, employees in medium-sized DHBs have the shortest average length of service (9 years); see Figure 36.

Figure 36. 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 is twice the rate for all DHB senior medical staff (10 percent compared to 5 percent). The Northern and Midland regions have the highest rates (11 and 12 percent respectively). By size groups, small DHBs have the highest FTE turnover of 18 percent; see Figure 37.

Figure 37. DHB mental health and addiction senior medical employees' FTE turnover, by region and by DHB-size group



Junior medical

The junior medical occupation group includes 243 people working in 228 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 are:

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

Age

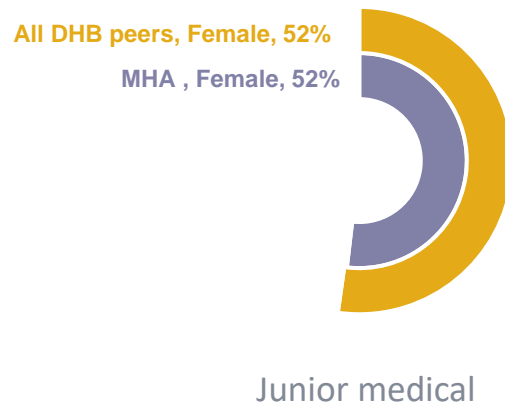
The average age of DHB mental health and addiction junior medical employees is 33. This is somewhat older than all DHB junior medical peers (31 years). Around 4 percent of DHB mental health and addiction junior medical employees are aged over 50, which is more than for all DHB peers (1 percent).

The average age of DHB mental health and addiction junior medical employees is similar across the regions, ranging from 32 to 34 years, and in large and medium-sized DHBs (33 years each). There is no information reported for small DHBs.

Gender

Just over half (52 percent) of DHB mental health and addiction junior medical employees are female, which is the same as all DHB peers (52 percent); see Figure 38.

Figure 38. Comparison of female DHB mental health and addiction junior medical employees with all DHB peers

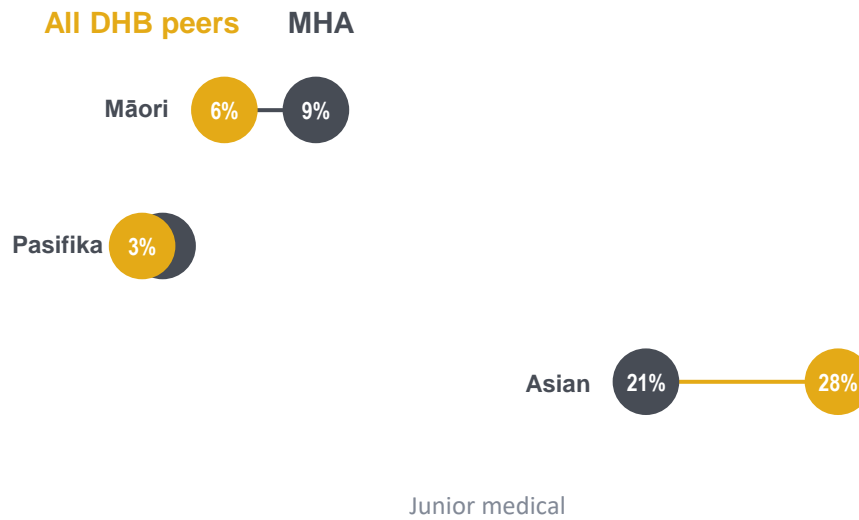


It is notable that DHB mental health and addiction junior medical employees are more likely to be female than senior medical employees (52 percent compared to 42 percent; see Figure 32).

Ethnicity

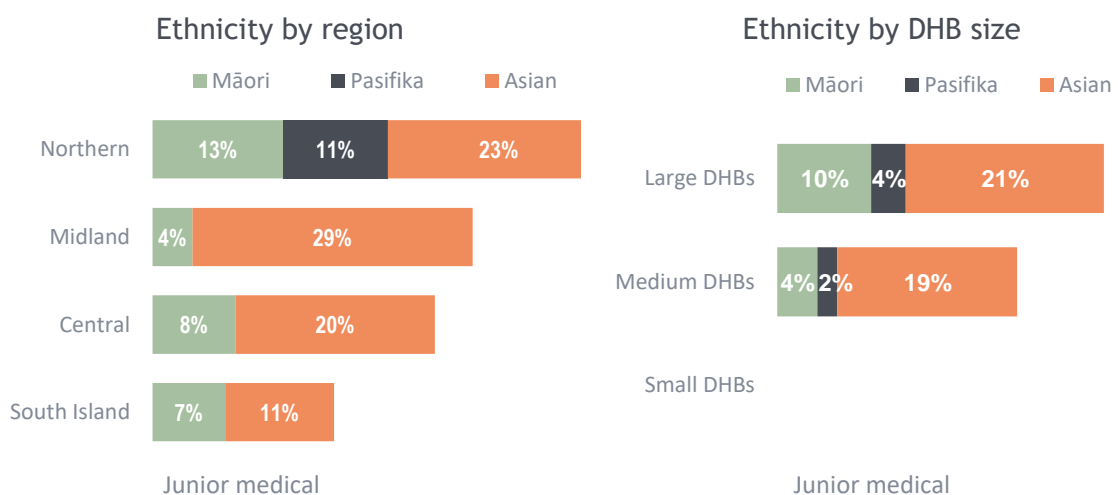
DHB mental health and addiction junior medical employees are more likely to identify as Māori (9 percent) than all DHB peers (6 percent). Rates of Pasifika representation among junior medical employees are similar across mental health and addiction employees and all DHB peers (3 percent each). However, DHB mental health and addiction junior medical employees are much less likely to belong to an Asian ethnic group than all DHB peers; see Figure 39.

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



DHB mental health and addiction junior medical employees are most likely to identify as Māori or in a Pasifika ethnic group in the Northern region (13 and 11 percent respectively). No information is provided by small DHBs for Māori, Pasifika, or Asian junior medical employees. In contrast, nearly one-third of DHB mental health and addiction junior medical employees in the Midland region identify with an Asian ethnic group (29 percent); see Figure 40.

Figure 40. DHB mental health and addiction junior medical employees' ethnicity, by region and by DHB-size group



Length of service and FTE turnover

The average length of service for DHB mental health and addiction junior medical employees is 2 years compared to just over 1 year 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 includes 1,151 people working in 1,055 FTE positions. The roles with the largest workforces include nursing support worker (65 percent), community worker (17 percent), and Māori health assistant (8 percent).⁹

Key findings

DHB mental health and addiction support workers are:

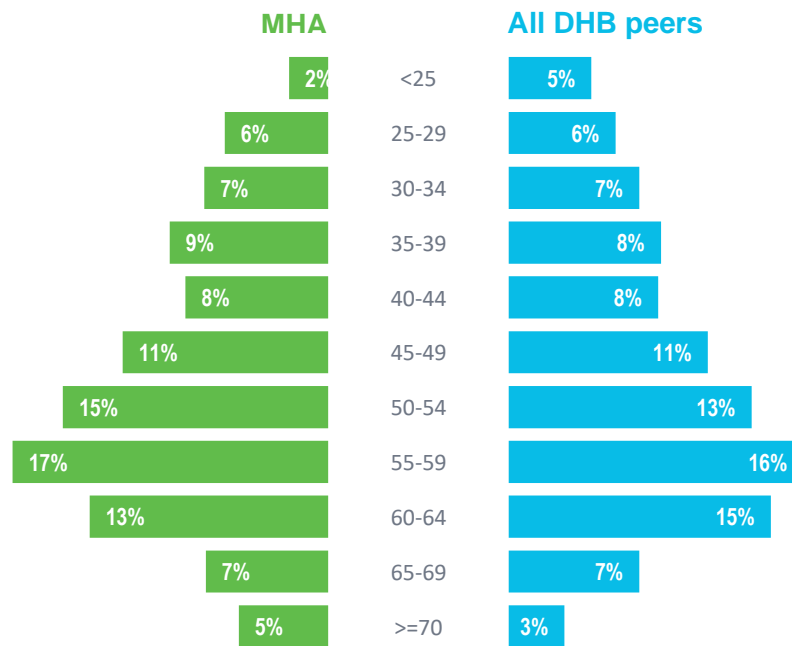
- on average a similar age to all DHB peers
- more likely to be male than all DHB peers
- much more likely to identify as Māori or in a Pasifika ethnic group than all DHB peers
- employed for longer on average than all DHB peers
- have lower FTE turnover on average than all DHB peers.

Age

DHB mental health and addiction support workers have an average age of 50. This is similar to all DHB care and support peers (49 years). The median age range for support workers is 50 to 54 years. A similar proportion of DHB mental health and addiction support workers are aged under 40 compared to all DHB support workers (24 and 26 percent respectively); see Figure 41.

⁹ More information about the roles in this group, by ANZSCO code, is provided in Appendix A (Table 3).

Figure 41. Proportion of mental health and addiction support workers in 5-year age groups, compared to all DHB support workers

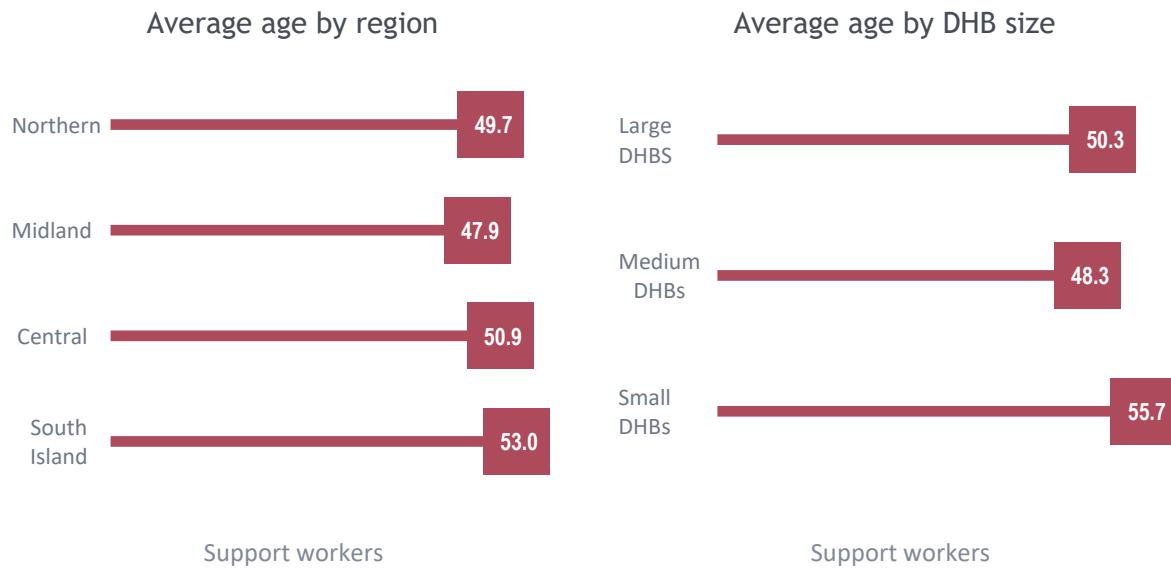


Support worker by age groups

Around three in five (57 percent) DHB mental health and addiction support workers are aged over 50, which is similar to all DHB peers (55 percent). There are also similarities in the proportion of DHB mental health and addiction support workers aged over 55 (42 percent compared to 41) and over 60 (25 percent each) compared to all DHB peers.

DHB mental health and addiction support workers in the South Island are on average older than those in the other regions (53 years compared to 48 to 51 years). Likewise, support workers in small DHBs are older than those employed in large and medium-sized DHBs; see Figure 42.

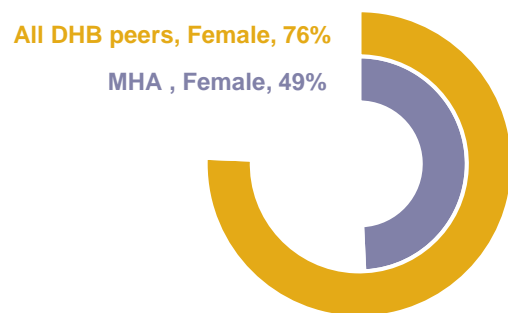
Figure 42. Average age for mental health and addiction support workers, by region and by DHB size groups



Gender

Half (49 percent) of DHB mental health and addiction support workers are female, which is different to all DHB support worker peers, of whom 76 percent are female; see Figure 43.

Figure 43. Comparison of female DHB mental health and addiction support workers with all DHB peers



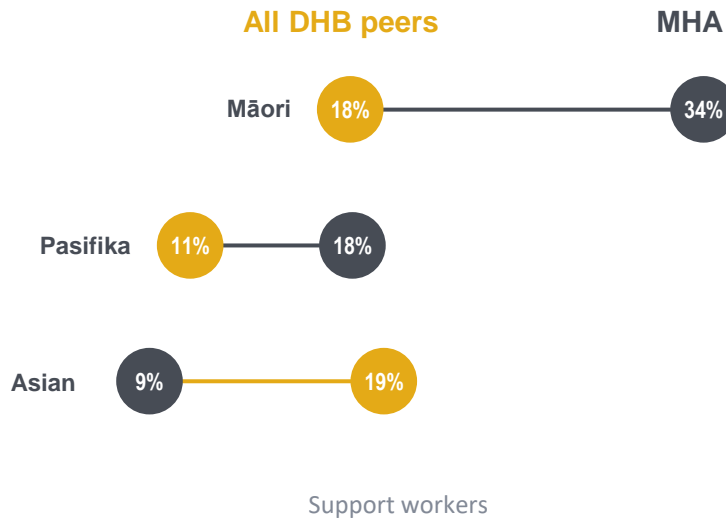
Support workers

Ethnicity

DHB mental health and addiction support workers have the highest Māori and Pasifika representation of all mental health and addiction occupation groups. They are more likely to

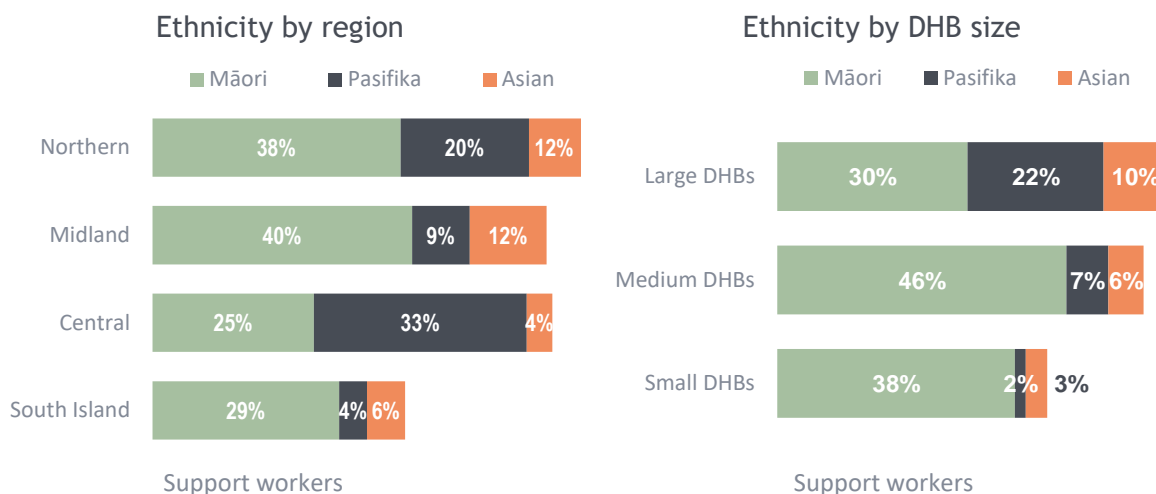
identify as Māori than all DHB support workers (34 percent compared to 18); or with a Pasifika ethnic group (18 percent compared to 11); and are much less likely to identify in an Asian ethnic group (9 percent compared to 19); see Figure 44.

Figure 44. Comparison of DHB mental health and addiction support workers' ethnicity with all DHB peers



DHB mental health and addiction support workers in the Northern and Midland regions are more likely to identify as Māori (38 and 40 percent respectively) than workers in the Central and South Island regions. The Central region has the highest representation of people who identify in a Pasifika ethnic group (33 percent). Māori representation among support workers in medium and small DHBs is greater than large DHBs; see Figure 45.

Figure 45. DHB mental health and addiction support workers' ethnicity, by region and by DHB-size group

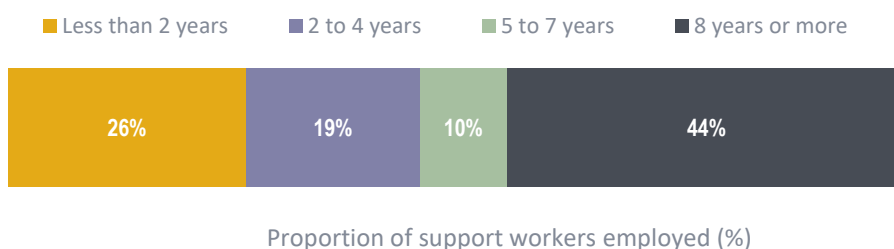


Length of service and FTE turnover

Nationally, DHB mental health and addiction support workers are employed for 9 years, on average. This is a year longer than for all DHB peers (8 years).

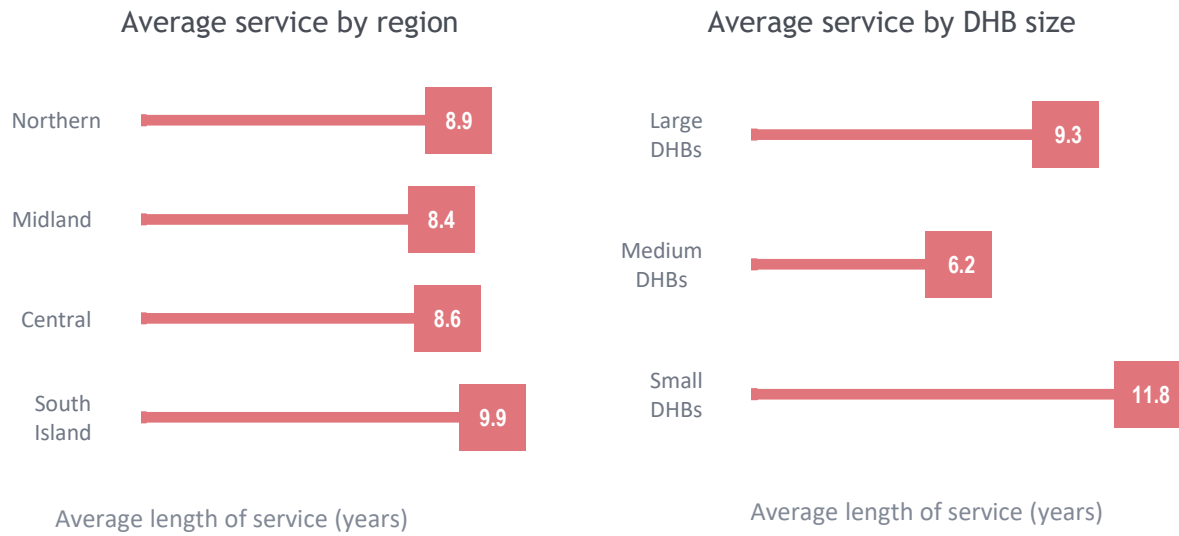
Nearly half (44 percent) of DHB mental health and addiction support workers have been employed for more than 8 years; see Figure 46.

Figure 46. The proportion of DHB mental health and addiction support workers by length of service



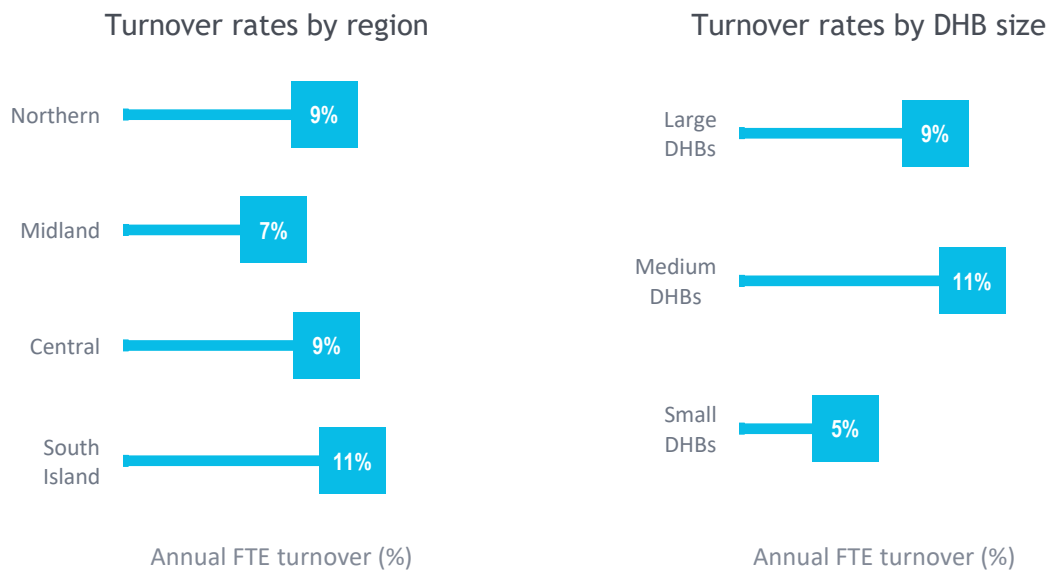
Average length of service for DHB mental health and addiction support workers in the North Island regions is similar at around 9 years, and the South Island has a slightly higher average at 10 years. Compared to DHBs in other size groups, small DHBs have the longest average length of service (12 years); see Figure 47.

Figure 47. DHB mental health and addiction support workers' average length of service, by region and by DHB-size group



FTE turnover for DHB mental health and addiction support workers for the year ended 30 June 2020 is 9 percent, which is lower than for all DHB peers (11 percent). The South Island region and medium-sized DHBs had the highest FTE turnover at 11 percent each; see Figure 48.

Figure 48. DHB mental health and addiction support workers' FTE turnover, by region and by DHB-size group



Addiction practitioners

Addiction practitioners include 227 people employed in drug and alcohol counsellor roles,¹⁰ working in 216 FTE positions. The actual number of addiction practitioners may be higher than reported here due to the way the information is currently collected.¹¹

The following analyses present demographic information for this role separate from occupation groups.¹² 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 are:

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

Age

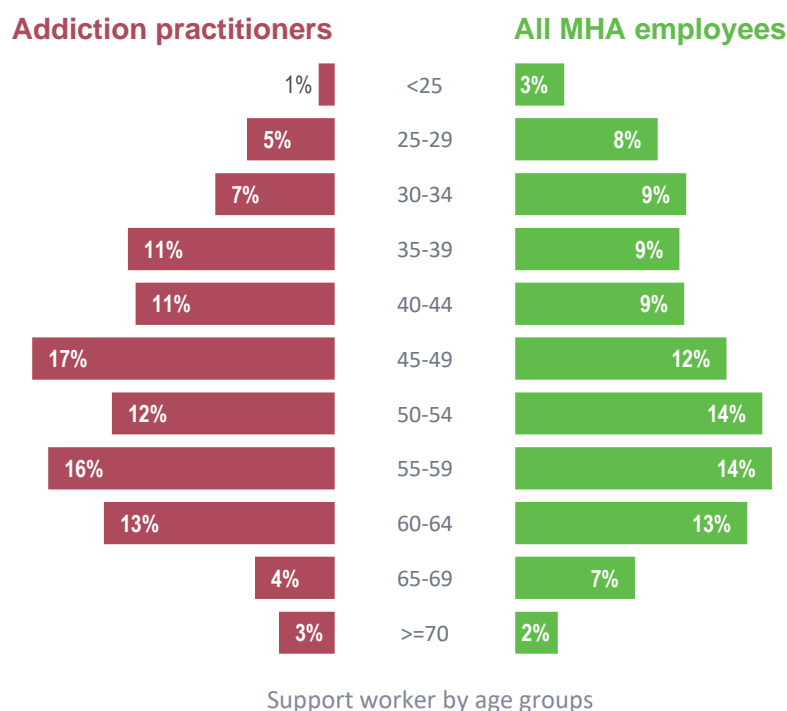
Addiction practitioners are aged 49 on average. They tend to be slightly older than all DHB mental health and addiction employees, whose average age is 48 years. The median age range is 45 to 49 years old. Addiction practitioners are somewhat less likely to be aged under 40 years old than all DHB mental health and addiction employees (24 percent compared to 29); see Figure 49.

¹⁰ Based on the ANZSCO code number 272112. Some people in addiction practitioner roles may be categorised by the ANZSCO code relevant to their first profession, like social workers.

¹¹ 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.

¹² The overall workforce in DHB addiction services is not yet able to be analysed separately from mental health.

Figure 49. Proportion of addiction practitioners in 5-year age groups, compared to all DHB mental health and addiction employees



Overall, a similar share of addiction practitioners are aged 50 and older as all DHB mental health and addiction employees (48 percent compared to 50); 55 and older (36 percent each) and 60 and over (20 percent compared to 20).

Gender and ethnicity

Nearly two-thirds (63 percent) of DHB addiction practitioners are female compared to about 70 percent of all DHB mental health and addiction employees.

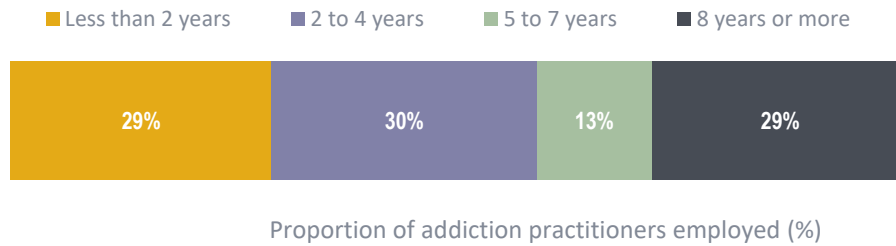
Addiction practitioners are more likely to identify as Māori (19 percent) compared to all DHB mental health and addiction employees (14 percent); are slightly less likely to identify with a Pasifika ethnic group (6 percent compared to 7 percent) and are as likely to identify in an Asian ethnic group (12 percent each).¹³

¹³ More information about DHB addiction practitioners by region and DHB-size groups is available in Appendix D (Table 6).

Length of service and FTE turnover

The average length of service for addiction practitioners is just over 6 years, which is more than 2 years shorter than all DHB mental health and addiction employees (nearly 9 years). Three in five (59 percent) addiction practitioners have been employed for less than 5 years; see Figure 50.

Figure 50. The proportion of addiction practitioners by length of service



The low average length of service is also reflected in slightly higher FTE turnover for addiction practitioners compared to all DHB mental health and addiction employees (12 percent compared to 11 percent).¹⁴

¹⁴ See footnote 13.

Discussion

This report describes the socio-demographic profile, length of service and FTE turnover of 8,419 DHB employees working in mental health and addiction services. These employees work in 7,554 FTE positions across DHB mental health and alcohol and drug services for all age groups including forensic mental health services.

Our understanding of the demographic and service profile of DHB mental health and addiction employees is strengthened by improvements in the coding of people as working in mental health and addiction services. At 30 June 2020, nearly all DHBs had coded all their employees.¹⁵ This will allow future reports to analyse and describe change over time for the DHB employed workforce.

In line with previous reports, results indicate the workforce is stable and experienced, with low FTE turnover (11 percent) compared to the New Zealand average across all industries, 17 percent; and compared to the 2018 non-government organisation adult mental health and addiction workforce, 23 percent (Lawson Williams Consulting Group et al., 2019; Te Pou o te Whakaaro Nui, 2018).

As noted previously, the older age profile continues to present substantial risks to long-term workforce stability. Apart from allied health workers, the other occupation groups have half or more of the workforce aged over 50. This relates to nearly 4,200 people; see Table 2. The groups most affected will be nurses, senior medical staff, and support workers. DHBs will need to plan how they will support and mentor new young employees into their roles, while also addressing the loss of their older, experienced workers.

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 65 or older in 5 years	Aged 65 or older in 10 years	Aged 65 or older in 15 years
Nurses	815	1,353	1,853
Support workers	287	488	658
Allied health	246	440	648
Administration & management	262	402	536
Senior medical	182	268	371
Addiction practitioners	46	82	110
Junior medical	0	4	10
Total people	1,839	3,038	4,185

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

¹⁵ The exception is one small DHB that has coded 40 percent of its workforce.

The number of DHB mental health and addiction employees aged 50 and over has increased over the past 3 years. On 30 June 2020, 4,185 people aged over 50 were employed, this is over 3 percent more than in 2018 (4,051 people) and suggests that the workforce risks associated with ageing are increasing rather than diminishing with time.

The DHB mental health and addiction employee profile continues to be ethnically more diverse than all DHB employees across most occupation groups. This may reflect the impact of scholarships targeted to increase Māori and Pasifika people in the workforce. However, there is still substantial workforce development needed to attain a workforce that reflects the diversity of the people they serve. In 2019, Māori people were 28 percent of people seen by DHB mental health and addiction services (Ministry of Health, 2019). Maintaining and growing workforce diversity will need to be considered in plans to address workforce ageing.

These findings continue to underscore the need for workforce and service planning to make the best use of the available workforce; and ongoing workforce development to ensure an adequate supply of health workers over the next 15 years. This will be in addition to growing the existing workforce to meet future demand based on the growing population;¹⁶ meeting the goal of expanding access to, and choice of services while also addressing workforce wellbeing concerns (Government Inquiry into Mental Health and Addiction, 2018); and delivering services under the new health system structure (Ministry of Health, 2021).

Limitations

HWIP DHB employed workforce dataset relies upon the quality of the data supplied from DHBs that is extracted from multiple systems within the DHBs. HWIP 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 HWIP. 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 coded for mental health and addiction services. It excludes other employees with mental health and addiction involvement in their job titles or ANZSCO codes, that were included in reports for June 2016 and 2017. This means that the results provided here are only directly comparable with the previous 2018 and 2019 reports.

The occupation group names used differ from those reported elsewhere by HWIP. This report describes occupation groups in ways consistent with other workforce reports from Te Pou and Matua Rāki (Te Pou o te Whakaaro Nui, 2018, 2019).

¹⁶ The New Zealand population is projected to grow by 12 percent over the next 15 years to 2036 (Statistics New Zealand, 2020).

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.

There is now opportunity to begin documenting DHB 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 each occupation group

The roles allocated to each of the 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	503.0	36.7	6.7
272311 Clinical psychologist	458.9	33.5	6.1
252411 Occupational therapist	301.0	22.0	4.0
251999 Health diagnostic & promotion professionals	36.2	2.6	0.5
272314 Psychotherapist	26.3	1.9	0.3
411311 Diversional therapist	13.5	1.0	0.2
251111 Dietitian	11.8	0.9	0.2
252511 Physiotherapist	8.0	0.6	0.1
251511 Hospital pharmacist	4.7	0.3	0.1
252712 Speech language therapist	3.7	0.3	0.0
234999 Natural & physical science professionals	2.0	0.1	0.0
252299 Complementary health therapists	0.8	0.1	0.0
272399 Psychologists	0.8	0.1	0.0
234611 Medical laboratory scientist	0.5	0.0	0.0
Allied health total	1,371.4	100.0	18.2
Nurses			
254422 Registered nurse (mental health)	2,749.2	80.0	36.4
254311 Nurse manager	231.9	6.7	3.1
254499 Registered nurses	158.3	4.6	2.1
411411 Enrolled nurse	141.7	4.1	1.9
254414 Registered nurse (community health)	51.8	1.5	0.7
254211 Nurse educator	25.7	0.7	0.3
254411 Nurse practitioner	19.5	0.6	0.3
254418 Registered nurse (medical)	14.0	0.4	0.2
254412 Registered nurse (aged care)	9.0	0.3	0.1
134212 Nursing clinical director	7.6	0.2	0.1
254416 Registered nurse (developmental disability)	7.5	0.2	0.1
254413 Registered nurse (child & family health)	6.3	0.2	0.1
254424 Registered nurse (surgical)	4.3	0.1	0.1
254425 Registered nurse (paediatric)	2.8	0.1	0.0
254111 Midwife	2.6	0.1	0.0
254415 Registered nurse (critical care & emergency)	2.0	0.1	0.0
254417 Registered nurse (disability & rehabilitation)	1.8	0.1	0.0
Nurses total	3,436.1	100.0	45.5

ANZSCO code and role description	FTEs employed	Proportion of occupation group (%)	Proportion of all employees (%)
Senior medical			
253411 Psychiatrist	437.1	90.4	5.8
253999 Medical practitioners	22.8	4.7	0.3
134211 Medical superintendent (NZ)	8.7	1.8	0.1
253399 Specialist physicians	6.2	1.3	0.1
253321 Paediatrician	3.4	0.7	0.0
253111 General practitioner	2.5	0.5	0.0
253311 Specialist physician (general medicine)	1.8	0.4	0.0
253915 Pathologist	1.0	0.2	0.0
Senior medical total	483.4	100.0	6.4
Junior medical			
253112 Resident medical officer	227.9	100.0	3.0
Addiction practitioners			
272112 Drug and alcohol counsellor	215.9	100.0	2.9
Clinical roles total	5,734.7	100.0	75.9
Support workers			
423312 Nursing support worker	687.6	65.2	9.1
411711 Community worker	177.3	16.8	2.3
411512 Maori health assistant	88.2	8.4	1.2
272613 Welfare worker	32.9	3.1	0.4
423314 Therapy aide	23.3	2.2	0.3
272199 Counsellors	22.7	2.2	0.3
411713 Family support worker	6.3	0.6	0.1
272499 Social professionals	5.2	0.5	0.1
251911 Health promotion officer	3.7	0.4	0.0
423313 Personal care assistant	3.0	0.3	0.0
272612 Recreation coordinator	2.8	0.3	0.0
272113 Family and marriage counsellor	2.3	0.2	0.0
Support workers total	1,055.3	100.0	14.0
Administration & management			
599999 Clerical and administrative workers	140.1	18.3	1.9
531111 General clerk	129.2	16.9	1.7
134299 Health & welfare services managers	102.6	13.4	1.4
521211 Secretary (general)	64.7	8.5	0.9
542114 Medical receptionist	59.3	7.8	0.8
542112 Admissions clerk	33.2	4.3	0.4
542111 Receptionist (general)	30.4	4.0	0.4
561999 Clerical & office support workers	30.1	3.9	0.4

ANZSCO code and role description	FTEs employed	Proportion of occupation group (%)	Proportion of all employees (%)
521111 Personal assistant	29.6	3.9	0.4
511112 Program or project administrator	20.1	2.6	0.3
899311 Handyperson	14.0	1.8	0.2
442217 Security officer	11.0	1.4	0.1
224999 Information & organisation professionals	10.5	1.4	0.1
224712 Organisation and methods analyst	8.2	1.1	0.1
139914 Quality assurance manager	6.0	0.8	0.1
132411 Policy and planning manager	5.8	0.8	0.1
224912 Liaison officer	5.4	0.7	0.1
111211 Corporate general manager	5.0	0.7	0.1
224411 Intelligence officer	5.0	0.7	0.1
139999 Specialist managers	4.3	0.6	0.1
512111 Office manager	4.0	0.5	0.1
811411 Commercial housekeeper	4.0	0.5	0.1
532113 Word processing operator	3.9	0.5	0.1
223311 Training and development professional	3.8	0.5	0.1
851311 Kitchenhand	3.7	0.5	0.0
262113 Systems administrator	3.0	0.4	0.0
223111 Human resource adviser	3.0	0.4	0.0
442216 Security consultant	2.4	0.3	0.0
134214 Welfare centre manager	2.0	0.3	0.0
532111 Data entry operator	2.0	0.3	0.0
841412 Horticultural nursery assistant	2.0	0.3	0.0
511111 Contract administrator	1.6	0.2	0.0
224213 Health information manager	1.0	0.1	0.0
261111 ICT business analyst	1.0	0.1	0.0
261112 Systems analyst	1.0	0.1	0.0
312911 Maintenance planner	1.0	0.1	0.0
811412 Domestic housekeeper	1.0	0.1	0.0
132211 Finance manager	1.0	0.1	0.0
132311 Human resources manager	1.0	0.1	0.0
221112 Management accountant	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
224611 Librarian	0.9	0.1	0.0
541211 Information officer	0.8	0.1	0.0
223211 ICT trainer	0.8	0.1	0.0
411712 Disabilities services officer	0.7	0.1	0.0
811699 Cleaners	0.5	0.1	0.0
731199 Automobile drivers	0.5	0.1	0.0
Administration & management total	764.0	100.0	10.1
Total FTEs employed	7,554.0		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 (The Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services, 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.

HWIP DHB employed workforce data was extracted for the primary area of work codes described in Table 5. As at 30 June 2020, all but one DHB has completed primary area of work coding for all employees. The remaining small DHB has coded 40 percent 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	8,419	78,606	1,598	3,784	565	243	1,151	227
FTEs employed	7,554	66,335	1,371.4	3,436.1	483.4	227.9	1,055.3	215.9
Average age (years)	47.9	45.0	45.1	47.6	53.7	32.9	50.2	49.0
Average age by region								
Northern region	46.8		44.0	45.8	54.0	34.3	49.7	46.7
Midland region	48.1		47.3	48.3	52.9	31.1	47.9	50.9
Central region	48.2		45.4	47.9	53.3	32.1	50.9	50.5
South Island region	49.3		45.5	49.0	54.3	33.3	53.0	55.8
Average age by DHB size								
Large DHBs	47.5		44.4	47.0	53.5	32.8	50.3	47.3
Medium DHBs	48.9		48.0	48.7	53.9	33.2	48.3	50.8
Small DHBs	52.3		47.4	51.4	57.3		55.7	59.1
Employees by age groups								
Under 25 years	2.6%	4.2%	3.5%	3.0%	0.0%	0.8%	2.2%	0.9%
25-29	8.0%	11.3%	9.8%	7.9%	0.0%	41.6%	5.7%	4.8%
30-34	9.6%	13.0%	12.3%	10.3%	1.9%	25.1%	6.9%	6.6%
35-39	9.0%	10.5%	12.0%	8.9%	5.1%	15.2%	8.8%	11.5%

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
40-44	9.4%	9.3%	9.6%	8.8%	14.7%	10.7%	7.9%	11.0%
45-49	11.7%	10.8%	12.1%	11.9%	12.6%	2.5%	11.4%	16.7%
50-54	13.7%	11.6%	13.0%	13.2%	18.2%	2.5%	14.7%	12.3%
55-59	14.2%	12.1%	12.1%	14.2%	15.2%	1.6%	17.5%	15.9%
60-64	12.8%	10.7%	9.2%	13.6%	18.8%	0.0%	13.2%	12.8%
65-69	6.7%	4.9%	4.9%	6.5%	8.3%	0.0%	6.8%	4.4%
Over 70 years	2.4%	1.6%	1.3%	1.5%	5.1%	0.0%	5.0%	3.1%
Gender								
Female	70.3%	78.3%	79.4%	74.5%	42.5%	51.9%	49.3%	62.6%
Male	29.7%	21.7%	20.6%	25.5%	57.5%	48.1%	50.7%	37.4%
Ethnicity (national)								
Māori	14.4%	8.2%	10.4%	12.6%	1.9%	8.9%	33.6%	19.3%
Pasifika	7.2%	4.4%	3.3%	6.6%	1.3%	3.4%	18.0%	6.3%
Asian	12.3%	21.2%	9.9%	14.0%	19.4%	20.7%	8.9%	11.7%
Other	66.1%	66.1%	76.4%	66.8%	77.4%	67.1%	39.5%	62.8%
Northern region								
Māori	16.1%		11.9%	13.1%	2.5%	13.3%	37.9%	21.5%
Pasifika	11.4%		6.5%	11.6%	2.9%	10.7%	19.6%	8.9%
Asian	18.7%		14.1%	23.9%	25.6%	22.7%	11.8%	14.8%
Other	53.8%		67.5%	51.4%	68.9%	53.3%	30.6%	54.8%

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 region								
Māori	18.6%		11.1%	17.5%	2.2%	4.1%	39.7%	14.3%
Pasifika	2.9%		2.0%	2.2%	0.0%	0.0%	8.8%	0.0%
Asian	12.2%		8.3%	13.0%	20.4%	28.6%	11.8%	10.7%
Other	66.3%		78.7%	67.3%	77.4%	67.3%	39.7%	75.0%
Central region								
Māori	14.9%		13.2%	14.4%	0.0%	8.5%	24.7%	16.7%
Pasifika	9.8%		0.7%	9.1%	0.0%	0.0%	32.5%	6.7%
Asian	7.9%		5.7%	9.1%	13.6%	20.3%	3.9%	10.0%
Other	67.3%		80.4%	67.5%	86.4%	71.2%	38.8%	66.7%
South Island region								
Māori	8.6%		4.6%	7.5%	2.0%	7.4%	28.6%	16.7%
Pasifika	1.2%		0.6%	1.3%	0.0%	0.0%	4.2%	0.0%
Asian	6.3%		6.4%	6.5%	9.2%	11.1%	5.8%	0.0%
Other	83.9%		88.4%	84.7%	88.8%	81.5%	61.4%	83.3%
Large DHBs								
Māori	12.4%		9.2%	10.2%	1.9%	10.0%	30.4%	15.6%
Pasifika	8.6%		4.1%	7.5%	1.4%	3.7%	21.7%	8.5%
Asian	14.1%		11.5%	16.2%	20.5%	21.1%	10.1%	16.3%
Other	65.0%		75.2%	66.1%	76.1%	65.3%	37.8%	59.6%
Medium DHBs								
Māori	22.3%		15.9%	21.8%	2.1%	4.3%	46.2%	26.4%
Pasifika	3.0%		0.4%	4.0%	1.0%	2.1%	6.7%	2.8%

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
Asian	6.7%		3.2%	7.8%	15.5%	19.1%	5.6%	4.2%
Other	68.0%		80.5%	66.4%	81.4%	74.5%	41.5%	66.7%
Small DHBs								
Māori	17.9%		9.1%	15.1%	0.0%		37.9%	20.0%
Pasifika	0.9%		0.0%	1.1%	0.0%		1.7%	0.0%
Asian	5.0%		6.8%	4.3%	15.0%		3.4%	0.0%
Other	76.2%		84.1%	79.5%	85.0%		56.9%	80.0%
Length of service (LOS)								
Average LOS (years)	8.7	8.1	6.8	9.3	9.9	2.0	8.9	6.3
By region								
Northern	7.9		6.5	8.3	8.8		8.9	5.4
Midland	8.5		7.0	9.1	9.2		8.4	7.8
Central	8.2		6.5	8.5	10.3		8.6	6.1
South Island	10.5		7.6	11.3	12.6		9.9	8.7
By DHB size								
Large DHBs	8.8		6.7	9.4	10.2		9.3	5.8
Medium DHBs	7.9		7.5	8.6	8.5		6.2	6.3
Small DHBs	10.2		5.8	10.5	9.8		11.8	11.9
Proportion employed for								
Less than 2 years	27.3%		31.8%	25.4%	19.1%	65.0%	26.5%	29.1%

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
2 to less than 5 years	20.4%		24.4%	19.9%	15.8%	25.9%	19.4%	29.5%
5 to less than 8 years	11.8%		11.8%	12.2%	15.2%	6.2%	9.6%	12.8%
Over 8 years	40.5%		32.0%	42.5%	49.9%	2.9%	44.5%	28.6%
FTE turnover								
Average	10.5%	9.8%	14.3%	9.6%	9.7%		9.1%	11.9%
By region								
Northern	12.0%		15.4%	10.8%	11.3%		9.2%	9.3%
Midland	10.3%		11.5%	11.2%	12.1%		6.9%	14.2%
Central	10.8%		17.3%	10.1%	7.5%		9.3%	17.5%
South Island	7.9%		11.4%	6.6%	6.1%		10.5%	15.6%
By DHB size								
Large DHBs	10.6%		14.2%	10.0%	8.4%		9.0%	12.9%
Medium DHBs	10.4%		14.7%	8.1%	13.6%		10.7%	10.1%
Small DHBs	9.6%		14.2%	9.0%	17.6%		4.9%	10.3%

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

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