Australian Government
Department of Health, Disability and Ageing

Psychiatry Supply and Demand Compendium Report

November 2025

Version History

Version	Date	Description of Change
1.0	19/06/2025	Initial release
1.1	25/11/2025	Workforce Supply Profile numbers updated after identifying a bug in the calculation of full-time equivalent per 100,000 population.

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Psychiatrists in Australia

Although the number of psychiatrists has grown, there remains a significant shortage across all states and territories.

Mental Health is a key component of overall health and wellbeing. Almost half of Australians aged 16 years and over will experience a mental health condition at some point in their lives and around 20% experience a mental illness in any given year.[1] As the demand for mental health support and services increases, there is a need to build a sustainable mental health workforce that is appropriately skilled and well-distributed to meet the needs of all Australians.

Psychiatrists are a critical component of the mental health workforce. The National Mental Health Workforce Strategy 2022–2032 acknowledges the significant shortage in psychiatrists, particularly in rural and regional areas.[2]

To achieve an effective, equitable and sustainable mental health system, the psychiatry workforce must be geographically well distributed. Overall, the psychiatry workforce has grown from 3,417.8 full-time equivalent (FTE) psychiatrists in 2019 to 3,812.6 in 2023. This represents a Compound Annual Growth Rate (CAGR) of 2.8%.

However, there is a geographical maldistribution of psychiatrists in Australia. In 2023, 85.0% of FTE psychiatrists were located in metropolitan areas (Monash Modified Category 1 (MM1)) while only 1.8% in rural and remote areas (MM4-7).[3] Evidence suggests that Australia relies on overseas trained psychiatrists to meet the workforce need, particularly in rural, regional and remote areas with an increasing proportion of overseas trained psychiatrists working in these areas.[4]

This study examines the demand for and supply of psychiatrists in Australia, aiming to improve understanding of key workforce challenges and provide a solid evidence-base for future workforce planning and policies on the psychiatry workforce.

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[1] Australian Institute of Health and Welfare, 2024, Prevalence and impact of mental illness - Mental health, accessed 17 October 2024.
[2] Department of Health and Aged Care, 2022-2023, National Mental Health Workforce Strategy, accessed 16 October 2024.
[3] For description of Monash Modified Model please refer to Modified Monash Model.
[4] Hayter C. M. (MChD), Alison S. (FRANZCP), Bastiampillai T. (FRANZCP), Kisely S., Looi J. C. L. (DMedSc), 2024, The changing psychiatry workforce in Australia: Still lacking in rural and remote regions, The Australian Journal of Rural Health – Wiley Online Library, accessed 22 October 2025.

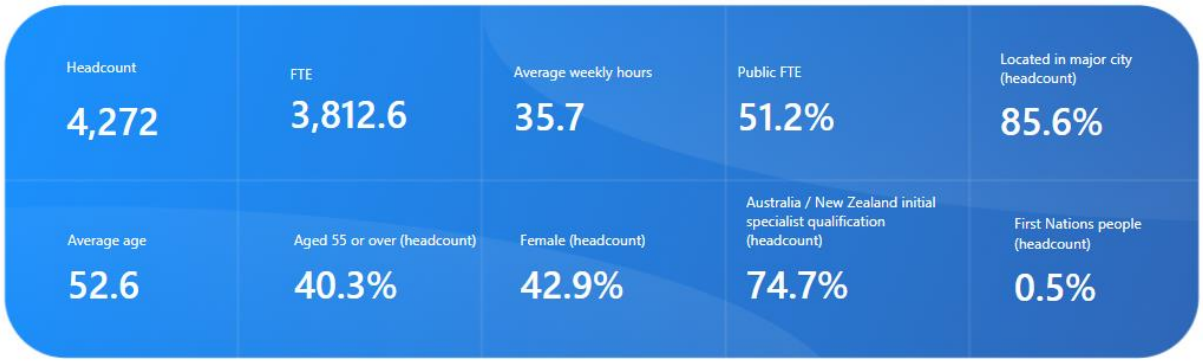
Workforce Supply Profile

Quick Facts

In 2023, there were:

- 4,272 psychiatrists with average weekly hours of 35.7 that equates to 3,812.6 FTE psychiatrists. This total consists of 2,810.6 FTE Australian/New Zealand medical graduates (those with initial specialist qualification from Australia or New Zealand) and 1,002.0 FTE international medical graduates (those with initial specialist qualification from overseas).[5]
- 1,833 female psychiatrists and 2,439 male psychiatrists.

Figure 1: Quick facts on psychiatry workforce, 2023



Workforce Trends and Distribution

Tabel 1 provides the psychiatry workforce trends, with key highlights as follows:

- The number of psychiatrists increased from 3,701 in 2019 to 4,272 in 2023 with a CAGR of 3.7%. The FTE grew at a lower rate of 2.8% between 2019 to 2023, due to a decrease in the average hours worked over the period.
- Overall, the average weekly hours worked decreased from 36.9 in 2019 to 35.7 in 2023, reflecting a 0.8% CAGR decline.
- Over the past 5 years, the proportion of FTE psychiatrists working in the public sector has increased slightly (from 50.6% in 2019 to 51.2% in 2023) due to slightly higher growth in the public sector headcount.

[5] Please note that minor discrepancies may appear between the sums of component items and their totals throughout the document due to rounding of decimal points.

Table 1: Workforce trends 2019–2023

	2019	2020	2021	2022	2023	CAGR
Headcount	3,701	3,829	3,949	4,107	4,272	3.7%
Average weekly hours	36.9	36.6	36.5	36.0	35.7	-0.8%
FTE	3,417.8	3,501.7	3,608.3	3,695.2	3,812.6	2.8%
Public FTE %	50.6%	50.5%	51.3%	50.5%	51.2%	0.3%
Private FTE %	49.4%	49.5%	48.7%	49.5%	48.8%	-0.3%

Demographics

Key highlights from Table 2 shows that:

- Overall, the proportion of female FTE psychiatrists increased from 37.3% in 2019 to 39.9% in 2023.
- Between 2019 and 2023, those aged between 40-54 years provided the highest FTE (around 48%), with the proportion of female FTE psychiatrists within this age group increasing from 40.0% in 2019 to 42.5% in 2023.

Table 2: FTE by sex and age-groups, 2019 and 2023

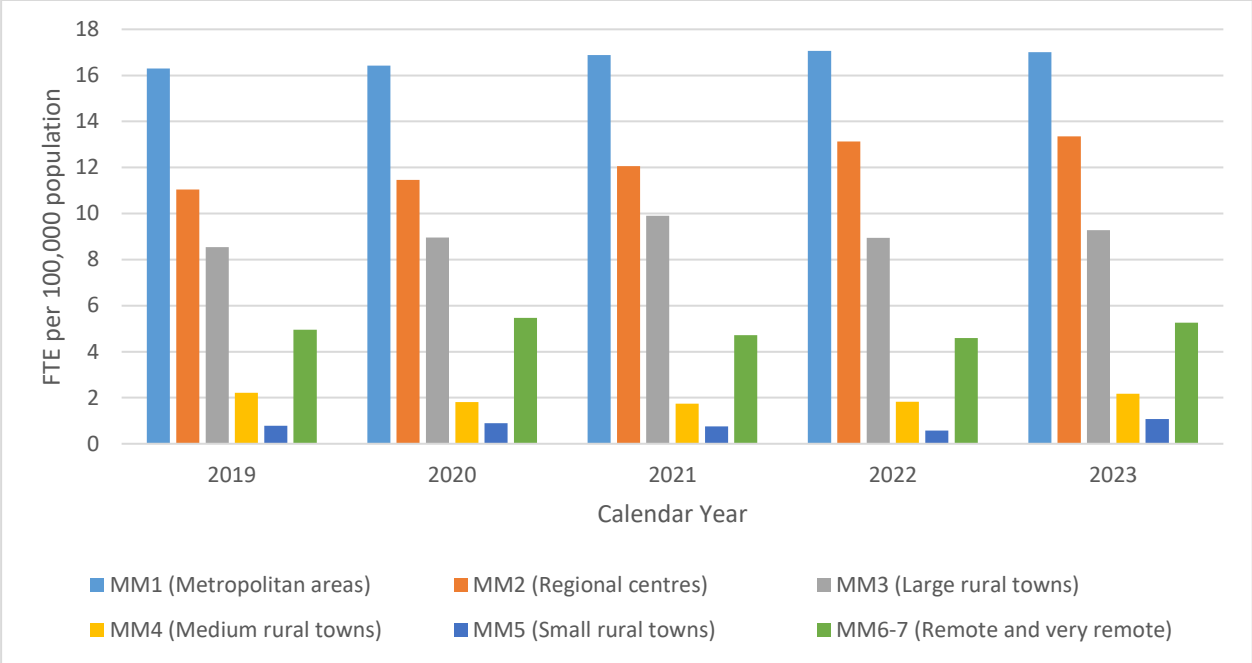
	2019			2023		
Age group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Under 39	197.7	194.1	391.8 (11.5%)	264.8	242.9	507.7 (13.3%)
40-54	978.9	653.0	1,631.9 (47.7%)	1,052.7	777.8	1,830.5 (48.0%)
55-64	561.8	296.9	858.7 (25.1%)	555.8	351.2	907.0 (23.8%)
65 and over	402.8	132.5	535.3 (15.7%)	418.7	148.7	567.5 (14.9%)
Total	**2,141.3**	**1,276.5**	**3,417.8 (100%)**	**2,292.0**	**1,520.6**	**3,812.6 (100%)**

Full-Time Equivalent (FTE) psychiatrists by Modified Monash Model (MMM) 2023[6]

There is maldistribution of psychiatrists between rural and remote areas compared with metropolitan areas. In 2023, the FTE psychiatrists per 100,000 population in metropolitan

areas (Monash Modified – Category 1 (MM1)) was 17.0, compared to only 2.2 in medium rural towns (MM4) and 1.1 in small rural towns (MM5), see Figure 2.

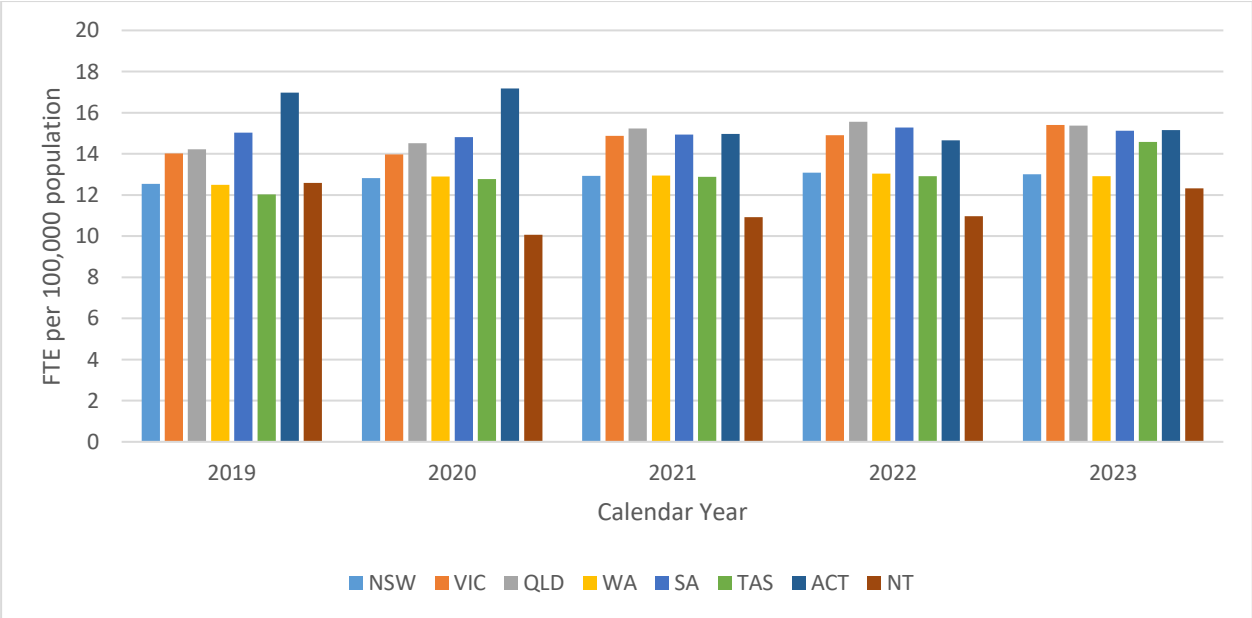
Figure 2: FTE psychiatrists per 100,000 population by Modified Monash Model (2023), 2019–2023



Full-Time Equivalent (FTE) psychiatrists by state and territories

In 2023, across jurisdictions, Victoria and Queensland had the highest FTE psychiatrists per 100,000 population at 15.4, while Northern Territory had the lowest at 12.3, see Figure 3.

Figure 3: FTE psychiatrists per 100,000 population by states and territories, 2019–2023



For detailed psychiatry supply workforce profile, please refer to the Psychiatry Supply Profile Dashboard.

What is demand and supply modelling?

Demand and supply modelling is a tool used to understand how much of something is needed (demand) and how much is available (supply).

Effective health workforce planning is a key instrument for a resilient and sustainable health system. Health workforce modelling provides insights into the current and projected health workforce, playing an integral role in workforce planning to ensure we have the workforce we need and where they are most needed.

This psychiatry demand and supply study provides valuable insights into the psychiatry workforce, helping to identify potential workforce gaps. By quantifying the projected demand and supply of psychiatrists from 2024 to 2048, using data collected from several sources between 2014 and 2023, the study provides important evidence to guide policy decisions on regulating psychiatry specialist training places, and the distribution of Specialist International Medical Graduates (SIMGs) across Australia.

Methodology for the psychiatry demand and supply model

To enable detailed scenario modelling of the psychiatry workforce, a combination of microsimulation and time series regression modelling approaches for demand and supply is used. Microsimulation is a technique for modelling the behaviour of individuals according to predetermined probabilistic rules. Time series regression is a statistical method for predicting future values based on the response history and the influence of relevant predictors.

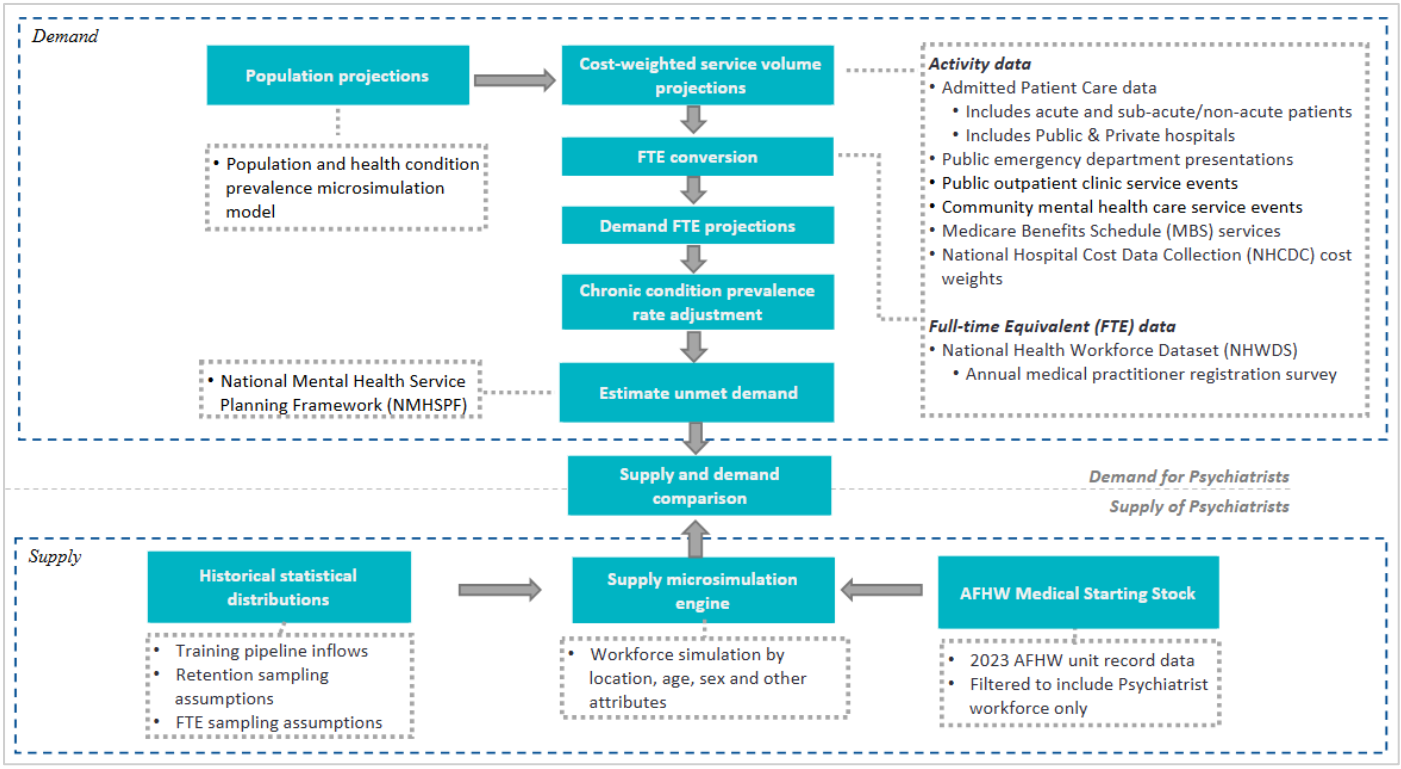
The microsimulation approach provides maximum flexibility for adapting the model to different populations and unique demand and supply scenarios. This enhances our understanding of the effects of existing policies and helps identify ways to improve them. For detailed information on the methodology, refer to the Psychiatry Modelling Methodology Paper.

Overview

This study focuses on modelling the demand for and supply of psychiatrists who are currently working clinical hours and who are not currently trainees. Psychiatry trainees are modelled as part of the training pipeline analysis.

Modelling has been undertaken at the Statistical Area 4 (SA4) geography (where data availability permitted). However, results will be published at State and Territory level, with their aggregation forming the National results.

Figure 4: Overview of the modelling process



Baseline demand

The baseline demand is estimated by modelling historical service utilisation. This method captures expressed (observed) service demand for psychiatric services across a variety of care settings. Historical patterns of usage are examined and used to estimate the future demand for psychiatrists, accounting for differences in service demand across various age groups and geographies. The baseline demand is projected assuming the supply of psychiatrists meets the demand in the base year.

The following key data sources are used to capture service utilisation:

1. Medical Benefits Schedule (MBS) data
2. Admitted Patient Care (APC) data
3. Non-Admitted Patient Emergency Department Care (NAPEDC) data
4. Non-Admitted Patient Care (NAP) data
5. National Community Mental Health Care Database (NCMHCD)

Different services or separations require varying workforce effort based on severity of conditions, complexity of procedures or degree of medical input required. Therefore, services and separations are cost-weighted to adjust for these differences, enabling accurate comparisons of resource use by converting them to units of demand activity.

To compare demand to supply and identify the workforce gap, demand activity projections are converted to FTE psychiatrists by comparing the demand values against the supply FTE

from Australia's Future Health Workforce (AFHW)[7] dataset for a specified reference year (2023). Specifically, the base year supply FTE is divided by the base year demand activity to yield an FTE-to-activity ratio, which is then multiplied by the demand projections for each forecast year. To incorporate mental health prevalence rate to the model, the projected FTE is multiplied with the projected change in mental health prevalence rate.

Unmet demand

The model projects a level of unmet demand. Unmet demand for psychiatric services occurs when there are not enough psychiatric services to meet the needs of people who require them. This study uses the National Mental Health Service Planning Framework (NMHSPF) to estimate the level of unmet demand. [8]

The NMHSPF provides estimates of prevalence of mental health conditions by severity (mild, moderate or severe) and age-group, which are then used to define smaller populations – referred to as "need groups".

For each need group, a care profile is assigned where the number of mental health services the group will need is estimated, including:

- The proportion of individuals within the needs group requiring a specific service
- Number of services needed
- The length of time each service takes (in minutes or days)
- The workforce type delivering the service (e.g. individual psychiatrist or team/bed-based care).

This information together with the formulas outlined in the Technical Appendices for the NMHSPF is used to estimate unmet demand.[9]

Supply

The supply model uses the AFHW data on psychiatrists from 2018 to 2023.

The supply model uses the microsimulation approach where attributes such as entries and exits to the workforce and practitioner FTE are modelled distinctly. The supply methodology begins by identifying the current stock of psychiatrists, analysing their demographic profile and historically observed work patterns. Statistically significant predictors of future psychiatry

[7] The Australia's Future Health Workforce (AFHW) datasets are created from the National Health Workforce Datasets (NHWDS) for modelling purposes. A sequence of rules (supply criteria) is applied to each NHWDS to determine the which practitioners meet the definition of supply for each profession (and sub-groups where applicable). The headcount and workload of these practitioners, along with other variables required for modelling, are included, derived or imputed in the AFHW datasets.
[8] Australian Institute of Health and Welfare, 2025, NMHSPF model - National Mental Health Service Planning Framework, accessed 16 October 2024.
[9] National Mental Health Service Planning Framework, 2023, Technical Appendices for the NMHSPF, accessed 18 October 2024.

workforce supply are selected, and their historical distributions are measured to allow the development of a microsimulation model.

The supply model includes a **training pipeline module** that models psychiatry trainees in the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Fellowship and SIMG pathways. This module projects the number of new psychiatry fellows entering the workforce each year. Table 2 below shows the projected number of new fellows over the projection period.

Table 3: Projected number of new fellows each year, selected years 2024–2048

New fellow type	2024	2025	2026	2027	2028	2029	2030	2035	2040	2045	2048
Domestic	234	252	267	275	279	280	281	281	281	281	281
SIMG	54	53	54	55	55	56	56	57	57	57	57
Total	**288**	**304**	**321**	**330**	**334**	**336**	**337**	**338**	**338**	**338**	**338**

Limitations

- The model does not account for Primary Health Network (PHN) commissioned mental health services and the Department of Veteran Affairs funded mental health services.
- Any changes to models of care and technological improvements in the projection period that may affect workforce FTE in providing psychiatric services is not considered.

Key findings and insights

The main outputs of the psychiatry model are projections of the number of psychiatrists (headcount) and FTE psychiatrists. Based on these, the model produces two demand estimates, a baseline demand and an unmet demand and one supply estimate.

What is baseline demand?

Baseline demand is the number of psychiatrists that are needed to meet the current and future demand for psychiatric services. Baseline demand is projected assuming the supply of psychiatrists is equal to the demand in the base year (2023). In the psychiatry model, the baseline demand incorporates the projected change in the mental health prevalence rate in the community over the projection years.

What is unmet demand?

Unmet demand for psychiatric services occurs when there are not enough psychiatric services to meet the needs of people who require them. This study uses the National Mental Health Service Planning Framework to estimate the level of unmet demand. [10]

National projections

While both demand and supply of psychiatrists are estimated to increase in the future, the workforce is expected to experience a shortage throughout the projection period.

The psychiatry model projections at national level (Table 4 and Figure 5) show that:

- The baseline projections estimate:
  - a current shortfall of 103.7 FTE in 2024 and is projected to peak to 385.4 FTE by 2033. The total undersupply is estimated to be 303.2 FTE by 2048.
  - a current shortfall for the number of psychiatrists (headcount) of 119 in 2024, peaks to 464 by 2033 and then declines to reach 370 psychiatrists by 2048.
- The projections considering unmet demand estimate:
  - a current shortfall of 762.7 FTE in 2024, increasing to 1,278.2 FTE in 2033 and to 1,466.4 FTE by 2048.
  - a current shortfall for the number of psychiatrists (headcount) of 868 in 2024, increasing to 1,525 in 2033 and to 1,766 psychiatrists by 2048.

The demand projections at national level show that:

- The baseline demand is estimated to increase from 4,000.0 FTE in 2024 to 7,396.2 FTE in 2048.
  - The baseline demand estimates suggest a 2.7% shortage of FTE psychiatrists in 2024, increasing to 7.4% in 2033 and then stabilising around 4.0% undersupply between 2043 to 2048.
- The unmet demand projection is estimated to increase from 4,659.0 FTE in 2024 to 8,559.4 FTE in 2048, which is 15.7% higher than the baseline demand projection for 2048.
  - The unmet demand estimates suggest a 19.6% shortage of FTE psychiatrists in 2024, increasing to 24.7% in 2033 and then stabilising around 21.0% undersupply between 2043 to 2048.

[10] National Mental Health Service Planning Framework, 2023, Technical Appendices for the NMHSPF, accessed 18 October 2024.

The supply projections at national level show that:

- The baseline supply is estimated to increase from 3,896.3 FTE in 2024 to 7,093.0 FTE in 2048, equating to 4,436 psychiatrists in 2024 and 8,541 psychiatrists in 2048.
- The national average FTE per psychiatrist is projected to decrease from 0.88 in 2024 to 0.83 in 2048.
- The total entry rate declines over the projection period – total entry rate including re-entries declines from 7.8% of total supply (headcount) in 2024 to 5.5% in 2048.

The total exit rates including temporary exits remains around 4.0% of total supply (headcount) over the projection period. The exit rates remain lower than entry rates over the projection period. This is in line with the historic entry and exit rates.

- New entries into the psychiatry workforce include those who go through the domestic Royal Australian and New Zealand College of Psychiatrists (RANZCP) Fellowship Program and those who go through the RANZCP international pathways. The key assumptions about the number of new fellows each year are:

The number of new entries to the domestic and international training pathways stay constant over the projection period. An average of the last 5 years of new entries is used for new domestic trainees, whereas an average of the last 3 years of new entries is used for international trainees.[11]

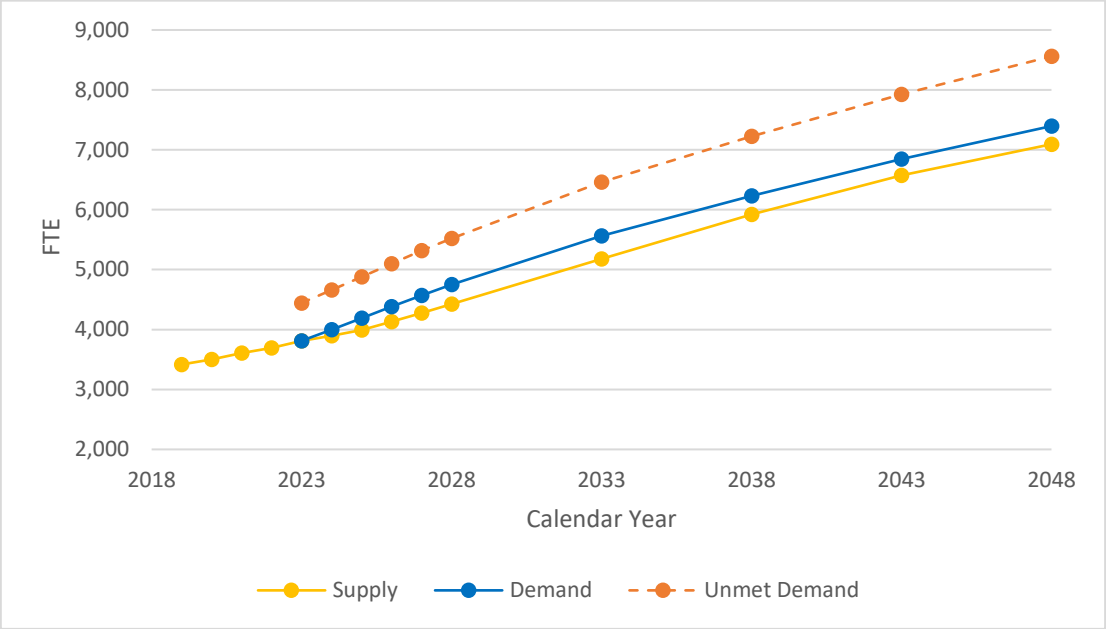
The rate of transition between each stage of the training program (and to becoming a new fellow) remain constant using the average transition rates observed between 2022 and 2023.

[11] This assumption uses all data available, with an exception for international trainees where COVID-19 affected new trainees numbers in 2020.

Table 4: National Projections, selected years 2024–2048

	2024	2025	2026	2027	2028	2033	2038	2043	2048
Headcount									
Supply	4,436	4,609	4,798	4,997	5,201	6,181	7,082	7,881	8,541
Entries	347	362	384	399	407	421	441	464	471
New Entries	272	289	304	314	318	322	324	324	323
Re-entries	75	73	80	85	89	99	117	140	148
Exits	190	194	200	203	202	244	282	320	366
Permanent Exits	107	109	111	114	115	134	158	175	205
Temporary Exits	83	85	89	89	87	110	124	145	162
Demand	4,556	4,839	5,095	5,342	5,585	6,645	7,460	8,209	8,911
Gap	-119	-231	-297	-345	-384	-464	-378	-328	-370
Unmet Demand	5,305	5,631	5,925	6,208	6,487	7,706	8,642	9,503	10,307
Unmet Demand Gap	-868	-1,022	-1,126	-1,211	-1,286	-1,525	-1,560	-1,622	-1,766
Full-time equivalent (FTE)									
Supply	3,896.3	3,993.0	4,131.1	4,278.4	4,427.5	5,180.5	5,920.3	6,574.1	7,093.0
Entries	292.5	303.3	318.1	332.7	330.3	337.9	354.2	365.7	372.9
New Entries	239.3	251	261.1	272.6	269.4	269.5	272.4	270.4	271.5
Re-entries	53.2	52.3	57	60	60.9	68.4	81.8	95.3	101.4
Exits	128.3	129.8	133	133.7	132	157	181	206.2	232.2
Permanent Exits	60.6	61.4	62.3	63.3	63.2	73.2	85.3	96.9	109.8
Temporary Exits	67.7	68.4	70.8	70.4	68.8	83.8	95.7	109.3	122.5
Demand	4,000.0	4,191.0	4,384.5	4,571.5	4,751.4	5,565.9	6,232.2	6,843.9	7,396.2
Gap	-103.7	-198.0	-253.4	-293.1	-323.9	-385.4	-311.9	-269.8	-303.2
Unmet Demand	4,659.0	4,878.3	5,100.8	5,315.5	5,522.4	6,458.7	7,224.5	7,926.7	8,559.4
Unmet Demand Gap	-762.7	-885.3	-969.7	-1,037.1	-1,094.9	-1,278.2	-1,304.2	-1,352.6	-1,466.4

Figure 5: FTE Psychiatrists: National supply versus demand, 2018–2048



State and Territory Projections

Over the projection period (2024 to 2048), all the states and territories are projected to be in shortage (with both baseline demand and unmet demand). Larger states have the highest gap in FTE workforce over the projection period. When comparing numbers to percentage shortfall (using unmet demand), Northern territory has the highest shortage at 83.8% and Victoria and South Australia have the lowest shortage at around 9.6% in 2024.

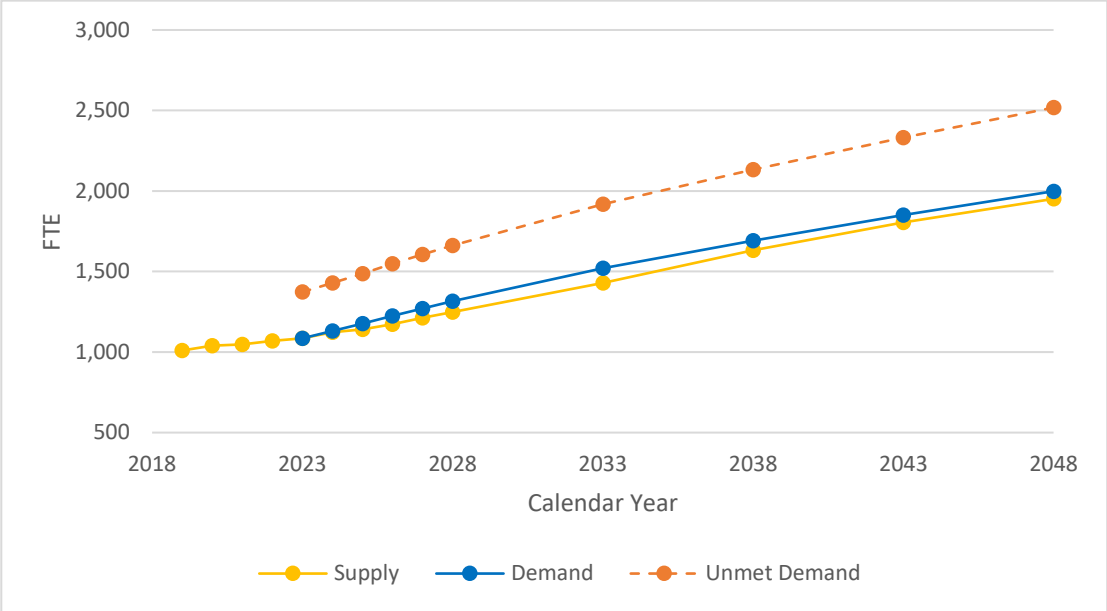
Table 5: Summary of State-level projections - Projected undersupply of FTE psychiatrists and % undersupply, selected years 2024–2048

State/Territory	Baseline gap (FTE)				Unmet gap (FTE)			
	2024	2028	2033	2048	2024	2028	2033	2048
NSW	6.9 (0.6%)	67 (5.4%)	92.1 (6.4%)	47.4 (2.4%)	306.1 (27.2%)	413 (33.1%)	490.2 (34.3%)	566.7 (29%)
VIC	34.9 (3.3%)	102 (8.4%)	122.5 (8.6%)	45.8 (2.3%)	102.5 (9.6%)	186.4 (15.3%)	224.4 (15.7%)	187.8 (9.2%)
QLD	22.4 (2.6%)	43 (4.2%)	33.8 (2.8%)	62.9 (3.8%)	138.2 (16%)	169.5 (16.6%)	172.3 (14.1%)	229.4 (13.8%)
WA	19.8 (5.3%)	49.7 (11.3%)	49 (9%)	64.9 (8.7%)	127.4 (33.8%)	179.9 (40.8%)	203.7 (37.3%)	271.7 (36.3%)
SA	6.8 (2.4%)	34.2 (12%)	47.7 (15.9%)	37.7 (10.5%)	27.1 (9.6%)	56.5 (19.9%)	72.1 (24%)	65.3 (18.3%)
TAS	6.7 (8.4%)	13.9 (15.9%)	16.5 (16.8%)	9 (6.8%)	26.1 (32.5%)	37.4 (42.8%)	44 (44.7%)	44 (33.4%)
ACT	2.8 (3.8%)	8.7 (9.8%)	12.8 (11.6%)	27.7 (18.6%)	10.4 (14.3%)	18.2 (20.5%)	24.5 (22.1%)	43.9 (29.4%)
NT	3.5 (11.8%)	5.3 (14.5%)	10.9 (26.9%)	7.7 (12.7%)	24.9 (83.8%)	33.9 (92.3%)	47 (115.9%)	57.4 (94.8%)
National	**103.7 (2.7%)**	**323.9 (7.3%)**	**385.4 (7.4%)**	**303.2 (4.3%)**	**762.7 (19.6%)**	**1094.9 (24.7%)**	**1278.2 (24.7%)**	**1466.4 (20.7%)**

New South Wales

- The baseline demand gap for New South Wales (NSW) is estimated to be 6.9 FTE in 2024 and is projected to increase to 92.1 FTE by 2033. The total undersupply is estimated to be 47.4 FTE in 2048, see Figure 6.
- The unmet demand gap in New South Wales is 306.1 FTE in 2024 and is projected to increase to 490.2 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to be 566.7 FTE in 2048.

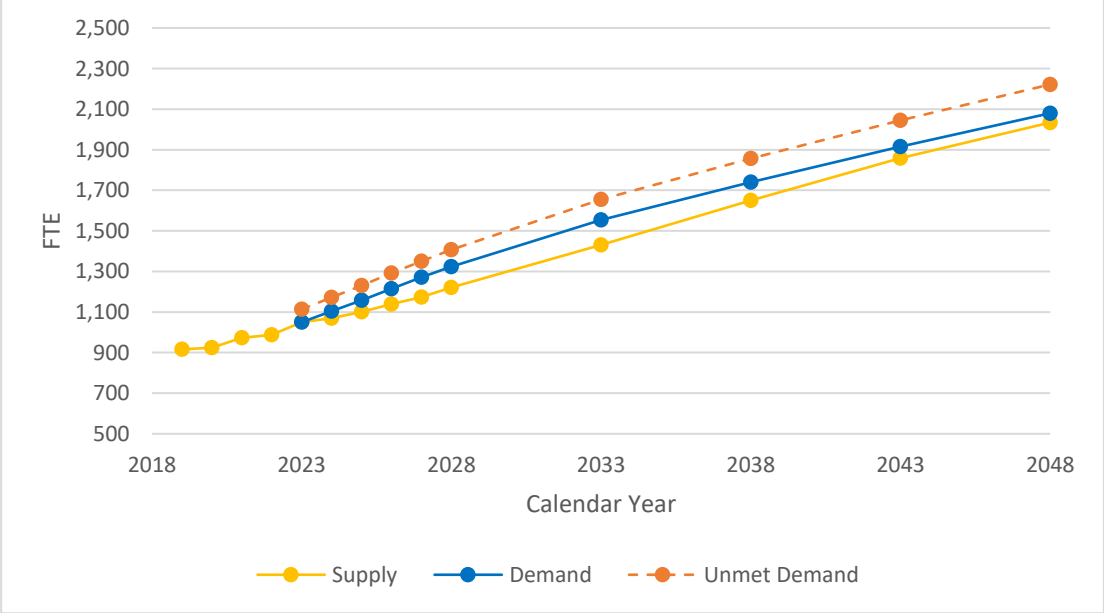
Figure 6: FTE Psychiatrists: NSW supply versus demand, 2018–2048



Victoria

- The baseline demand gap for Victoria is estimated to be 34.9 FTE in 2024 and is projected to increase to 122.5 FTE by 2033. The total undersupply is estimated to be 45.8 FTE in 2048, see Figure 7.
- The unmet demand gap in Victoria in 2024 is 102.5 FTE and is projected to increase to 224.4 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to be 187.8 FTE in 2048.

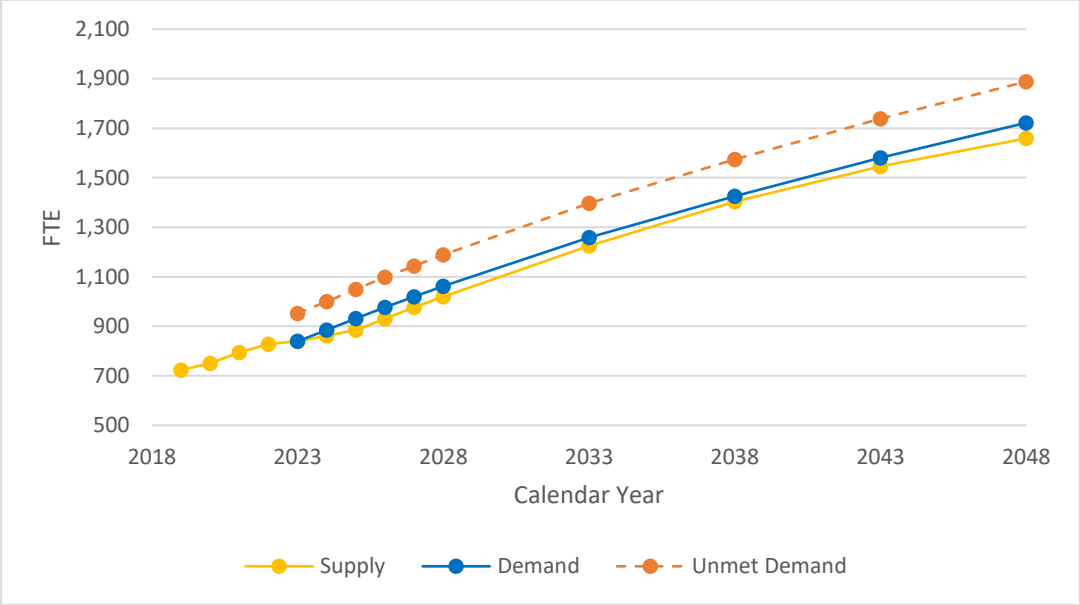
Figure 7: FTE Psychiatrists: VIC supply versus demand, 2018–2048



Queensland

- The baseline demand gap for Queensland is 22.4 FTE in 2024 and is projected to increase to 33.8 FTE by 2033. The total undersupply is estimated to be 62.9 FTE in 2048, see Figure 8.
- The unmet demand gap in Queensland is 138.2 FTE in 2024 and is projected to increase to 172.3 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to be 229.4 FTE in 2048.

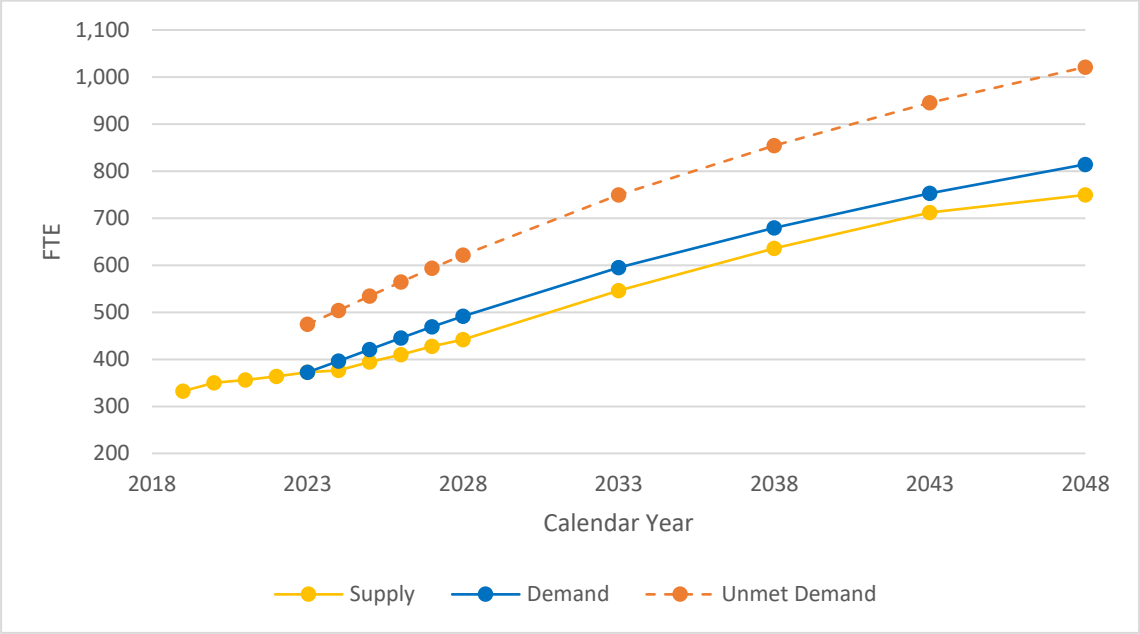
Figure 8: FTE Psychiatrists: QLD supply versus demand, 2018–2048



Western Australia

- The baseline demand gap for Western Australia is 19.8 FTE in 2024 and is projected to increase to 49 FTE by 2033. The total undersupply is estimated to be 64.9 FTE in 2048, see Figure 9.
- The unmet demand gap in Western Australia is 127.4 FTE in 2024 and is projected to increase to 203.7 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to be 271.7 FTE in 2048.

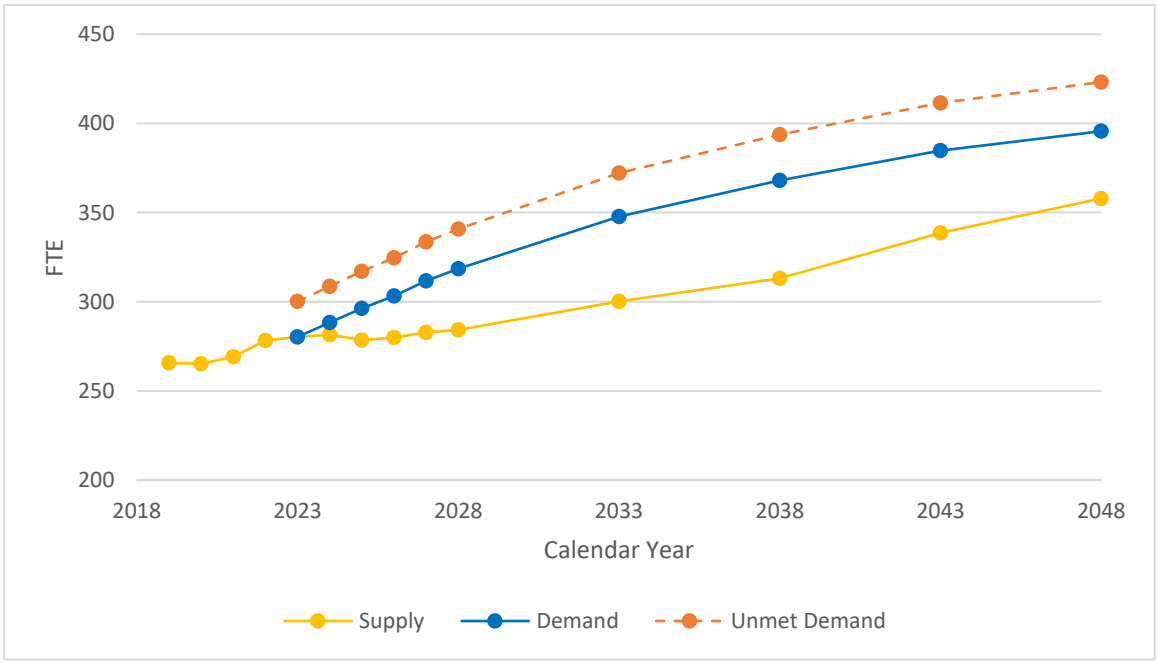
Figure 9: FTE Psychiatrists: WA supply versus demand, 2018–2048



South Australia

- The baseline demand gap for South Australia is 6.8 FTE in 2024 and is projected to increase to 47.7 FTE by 2033. The total undersupply is estimated to be 37.7 FTE in 2048, see Figure 10.
- The unmet demand gap in South Australia is 27.1 FTE in 2024 and is projected to increase to 72.1 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to decline to 65.3 FTE in 2048.

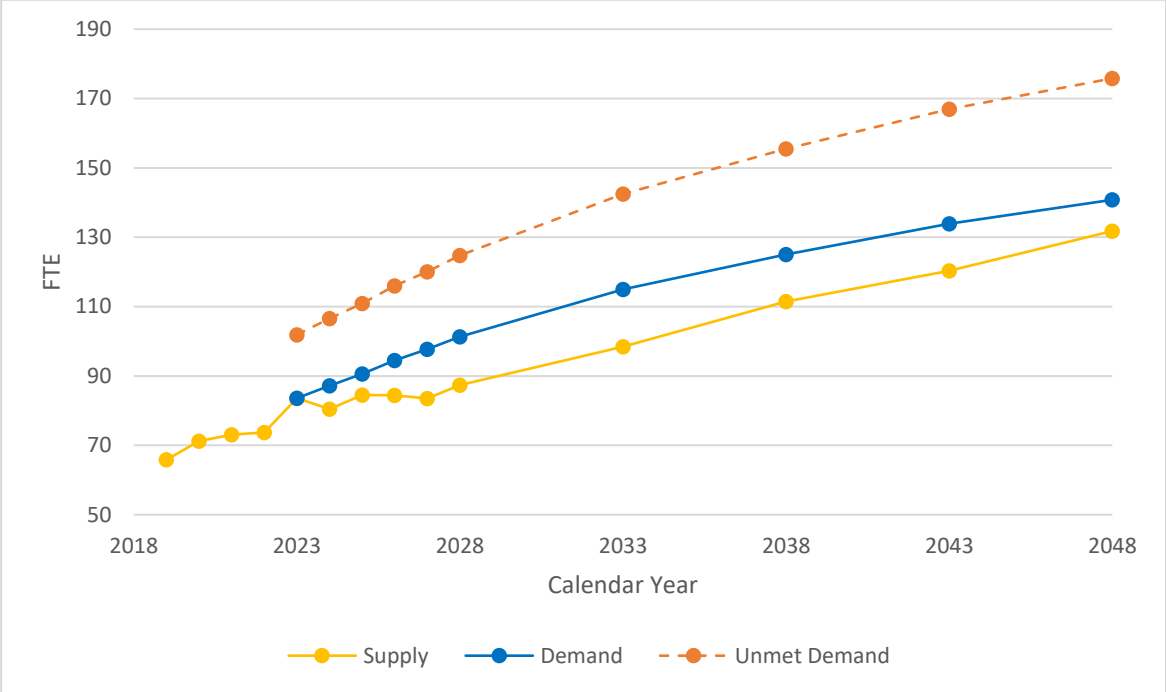
Figure 10: FTE Psychiatrists: SA supply versus demand, 2018–2048



Tasmania

- The baseline demand gap for Tasmania is 6.7 FTE in 2024 and is projected to increase to 16.5 FTE by 2033. The total undersupply is estimated to be 9.0 FTE in 2048, see Figure 6.
- The unmet demand gap in Tasmania is 26.1 FTE in 2024 and is projected to increase to 44.0 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to be 44.0 FTE in 2048.

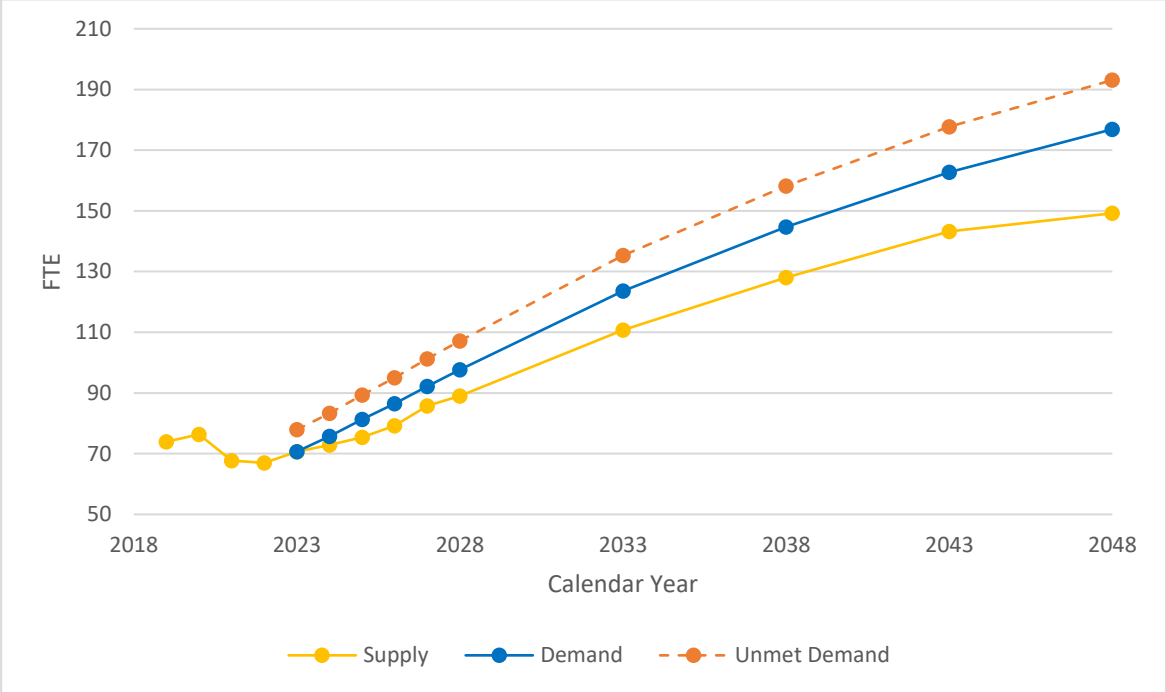
Figure 11: FTE Psychiatrists: Tasmania supply versus demand, 2018–2048



Australian Capital Territory

- The baseline demand gap for the Australian Capital Territory is 2.8 FTE in 2024 and is projected to increase to 12.8 FTE by 2033. The total undersupply is estimated to be 27.7 FTE by 2048, see Figure 12.
- The unmet demand gap in Australian Capital Territory is 10.4 FTE in 2024 and is projected to increase to 24.5 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to be 43.9 FTE in 2048.

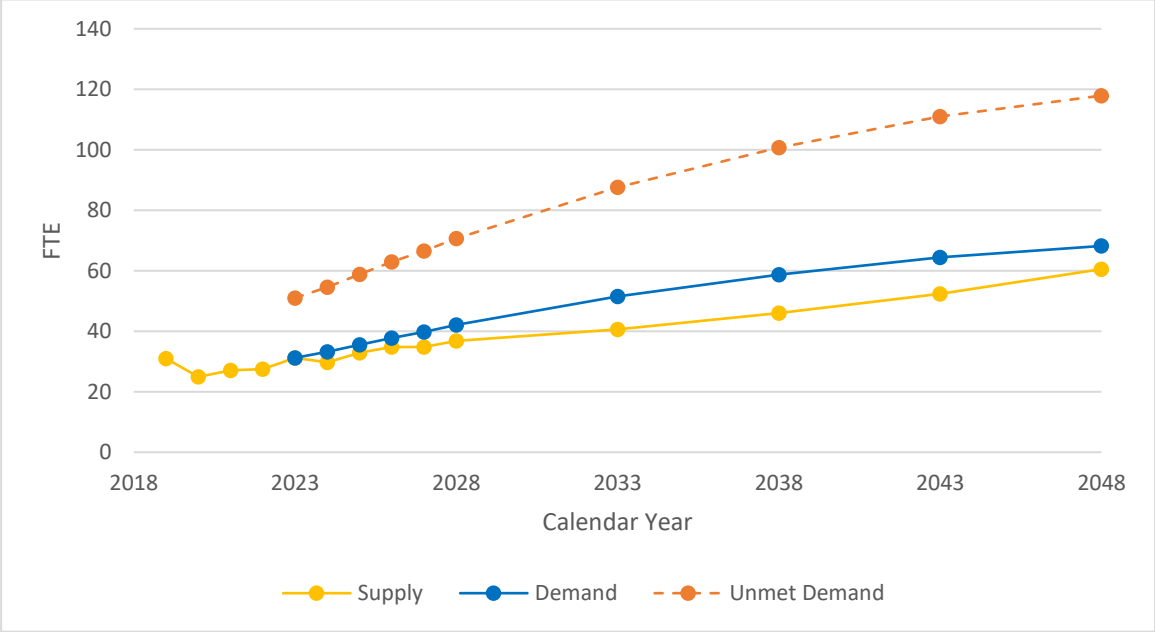
Figure 12: FTE Psychiatrists: ACT supply versus demand, 2018–2048



Northern Territory

- The baseline demand gap for the Northern Territory is 3.5 FTE in 2024 and is projected to increase to 10.9 FTE by 2033. The total undersupply is estimated to be 7.7 FTE by 2048, see Figure 13.
- The unmet demand gap in Northern Territory is 24.9 FTE in 2024 and is projected to increase to 47.0 FTE by 2033. By the end of the projection period, the unmet demand gap is estimated to be 57.4 FTE in 2048.

Figure 13: FTE Psychiatrists: NT supply versus demand, 2018–2048



For detailed psychiatry model results, please refer to the Psychiatry Supply and Demand Study Results.

What do the results mean?

The psychiatry model projections indicate an undersupply of psychiatrists over the next 25 years, suggesting that the demand for psychiatric services in the community will exceed the supply of psychiatrists available in the workforce.

The study presents long-term projections of supply and demand for psychiatrists, providing evidence suggesting that Australia is likely to have a significant gap in psychiatric workforce to meet the community needs over the next 25 years.

The baseline demand projections (FTE) indicate 2.7% undersupply in 2024, peaking to 7.4% in 2033, before declining to 4.3% in 2048.

However, considering unmet demand, the findings highlight a much higher shortage of psychiatrists across Australia. Projections indicate a 19.6% undersupply of psychiatrists in 2024, which is expected to widen to 20.7% by 2048.

The study highlights a trend towards psychiatrists working fewer hours over time. The projections suggests that average FTE will decline from 0.88 in 2024 to 0.83 in 2048. This shift is likely driven by the changes projected for the SIMG workforce around its growth and average FTE. Our reliance on SIMG psychiatrists is expected to decline, dropping from 26.3% of the psychiatry workforce in 2024 to 18.3% by 2048. SIMGs typically contribute higher average FTE compared to equivalent AMG psychiatrists. However, over the projection period, the average FTE for the SIMGs is expected to decline from 0.92 in 2024 to 0.83 in 2048, while the average FTE for AMGs will see a more modest decrease, from 0.86 in 2024 to 0.83 in 2048.

The 40–54 years old cohort is expected to continue to provide the largest share of FTE across the country driven by the highest headcount. However, the impact of the aging workforce is evident, as the proportion of FTE contributed by the 55–64 years old cohort is expected to rise from 23% in 2024 to 28% by 2048. This cohort is also expected to keep providing the most FTE per psychiatrists alongside the 40–54 years old cohort throughout the projection period.

While the number of new psychiatrists entering the workforce is gradually rising, it is not sufficient to keep pace with the growing demand for psychiatric services, especially when considering unmet demand. With the psychiatry workforce ageing and likely to work less hours in the future, addressing workforce shortages will require reforms to Australia's psychiatric training system, as well as initiatives to better utilise other mental health professionals to help alleviate demand pressure.

Consultations

During development of the medical model, the department consulted with the following stakeholders:

- Office of the Chief Psychiatrist, Department of Health, Disability and Ageing
- Australian Institute of Health and Welfare
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)

- State and Territory workforce teams

Next steps

The psychiatry model will be updated every two years with latest available data across all data sources.

We welcome stakeholder feedback to support the continuous improvement of the model, enhancing its value as a tool for effective health program delivery and workforce planning.

If you require further information regarding the medical model or the results as published contact us at healthworkforcedata@health.gov.au

hwd.health.gov.au

All information in this publication is correct as at 25 November 2025.