

National summary

This National summary presents workforce data and feedback from infant, child, and adolescent mental health and alcohol and other drug (ICAMH/AOD) services. It also includes population and service access data for pēpi, tamariki, and rangatahi aged 0–24. For 0–19 data see main report.

WORKFORCE DATA ICAMH/AOD ACTUAL FTE (2022–2024)

Workforce 2022–2024



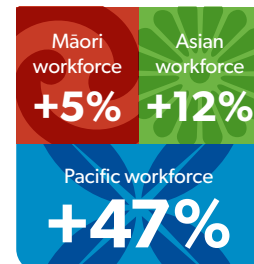
Workforce increases



Vacancy rate

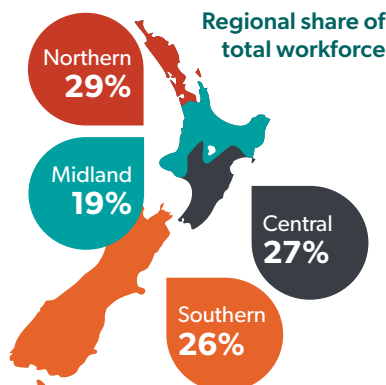


Workforce increases by ethnicity



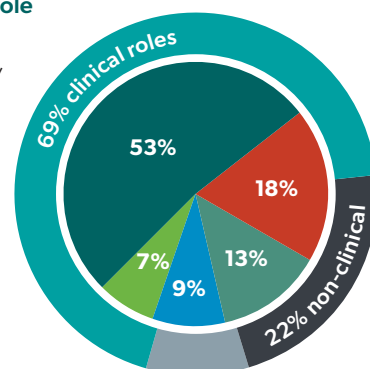
WORKFORCE DATA ICAMH/AOD ACTUAL FTE (2024)

Workforce 2024

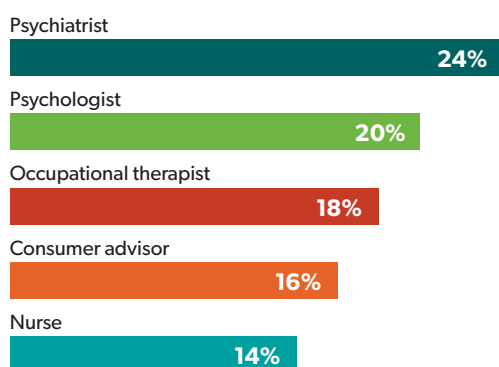


Workforce by role and ethnicity

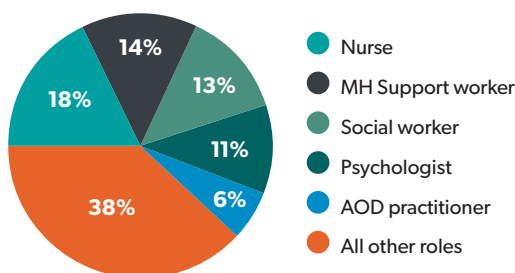
- NZ European/Pākehā
- Māori
- Other ethnicity
- Pacific
- Asian



Psychiatrist role had the highest vacancy rate



Nurses made up the largest proportion of those who left their role



The most common reasons for leaving included external job opportunities, moving from the area, family/personal reasons and moving overseas.

Top three challenges as told to us by the workforce



Workforce development needs as told to us by the workforce

Training and support for staff who are new to ICAMH/AOD sector

Capacity to support increased acuity and complexity, including navigating systems to address social needs

Working with neurodiverse rangatahi and their whānau

Higher-level training in infant mental health, play therapy and specific trainings related to children

Data source: Whāraurau workforce survey 2022–2024

Note: our 2024 survey was expanded to include Access and Choice youth NGO/PHO services.

FTE = Full Time Equivalent.

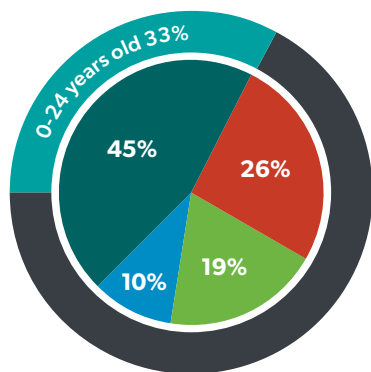
Actual FTE = A filled permanent or fixed term FTE position

Vacancy rate = Calculated by dividing the vacant FTE by the sum of actual and vacant FTEs.

Population data

National population and projection data gives us valuable insights into the current and future size and composition of Aotearoa's population.¹

POPULATION DATA FOR THOSE AGED 0-24 (2023-2033)

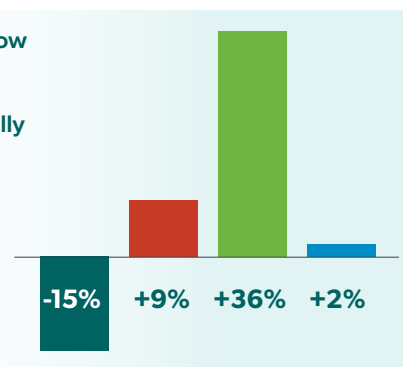


33% of Aotearoa's population in 2023 was 0-24 years old

● 'Other' (including NZ European/Pākehā)
● Māori
● Asian
● Pacific

Ten year projections show a 3% increase in those aged 0-24, with trend towards a more ethnically diverse population

● 'Other' (including NZ European/Pākehā)
● Māori
● Asian
● Pacific

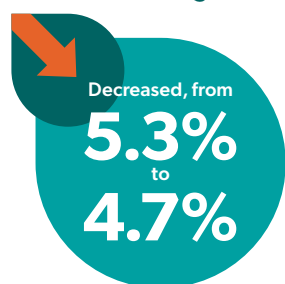


Service access data

Service access rate data for pēpi, tamariki and rangatahi can help to identify inequities in service access, particularly when comparing rates across different ethnicities and regional areas.²

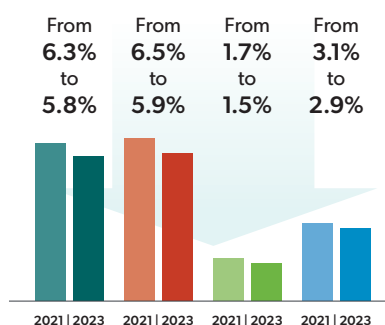
SERVICE ACCESS RATES TO HEALTH NZ AND NGO ICAMH/AOD SERVICES FOR THOSE AGED 0-24 (2021-2023)

Access rates for ages 0-24

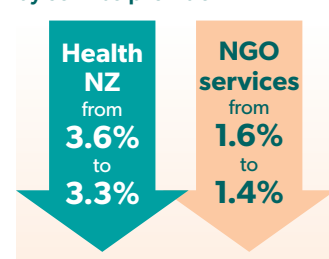


There was a decline in access rates across all ethnicity groups for those aged 0-24

● 'Other' (including NZ European/Pākehā)
● Māori
● Asian
● Pacific



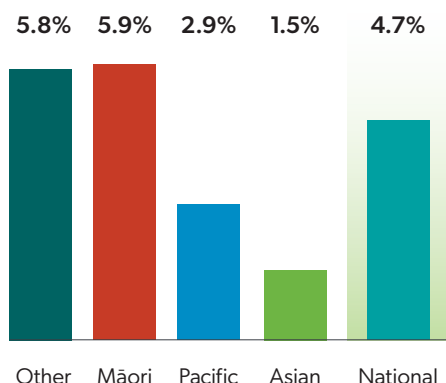
Decrease in access rates by service provider



SERVICE ACCESS RATES TO HEALTH NZ AND NGO ICAMH/AOD SERVICES FOR THOSE AGED 0-24 (2023)

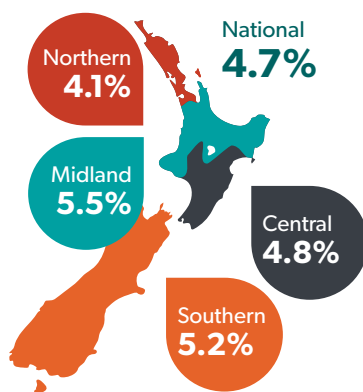
Access rates by ethnicity

'Other' includes NZ European | Pākehā

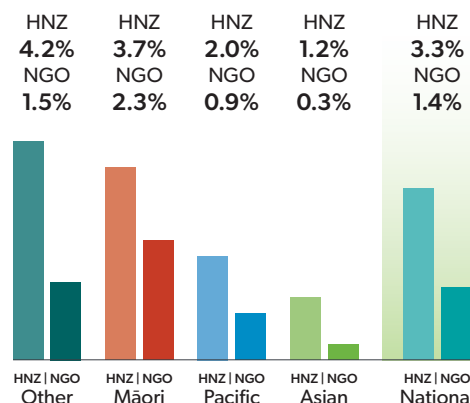


Access rates by region

Highest: Midland Lowest: Northern



Access rates by ethnicity and service type



KEY MESSAGES

- Actual FTE has grown however the survey was expanded to include Access and Choice NGO/PHOs
- The lived experience workforce has grown with increases in peer support and consumer advisor FTE.
- Workforce shortages, especially for psychiatrists/psychologists, continue to create pressure, with teams reporting recruitment challenges.
- Expansion of the workforce needs to be sustainable to ensure workforces are adequately resourced and supported.
- Wellbeing initiatives support workforce retention and teams have responded by implementing staff retention and wellbeing measures.
- Comprehensive training and peer support are essential for new ICAMH/AOD practitioners to enable collaboration, skill-building, and ongoing support.
- Workforce development must prioritise cultural competency and cultural safety to ensure equitable care.
- Reduced access to ICAMH/AOD services amid rising need must be investigated, focusing on access barriers and supporting practitioners facing greater complexity and acuity.

¹Data source: Stats NZ Population Projections, 2023 update, base Census 2018.

²Stats NZ Population Projections 2023 update, base Census 2018, and 2021- 2023 PRIMHD. Note: Service access rates are calculated by dividing the number of unique individuals who accessed services within the calendar year, by their corresponding population.

[Find out more at wharaurau.org.nz/stocktake](https://wharaurau.org.nz/stocktake)