

# BUILDING A MENTAL HEALTH WORKFORCE FOR THE FUTURE



## Summary

Successfully expanding and improving mental health care provision is contingent on building a workforce for the future. Decisions made now will affect the type and volume of support people will get in a decade's time.

The NHS's Long Term Workforce Plan sets a big ambition about the numbers of people who will need to be trained and employed within NHS mental health services over the coming years.

This briefing note provides reflections from a roundtable co-hosted by Centre for Mental Health, Mind and the NHS Confederation's Mental Health Network that explored how to build the mental health workforce we need for the future, using the Workforce Plan as its starting point.

Implementing the Workforce Plan will be a huge challenge for our education, health and care systems. Continuing to grow the workforce at the necessary pace and scale is a major undertaking in itself.

But it's not just about numbers. We need to build a workforce for the future, with new and different skills and ways of working alongside existing roles. We need a workforce that's able to address inequalities and meet everyone's needs equitably. That means we need a more diverse workforce, trained differently to the ways it has been educated previously.

We need to create new and varied career paths in mental health care, giving people more scope to move between sectors and settings. We need to place equal value on work in local government, the voluntary and community sectors, and independent providers, to that in the NHS. And we need to support the wellbeing and retention of the mental health workforce, with decent pay, working conditions and environments.



# INTRODUCTION

Building the workforce we need for the future is at the heart of closing the gaps in our mental health care system, including:

- ⦿ **The treatment gap:** Two-thirds of people with common mental health problems do not receive formal support for them, and waiting lists for mental health services remain high despite the recent expansion in the NHS workforce
- ⦿ **The quality gap:** Some mental health inpatient services have very high bed occupancy rates as well as high staff sickness and vacancy levels that make it much harder to deliver high-quality care
- ⦿ **The equality gap:** Groups experiencing the poorest mental health often have the least access to effective early help. This is reflected in lower rates of access to talking therapies and higher rates of Mental Health Act use among Black and other racialised communities
- ⦿ **The life expectancy gap:** People with a mental illness have a 15-20 year shorter life expectancy than average, and are five times more likely to die before the age of 75.

Centre for Mental Health co-hosted a roundtable meeting with Mind and the NHS Confederation's Mental Health Network in November 2023 to discuss the challenge of building a mental health workforce for the future. We brought together people from across the health and care system, representing different professions and organisations, as well as lived experience, to look at how this expansion and transformation can be achieved in practice. This briefing paper summarises the insights we took from the roundtable and explores the challenges and opportunities that lie ahead.

The NHS's Long Term Workforce Plan (NHS England, 2023) sets a big ambition about the numbers of people who will need to be trained and employed within NHS mental health services over the coming decade. It notes the particular challenge facing mental health nursing, where numbers haven't risen as much as other professional groups since 2019 and where retention remains a very significant challenge.

Implementing the Plan will be a huge undertaking for our health and care system. It requires a marked and speedy expansion in training places for a range of mental health roles. But it also needs sufficient capacity for placements, for new and expanding roles as well as in the more established professions, for career development opportunities and action to bolster the retention of staff. It requires social care and the voluntary sector – which were not included in the Plan – to grow alongside the NHS, and the creation of a workforce that is more representative of the communities it serves to provide more equitable mental health care. We need to build a mental health workforce that reaches beyond its traditional boundaries (working in primary care, schools, youth clubs and more), and a wider health and care workforce that has some mental health skills and knowledge – for example in physical health care, in housing, in schools, and in communities.

In other words, we don't just need a bigger mental health workforce – we need a transformation in the ways people are trained, employed and enabled to flourish in their jobs and careers (Think Ahead, 2023). We need a workforce for the services of the future, which may look quite different to what we have now.

# THE WORKFORCE CHALLENGE

Having a big enough workforce to meet the growing mental health care needs of the population is one of the major challenges the NHS and its partners in local government face today. The last five years has seen an expansion in the NHS mental health workforce, which has offset reductions seen in the earlier half of the 2010s. The largest professional group in mental health care – nursing – has, however, seen the smallest rise in numbers since 2019 (NAO, 2023).

Expanding the workforce is about a lot more than recruiting and training new people. It's also about retaining those who already work in mental health care. And the current picture here is worrying, especially in inpatient services. Systems that permit bullying, racism and blame cultures to persist, combined with inflexible working conditions, make it much harder for the NHS to retain its workers, at a heavy cost to us all. In the wake of the pandemic, the cost-of-living crisis, industrial action, and rising pressures on mental health services, much of the workforce is understandably burnt out and struggling to get by after many years of stagnant wages and austerity policies across the public sector.

And it's not just the NHS mental health workforce that needs attention. There is a large and diverse workforce in local government, in the voluntary and community sector, and in independent providers, that is just as important. Yet these are too often on the margins of policy and investment decisions, to the detriment of the system as a whole. Social care, in particular, has been made invisible, with inadequate investment in the workforce compounding its marginalisation (Think Ahead, 2023). Fragmented workforce planning across government departments and agencies has left us without a consistent and coherent plan for all sectors.

In the sections below, we explore some of the key areas where attention is required to close the gaps and create the workforce we need for the future, drawing on the contributions of participants at the roundtable meeting.

## **RECRUITMENT**

Growing awareness and literacy about mental health, especially among young people, creates an opportunity for attracting more people into the mental health professions. The **Choose Psychiatry** campaign has demonstrated that reaching out can attract more people into the field. But for some professions, structural barriers, such as high costs of training, and perceptions that certain professions are only open to particular social groups, stand in the way of people from diverse backgrounds joining them. Stigma also continues to be a barrier to some professions, for example those working in substance use services. But we can turn this around by building the 'brand' of mental health careers, showing the rewarding, diverse and challenging jobs that are available in the sector.

Addressing these barriers to recruiting people from every section of society is essential for the success of the *Advancing Mental Health Equalities* strategy and creating a more diverse and representative workforce over the next decade (NHS England, 2020).



## **TRAINING**

There are ambitious plans to expand training places across a range of specialties. This is an opportunity not just to do more of the same, but to change the ways people are trained. This may include more opportunities for multi-disciplinary training (bringing different professional groups together for shared learning), a greater focus on social models and interventions, and ensuring that mental health forms a part of all health and care professionals' training (as part of a wider effort to end the mind-body dualism that creates so much inequality in our health and care system). And crucially, user experience needs to inform and guide training, with lived experience seen as a valued asset among people entering training.

Expanding training places necessitates a similar expansion in placements, which also requires supervision from existing staff members. Placements currently tend to be limited to a narrow range of settings – usually inpatient services in the NHS. And with many services struggling to keep up with demand, it can be difficult to supervise and support trainees or apprentices (which requires more experienced staff). Expanding the range of placements, for example into the voluntary and community sector, and with independent sector providers, would give trainees a wider worldview as well as increasing capacity within the system as a whole.

## **A CURRICULUM FOR THE FUTURE**

In addition to expanding training opportunities across the workforce, we must work towards the development of curricula that are fit for both today's challenges and, crucially, those of the future. A modernised curriculum would embrace the growing levels of complexity in people's lives, building confidence and knowledge in a wide range of social as well as clinical interventions (Centre for Mental Health, 2023). It would ensure mental health practitioners can effectively and holistically meet the needs of those with multiple conditions, particularly neurodiversity, substance use, or physical health problems, alongside mental ill health (Pollard and Bell, 2022).

A curriculum for the future would also recognise the importance of digital technologies in our lives and would take advantage of this to improve people's care and experiences (Centre for Mental Health, 2022). This would see the roll out of evidence based digital interventions, safe and effective use of artificial intelligence and digital wearables, and the use of digital systems to drive efficiency and innovation.

## **RETENTION AND CAREER DEVELOPMENT**

Attrition remains a major challenge, especially in inpatient services, and most acutely among nursing staff. Understanding why people leave and what would help them to stay is vital to improve retention. This may include practical issues such as flexible working arrangements as well as support for the wellbeing of staff members (in what can be traumatic environments) and career opportunities that enable people to stay motivated and build their own pathways.

Career progression is often seen as being about rising through management hierarchies. For some, however, it may be more about working in new ways or learning new skills. That may include periods of time working in the voluntary or independent sector, or working in different settings such as schools or primary care. For people working in inpatient and crisis services, for example, this may mean more opportunities to work in other settings, to make the 'emotional load' of their work more sustainable. It's vital that people can move seamlessly between sectors while retaining their professional roles and their pay and pension entitlements.



Mental health nurses are the largest component of the workforce and the most diverse – so creating opportunities and career pathways for nursing staff is vital for services to be sustainable long term. The Royal College of Nursing is taking the initiative in expanding training in psychosocial interventions for its members (Jones, 2023).

## **WELLBEING**

The wellbeing of the mental health workforce (and the health and care workforce more generally) continues to be undervalued and poorly served. Some of the support that was offered in the wake of the pandemic has been withdrawn or scaled back, yet the trauma and burnout that are consequent from it have not ended.

For many workers, the ongoing impacts of the cost-of-living crisis, high vacancy and sickness absence rates, and continued industrial action, are piling the pressures ever higher. There may be particular wellbeing pressures for members of the workforce who have been recruited internationally, and their perspectives on what would help must be heard and acted upon.

It's therefore vital that wellbeing support covers the whole workforce and that it has protected funding for as long as it is needed; not just as an immediate response to the harm caused during the pandemic but in recognition that the need continues to be acute and serious for many.

## **NEW ROLES**

Mental health services are innovating across the country in the development of their workforce. The last decade has seen the creation and expansion of new roles, from the expansion of peer support and experiential practice roles (Gilbert, 2023) to the development of housing (Pritchard, 2021) and employment specialists (Hutchinson, 2022). Many of the new roles are coming from voluntary and community sector providers, which have greater flexibility in the types of position they can create.

This must not, however, be about substituting for existing professional roles with cheaper alternatives, but about creating a more holistic offer that meets people's needs more effectively. There is evidence that peer support, in diverse forms, can provide a distinctive contribution that complements other roles, as well as creating a wide range of career pathways for people who bring expertise from personal experience to mental health services (Watson and Repper, 2022).

## **LEADERSHIP**

Effective leadership is crucial to the future of the mental health workforce. We need inclusive leaders who can build compassionate organisations. And we need greater diversity in leadership roles across the sector, breaking the barriers that prevent too many people from marginalised groups from fulfilling their potential as leaders. That also means boosting experiential leadership, and valuing the roles of people with lived and living experience at senior levels within mental health organisations (Gilbert, 2023).

## **THE VOLUNTARY AND COMMUNITY SECTOR**

Voluntary and community organisations already have a substantial workforce and an increasing role in statutory service provision, yet this is poorly recognised in NHS workforce planning. Contracting arrangements with voluntary, community and social enterprise (VCSE) organisations undervalue the skills and competencies the sector brings, leaving organisations with little capacity to invest in their infrastructure and workforce (Bell and Allwood, 2019). There remains a ‘chasm’ in pay between the NHS and VCSE, which not only disadvantages VCSE staff but makes it much harder for statutory sector staff to move between sectors.

## **THE WIDER WORKFORCE**

Mental health specialists will always be in shorter supply than we are likely to need. But by building a wider workforce with some mental health knowledge and skill, we can meet many more people’s needs. From skill-sharing arrangements with faith and community organisations to skilling-up workers in long-term conditions services, maternity and general practice (among others) we can expand the overall capacity of the system while retaining mental health specialists to provide support to those who need it most. This also tackles the artificial separation of mental and physical health – enabling practitioners in other services to ‘ask how I am’ and have conversations with people being treated for long-term conditions about their mental wellbeing (Centre for Mental Health and National Voices, 2021).

## **SYSTEM CHANGE**

We need to plan now for the workforce we’ll need in the years to come, which means thinking about what services should look like in that time and building a workforce to match that. This may mean less reliance on inpatient services, or different types of inpatient and community service that meet people’s needs more effectively than existing patterns of provision. The current division between inpatient and community services (and the people who work in each) may no longer be so relevant in a decade’s time (Pollard and Bell, 2022).

The mental health workforce stretches across sectors and employers – from the NHS (including in primary care, community and acute sectors) to local government, VCSE and independent sectors. Locally, integrated care boards and partnerships could use their convening role to bring organisations together, marshal their collective resources, and find new solutions to build both the specialist and wider mental health workforce to meet population mental health needs more effectively.



## **IMPLICATIONS FOR POLICY AND IMPLEMENTATION**

The NHS has demonstrated in the last five years that it can grow its mental health workforce in the most challenging of times (NAO, 2023). But as with the expansion and reform of mental health services, the progress that has been made so far must be sustained to meet the needs of the population adequately and equitably.

Nationally, this will require a commitment to sustain extra investment into mental health services so that they can grow to meet rising demand. Without additional funding, the achievements of the Long Term Plan period are at risk of being undermined. Investment should be made not just in NHS funded mental health services but in local government funded support, including public health and social care.

Across the country, expansion and reform will require a collective effort from professional bodies, higher education institutions and other training providers, health and care employers, and integrated care boards to build the workforce for the future. Changing curricula, creating new roles, expanding placement options, and recruiting from a wider base will require both a deep commitment to change and significant investment. Enabling people to build careers across sectors and settings, offering more flexible working arrangements, and improving wellbeing at work will all bring major benefits to employers long term, but it will take sustained effort to change ingrained processes and practices.

At system level, this will require health, care and education bodies to come together to plan for their future mental health workforce, taking steps now that will build the foundations for five to ten years' time. From engaging local schools and colleges, to offering new opportunities for older workers to retain their skills and knowledge, a collaborative approach will help to maximise the potential of the future workforce.

## **PARTICIPANTS**

Our roundtable brought together participants from organisations including:

- ⊙ Centre for Mental Health
- ⊙ Cygnet
- ⊙ Department of Health and Social Care
- ⊙ Mind
- ⊙ NHS Confederation's Mental Health Network
- ⊙ NHS Employers
- ⊙ NHS England
- ⊙ North East and North Cumbria Integrated Care Board
- ⊙ Royal College of Nursing
- ⊙ Think Ahead
- ⊙ Turning Point
- ⊙ Unite the Union.

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