

Building a public and community sector psychology workforce

Why do psychologists aspire to work in the public or community health sectors?

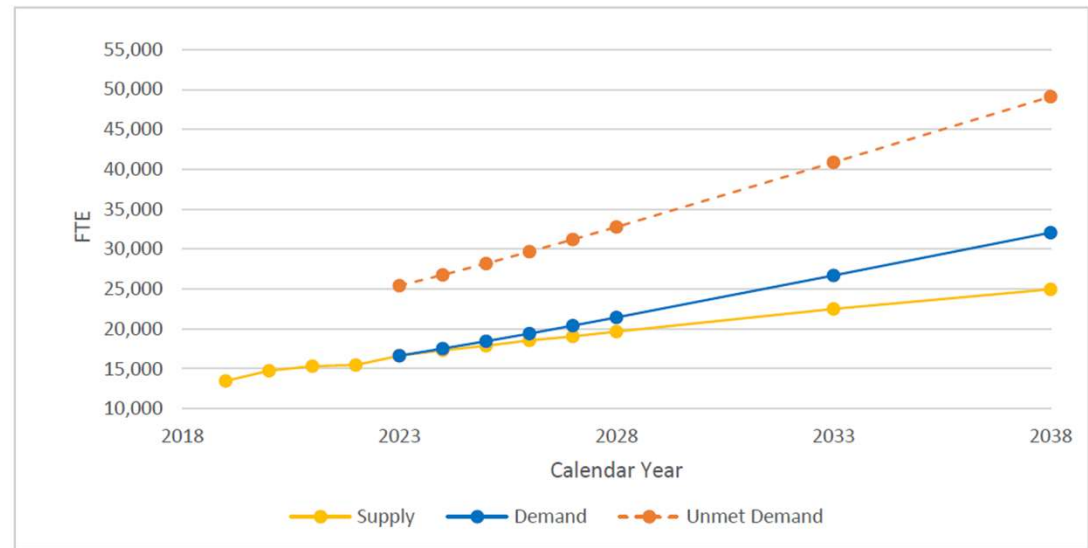
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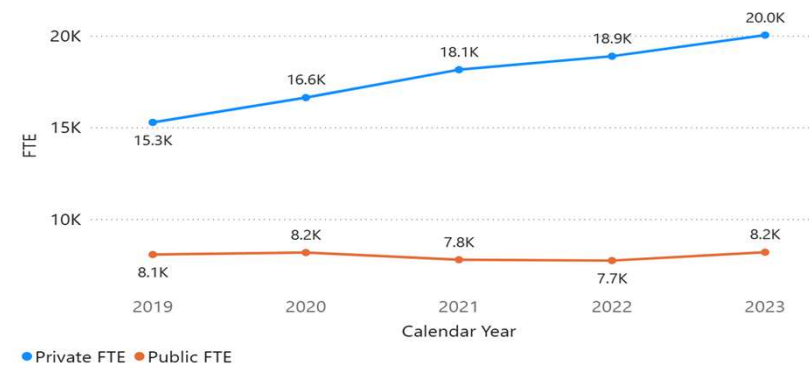
The problem: A growing workforce gap

- Demand for psychologists in health is projected to outpace supply (*Department of Health, Disability and Ageing, 2026*)
- Growth since 2019 has been almost entirely in the private sector (*Department of Health, Disability and Ageing, 2026*)
- 15% vacancy rate for psychologists in Victorian public mental health services (*Department of Health, 2021*)
- 46.7% of hard-to-fill vacancies in NSW community-managed organisations were psychology/counselling roles (*NSW Ministry of Health, 2023*)

Figure 2: FTE National Projections for psychologists in health settings: Supply vs demand, 2018–38



FTE by sector, 2019 to 2023



Why public & community sectors matter

Cost Barriers: 25.6% of people who needed a psychologist delayed or skipped care due to cost (*Australian Bureau of Statistics, 2024*)

Equity: CALD and LGBTQIA+ communities disproportionately rely on public/community services due to systemic barriers to private care (*Hutton & Sisko, 2020; Rosenberg et al., 2022*)

Training Value: Breadth of presentations and access to experienced supervisors makes public settings excellent training environments (*National Mental Health Workforce Strategy, 2022–2032*)

Severity of Need: Serious and complex mental illness is primarily assessed and treated in the public system (*Jackson et al., 2021; Gleeson & Brewer, 2008*)

Why do psychologists aspire to work in the public, community, or private health sectors?

Very little published research exists on this question. Drawing on the broader allied health workforce literature, three key variables were examined:

Personal Values

Public Service Motivation

Work-Related Values

Occupational priorities and preferences

Placement & Work Experience Experience

Clinical training and prior exposure

Personal values: Public service motivation (PSM)

- PSM = motivation toward public institutions.
- Four sub-dimensions (Perry & Wise, 1990):
 - commitment to public interest/civic duty
 - compassion
 - self-sacrifice
 - attraction to policy making
- Linked to job satisfaction, prosocial behaviour, and lower turnover intention in public-sector roles (Behaj, 2012; Homberg et al., 2015; Esteve et al., 2016; Jia et al., 2022)
- In **health** generally, mixed evidence on whether PSM differs by sector
- No known research on PSM specifically within the **psychology** workforce.

Work-related values

- Stokes et al. (2010) is the only Australian study directly comparing retention factors across psychology sectors.
 - Top retention factors in all sectors: job satisfaction, flexible hours, remuneration
 - Early-career psychologists often enter public roles for training/experience, then move to private practice for pay and autonomy
- More recent (smaller) studies suggest psychologists/allied health also value:
 - opportunities for career development
 - flexibility in how one structures their time, what clients they see and what hours they work
 - access to supervision/registrar program
 - interesting client work
 - multidisciplinary teams
 - research opportunities
 - access to professional development in the workplace

Placement and work experiences

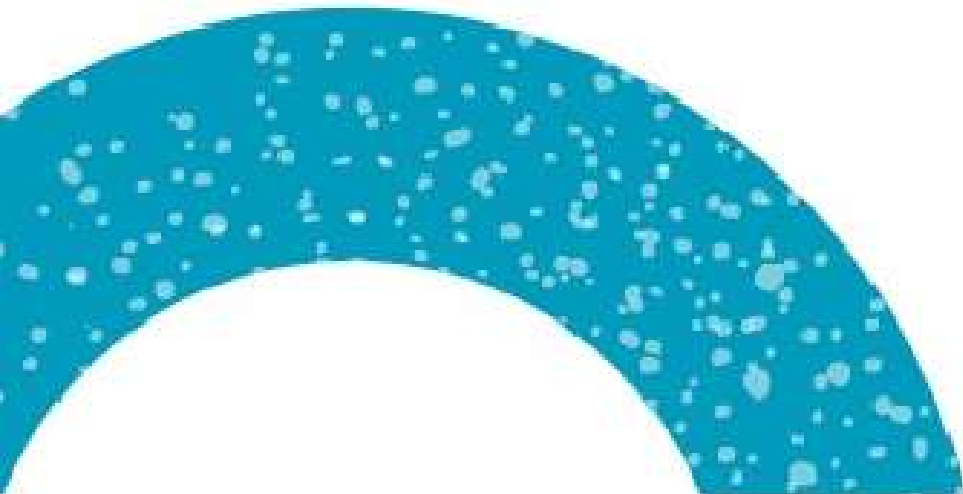
- Very little evidence for psychology specifically
- Rural/remote health workforce literature shows placement or work experience in an area predicts later working there, with a dose-response relationship (Morell et al., 2014; Russell et al., 2021)
- Negative placement experiences (under-resourcing, overwork, inadequate supervision) are a recognised deterrent from public/community mental health careers, particularly for early-career psychologists (National Mental Health Workforce Strategy, 2022–2032)

Method

Qualtrics survey open February to July 2025.

~20 minutes to complete.

Advertised as widely as we could!!



Primary outcome variable

10-year aspiration

When you think about where you would like to be working 10 years from now, in which sector would you like to be *mainly* working?

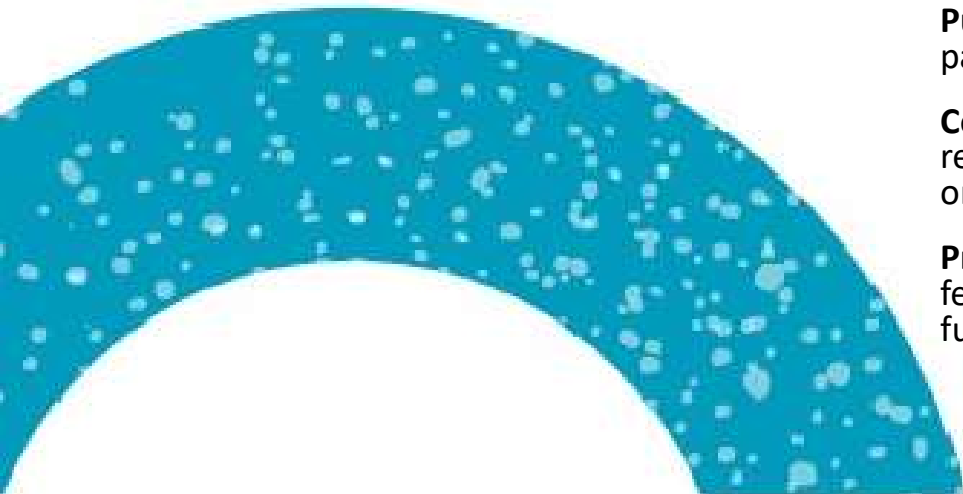
Which sector would you like to be *mainly* working in immediately after completing your current studies?

Which sector would you like to be *mainly* working in when you find paid work as a psychologist?

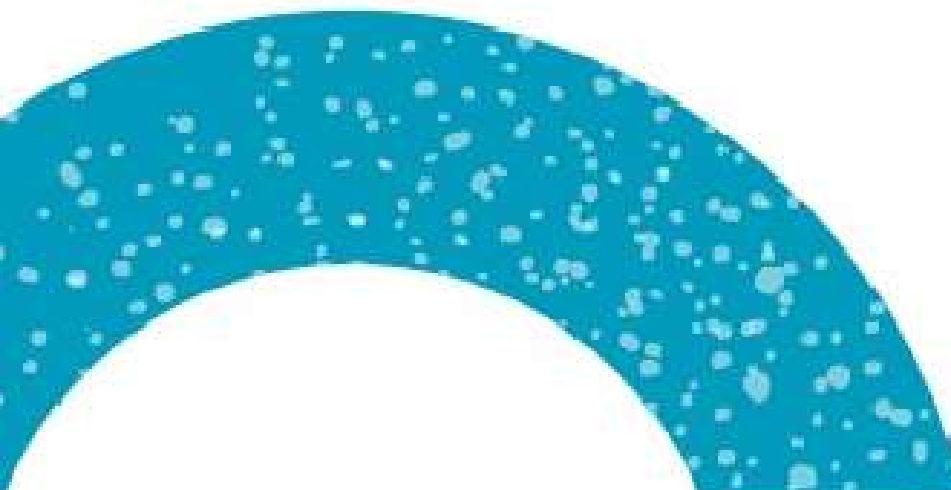
Public health sector: Government provided services where clients/ patients are not charged a fee for health care.

Community health sector: Non-government organisations that receive funding from the government or elsewhere and provide no or low-cost health care.

Private health sector: Privately owned organisations that charge fees for health care services, paid by clients/ patients or various funding agencies.



Possible contributing factors (predictor variables)



Personal values: PSM

- Public interest/civic duty
- Compassion
- Self-sacrifice

Work-related values

- Interesting client presentations / work
- Flexibility in day structure and hours worked
- Permanent job, stable hours
- Pay / salary
- Opportunities for career development
- Supervision and/or registrar program
- Access to CPD
- Work in MDTs
- Opportunity for research

Placement experience (per sector)

Work experience (per sector)

Participants

Characteristic	Study sample n = 521	Population N = 50,066
Female	426 (81.8%)	40,275 (80.4%)
Male	89 (17.1%)	9,771 (19.5%)
Gender Diverse / NA	6 (1.2%)	20 (<0.1%)
Full Registration	405 (77.7%)	40,445 (80.8%)
Provisional Registration	116 (22.3%)	7,845 (15.7%)
Self-described ethnicity		
- Aboriginal/ Torres Strait Islander	7 (1.3%)	434 (0.9%)
- Australian	292 (56%)	
- Anglo / European	312 (61%)	

Participants

Provisional psychologists:

Neuropsych n=22	Non-neuropsych n=94
22 neuropsych masters students	77 students • 64 masters leading to endorsement (58 clinical) • 13 MPP 17 interns (11: 5+1; 6: 4+2)

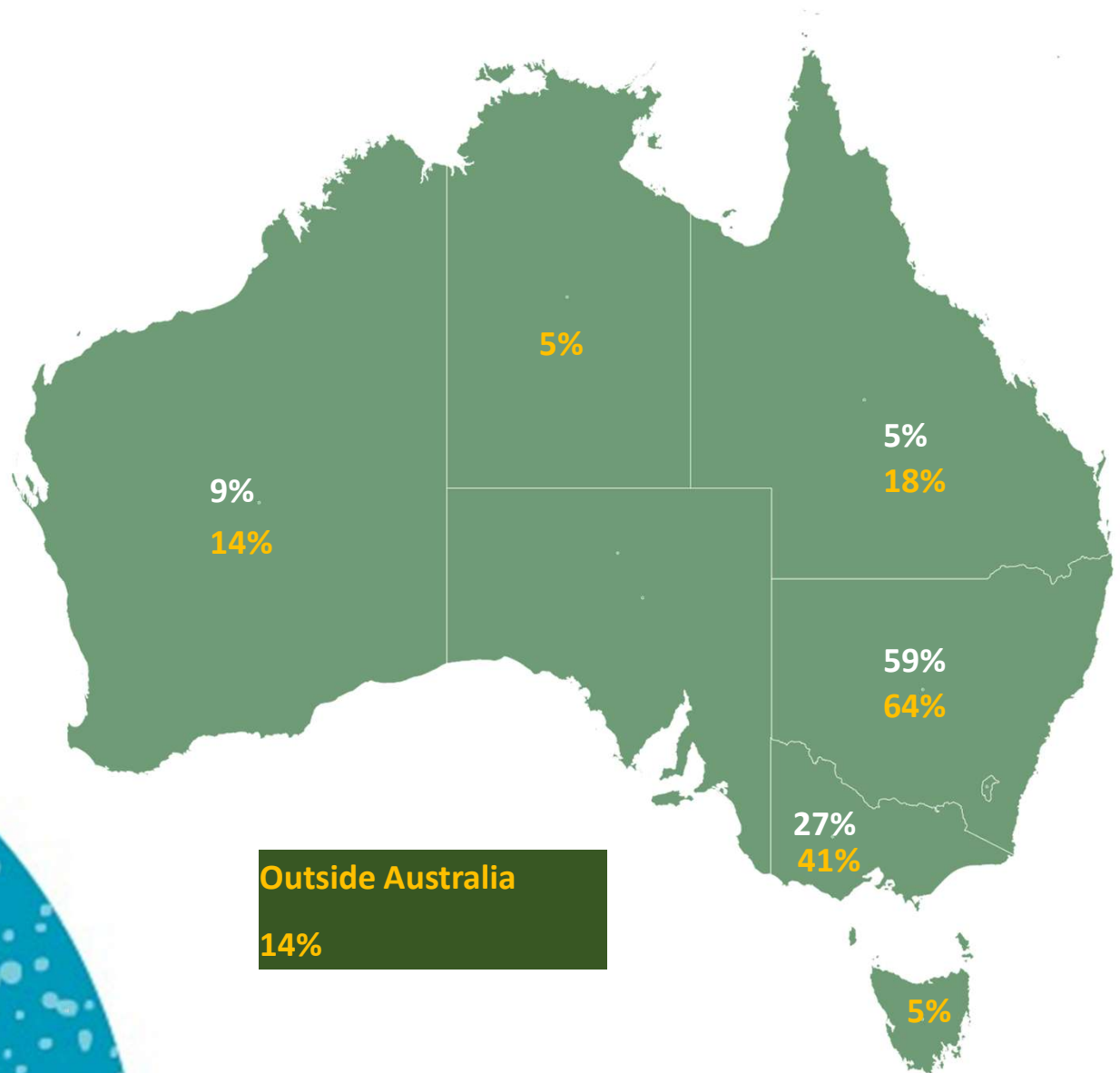
Fully registered psychologists:

Neuropsych n=89	Non-neuropsych n=316
4 neuropsych masters students 85 working or looking for work	17 students • 17 masters leading to endorsement (16 clinical) • 2 research 297 working or looking for work • 167 clinical endorsement • 18 other endorsement • 112 no endorsement

Participant location – provisional psychologists (neuropsychs)

White = current location

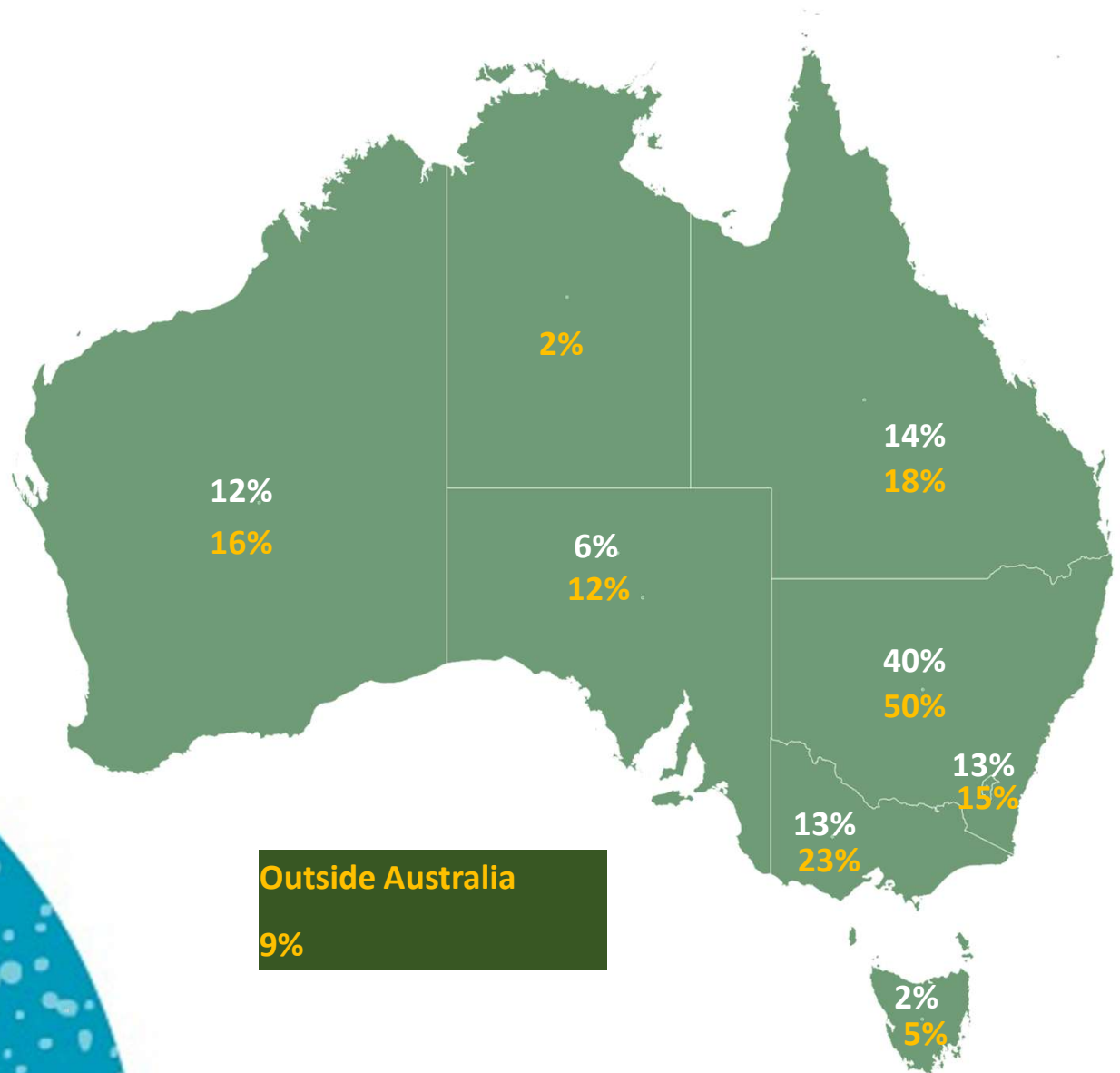
Yellow = planning to work



Participant location – provisional psychologists (non- neuropsychs)

White = current location

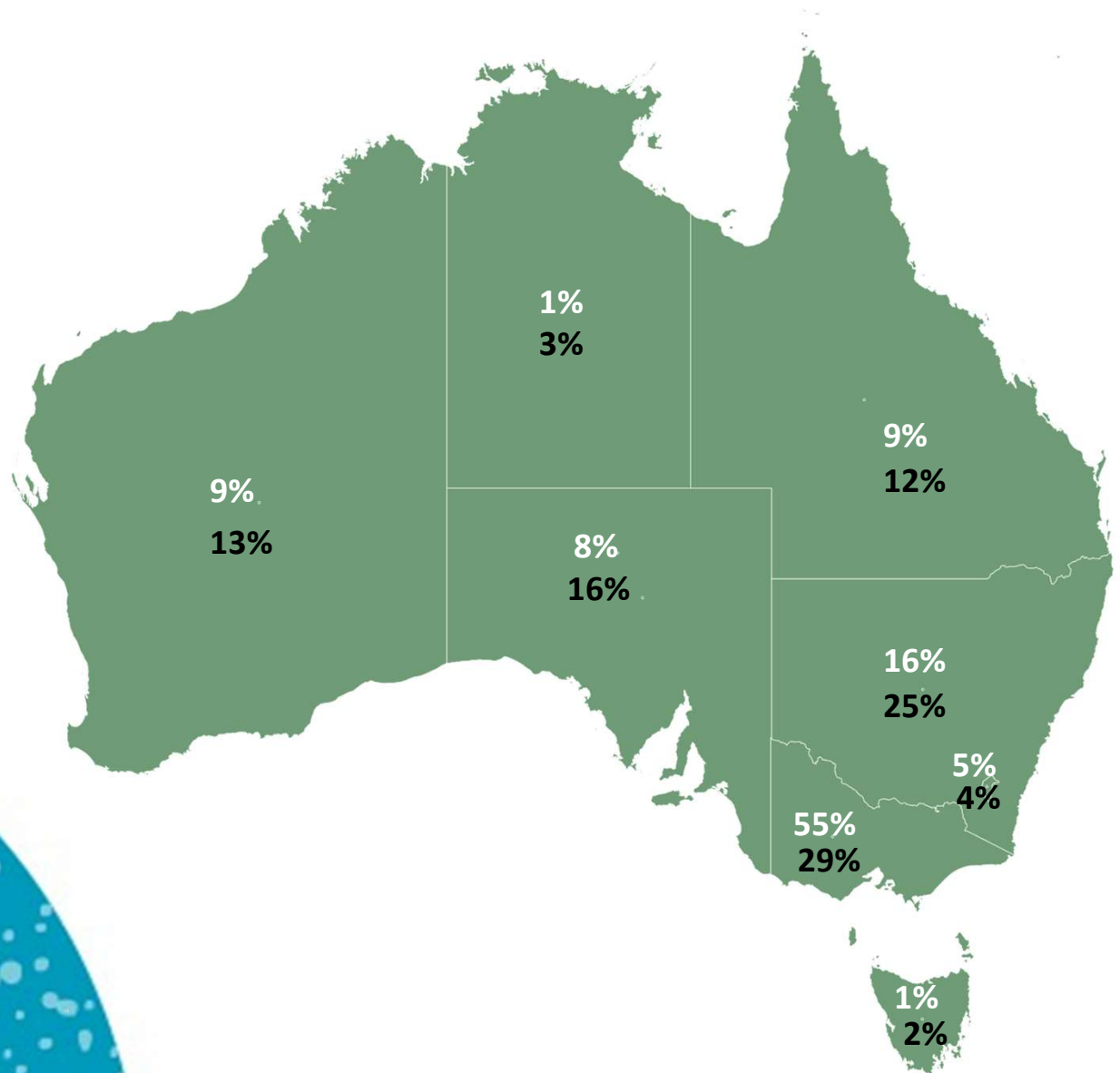
Yellow = planning to work



Participant location – fully registered psychologists

White = neuropsychologists

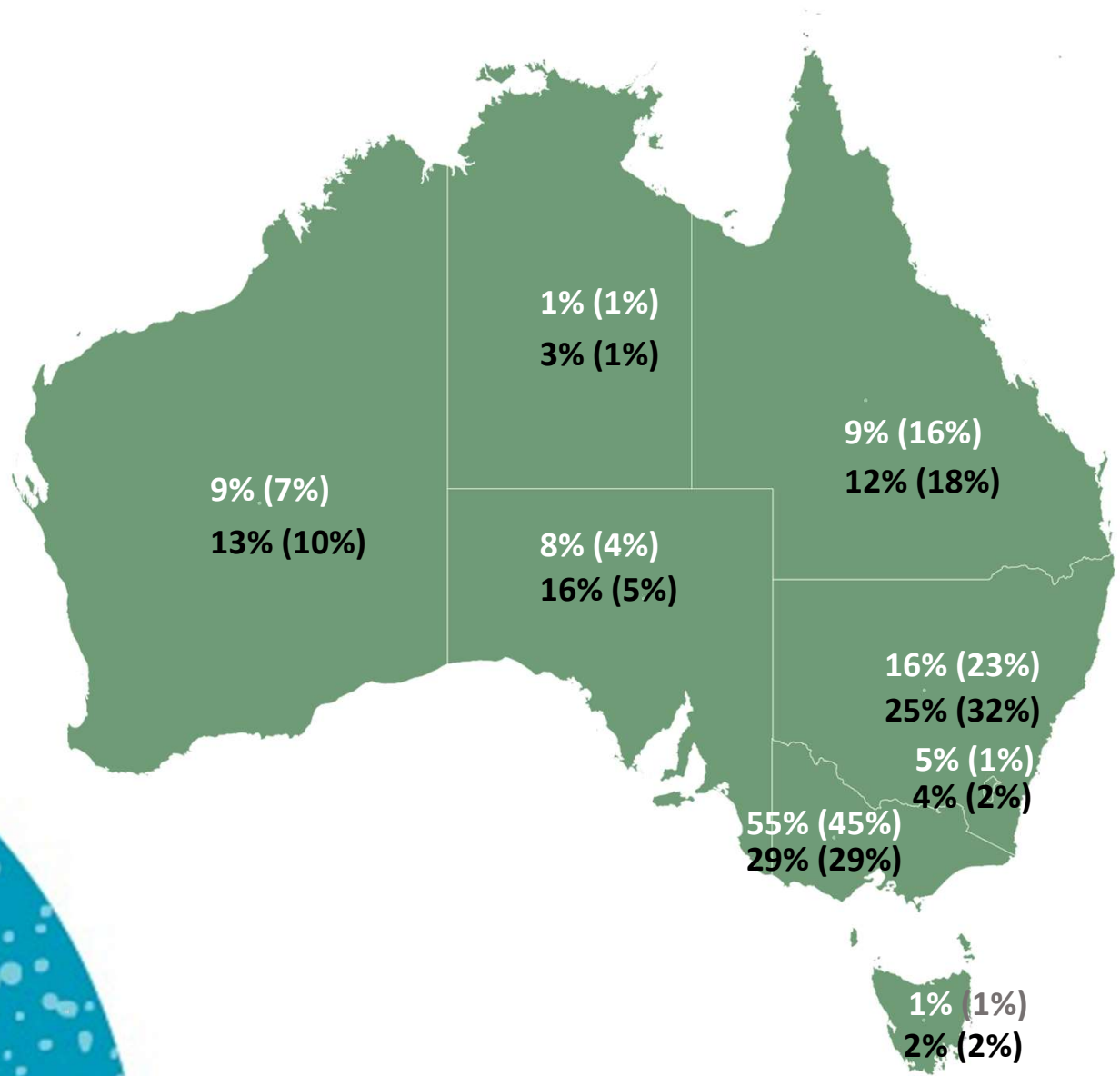
Black = non-neuropsychologists



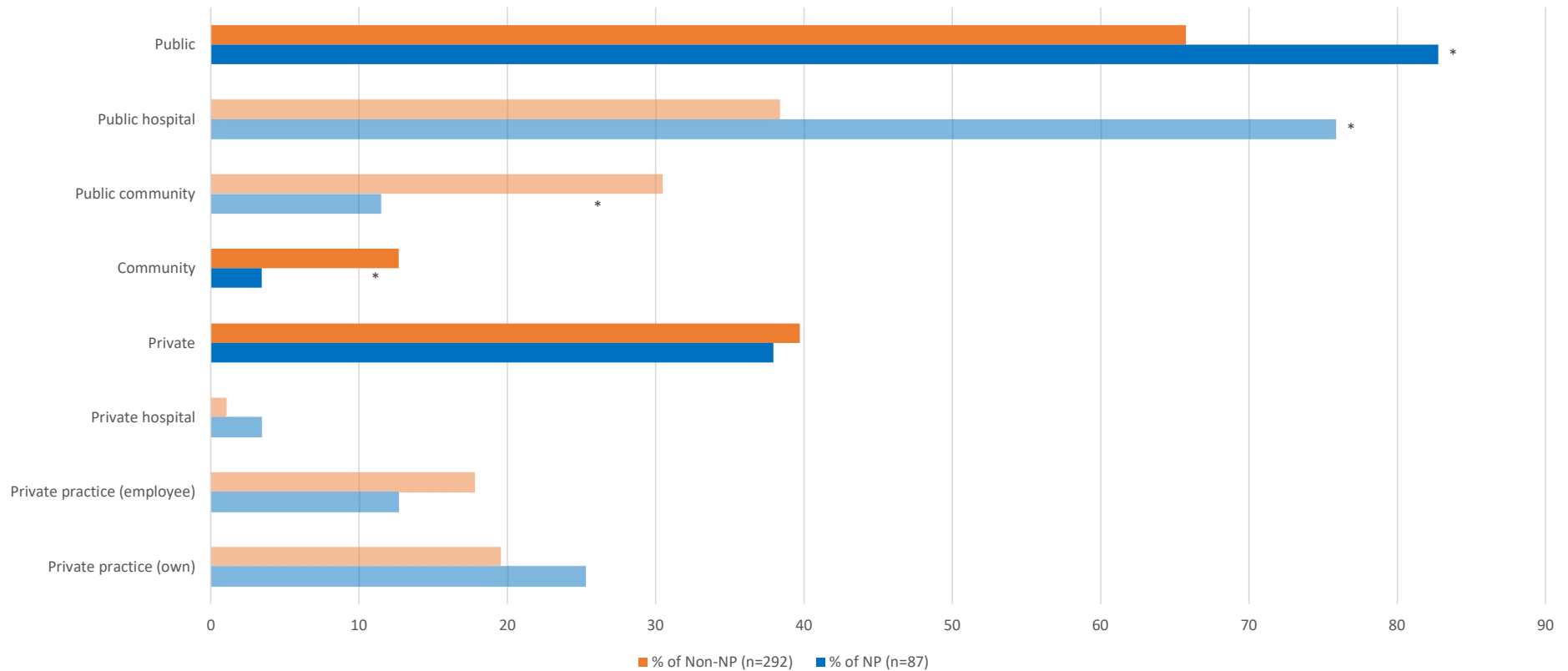
Participant location – fully registered psychologists

White = neuropsychologists sample
(population)

Black = non-neuropsychologists sample
(psychology population)

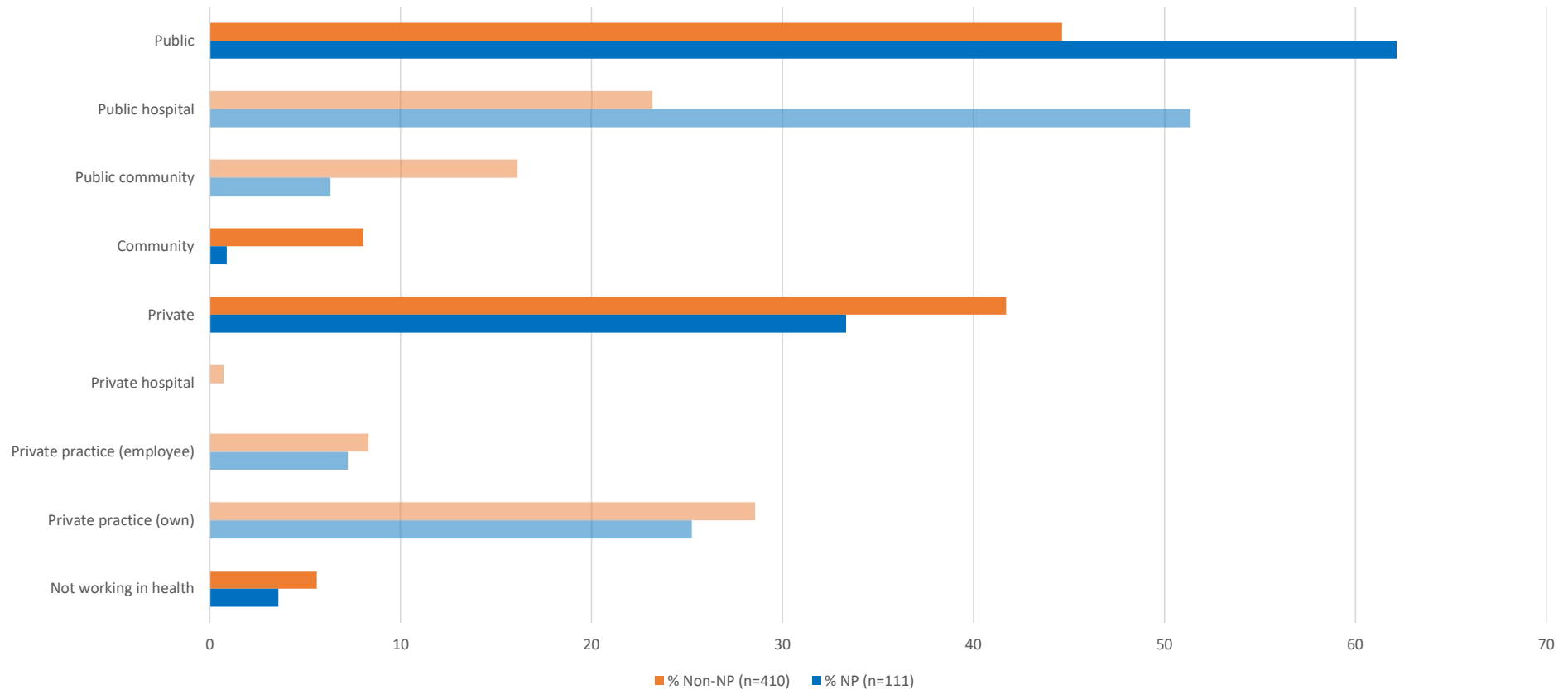


Current work sector (multiple responses allowed)



NP group more likely to work in public health sector (small effect size). More likely to work in public hospitals (moderate effect size) and less likely to work in public community health (small effect size).

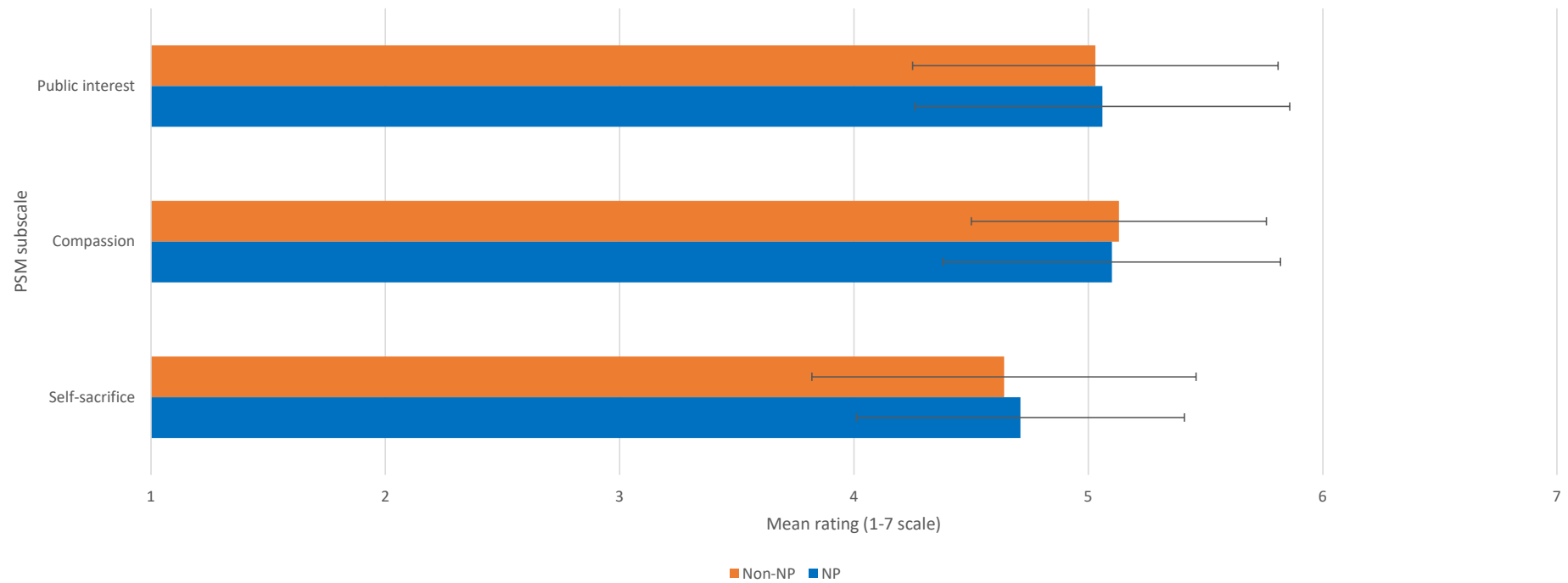
10-year aspirations



10-year aspiration not predicted by career seniority (years since registration) in logistic regression with fully registered psychologists ($\chi^2(1, N=352)=3.12, p=.077$, Nagelkerke $R^2=.012$).

Public sector motivation: descriptives

No sig difference between NP and non-NP groups, with small effect sizes



PSM & 10-year aspiration (public vs private)

Neuropsychology sub-sample, N=106

No aspect of PSM predicts sector preference for the neuropsychology sub-sample

Logistic regression

$\chi^2(3) = 3.94, p = .268$

Nagelkerke $R^2 = .050$ (very small effect)

MANOVA (cross-check)

Pillai's $V = .036, F(3,102)=1.25, p = .295$

PSM & 10-year aspiration (public vs private)

Whole sample, N=460

Only commitment to public interest uniquely predicts aspiration; PSM explains a small share of variance overall.

Logistic regression

$\chi^2(3) = 22.69, p < .001$

Nagelkerke $R^2 = .064$ (small effect)

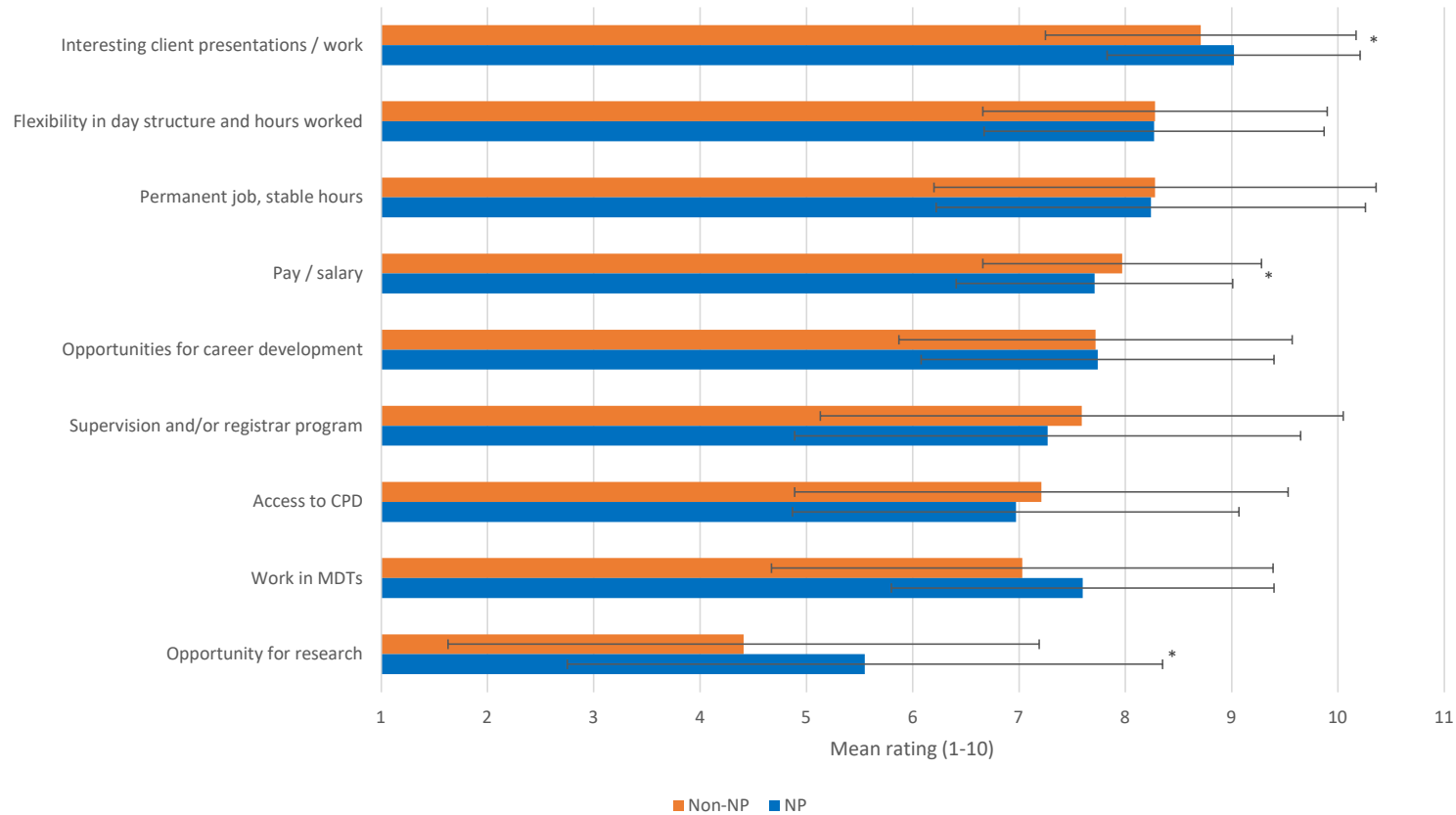
MANOVA (cross-check)

Pillai's $V = .048, F(3,456)=7.71, p < .001$

Predictor	OR (Exp B)	p		MANOVA
Commitment to public interest	1.87 [1.31, 2.67]	< .001	↑ odds of public	sig.
Self-sacrifice	1.03 [.75, 1.41]	.877		sig. *

* Self-Sacrifice was significant in the MANOVA but not the logistic regression — likely because it overlaps heavily with Commitment ($r=.69$), so its effect becomes redundant once Commitment is in the model.

Work-related values: descriptives



- Sig. differences between non-NP and NP groups (small effect sizes).

Most variables were skewed but large sample so Welch t-test used.

Work values & 10-year aspiration (public vs private)

Neuropsychology sub-sample, N=106

Valuing working in MDTs and stable job/hours predicts aspiration to work in public sector, whereas valuing flexibility and interesting client presentations predicts aspiration to work in private sector.

Logistic regression

$\chi^2(9) = 43.62, p < .001$

Nagelkerke $R^2 = .465$ (strong effect)

MANOVA (cross-check)

Pillai's $V = .328, F(9, 96) = 5.20, p < .001$

Predictor	OR (Exp B)	p		MANOVA
Seeing interesting client presentations	.567 [.326, .988]	.045	↓ odds of public	
Flexibility	.479 [.300, .764]	.002	↓ odds of public	sig.
Work in MDTs	1.841 [1.260, 2.690]	.002	↑ odds of public	sig.
Stable job	1.667 [1.223, 2.270]	.001	↑ odds of public	sig.

* Pay/salary was significant in the MANOVA but not the logistic regression. Likely due to shared variance with other predictors in the regression model..

Work values & 10-year aspiration (public vs private)

Whole sample, N=460

Valuing working in MDTs and stable job/hours predicts aspiration to work in public sector, whereas valuing pay/salary, access to CPD and high or low valuation of flexibility predicts aspiration to work in private sector.

Logistic regression

$\chi^2(10) = 111.958, p < .001$

Nagelkerke $R^2 = .289$ (moderate effect)

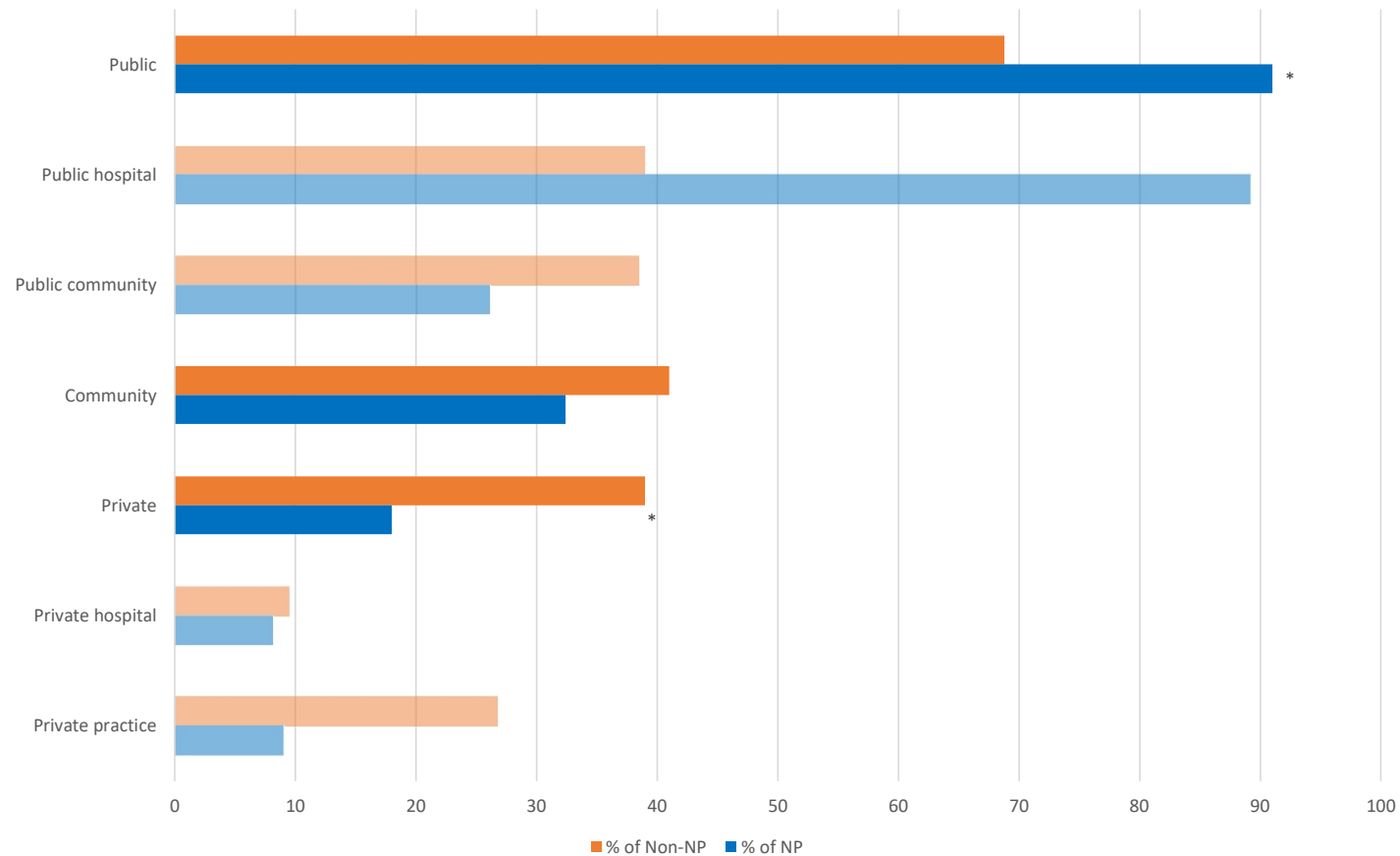
MANOVA (cross-check)

Pillai's $V = .205, F(9, 450) = 12.91, p < .001$

Predictor	OR (Exp B)	p		MANOVA
Pay/ salary	.786 [.655, .945]	.010	↓ odds of public	sig.
Flexibility (linear + quadratic)	.669 [.536, .794] .918 [.859, .982]	<.001 / .012	Curvilinear pattern (odds of public peak at ~5.9)	sig.
Work in MDTs	1.398 [1.246, 1.570]	<.001	↑ odds of public	sig.
Access to CPD	.857 [.757, .971]	.016	↓ odds of public	
Stable job	1.298 [1.142, 1.476]	<.001	↑ odds of public	sig.

* Supervision/ registrar program and opp for research were significant in the MANOVA but not logistic regression. Likely due to shared variance with other predictors in the regression model.

Placement experience: descriptives



* Sig. differences between non-NP and NP groups (small effect sizes)

Placements & 10-year aspiration (public vs private)

Neuropsychology sub-sample, N=106

Inconclusive due to a power/range limitation. 96 of 106 neuropsychologists (90.6%) completed a public placement.

Placement sector	χ^2 (df)	P
Public	$\chi^2(1, 106) = 0.13$	.722
Community	$\chi^2(1, 106) = 3.25$	.071 (Fisher's exact p = .084)
Private	$\chi^2(1, 106) = 0.28$	.596

Finer-grained placement categories (hospital vs. community vs. practice type) crossed with finer-grained aspiration groupings produced cells too sparse to test reliably. Both variables were collapsed to binary (placement in sector: yes/no; aspiration: public/private) before testing.

Placements & 10-year aspiration (public, community, private, not health)

Whole sample, N=521

Placement sector	χ^2 (df)	P	Cramer's V	
Public	$\chi^2(3) = 22.86$	< .001	.209 (small effect)	<i>More likely to aspire to public sector work (53.8% vs. 33.3% for no public placement) and less likely to aspire to private sector work (34.7% vs. 54.3%)</i>
Private	$\chi^2(3) = 11.86$	.008	.151 (small effect)	<i>More likely to aspire to private sector work (49.4% vs. 34.9%) and less likely to aspire to public sector work (42.2% vs. 51.6%)</i>

But... is this because different endorsements are more likely to do placements and work in particular sectors?

Placement sector	χ^2 (df)	P	Cramer's V
Public x endorsement	$\chi^2(3, 484) = 34.20$	< .001	.266
Community x endorsement	$\chi^2(3, 484) = 6.30$	.098	.114
Private x endorsement	$\chi^2(3, 484) = 21.90$	< .001	.213

90.2% of neuropsychologists did a public placement while only 17.6% did a private one. 57.5% of general psychologists did a public placement and 47.8% did a private placement.

Placements & 10-year aspiration (public vs private)

Whole sample, n=427

Public sector placement predicts public aspiration *independent of endorsement type* (it's not just that neuropsychologists happen to do public placements and also aspire to public work).

Private placement's association appears to be largely explained by which endorsement types do private placements, rather than a standalone effect of the placement experience.

Community placement shows no association.

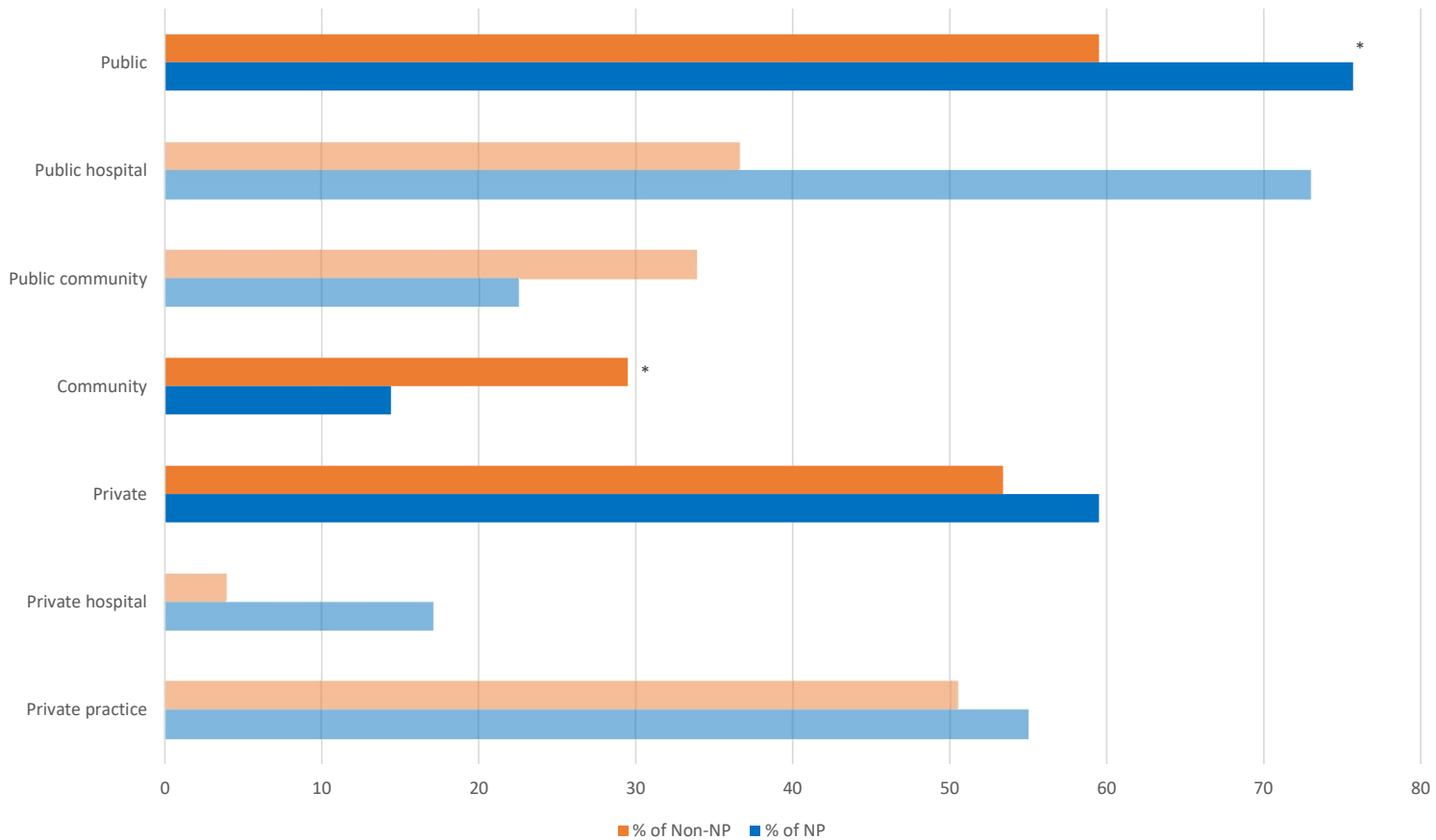
Logistic regression (placement + endorsement -> aspiration)

$\chi^2(5, N=427) = 22.25, p < .001$

Nagelkerke $R^2 = .068$ (small effect)

Predictor	OR (Exp B)	p
Public placement	2.07 [1.288, 3.316]	.003
Private placement	.69 [.452, 1.041]	.076

Work experience: descriptives



* Sig. differences between non-NP and NP groups (small effect sizes)

Work & 10-year aspiration (public vs private)

Neuropsychology sub-sample n=108

For neuropsychs, having worked in the private sector is a powerful predictor of long-term private aspiration. Years worked in the sector doesn't add any further predictive power.

Work sector	χ^2 (df)	P	Cramer's V	
Public	$\chi^2(1, 106) = .543$	.461	.072	
Community	$\chi^2(1, 106) = 1.064$	.302	.100	
Private	$\chi^2(1, 106) = 11.95$	< .001	.336	Having worked in private is associated with 48.4% private aspiration, compared to just 15.9% private aspiration among those who haven't worked in private

Logistic regression (years working in public)

$\chi^2(1,79)=.244$, $p=.621$

Nagelkerke $R^2=.004$ (very small effect)

OR=1.02, 95% CI [.95, 1.09], $p=.623$

Logistic regression (years working in private)

$\chi^2(1,61)=1.23$, $p=.267$

Nagelkerke $R^2=.027$ (very small effect)

OR=.94, 95% CI [.83, 1.06], $p=.279$

Work & 10-year aspiration (public, community, private, not health)

Whole sample, N=521

Work sector	χ^2 (df)	P	Cramer's V	
Public	$\chi^2(3) = 31.03$	< .001	.244	Worked public → 55.5% public, 32.9% private (vs never: 36.3% public, 51.8% private)
Community	$\chi^2(3) = 33.92$	< .001	.255	Worked community → 32.8% public, 15.3% community, 44.5% private (vs never: 53.9% public, 3.4% community, 38.3% private)
Private	$\chi^2(3) = 40.12$	< .001	.277	Worked private → 37.5% public, 50.2% private (vs never: 61.4% public, 27.5% private)

But... is this because different endorsements are more likely to work in particular sectors?

Work & 10-year aspiration (public vs private)

Whole sample

Work sector	χ^2 (df)	P	Cramer's V
Public x endorsement	$\chi^2(3,484)=9.16$	.027	.138
Community x endorsement	$\chi^2(3,484)=10.69$	.014	.149
Private x endorsement	$\chi^2(3,484)=2.55$	.467	.073

76.5% of neuropsychologists have worked in public while only 13.7% have worked in community.

Logistic regression (work + endorsement -> aspiration)

$\chi^2(6, N=427)=65.26, p<.001$

Nagelkerke $R^2 = .190$ (modest to moderate effect)

Predictor	OR (Exp B)	P
Public work	3.17 [1.98, 5.05]	< .001
Private work	.27 [.17, .42]	< .001

Work & 10-year aspiration (public vs private)

Whole sample

Work experience — particularly in the public and private sectors — is a robust, profession-independent predictor of long-term career aspiration.

Logistic regression (years working in public)

$\chi^2(1,285)=7.787$, $p=.005$

Nagelkerke $R^2=.037$ (small effect)

OR=1.049, 95% CI [1.013, 1.085], $p=.007$

=> each additional year of public-sector experience was associated with approximately a 5% increase in the odds of public-sector aspiration

Logistic regression (years working in private)
 $\chi^2(1,61)=1.574$, $p=.210$

Nagelkerke $R^2=.009$ (very small effect)

OR=.971, 95% CI [.926, 1.018], $p=.226$

Logistic regression (years working in community)
 $\chi^2(1,100)=.282$, $p=.596$

Nagelkerke $R^2=.004$ (very small effect)

OR=1.026, 95% CI [.933, 1.128], $p=.596$

Summary

Work values and work experience are the strongest predictors across both the whole sample and the neuropsychology subsample.

Work values explain nearly half the variance in NP aspiration ($R^2=.465$). Valuing working in MDTs and job stability predict public sector aspiration. Valuing seeing interesting client presentations and flexibility predict private sector aspiration.

Simply having worked in the private sector cuts the odds of public aspiration by ~91% in neuropsychs (robust to years since registration).

Placements matter: Public-sector placement independently predicts later public aspiration (robust to AoPE), but this can't be detected within neuropsychology because almost all NP trainees do a public placement.

PSM plays a narrow role: Only the "commitment to public interest" facet of PSM predicts aspiration, and only in the broader sample (not neuropsychology sub-sample).

Data yet to be analysed

Rural/ remote

Qualitative information on what is valued about different work sectors

Student immediate aspirations and current work sector

Current work satisfaction and intent to stay