

Research report October 2020

# Laying foundations

## Attitudes and access to mental health nurse education

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Commissioned and supported by



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## About the report

With one in four people likely to be affected by mental or neurological conditions at some point in their lives, it is more important than ever that people have access to good mental health care by qualified professionals. Mental health nurses account for over a third of the mental health workforce in England and work across a wide range of health and care settings. Yet for a variety of reasons, the pipeline of people choosing to study and qualify to become a mental health nurse is unable to meet sharply rising demand for this service. This new report, commissioned by NHS Employers and the Mental Health Network, looks at ways more people might be attracted to apply to study mental health nursing – and reasons why numbers are currently limited.

### Suggested citation

Palmer W, Hutchings R and Leone C (2020) *Laying foundations: attitudes and access to mental health nurse education*. Report, Nuffield Trust.

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## Acknowledgements

We are grateful to the individuals who took part in our study. In particular, we would like to thank Jessica Sainsbury and Sam Turner (both RCN UK Students Committee), Nadia Butt (Council of Deans of Health) and Julie Attenborough and Dr Louise Phillips (City University) for helping to arrange our engagement with students. Similarly, we are grateful to those on our steering group (a full list of members can be found in the Appendix). Special thanks go to Michelle Wayt, Danny Mortimer (both NHS Employers) and Alex Stewart (NHS Confederation) for their input into the research design and support throughout the study. Further thanks go to our reviewers who gave feedback on an earlier version of this report: Dr Nigel Harrison (University of Central Lancashire) and Professor Steven Prymachuk (University of Manchester). Ellie Gordon (Health Education England) also kindly provided comments on the draft recommendations.

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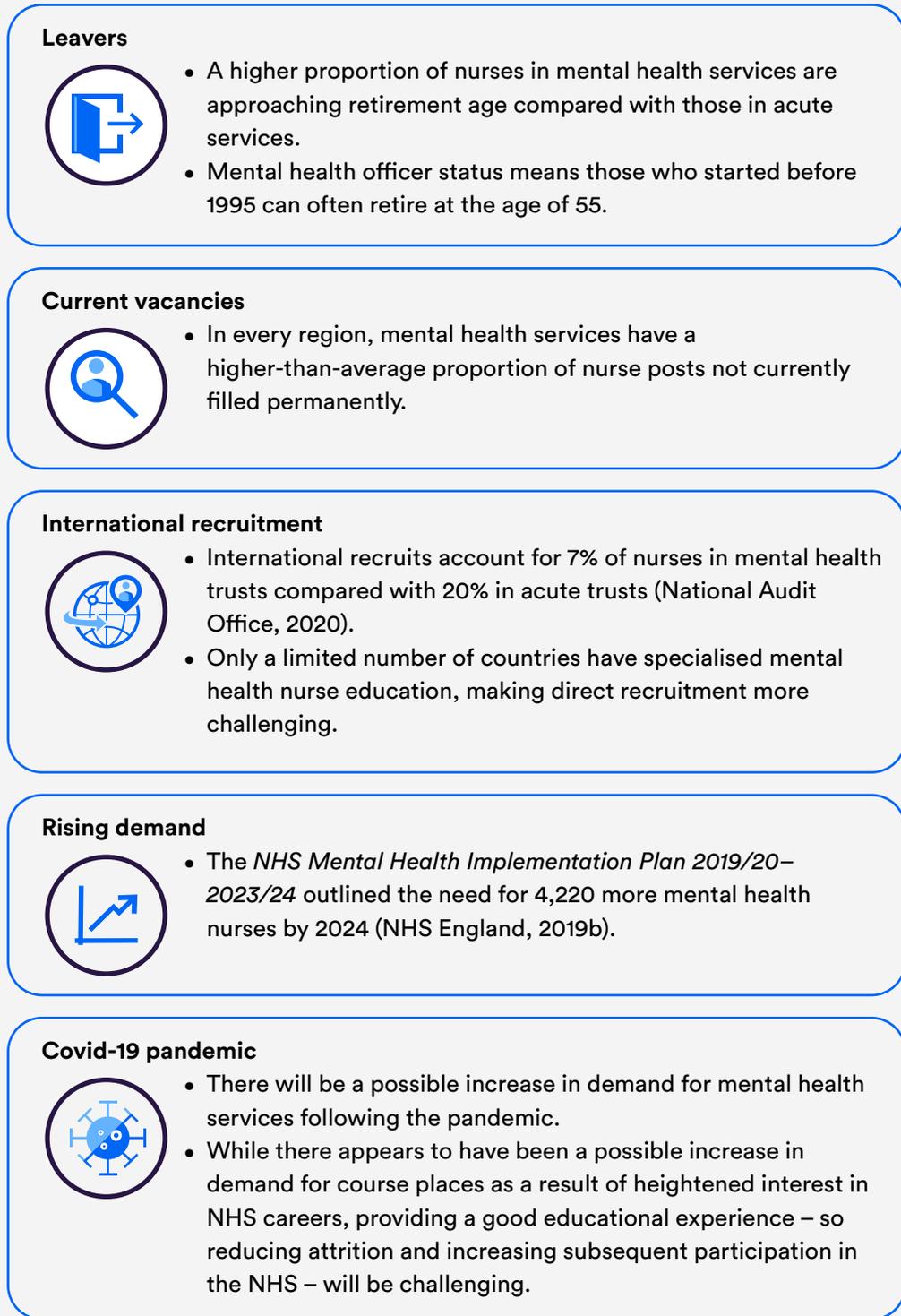
# Summary

## Introduction

Mental health nurses are vital to the delivery of mental health services. In England, around 37,400 full-time equivalent mental health nurses were employed by NHS hospital and community services in February 2020 (NHS Digital, 2020b), accounting for more than a third of the mental health workforce (NHS Digital, 2018). Mental health nurses work across a variety of settings, including specialist units, private and voluntary services, local authorities, GP surgeries and patients' own homes. They also specialise in a wide range of areas, including working with children and adolescents, working in drug and alcohol treatment services or working with talking therapies (Health Education England, no date b).

The importance of having sufficient numbers of nurses is well established (National Audit Office, 2020) and, specifically, mental health nurses too (Care Quality Commission, 2019). However, this has been, and will continue to be, challenging for several reasons, as shown in Figure 1. To address an ageing workforce, meet changing demand, cover shortfalls and replace those leaving the profession, it is critical to have a sufficient supply of mental health nurses from higher education. Certainly, it is concerning that the number of full-time equivalent mental health nurses in hospital and community settings is more than 3,400 less than a decade ago (NHS Digital, 2020b).

**Figure 1: Some key challenges in terms of mental health nurse numbers**



Note: Mental health officer status was a pension scheme to compensate members caring for patients with mental health disorders so they could retire with benefits from the age of 55. Nurses from other branches may also be eligible to retire at this age using Special Class status.

In recent years, demand from prospective students to study mental health nursing has been unlikely to be sufficient to support a sustainable supply of qualified nurses into NHS-funded services. Since 2017, mental health nurses, along with associated professions, have had to pay tuition fees for undergraduate and postgraduate education, with the number of applications between 2016 and 2019 falling by around a third. That said, 2020 has introduced new dynamics and uncertainty affecting interest in such courses.

It is not yet fully known what effect the new maintenance grants, first available in 2020, and the recently announced government package to support registered nurse degree apprenticeships (NHS Employers, 2020a), will have. The Covid-19 pandemic has also introduced new dimensions to the discussion about recruiting the future NHS workforce, with evidence of increased interest in health and care careers. Between March and June 2020, visitors to the NHS Health Careers website ([www.healthcareers.nhs.uk](http://www.healthcareers.nhs.uk)) more than doubled, and the number of applicants for mental health nursing increased by a third (NHS England, 2020). As of September 2020 the numbers of people placed on nursing courses has increased by 22% since 2019 (Council of Deans of Health, 2020).

The NHS Confederation has also launched the ‘NHS Reset’ campaign, which aims to shape what the health and care system should look like in the aftermath of the pandemic. Recent media coverage of mental health issues – including by sportspeople and royalty – may provide an opportunity to promote mental health careers. It is important that the findings and recommendations outlined in this report are considered within the current context, capitalising on the opportunities it has provided to increase awareness of and interest in health and care careers.

## Approach

In this report we focus on how to attract more people, from a broad range of backgrounds, to apply to study mental health nursing. Specifically, our work aimed to:

- gain a better understanding of the key factors affecting people’s likelihood to apply for mental health nursing

- explore what actions national and regional bodies and higher education institutions could take to positively influence the demand for mental health nursing places
- define what primary research could be undertaken to further investigate the views of people who may consider mental health nursing as a career choice.

Attracting more people will unlikely suffice. There will also need to be concerted efforts to reduce attrition during education – and increase participation in NHS-funded services after it (Health Education England, no date b). However, given ongoing work by national bodies in those areas – such as the RePAIR (Reducing Pre-registration Attrition and Improving Retention) project; Health Education England, 2018) – this research focuses on attracting people to courses.

Our work included:

- a review of existing literature
- focus groups with students on mental health nursing or associated courses
- interviews with careers advisers, among others
- analysis of university and other data.

Our full methodology is detailed in the Appendix.

We have primarily focused on the situation in England, although we have drawn on UK-wide evidence and comparisons. We have not sought to explore conversion courses for those nurses registered under a different field or on return-to-practice courses.

## Key findings

### Experience of and exposure to mental health services

Personal experience of and exposure to health services and staff have a significant influence on people's motivations to pursue health careers, and mental health nursing is no exception. This includes personal experience of mental health problems, the experience of mental health problems within families or friendship groups and the experience of caring for relatives. This, in part, may explain why those applying for mental health nursing are, on average, older than those applying for related courses. However, age is only a proxy for greater experience and some younger students will be motivated to study mental health nursing because of their own exposure to the profession.

Students often have limited exposure to the mental health nursing profession while at school. We heard about the influence of having a health care professional on site – even as part of outreach work – or work experience and volunteering opportunities in mental health settings for school students. However, these are not always available currently and may vary by catchment area. While some schools have formal relationships with local health care providers, which can help to facilitate work experience, these are not universal and the opportunities available in mental health settings are considered more limited.

### Awareness and attitudes

There appears to be a general lack of awareness of the mental health nursing role. In part, this may be due to mental health nursing being largely absent from the mainstream media. We did, however, hear some contrary views about mental health nursing. On the one hand, it was seen as less academic than the other fields of nursing, requiring less technical skill; but on the other, there was a perception that the role was predominantly focused on working with people with serious mental health problems in forensic settings. Lack of understanding about the skills involved in mental health nursing as well as personal anxiety about one's ability to cope with the role were both cited as potential barriers to mental health nursing.

Against this backdrop, broad stereotypes can shape attitudes towards mental health nursing. A variety of factors can influence societal perceptions, including the media, the attitudes of other health care professionals, the historical divide between mental and physical health and national policy. With limited awareness of mental health nursing specifically, both the ‘nursing’ and ‘mental health’ elements of it affect people’s perceptions of it as a career:

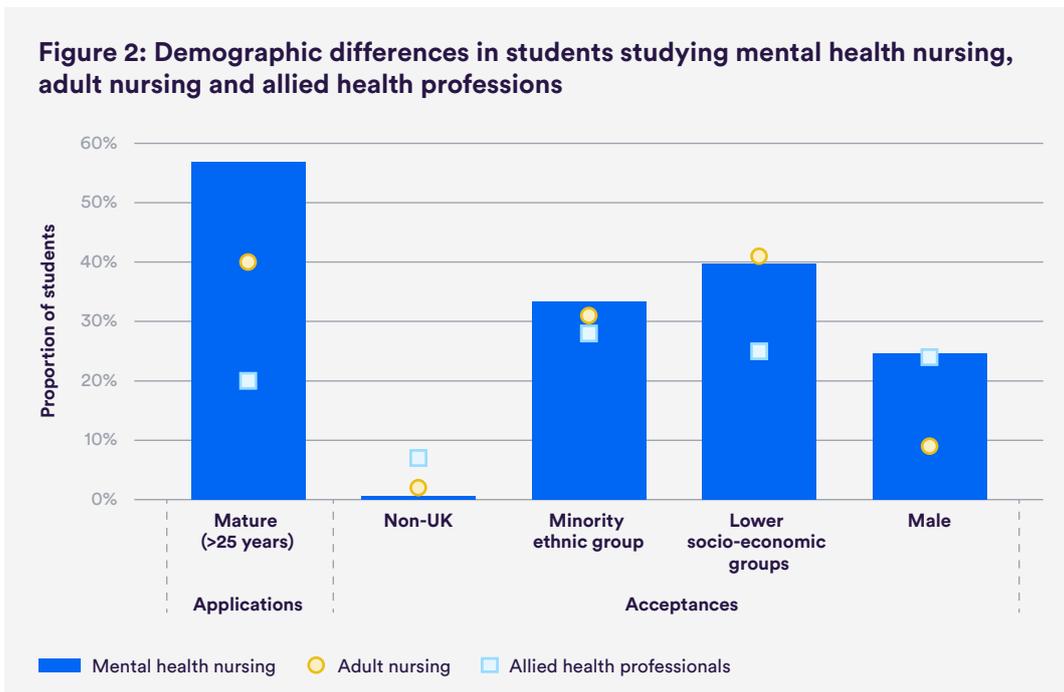
- Nursing is a valued and respected profession; and a motivation to pursue a career that ‘helps people’ is often cited as a reason for considering mental health nursing. However, nursing has been viewed as less prestigious or academic compared with other clinical professions (Nuffield Trust, in press), with historical perceptions tending towards the stereotypical feminine traits of nursing as opposed to the skillset required (Royal College of Nursing, 2020b).
- Despite initiatives to achieve ‘parity of esteem’, there is an enduring stigma surrounding mental health. We found that societal perceptions of mental health patients are still felt to be stereotypical and sensationalised, and do not represent an understanding of mental health and mental health conditions.

The sheer volume of roles that exist within health care and mental health specifically creates a lack of clarity about the differences between roles and the various options available to potential students. It is also difficult to ensure that there are fair terms across these professions; for example, while previous experience requirements may differ from those for nursing, education mental health practitioners require only a 12-month funded course and would usually have the same starting pay and conditions as nurses. Drawing out the uniqueness of mental health nursing as distinctive from other mental health professions, and highlighting the extensive skillset required, will be important considerations for attracting students to mental health nursing.

### **Student demographics**

A complex mix of these factors – exposure, experience, attitudes and awareness – explains, in part, the demographics of those attracted to mental health nursing. Compared with adult nursing and allied health profession courses, students on mental health nursing courses are more likely to be older

and, to a lesser extent, from minority ethnic groups (see Figure 2). Mental health nursing students are also more likely to be male than adult nursing students, with both nursing fields more represented by students from lower socioeconomic backgrounds than allied health professions. While it is important to ensure support and opportunities for the groups that have traditionally studied mental health nursing, to ensure a sustainable supply of new nurses it will be important to increasingly also attract applications from typically less represented groups.



Notes: Data on age relate to applications in 2019, whereas for other characteristics they are for students in 2016–17. Lower socioeconomic groups are defined as POLAR4 quintiles 1 and 2 – a measure of local area participation in higher education.

Source: Analysis of undergraduate data from the Office for Students and Health Education England

While recent reports have sought to explore the influence of age and gender on attitudes towards studying nursing, little is known about other factors such as ethnicity and socioeconomic status. However, having a representative workforce is important. For instance, the Independent Review of the Mental Health Act 1983 suggested recruiting people to the workforce from communities ‘particularly disadvantaged within the present system’ (Independent Review of the Mental Health Act 1983, 2018, p. 24).

## Access to mental health nursing courses

Getting more people with the appropriate skills and experience to apply for mental health nursing is not enough; there needs to be sufficient access to suitable courses as well. While the most common route into mental health nursing is an undergraduate course – with around 3,800 accepted places in 2019 – there are other opportunities such as postgraduate courses, foundation courses and apprenticeships (see Table 1). As we discuss, it is likely that there will need to be opportunities for all routes in all parts of the country, to ensure that NHS-funded services have sufficient people, from a broad range of backgrounds, and there is a mixed pipeline of people applying for mental health nurse education.

**Table 1: Routes into mental health nursing**

Courses	Typical duration	Aim
<b>BSc Nursing (Mental Health)</b>	3 years	Degree level to increase skills and educate a workforce capable of operating in a more analytical and independent manner
Health and Social Care – <b>Foundation Year</b>	1 year	To act as a bridge for those who have not met the typical academic requirements or have been out of study for a long time
<b>Apprenticeship</b>	Typically up to 4 years	To offer paid employment and protected learning time, thereby potentially supporting wider participation and career progression
Nursing <b>Dual Award</b>	3/4 years	To allow students to pursue their interest – and gain registration – in two fields of nursing or a mental health nursing and social work qualification
<b>PGDip/MSc</b>	2 years	To allow those who have already demonstrated the ability to gain a degree, a fast-track route into nursing

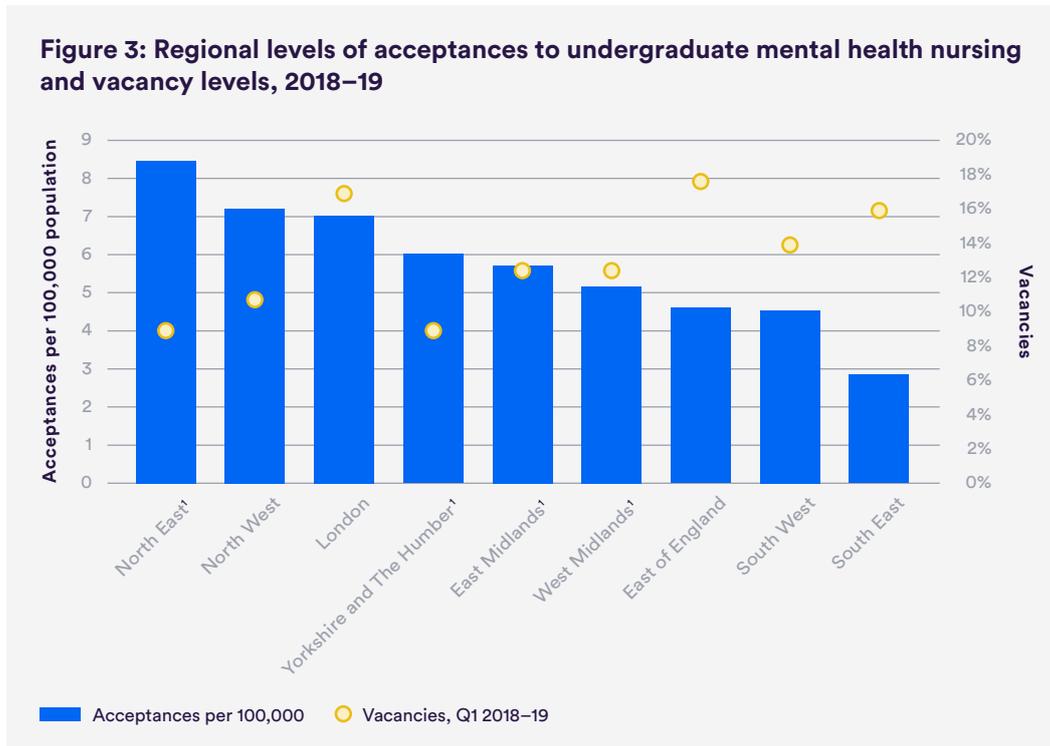
Note: Additional routes include undertaking a conversion course from either an Assistant Practitioner or a Nursing Associate Foundation Degree with accreditation of prior learning (APL) towards a degree in mental health nursing.

The number of places available for nursing courses is not determined nationally but instead left to the market. Health Education England currently provides funding to providers in NHS-funded services and other sectors to cover the direct costs of education during clinical placements. However, this remains a small level – less than a 10th compared with some medical placements. Similarly, taxpayer funding to universities for mental health nursing courses is less per student than some other fields of nursing and associated professions. Given the financial challenges across the health and education sectors, this funding matters. We have previously recommended that national bodies should use the funding they give to providers of education to stimulate an increase in the number of courses available (Beech and others, 2019).

### **Regional variation and funding barriers**

Regional provision for some of these courses is patchy. For instance, there are currently only 37 universities with postgraduate and 14 with dual (including mental health) courses.<sup>1</sup> This may be particularly problematic given mental health nursing has typically attracted older students who may have less flexibility to travel. Also, given that students will likely work in the same region in which they have studied, the current unbalanced geographical distribution of courses is sub-optimal (National Audit Office, 2016). In 2018, there were some three times as many acceptances per 100,000 in the North East of England as the South East, with the latter already struggling with high levels of vacancies in the workforce (see Figure 3).

1 See Figure 16 for details on these numbers.



Notes: 1. The vacancy data for the North East and for Yorkshire and the Humber are for the combined North East and Yorkshire region. Similarly, vacancy data for the East and West Midlands are for the Midlands as a whole.

Source: UCAS and NHS Digital data

Funding also remains a barrier for some. Previous surveys have highlighted that costs can be a significant barrier to studying nursing (Health Education England, 2018; The Open University, 2019). While the recent introduction of maintenance grants will reduce costs for students from September 2020, we observed that these were not yet well understood and overall not perceived as equivalent to the bursaries that were available before 2017.

### Broadening participation

Access and foundation-year courses and nursing degree apprenticeships are also important routes for students and provide opportunities for broadening participation in nursing. However, there is insufficient information available about the extent to which access and foundation-year courses are effective. While loans taken out to cover fees for access courses are written off once the

students complete a higher education course, we found that the time these courses add to the overall length of education is sometimes a challenge for their targeted groups, as many are likely to have caring responsibilities or other financial commitments.

Further, apprenticeships have yet to be perceived as a desirable alternative route. Despite the widely recognised benefits of paid employment and protected learning time to work towards a qualification, there are a number of potential issues that may affect attitudes towards this route, including an overall lack of awareness of their value and negative perceptions around their equivalence to typical degrees. To date, providers have had challenges in using the apprenticeship scheme, including lack of flexibility on the use of funding and that some placements appear financially unviable. However, a new funding package worth £8,300 per placement per year for both new and existing apprenticeships was announced in August 2020 (Department of Health and Social Care, 2020) and this could bring benefits. But even under existing arrangements, some trusts have been successful and this good practice should be shared more broadly.

While traditional undergraduate mental health nursing courses are likely to remain the largest route into the profession, each of these alternative routes has particular requirements and advantages, which may help attract different groups or a broader range of applicants. In particular, dual nursing seems more attractive to younger people. While the courses are typically longer (and therefore might incur more debt), we found that they are becoming increasingly popular and that the flexibility to gain registration in more than one field, together with the potential of a higher qualification – in the case of integrated masters – and greater employability, might be important attracting factors to the profession.

## Conclusion

Undoubtedly, mental health nursing offers the opportunity for a rewarding career, and our research shows that there are reasons to be optimistic about the future mental health nursing workforce. The students we spoke to were positive about their choice of course and recognised the value of the mental health nursing role and the importance of encouraging others to consider

mental health nursing as a career. However, there are still areas that require action. Inaccurate and negative perceptions of mental health patients and a lack of awareness of the mental health nurse role are possibly putting some people off the career. In part, this is due to a failure to both promote the unique and varied aspects of mental health nursing and provide access to positive personal experiences of and exposure to mental health services and staff. Often the terminology used to describe and define the role has not painted it in an accurate or positive light.

But stimulating interest in mental health nursing alone will not be sufficient. Local areas will need to be agile in ensuring that enough capacity is available for the various education routes to meet demand. As it stands, provision is patchy and there is limited awareness of some of the support, opportunities and specialist and advanced clinical practice roles available to mental health nurses.

In the midst of the current Covid-19 pandemic, public perceptions of nurses are extremely positive. The effect on attitudes towards careers in health and care is still unclear, although – judging from increased numbers accessing the NHS Health Careers website since the pandemic began – the interest in nursing careers seems to have risen. This should be capitalised on, especially given the possible impact of the pandemic on capacity within nursing courses and on the need for services.

We have identified a number of recommendations, detailed in Chapter 4, with some examples below. The recommendations broadly centre on five pillars: status, understanding, exposure, awareness (of support) and access to courses. The system for providing, supporting and overseeing mental health nurse education – spanning the education, health and care sectors and including various regional partnerships and local bodies – is undoubtedly complex. The current level of coordination varies and there remains shortcomings in local and national oversight. Therefore, in the first instance, it will be necessary to clarify the roles, responsibilities and accompanying funding for addressing the challenges. Given the importance of mental health nurses, addressing these areas is a matter of urgency.

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### Examples of key recommendations

- Make significant investments to promote the valuable contribution that mental health nurses have made during the Covid-19 pandemic and the uniqueness of mental health nursing as a graduate career option able to act as a **bridge between mental and physical conditions**.
  - Review relative **pay, conditions, career pathways and progression** for the various psychological professions to ensure they are fair and consistent with the role and education requirements, supporting flexible routes into mental health nursing, including for existing health care support workers.
  - Develop detailed regional plans, based in part on local demographics, for the **capacity** that should be provided for each of the routes into mental health nursing, ensuring this is supported with additional, high-quality placements.
  - Encourage mental health nursing across the breadth of the population, including different **genders, ethnicities and socioeconomic statuses**, recognising that attitudes towards both the mental health and nursing aspects of the role may differ across societal groups, especially in under-represented groups.
  - Coordinate efforts to provide access to positive **personal experiences of and exposure to mental health** services and staff, including by sharing good practice on work experience and outreach work.
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# 1 Current arrangements

## Mental health nursing in England

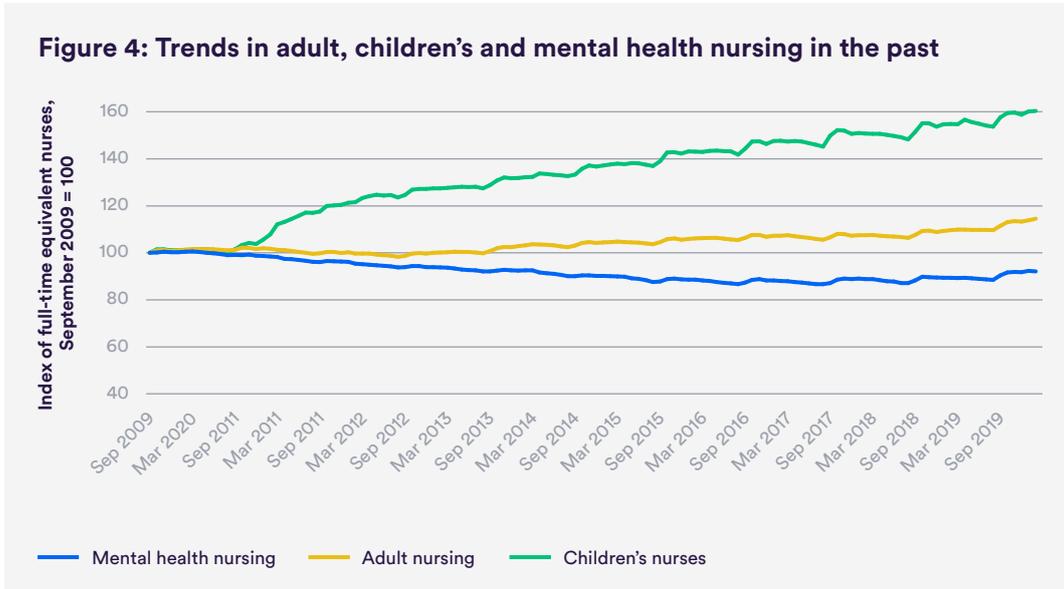
Around one in four adults are thought to experience at least one diagnosable mental health problem in any given year (Independent Mental Health Taskforce to the NHS in England, 2016). Many of these seek treatment. Mental health nurses are a vital profession in providing this care, as the largest clinical profession dedicated to mental health. They account for more than a third of the NHS mental health workforce, outnumbering doctors specialising in psychiatry by four to one and applied psychologists and psychological therapists by three to one (NHS Digital, 2020b). In particular, they bring expertise to the combined management of mental and physical health and care coordination (Productivity Commission, 2019).

Mental health nursing encompasses a wide variety of roles. Mental health nurses work across a variety of settings, including in psychiatric, outpatient or specialist units within hospitals and in a range of community services, including GP surgeries, private and voluntary services, local authorities, prisons and patients' own homes. Mental health nurses also specialise in a wide range of areas, including working with children and adolescents, working in drug and alcohol treatment services or working in the talking therapies (Health Education England, no date b).

As of March 2020, there were just over 90,000 registered mental health nurses across the UK, which is about the same as four years before this (Nursing and Midwifery Council, 2020b).<sup>2</sup> In England, there were around 37,400 full-time equivalent mental health nurses in NHS hospital and community services alone as at February 2020 (NHS Digital, 2020b). Successive reports have highlighted the importance of registered nurse staffing levels (National Audit Office, 2020). Moreover, the quality regulator has noted that 'a lack of

2 Not everyone on the Nursing and Midwifery Council register will currently be working as a nurse or working in the field they are registered in.

appropriately skilled staff is an issue’ for those mental health hospital services judged to be failing to meet expected standards (Care Quality Commission, 2019). However, mental health nurse numbers remain lower than a decade ago (see Figure 4).



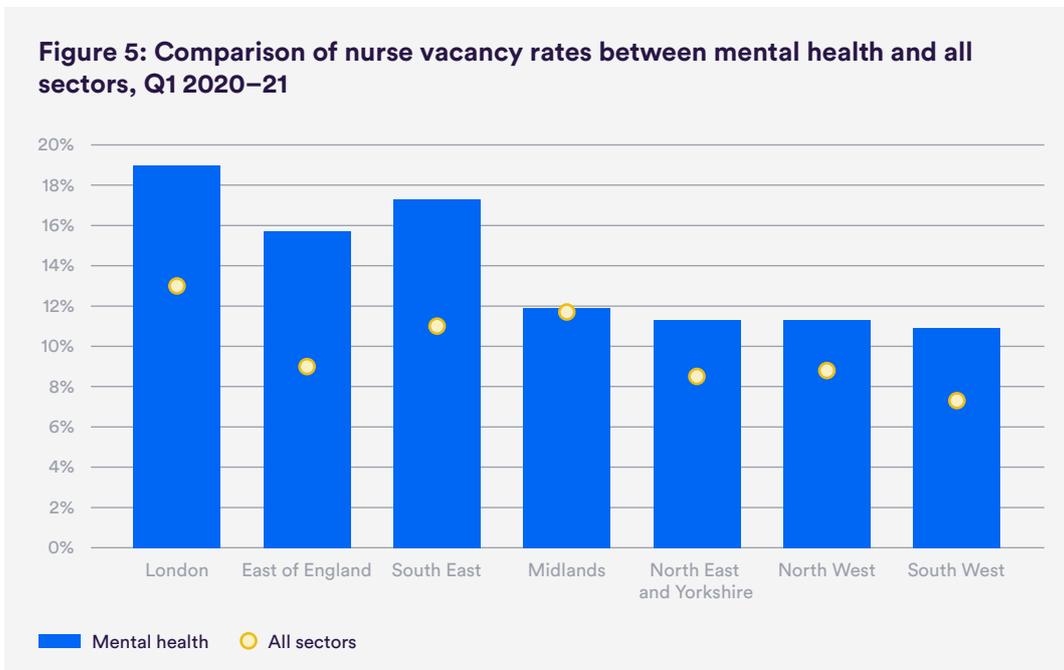
Note: Full-time equivalent staff relative to September 2009.

Source: NHS Digital, 2020b

## Current context

In recent years, there has been a series of announcements and new policies aimed to boost the number of nurses in all fields in NHS-funded services. Among these efforts, politicians and officials have signalled the intention that mental health nursing should be a priority. For instance, the 2019 *NHS Long Term Plan* (NHS England, 2019c) renewed the national ‘commitment to pursue the most ambitious transformation of mental health care England has ever known’ (NHS England, 2019b, p. 3). As part of this commitment, there are bold ambitions to increase the number of mental health nurses. The *NHS Mental Health Implementation Plan* outlined the need for 4,220 more mental health nurses by 2024 (NHS England, 2019b). A sustainable workforce is essential for ensuring that people who require mental health services are able to access and benefit from them.

These ambitions come at a time when mental health services are struggling with high levels of vacancies. In every region, mental health services have a higher than average proportion of nurse posts not currently filled permanently (see Figure 5), ranging from one in nine to nearly one in five posts. There is an added challenge given that mental health nurses also tend to be older, with 19% of nurses in mental health trusts aged 55 and over as at September 2018, compared with 15% in acute trusts. The effect of the NHS response to the Covid-19 pandemic on the retention of mental health nurses is unclear but one report suggests that nurses, in general, are more likely to want to leave (Thomas and Quilter-Pinner, 2020). Similarly, the effect on demand on mental health services is not yet known.



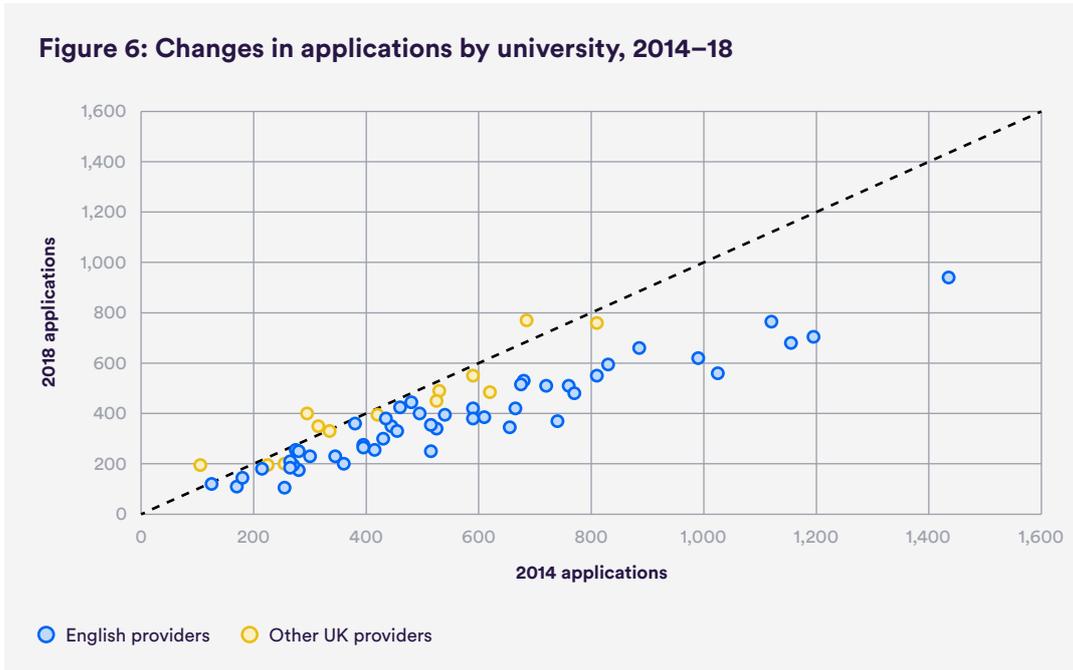
Source: NHS Digital

Note: 'All sectors' includes NHS acute, ambulance, community, mental health and specialist trusts.

## Supply of mental health nurses to the NHS

To meet increasing demand as well as replace those who leave the profession, there needs to be a continual supply of mental health nurses into NHS-funded services. Providers have typically used international recruitment to contribute to the supply of new staff and this is expected to be key to achieving the government's target to have 50,000 more nurses. However, mental health nurse education in the UK differs from that in many other countries, where nurses typically go on a generic nursing course, rather than a field-specific one, and major or specialise later on. International recruits account for 7% of nurses in mental health trusts compared with almost three times this level (20%) in acute trusts (National Audit Office, 2020). Having a sufficient supply of mental health nurses graduating from UK courses and remaining in the profession is therefore critical.

Current demand from prospective students to study mental health nursing is unlikely to be sufficient to support a sustainable supply of qualified nurses into NHS-funded services. Since 2017, mental health nurses – along with associated professions – have had to pay tuition fees for undergraduate and postgraduate education in England. Subsequently, the number of applications fell by around a third (from around 31,000 in 2016 to 20,000 in 2019) – a trend seen across different universities in England but not notably apparent elsewhere in the UK (see Figure 6), which may in part be due to the retention of the nursing bursary. While the numbers accepted on courses has increased, this is still unlikely to be enough and it is not fully known what effect the new maintenance grants, first available in 2020, will have. However, it is encouraging to see that 2020 saw a 22% increase in people placed on nursing courses (across all fields) than 2019 (Council of Deans of Health, 2020; UCAS, 2020).



Source: Analysis of UCAS data

The decisions of prospective students are likely to be influenced by a complex mix of personal, cultural and environmental factors. While a relatively recent survey of young people (aged 18–24 years) who considered nursing (across all fields) suggested that the cost of education was significant (a third cited it as a reason for opting against a nursing career), many also highlighted the importance of working conditions (The Open University, 2019). We explore some of the key factors in the remainder of this report, looking at both the demand side (that is, stimulating interest in prospective students) in Chapter 2 and the supply side (that is, opportunities to study mental health nursing) in Chapter 3. We first, however, outline roles, responsibilities and funding.

## Roles and responsibilities

The Nursing and Midwifery Council approves mental health nursing degree courses at higher education institutions. Undergraduate degree courses are typically three years full time, with time spent evenly between theory and clinical practice. In 2019, some 3,800 students were accepted onto undergraduate mental health nursing courses. A smaller number access a postgraduate route; the exact number for mental health nursing is unclear,

but in 2018, for every four English-domiciled students graduating from undergraduate courses, there was one completing a postgraduate course (National Audit Office, 2020). A smaller number still will also qualify to be able to join the register via the apprenticeship scheme. We discuss these routes in more detail in Chapter 3.

The provision of nurse education relies on an array of different organisations with apparent shortcomings in local and national oversight. The system for providing, supporting and overseeing mental health nurse education – spanning the education, health and care sectors and including various regional partnerships and local bodies – is undoubtedly complex (see Figure 7). Unlike for medical education, the number of places in nurse education is not determined nationally but instead left to the market.<sup>3</sup> While there is some coordination between universities and local health bodies, this is not always currently the case. In particular, a recent national report has highlighted both variation in approaches to local coordination between health and higher education bodies and also a lack of transparency in some of the discussions at a national level (National Audit Office, 2020).<sup>4</sup>

Local partnerships – sustainability and transformation partnerships and integrated care systems – are expected to play an essential role in strategic workforce planning; however, their final plans, which were due to be published in November 2019, have yet to be published (National Audit Office, 2020). History suggests that it takes time for new bodies taking responsibility for workforce planning to do so well (Palmer and Imison, 2018, p. 3); sustainability and transformation partnership and integrated care system workforce teams will clearly need investment if they are going to help improve the strategic planning of mental health nurse education.

3 However, national bodies can potentially limit places if insufficient funding is made available for clinical placements.

4 For instance, the Department of Health & Social Care convened a group with membership from across the higher education sector but it had no recorded governance or actions.

## Funding

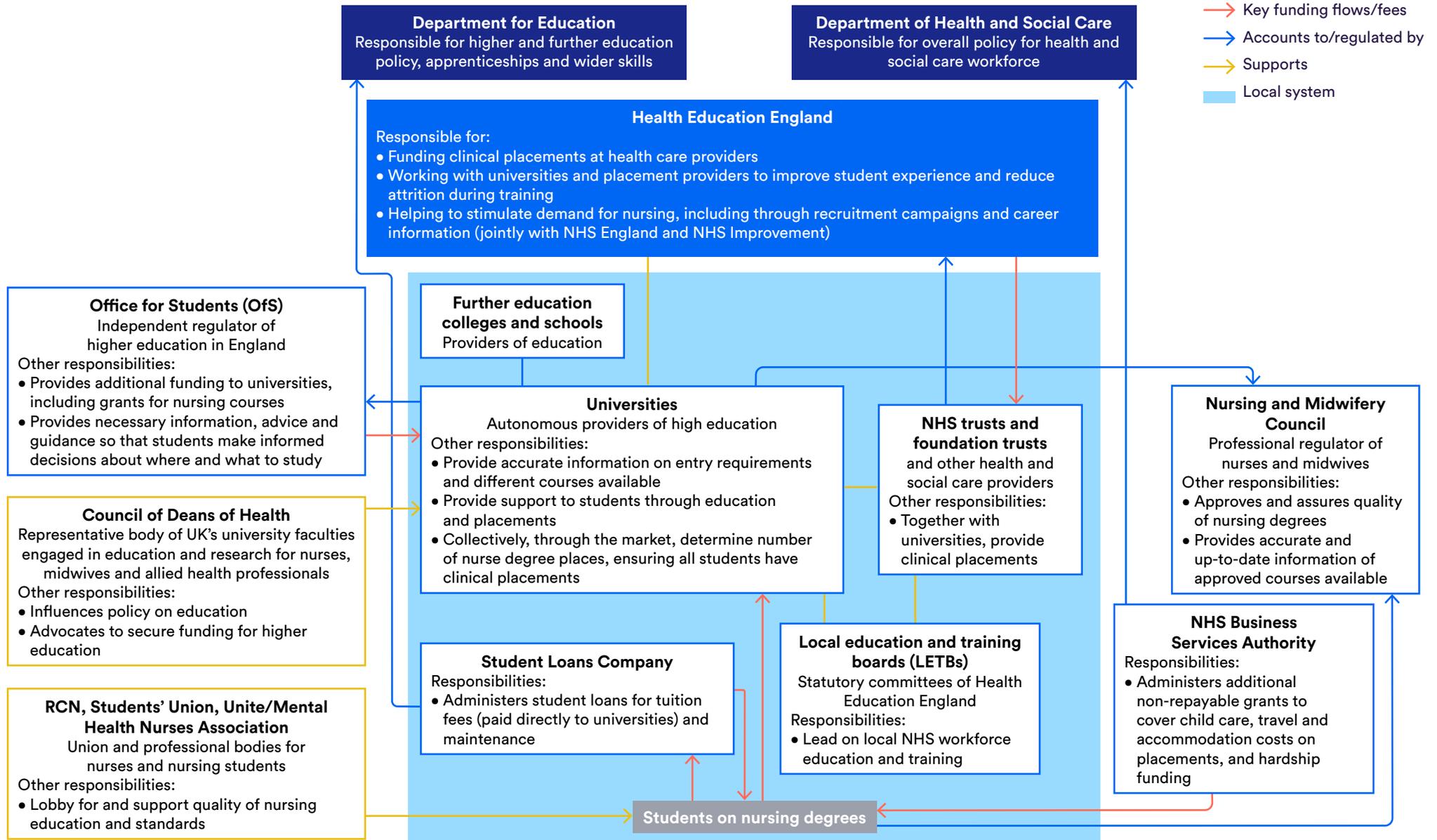
The total investment for an undergraduate mental health nurse, covering both the student's and the taxpayer's contributions, is typically around £70,000 (Curtis and Burns, 2019). The total investment for just the undergraduate, single-field mental health nursing students accepted in 2019 might therefore be in the region of £265 million.

Health Education England currently provides funding to health providers to cover the direct costs of providing clinical placements. However, this remains a small level: £3,270 for a nurse placement compared with around £33,286 for some medical placements for 2019/20 (Department of Health and Social Care, 2019a). 'These levels are set nationally and so local areas have little ability to direct funding to address particular bottlenecks. There is also a lack of transparency on where the funding for medical placements goes and it has been suggested in the past that it is "too often used to fund research"' (Walsh and others, 2014, p. 493).

The Office for Students similarly provides funding to universities where there is evidence that course costs cannot be met through course fees alone. This takes into account the cost of providing simulating learning facilities and equipment and their maintenance, together with the costs of supporting students in clinical practice and preparing and supporting supervisors and assessors. Mental health nursing places in 2020/21 receive around £460 per full-time undergraduate and £1,160 per postgraduate. These levels are £200 less than for children's and learning disability nursing, and only a fraction of that for speech and language therapy (£1,740 per undergraduate) and physiotherapy (£1,540 per undergraduate) (Office for Students, 2020).<sup>5</sup> A recent independent review of post-18 education recommended that the Office for Students reviews funding rates for different subjects, giving consideration to support for socially desirable professions such as nursing (Post-18 Education and Funding Review Panel, 2019, p. 18). The funding of apprenticeships is different as NHS trusts and foundation trusts would typically contribute 0.5% of their pay bill towards the cost of apprenticeships (NHS Pay Review Body, 2018), which can then be used to fund courses.

<sup>5</sup> Figures exclude additional funding to London providers.

Figure 7: Roles and responsibilities



Source: Adapted from National Audit Office, 2020

## 2 Attitudes towards mental health nursing

There is already a large pool of people who are open to a career in mental health (Think Ahead, 2020). This chapter explores in more detail the influence of the personal experience of and exposure to mental health care services, as well as perceptions of mental health and the mental health nursing role. Demographic factors are likely to influence the exposure to and effect of the various mechanisms that might influence attitudes towards mental health nursing in a complex and interdependent way; these considerations are highlighted within this chapter.

### Personal experience of and exposure to mental health services

Exposure to care has a significant influence on students' motivations to pursue a mental health nursing career. The positive influence that experience of care can have in encouraging people to pursue clinical careers, in general, is well established. Such exposure can also affect the specific clinical profession chosen (Nuffield Trust, in press). The careers advisers or career guidance professionals (referred to as careers advisers hereafter) we spoke to noted that students who inquire about a career in health and care are often motivated by a personal experience, such as having been unwell as a child or having cared for relatives.

This influence appears to hold specifically for the mental health profession. Given the importance of personal experience and exposure, it is perhaps unsurprising that mental health nursing attracts a greater number of mature students (see the text box on age, p. 25). 'Personal experience', including having a relative with a mental illness or working with people who experience mental illness, has been cited by nearly half of UK students (48%) as the main motivational factor for choosing a career in mental health nursing (Kloster and

others, 2007). Students we spoke to also gave examples of personal experience, which had motivated their decision to study mental health nursing, including:

- personal mental health problems – for those who had a positive experience of care, this had motivated them to want to “give something back”, and where they had a negative experience, it had motivated them to address “gaps” in services
- mental health issues within their families, which may provide both greater familiarity with mental health services and insight into interacting with people with mental health problems – having said this, some noted that such experiences might mean that pursuing mental health nursing would have felt “too close to home”
- caring for relatives – some stated that such experiences (not necessarily within mental health) encouraged them to consider a health and care career, including (for those later in life) a change in career.

**When I was in CAMHS [Child and Adolescent Mental Health Services] for a bit I really did not like the way that I got treated, I just felt like they don't listen ... for me I feel like that was a reason why ... if I did go into the profession I would want to be able to listen to people and get the skills to be able to do that.**

Mental health nursing student

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### Focus on: age

Mental health nursing typically attracts many applications from mature students. In 2019, well over half of applications to mental health nursing were from students aged 25 and over, compared with 40% for adult nursing and 20% on average across allied health professions. Confidence, maturity and stage in life seem to be strong determinants for a career in mental health nursing and, as explained in more detail in the next chapter, are relevant factors for considering accepting potential students onto programmes.

However, while age can act as a proxy for these things, it is not necessarily the case that mental health nursing is inappropriate for younger students. Our focus groups covered students across a wide age range, including those who had come straight from school – their motivations for choosing a mental health nursing course were influenced by a variety of factors that had led them to make their decision at that point in their life. It is important that any efforts to attract greater numbers of mental health nursing students do not make assumptions about age and consider the opportunities for school-leavers and younger students as well, as discussed in more detail below.

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### Exposure to mental health in schools

Currently, a relatively low proportion of mental health nursing students are recent school leavers. A quarter (27%) of applications in 2019 to mental health nursing were from people aged under 20, compared with more than a third (36%) for adult nursing (UCAS, 2020).

#### Mental health professionals in schools

As well as personal experience of and exposure to mental health services in general, school pupils can also become familiar with roles if they are on site. Careers advisers noted that where there was a counsellor available to pupils, they often gave this as an example of a career that they were interested in. Some schools also have other health care professionals on site, such as social workers and school nurses, and careers advisers recognised how beneficial this could be for pupils, not only for raising awareness of particular careers, but also generally for supporting students. The presence of these roles is not, however, universal across all schools.

Mental health nurses are one profession that careers advisers recognised may be helpful to have on site so that students can readily access support, which may in turn raise awareness of the career. The emergence of the new educational mental health practitioner role may also assist with this, although as discussed later, a continually expanding set of roles may also lead to a lack of clarity about the career options available.

#### Work experience and placements

International experience, such as from Norway (Kloster and others, 2007), suggests that attitudes towards mental health nursing as a specialty can become more favourable once students either complete placements in mental health settings or gain greater exposure to mental health during their course. Certainly, education can be effective at challenging some of the preconceptions students might have about mental health nursing – exposure to mental health patients during a placement has been found to help counter views that mental health nursing is frightening and unrewarding, and to improve attitudes towards mental health patients (Rushworth and Happell, 2008). Although we heard examples in our research from students in other fields who had been put off choosing mental health nursing by negative comments from others, they reflected that in hindsight the subsequent exposure they had had during their course helped them to realise that these comments were based on a lack of understanding.

There is scope to provide greater access to work experience in mental health settings as a way to promote careers in mental health nursing. We found that mature students who had previously worked as health care assistants or ‘caseworkers’ had been inspired to study nursing. Careers advisers also considered work experience as an important way that students could become exposed to, or explore, possible careers. However, there was some lack of clarity about what work experience school students were able to do and some noted that organising work experience within mental health settings can be challenging. Careers advisers noted that some students also had part-time jobs in residential care homes – this experience (including interacting with registered nurses) encouraged them to pursue nursing for themselves. Careers advisers also saw role models and mentors as key.

## Societal perceptions

Given the stigma surrounding mental health, perceptions of mental health patients are important. Negative attitudes towards mental health patients can have an impact on attitudes towards careers in mental health nursing. This includes feelings of fear, as well as a perception that mental health patients cannot be 'cured' and that the working environment would be challenging and unrewarding (Happell, 1999). Such negative attitudes are even common among those already in nurse education; a Dutch study noted that first-year nursing students perceived mental health patients (such as people with drug and alcohol addiction) as being responsible for their condition and did not identify with psychiatric patients, having had limited exposure to mental health services themselves (Hoekstra, 2010).

These perceptions appear to be fuelled by many factors, including:

- the media – there was a general consensus from our research participants that where the media covers mental health, it continues to give sensationalist and unrealistic presentations of mental health patients, further fuelling largely negative and stigmatising perceptions
- other health and care professionals – including occasions of negative attitudes expressed by some nurses from other fields about mental health nursing as a career and mental health patients
- national bodies – while the recent national focus on mental health has been welcome, students we spoke to were concerned that an increased awareness of mental health has not extended proportionately across all mental health conditions and that there is still a great deal of stigma around certain conditions.

In general, participants reflected that limited exposure to mental health services and mental health nursing may be reflective of the wider historical divide between mental and physical health, including the way that mental health has been treated. This was not just restricted to mental health nursing, but to the mental health field in general. For example, the 'Choose Psychiatry' campaign aimed to address the stigma surrounding mental health and a lack of awareness about the different health care professionals working with

people with mental health problems (Royal College of Psychiatrists, 2019). Participants in our research felt that within society, mental health is still stigmatised and not talked about in the same way as physical health.

**As much as we've moved away from institutions there's still that barrier from society of ... closed doors ... in mental health ... it is kind of away from society.**

Practising mental health nurse

### **Portrayal of the role in the media**

The media can have a significant influence on attitudes towards particular careers, as well as reinforce existing stereotypes, as alluded to above. Careers advisers noted that students often gave examples of careers that they had seen on television programmes, for example criminology or midwifery. Media influence on nursing, in particular, appears generally negative (Latham and others, 2013), or at least inaccurate. Nurses are often portrayed as people who work in a hospital, rather than reflecting the range of settings they work in and the roles they have. Further, where media coverage does exist, it often highlights examples of bad practice or poor-quality care, which has 'fuelled public unease' (Norman, 2015).

Our participants felt that mental health nursing as a profession is largely absent from the mainstream media (despite there being more mental health nurses than there are GPs). They thought that this lack of exposure contributed to the wider lack of awareness about the mental health nursing role. Recent polling showed that one in five surveyed had not heard of the mental health nursing role (Think Ahead, 2020).

We consistently heard that the view of a nurse – as reinforced by the media – is still someone wearing a uniform, working in a hospital, and that general hospitals are much more familiar environments than mental health settings. Participants gave examples of numerous television programmes that cover hospital settings (such as *24 Hours in A&E* and *Casualty*), but felt there was nothing equivalent for mental health. Although they did acknowledge there had been some examples more recently (such as the documentary

*Stacey Dooley: On the Psych Ward*), it was felt that more of these programmes would be beneficial. Raising awareness through the media therefore has an important role to play in increasing exposure to mental health careers.

**The most recent documentary ... [is] looking at restraint, looking at rapid tranquilisation, there's not so much coverage of like your mindfulness sessions ... so I think that the media still very much sensationalises mental health.**

Dual nursing student

### **Influence of others**

Practising mental health nurses and current students also gave examples of negative attitudes from others that they had heard with respect to their career choice. In the case of people who had decided to pursue mental health nursing, these negative attitudes had actually spurred them on further, rather than dissuaded them from choosing that career. However, we also heard that this can put prospective students off applying.

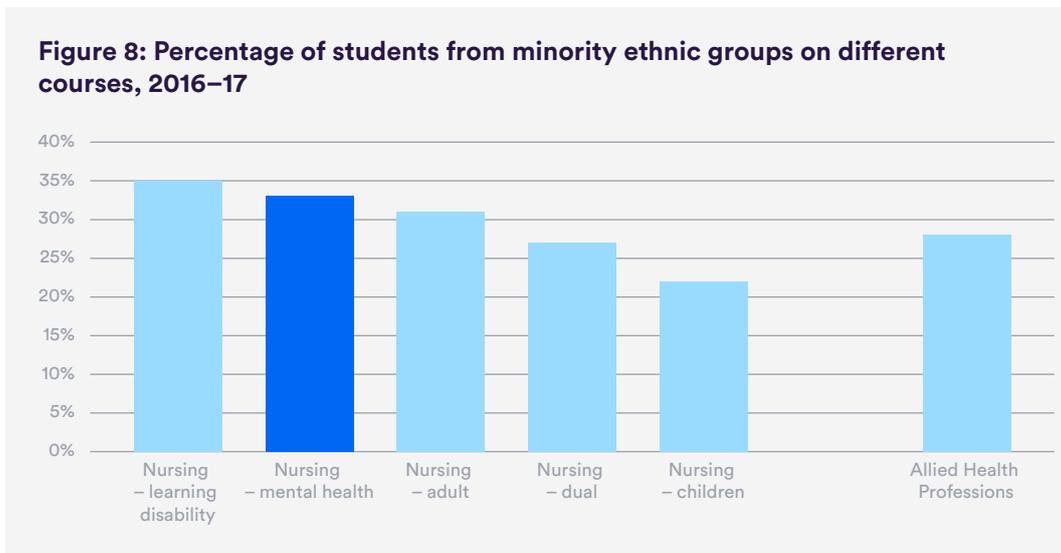
Some participants also gave examples of how mental health is still highly stigmatised in some cultures and that this had affected family members' perceptions towards their choice of career. In this regard, it is important to note differences in attitudes towards the origins and nature of mental health conditions among ethnic groups (Abdullah and Brown, 2011; Carpenter-Song and others, 2010). Considering the way that mental health is perceived across different cultures will be a significant part of addressing the stigma in mental health and mental health care more generally.

**I mean I was looking at mental health ... what influenced me was someone else who had done adult nursing and completed their degree. He basically said to me you can't cure – it's quite difficult because you can't cure them, there's no cure for mental health.**

Adult nursing student

**Focus on: ethnicity**

Typically, a high proportion of mental health nurse students come from black and minority ethnic groups. In 2016–17, a third of mental health nursing students were from black and minority ethnic groups – this was similar for adult nursing but higher than dual nursing, children’s nursing and allied health professional courses (see Figure 8) (Office for Students, 2019a). However, little is known about any regional differences.



Source: Office for Students, 2019a

Participants in our research felt that addressing the representation of people from black and minority ethnic backgrounds within the mental health workforce is especially important given data on the population who receive mental health care – black people are four times more likely to be detained under the Mental Health Act 1983 (NHS Digital, 2020c). The Independent Review of the Mental Health Act 1983 (2018, p. 24) suggested that recruiting people to the workforce from communities ‘particularly disadvantaged within the present system’ (in particular black African and Caribbean communities) is important, but also recognises that this is a long-term project.

# Perceptions of the mental health nursing role

## Perceptions of nursing in general

### Altruistic career

Perceptions of mental health nursing as a career must be considered in the context of perceptions of nursing in general. A motivation to pursue an altruistic career is frequently cited as a reason for people wishing to enter into health and care careers, particularly nursing. A recent survey of 1,000 young people who considered studying nursing noted that 27% wanted a profession that ‘enables them to help people’ (The Open University, 2019). This was reflected in our work with careers advisers, who also noted that students often talk about ‘helping professions’ when they want to discuss health and care careers. Similarly, students we spoke to talked about their motivation to help people and a strong sense of vocation in the work they were doing, considering it their ‘calling’.

**Mental health nursing is a vocation – all the people who go into nursing say: ‘I want to do a job that makes a difference.’ They want to do a job that gives something back.**

Careers adviser

### Skilled profession

There has, however, been debate about the extent to which describing nursing as a ‘calling’ or a vocation risks undermining the profession. Recent research from the Royal College of Nursing has highlighted that, although a lot of progress has been made to professionalise nursing, improving the status of nursing must involve an explicit focus on both the knowledge and skills at the heart of the profession as well as the autonomy involved (Royal College of Nursing, 2020b).

We heard that there is still a stereotypical image of nursing, alongside a lack of understanding about what nurses do. Participants felt that this puts some

people off choosing nursing as a career. Many of the historical perceptions of nursing are a result of the gendered constructs around nursing, which have tended towards the stereotypical feminine traits of nursing as opposed to the skillset required (Royal College of Nursing, 2020b) (see the text box on gender, p. 33). Furthermore, an increasingly diverse range of tasks carried about nurses, and a lack of awareness of how their role differs from that of the increasing number of unregistered workers, can contribute to confusion about the role and undermine the profession (Royal College of Nursing, 2020b). Practising nurses we spoke to felt that they played a key role as the 'glue' between different aspects of patient care, and that this is one of the distinctive features of nursing as opposed to other health and care careers.

**[It's] very hard because you can't define the role very easily but if you took nurses away we would be in a real pickle.**  
Adult nurse

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### Focus on: gender

Across all fields of nursing, some 12% of staff are male (National Audit Office, 2020; NHS Digital, 2020b). However, as of September 2020 there was a 40% increase in male placed nursing applicants compared to 2019 (Council of Deans of Health, 2020). Gender stereotypes continue to be prevalent within nursing – research commissioned by the Office for Students noted that gender stereotypes are the major factor deterring male students from considering nursing, and that more needs to be done to address male participation in the profession through, for example, outreach, marketing and mentoring programmes (Research Works Limited, 2020).

**I do think there's a bit of stigma to men if they want to do nursing and I think people assume that it emasculates them and I think that puts some people off.**

Dual nursing student

Having said this, participants did recognise that there is a perception of more men working in mental health nursing compared with other fields of nursing, and that this is partly due to perceptions of the work (for example restraint). In previous years, mental health nursing has had a far higher proportion of male (24%) students, compared with 3%, 5% and 9% for children's nursing, speech and language therapy and adult nursing respectively. This varies hugely by region, with 13% in the North East of England and 32% in London (Research Works Limited, 2020). It remains significantly lower than for, for example, paramedics (43%) and physiotherapy (39%). We also heard from one careers adviser who felt that it is the 'nursing' label that is problematic for men considering mental health nursing. Addressing gender stereotypes will be a significant part of any marketing or outreach work to attract more people into nursing.

**They can't imagine being able to say to anyone they're a mental health nurse, which is crazy because I think they can imagine saying 'I'm a mental health practitioner', it's 'just a word' – the 'nurse' word it just conjures up being female.**

Careers adviser

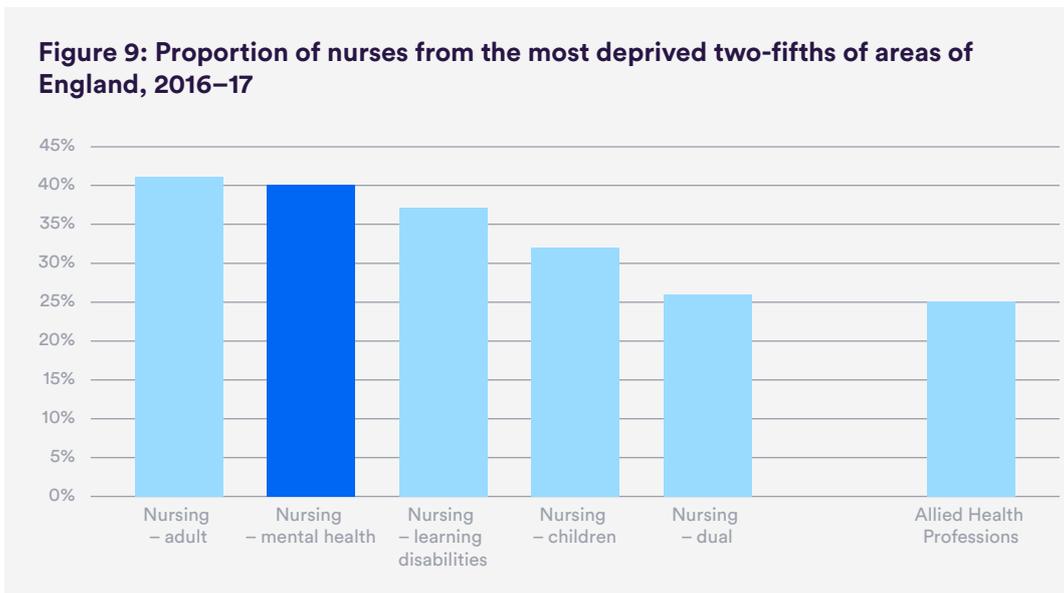
It does seem, however, that the image of nursing in general is, unfortunately, not yet consistent with the profession currently requiring degree-level education (Girvin and others, 2016; Huston, 2017; Norman, 2015). The profession is not viewed as being particularly academic, and it is often discounted as a first career choice, particularly for high academic achievers and those who ‘aspire to something better’ (Genders and Brown, 2014). This may partly explain why, compared with allied health professions, fewer people from more affluent areas go into nursing (see the text box on socioeconomic status, p. 35). However, societal perceptions of nursing are that it is a highly valued and respected profession (Nuffield Trust, in press).

We also heard from a range of students that nursing being a degree provides them with more than the skills and knowledge needed to be a nursing professional. In particular, first-generation university goers and those with caring responsibilities noted that the nursing degree allows them to move forward in life and provide a good example for their children. In fact, previous research showed that, for those with maths or science A-levels, a nursing degree has – relative to some other degrees – a positive impact on earnings (Belfield and others, 2018).

National bodies have sought to address these negative perceptions. The NHS *People Plan 2020/21* (NHS England, 2020) acknowledges the importance of public campaigns (such as ‘We are the NHS’ and the Chief Nursing Officer for England’s ‘Transforming Perceptions of Nursing and Midwifery’). Expanding ambassador networks, targeting young people as well as volunteering and work experience programmes are all recognised as playing a key role.

**Focus on: socioeconomic status**

Relative to associated careers, a high proportion of mental health nurses come from less affluent areas. In 2016–17, over two-fifths of mental health nursing students were from the most deprived two-fifths of areas of England (based on a measure of local area participation in higher education). This is similar to the proportion of adult nurses but higher than that for other fields and allied health professions (see Figure 9) (Office for Students, 2019a).



Source: Office for Students, 2019a

Note: Lower socioeconomic groups are defined as POLAR4 quintiles 1 and 2

This may be a result of increased exposure to and experience of services, which as discussed above is a strong influence on motivation to pursue a healthcare career. For example, disability and long-term health conditions are often associated with living in poverty and unemployment and relative income poverty. In England, the most deprived decile accounted for double the proportion of total referrals to Improving Access to Psychological Therapies (IAPT) services than the least deprived (13.8 versus 6.9%) (Public Health England, 2020).

More generally, the fact that the nursing profession has tended to suffer from a low societal status might also explain why people from more affluent areas are dissuaded from studying nursing. There remains a notable lack of research on socioeconomic status – as with ethnicity – and further work is needed to understand its impact on attitudes towards mental health nursing.

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#### Working conditions

Views of working conditions such as pay, workload and hours, including from practising nurses as well as wider society, can also influence perceptions of nursing and the nursing role. A survey of 1,000 young people aged 18–24 who considered a career in nursing found that 24% gave ‘working hours’ as a reason for opting against it, with the same proportion also citing ‘perceived pressure’ (The Open University, 2019). Careers advisers also noted that some students are concerned about unsociable hours and think that nursing is poorly paid, although this is sometimes a result of confusion between roles, such as nurse and care worker. Students spoke about unsociable hours and high workload.

**A lot of mental health nurses, not all but some, especially when they’ve been in a profession or potentially the same ward for a long time, get very immune to the conditions they see and the challenges they face daily and I think sometimes it is a reflection of their burn-out or staff pressures.**

Dual nursing student

Nursing pay has been falling in real terms since 2010 and nurses were absent from the recent pay rise announced for public sector workers. The government said that this was because they are already covered by the Agenda for Change pay deal agreed in 2018, due to end in March next year (Gilroy, 2020). But, representative bodies have called for negotiations on a pay rise for nurses to begin by the end of 2020, to recognise the contribution that nurses have made during the Covid-19 pandemic (UNISON, 2020).

## The mental health nursing role

There seems to be a general lack of understanding about what mental health nurses do, based on a combination of limited awareness of and exposure to mental health nursing, negative views and stereotypes of mental health patients and a lack of understanding about the skills and competencies of mental health nurses. Some of the students we spoke to were not aware of mental health nursing as an option until they attended a university open day about adult nursing. This is problematic. Meanwhile, a Dutch study noted that mental health nursing is viewed as the 'unknown', with students preferring the familiar (Hoekstra, 2010).

Where people do have perceptions of the mental health nursing role, they appear, all too often, to fit into two narrow and contradicting views based on the limited awareness of mental health and mental health nursing noted above:

- On the one hand, in our research there was a perception that the role is easy and requires less skill than other fields of nursing. Indeed a previous study suggested that mental health nursing suffers from being considered less 'technical', curative or scientific than other fields of nursing (Rushworth and Happell, 2008).
- On the other hand, there was a perception that the role is predominantly focused on working with potentially dangerous people with serious mental health conditions in forensic settings, and therefore more emotionally demanding. Recent polling confirms this – 90% of respondents thought that mental health professionals are at risk of being attacked or injured while doing their job (Think Ahead, 2020). At the time of our fieldwork, 'the threat of violence' was mentioned on (but subsequently removed from) the official NHS Health Careers website as being associated with mental health nursing.

**There's the thing of sitting down all day with cups of tea and talking to people who are a little bit lonely ... then there's the other view of the very rough, prison-like environment where you're holding people down and almost restraining them.**

Practising mental health nurse

As well as being inaccurate, perceptions of the mental health nursing role were therefore sometimes limited and did not acknowledge that mental health nurses work across a range of settings (and have opportunities for taking on specialist and advanced clinical practice roles, for example), but also have a wide variety of skills, including knowledge and experience of different psychosocial or solution-focused interventions.

There may also be an issue with terminology, as mental health nurses are frequently viewed as mainly working in psychiatric settings. The use of the term 'psychiatric-mental health nursing' in the United States perhaps better describes the breadth of the role. However, current Nursing and Midwifery Council standards include a focus on mental health promotion and early intervention as well as caring for people with mental illness, which is important for recognising and promoting the diversity within the role (Nursing and Midwifery Council, 2020a).

### **Skills that empower**

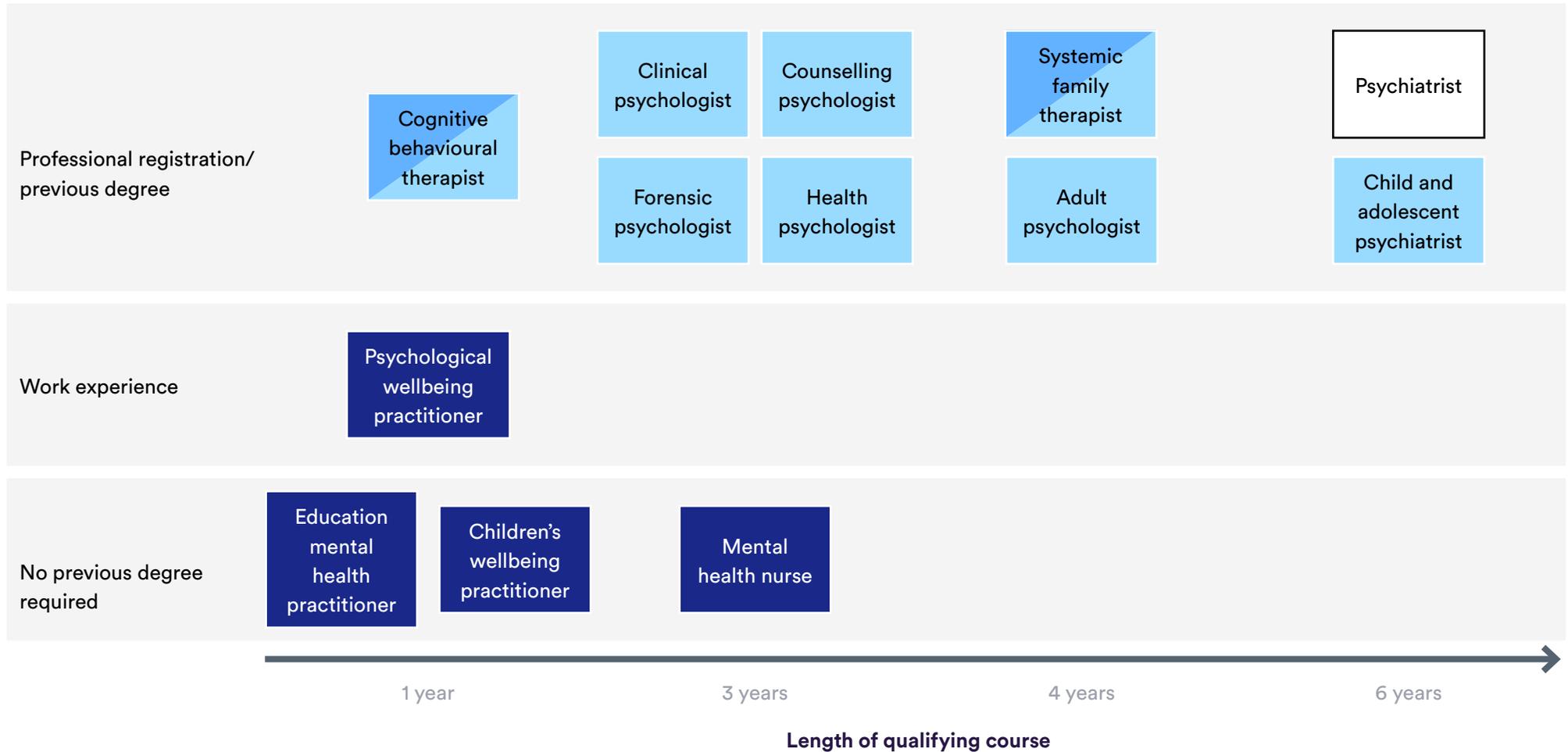
There should be a greater focus on the important skills taught on a mental health nursing course. Currently, the perceptions discussed above can dissuade prospective students from mental health nursing. Indeed, self-reported anxiety about their ability to cope with the role has been suggested as the most important influence on students' attitudes to pursuing mental health nursing (Happell and others, 2014) and this was echoed by some students we spoke to. Similarly, a recent survey of UK adults showed that, although more than nine in ten thought that qualified mental health professionals make a real difference to the people they are working with, a similarly high level also thought they would often feel stressed or upset by their work (Think Ahead, 2020). Given this, it is important to demonstrate to prospective students that they will be empowered with the skills to undertake the breadth of work that

mental health nurses do. Although this is important for people wanting to enter any health career, it may be especially important for people embarking on mental health nursing.

### **Unique bridge between mental and physical health**

The lack of understanding about the mental health nursing role and career may be compounded by the sheer volume of roles that exist within health and care, particularly within mental health and other psychological professions, with new roles still emerging. Given the plethora of roles (see Figure 10), there is some misunderstanding about the differences between these roles and the particular pathways that lead to those careers. There also appears to be a perceived hierarchy of desirability across the professions; careers advisers noted that while there is often a lot of interest in psychological professions (such as counselling or psychology), there is some resistance when mental health nursing is raised as an option, despite it reflecting the things the student wants to do.

Figure 10: Various psychological professions



Agenda for Change band when qualified

Band 5 Band 6 Band 7 n/a

Notes: The professions listed are not intended to be comprehensive. Lengths of qualifying course, entry requirements and Agenda for Change (AfC) banding on entry may vary. Psychiatrists typically need to complete a five-year degree in medicine, a two-year foundation programme of general training, three years of core training in psychiatry and three years of training in a speciality before acquiring a consultant contract.

There is a lack of clarity about the differences between roles, making it difficult to ensure that there are fair terms across these professions. For example, while prior experience requirements may differ from those for nursing, education mental health practitioners require only a 12-month (funded) course and would usually have the same starting pay and conditions as nurses.

Our work suggests that there is scope to better promote mental health nursing relative to other psychological professions. Students and practising nurses were keen to highlight the uniqueness of the mental health nursing role when compared with other careers because it acts as a bridge between mental health and physical health. While some had originally considered psychology, they felt that being a psychologist would mean they missed out on the physical, hands-on side of the role, which they felt was offered in mental health nursing. The role was seen to combine their interest in both mental health and the more physical side of caring.

**I think it is a funny kind of marriage between physical[ly] looking after the body and looking after the brain and that is why it is called mental health nursing ... it's both – it is looking after ... the little cuts and grazes along the way as well as empowering the person to ... manage their own li[fe].**

Mental health nursing student

# 3 Access to mental health nurse education

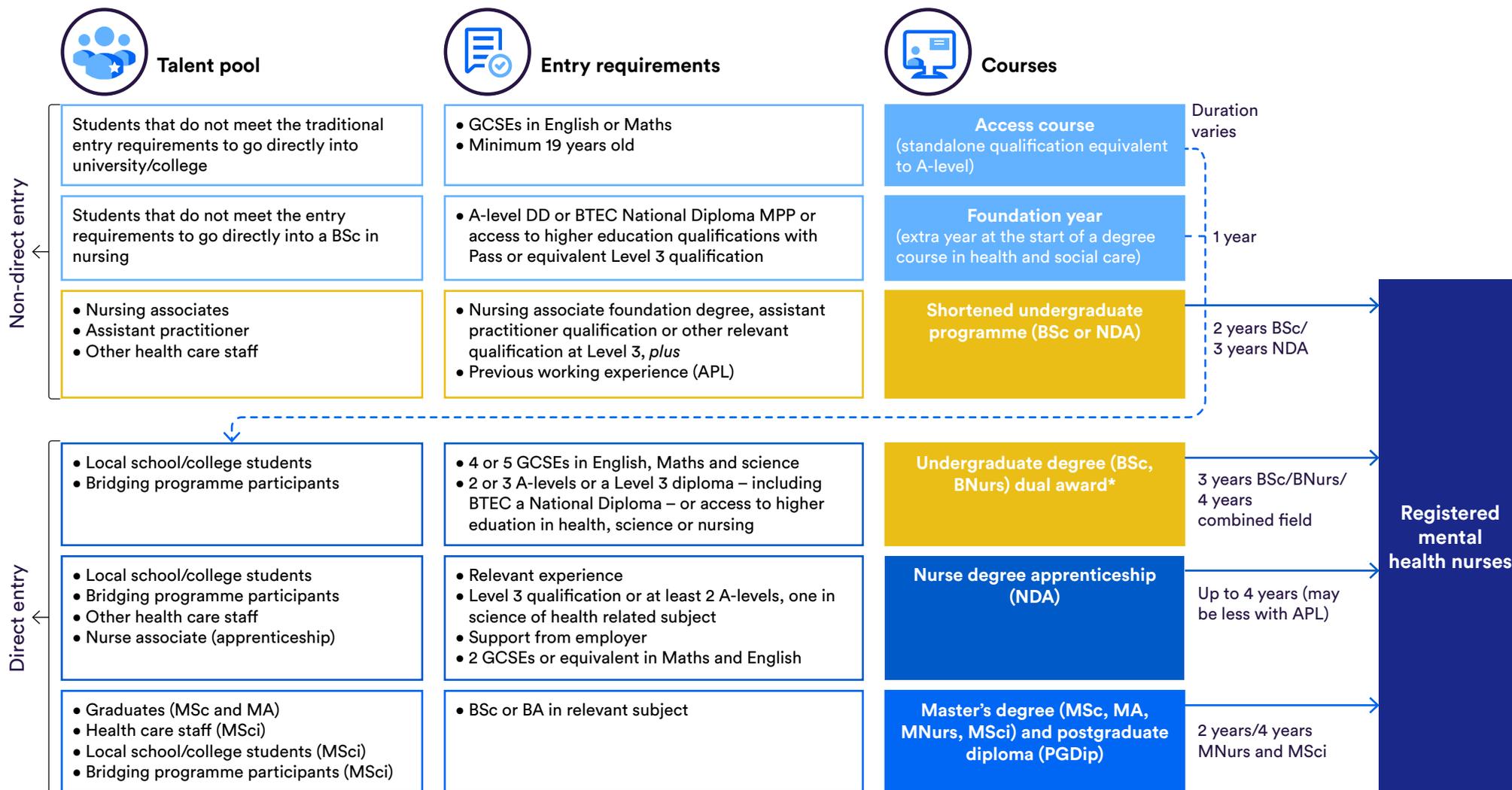
The NHS People Plan 2020/21 recognises the importance of capitalising on the renewed interest in NHS careers since the Covid-19 pandemic began, as well as the significant high-profile public support to address workforce gaps. Mental health is an area recognised as facing the most pressing workforce shortages, alongside highest demand (NHS England, 2020). This chapter looks at the supply of mental health nursing courses to understand the extent to which access to such courses is perceived to, and actually, supports or hampers participation, covering themes such as academic requirements, competition for places, previous experience, available funding and location.

## Routes into mental health nursing

While the most common route for people to become a registered mental health nurse is through completing an undergraduate degree, this is just one of many different paths (see Figure 11). We discuss these routes at various points during this chapter, linking them to the key themes.

The Covid-19 pandemic is likely to affect university education with, for example, the need to modify methods of teaching (for example by moving theoretical aspects of courses online or using blended learning). The impact on mental health nursing specifically is still unclear, but our findings have to be considered within the context of the long-term impact of coronavirus.

Figure 11: Available routes to a mental health nurse registration



Notes:

APL = accreditation of prior learning, NDA = nurse degree apprenticeship.

For qualified nursing associates and assistant practitioners, the total duration of study towards a registration in mental health nursing may be shorter (usually a year less than the full programme) based on the accreditation of prior learning. MNurs and MSci (in some universities) are usually offered as an integrated master's. Dual-award degrees include courses in social care and mental health nursing. Conversion and return-to-practice courses are not included in the scope of our report and so are not included in the figure.

Sources: NHS England, no date; NHS Health Careers, no date; Office for Students, 2019b; Prospects, no date; UCAS, no date b

The Nursing and Midwifery Council sets education standards and ultimately approves provider institutions and nursing courses at all levels, meaning there are some requirements that all students need to meet in order to be eligible to enrol on a course. However, the universities and other higher education institutions that provide nursing education set their own academic and other entry requirements for the different routes into nursing, offering places based on a combination of an interview, qualifications and previous experience.

The application process varies according to the university and route into nursing. In the case of undergraduate courses, applications in the UK are completed through the Universities and Colleges Admissions Service (UCAS), with students able to choose up to five courses. For the other courses, applications are made directly with the university. In the case of nurse degree apprenticeships, where the person is not already an employee, they will also have to apply to the employing organisation.

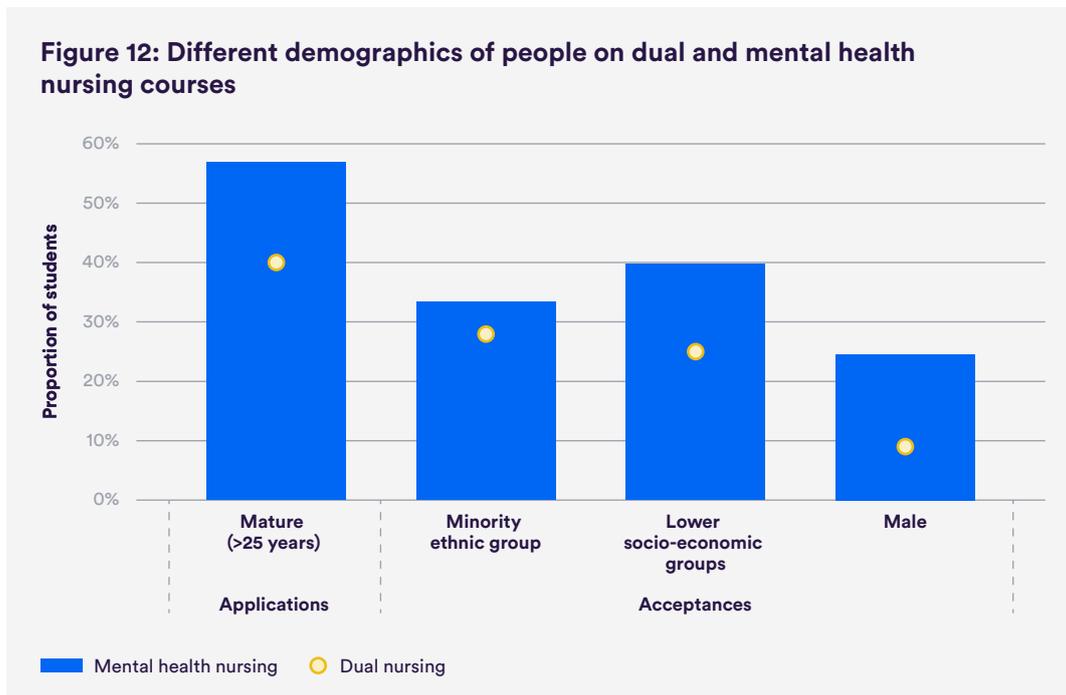
### Offering opportunities

Each of these various routes may be attractive to a different type of student with different personal and professional circumstances.

#### Dual nursing

Dual-field courses – which allow students to study and acquire registration in two nursing fields (for example, adult and mental health nursing or children’s nursing and mental health nursing) – appear to be particularly popular with younger students and with those from higher socioeconomic groups (see Figure 12). While some dual courses do not cover mental health (such as adult and children’s nursing courses), there are around 26 that do.<sup>6</sup>

6 According to the Nursing and Midwifery Council’s list of approved courses at the time of writing, there are 12 combined courses for adult and mental health, 9 for child and mental health, 4 for learning disabilities and mental health and 1 for social care and mental health. Approved courses are not necessarily run in any given year.



Notes: Data on age relate to applications in 2019, whereas for other characteristics they are for students in 2016–17. Lower socioeconomic groups are defined as POLAR4 quintiles 1 and 2, a measure of local area participation in higher education.

Source: Analysis of data from the Office for Students and Health Education England

Although the numbers are still small, dual-field courses have proved popular; between 2016 and 2019, data provided by Health Education England suggest the number of students accepted onto dual nursing courses increased nearly fivefold (from 40 to 190), with more than seven applications per acceptance compared with five for mental health nursing and five for adult nursing (UCAS, 2020). We have not sought to comprehensively evaluate the relative merits of dual- and single-field nurse education in this research but it does appear that they can broaden the appeal of studying nursing. Similarly, we have not sought to evaluate courses that combine mental health nursing with other professions (such as social work). Understanding the opportunities and challenges arising from these (such as the roles students undertake on completion) – including awareness of, and attitudes towards, them – would be an important area for further research.

### Alternative undergraduate degrees

The increase in popularity of dual courses suggests that some students are keen to embark on courses that offer flexibility in terms of their subsequent career. This may be because they are undecided on which specialty they want to pursue or just keen to learn about multiple specialties. Although exposure to four fields of nursing has been a Nursing and Midwifery Council requirement since 2001, the new Nursing and Midwifery Council education standards, introduced in 2018, allow approved education institutions to design and deliver more generic nursing courses (mostly during the first year of study) (Nursing and Midwifery Council, 2018). Students are, however, still required to register against one or more field.

Similarly, more universities are offering an integrated master's in nursing, for both single- and dual-field courses (for example, combining mental health nursing and social care), giving students the opportunity to graduate after four years with a double and higher qualification. Integrated masters originated from the demand of some industries (that is, the sciences and engineering) for employees to have more than a first degree (Young, 2017). While further work is clearly needed to explore the popularity of these newer courses, and any effect their existence has on the status of the typical undergraduate nursing degree, again they look as though they have the potential to expand participation in nurse education.

## Academic requirements

### Academic requirements for nursing

For nursing in general, academic requirements vary considerably. For nursing in England, the average UCAS tariff points held by new undergraduates in 2018/19 ranged from 151 points at York University (equivalent to A\*AA at A-level) to 92 points at Solent University (CCC/CCD) (Complete University Guide, no date). This lower end is slightly below that for some allied health professions such as physiotherapy (108 UCAS Tariff points) and occupational therapy (106 points). While there is no readily available data on the grades of those applying to and accepted on mental health courses, the academic requirements for nursing undergraduate courses are usually similar for all fields of nursing, including dual-field courses.

Academic requirements for nursing in general appear to have been lowered to help sustain student numbers, with some universities accepting a larger proportion of applications (National Audit Office, 2020). Some stakeholders suggested that this may have been common too in mental health nursing specifically. Increased acceptance rates for mental health nursing courses from 2016 to 2019 might suggest that this is indeed the case.

The *NHS Long Term Plan* suggested that qualified applicants for nursing (in general) were being ‘turned away’, with entry tariffs well above levels required to meet appropriate Nursing and Midwifery Council standards (NHS England, 2019c, p. 80). Given, for instance, our findings earlier about the status of nursing, it is not surprising that this comment raised concern (Council of Deans of Health, 2019). However, the subsequent *Interim NHS People Plan* noted that ‘it is critical that we retain the current standards to ensure applicants’ expectations are managed and that patient safety is not affected’ (NHS England, 2019a, p. 24).

### Access courses and foundation years

Around a decade ago, three in every four students would enter the nursing profession via a diploma, with the remainder doing a degree. Since 2013, however, entry to the nursing profession has required a degree (Bowcott, 2009; Royal College of Nursing, 2013). The intention was to increase skills and educate a workforce capable of operating in a more analytical and independent manner (Bowcott, 2009). Most students we spoke to agreed that this had happened. However, some participants, and careers advisers in particular, suggested that the academic requirements also exclude potentially good students with “the necessary values and personality traits”, such as compassion, that may be beneficial for the role. This is not to suggest that standards should be lower but highlights the importance of supporting suitable candidates to gain the necessary academic requirements.

Courses aimed at students who do not meet the typical academic requirements for direct entry to higher education provide an important opportunity to increase numbers going into nursing. There are two courses specifically designed to support this group of students: access courses and foundation-year courses (see Table 2). There is financial support for these courses, with loans available for integrated foundation years and, further,

a student loan that can be taken out to fund an access course, which can be written off once the student has completed a degree course (Office for Students, 2020; Students Loans Company, 2019).

There is, however, a lack of available data on the use and effectiveness of these courses, such as which types of students they attract, attrition during the courses and subsequent participation in nursing education and work. However, in the past few years the number of students studying access courses in general has been declining, while the number on integrated foundation years has been increasing (Office for Students, 2020). This is particularly relevant for the mental health nursing profession as access courses seem to be a more common route for female students going into nursing or other allied health professions than integrated foundation years (Office for Students, 2020).

**Table 2: Main differences between access and foundation-year courses**

	Key target	Trend	Funding/ typical cost	Proportion of majority of entrants by sex
<b>Access to higher education diplomas (access courses)</b>	Students that do not meet the traditional requirements to get into university	Number of entrants declined by 18% between 2012–13 and 2017–18, from 36,880 to 30,410	Tuition fee is typically around £3,384 but this is written off if a higher education course is completed	72% female entrants (2017–18)
<b>Integrated foundation years*</b>	Students that do not meet the requirements to enter a particular course, such as a BSc in nursing	Number of entrants almost tripled between 2012–13 and 2017–18, from 10,430 to 30,030	Tuition fee is typically £9,250, with student loans available	53% male entrants (2017–18)

Note: \* A foundation year is not the same as a foundation degree. A foundation year typically refers to a one-year course that gives the student access to a degree course, whereas a foundation degree is a standalone qualification equivalent to two years of a three-year degree (for example a nursing associate degree).

Source: Office for Students, 2020; Student Loans Company, 2019

There are also other shorter courses available for assistant practitioners and other health care support workers to gain the entry criteria to undertake a degree or apprenticeship course. These courses require the ‘accreditation of prior learning’ (APL) and can be delivered at a university or be commissioned by a mental health provider organisation.

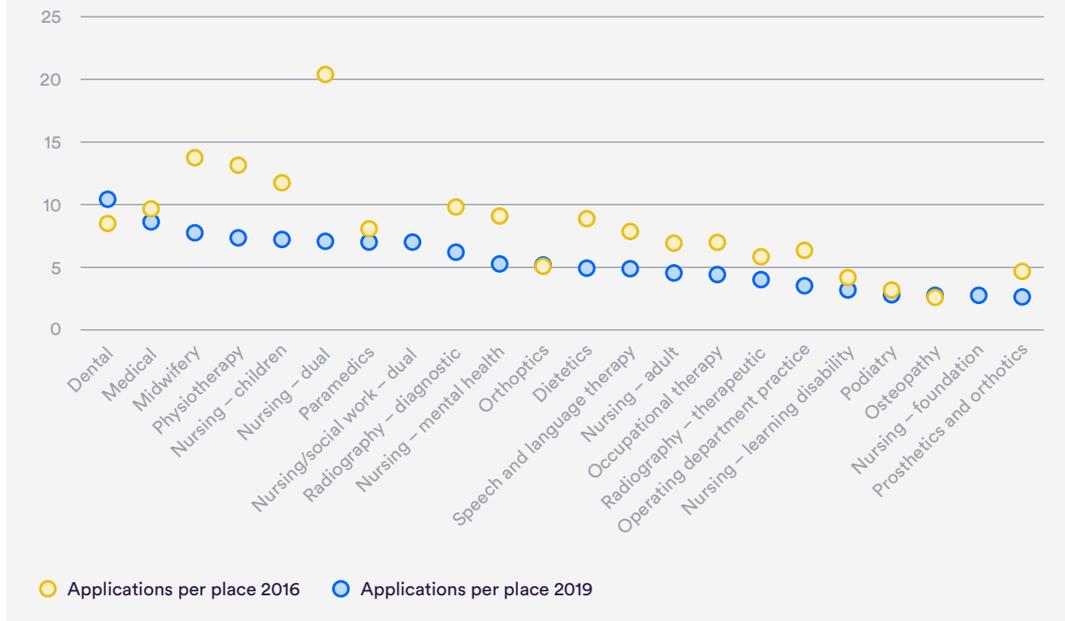
## Competition for places

Nursing, in general, is competitive, although it has become less so since the removal of the bursaries in 2017. Around three in every five applicants (58%) were accepted in 2019, an increase from two in five between 2010 and 2016 (National Audit Office, 2020). However, even this higher rate remains lower than the average for all UCAS undergraduate courses in 2019: 77% (UCAS, 2019).

Some students we spoke to perceived mental health nursing courses as more competitive than courses in other fields of nursing and mentioned being discouraged from applying to mental health nursing because of the perception that their chances of being accepted were lower than for some of the other fields. Many students we spoke to referred to the larger overall number of places on adult nursing courses compared with mental health nursing courses and that this fuelled a perception that applying for adult nursing would increase their chances of securing a place at university. In reality, while there is no readily available data on the number of applicants to mental health courses specifically, in 2019 there was a slightly higher number of applications<sup>7</sup> per undergraduate mental health course place (5.3) than for adult nursing (4.6) and a lower number than for children’s nursing (7.2) (see Figure 13). Certainly, with applications falling (30,920 in 2016 to 19,980 in 2019) and acceptances increasing (3,400 to 3,790), mental health nursing appears to have become less competitive over that period.

<sup>7</sup> Note that an individual is able to apply for more than one course.

**Figure 13: Number of applications per place for nursing and related courses, 2016 and 2019**

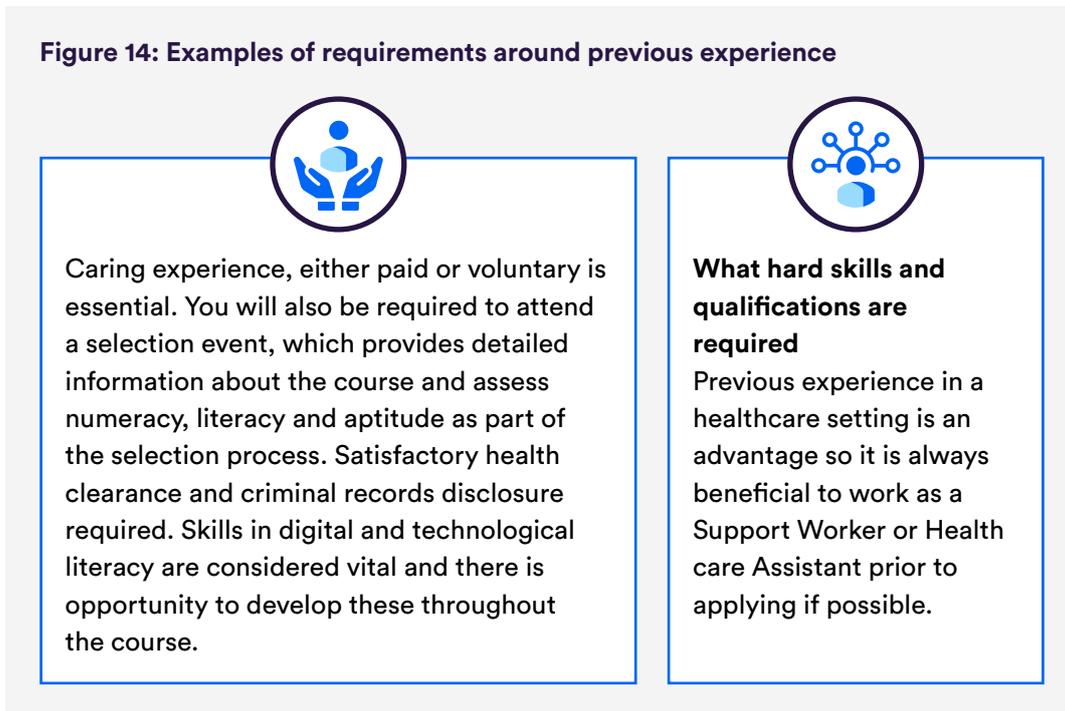


Source UCAS, 2020

## Previous experience

Universities look for various values, skills and attributes from applicants to make sure they will succeed in the course and will be able to practise as a mental health nurse. While expectations vary between universities, most of them take life and work experience into account as well as academic achievements, usually including the requirement of previous care experience (see Figure 14).

**Figure 14: Examples of requirements around previous experience**



Source: Coventry University, no date; Woods, 2019

Previous experience may help to indicate both the interest and capabilities of a candidate. One mental health nursing programme director noted that prior experience is helpful for demonstrating “curiosity, flexibility and interest in other people” and an “awareness of own limitations and strengths”. However, previous caring experience is not necessarily associated with higher emotional intelligence (Snowden and others, 2015) nor with completion of nursing programmes (Snowden and others, 2018). Furthermore, we found that there is some confusion around what constitutes such experience, with some students thinking it entails having had a previous job or work experience in health and care. Yet it can also include being a recipient of care or providing care to a relative, for example. A recent survey found that almost half (48%) of UK adults thought that people beginning training to become a qualified mental health professional must have some relevant experience of working with vulnerable people (Think Ahead, 2020).

This is not to say that previous experience should not be taken into consideration. Rather universities need to mitigate the risk that some students with the right attributes to become a mental health nurse might be unaware of what could be included as previous experience, or struggle

to demonstrate such experience at the time of application, leading them to believe they are less eligible or prepared for or even 'worthy' of a place on a mental health course. Although our research showed that many students do have some relevant experience, more clarity around desired work and volunteering experiences, skills and values on universities' and other relevant websites could ensure that students with an interest in mental health are not discouraged from entering the profession.

**It took me a long time, like probably third year, ... before I acknowledged that yes I am a student mental health nurse and initially I didn't feel like I deserved to be there because I hadn't personally been in a mental health crisis, none of my immediate family had. There are other people within my wider family that have but I don't know it's something that I didn't deserve that I should have that place because I hadn't had that direct exposure.**

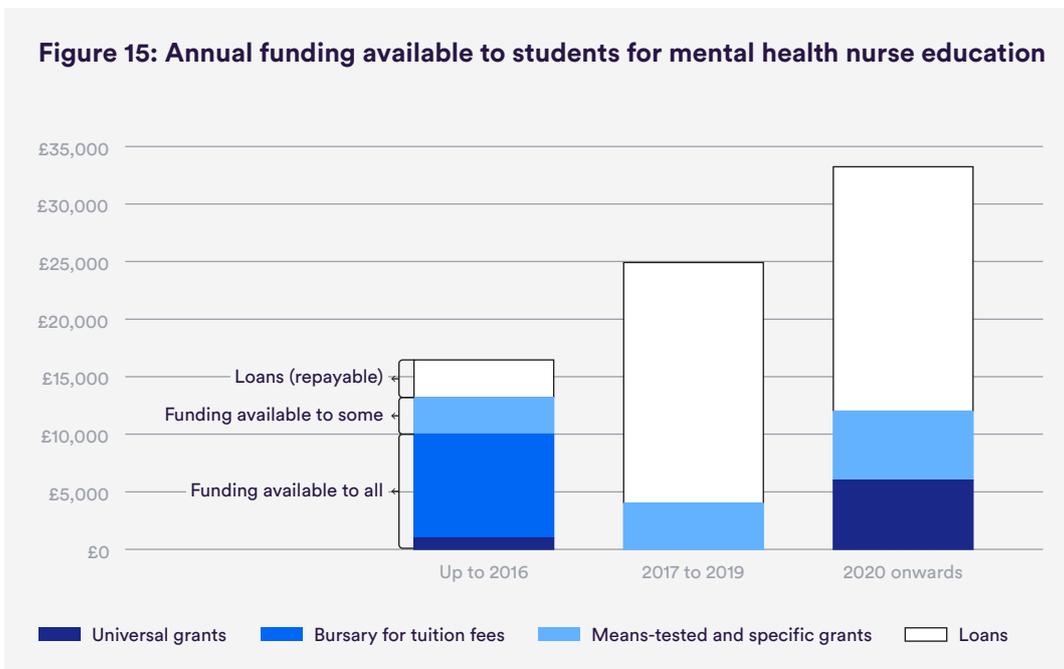
Dual nursing student

### Personal statements

Personal statements are another potential barrier to demonstrating experience and interest in a specific course for those undecided about the field of nursing they want to go into or applying to dual nursing courses. The limitation of one statement per application, regardless of the number and variety of courses included on the UCAS form, might make it challenging to write a compelling and generic statement that applies to each course. We found that, in some cases, students default to applying to the course that is more likely to be accessible and offer more places in their local and chosen university, to increase their chances of being accepted, which often tends to be adult nursing. Some might then try to transfer fields once they have enrolled at the university; the motivations behind and success of such movements should be explored further. More generally, there is concern around the fairness of using personal statements for admissions, which tend to benefit students with access to coaching and extra-curricular opportunities, making disparities more likely across different socioeconomic backgrounds (Wyness, 2017).

## Available funding

Over the past four years, there have been significant changes in the funding available for nursing, midwifery and allied health profession students (see figure 15). In the first instance, the removal of bursaries in 2017 meant new students were moved on to the existing finance arrangements for all other students, typically involving taking out a loan to cover tuition fees and maintenance costs. Then, in 2019, as part of the government’s pledge to increase nurse numbers by 50,000 over the next five years, it was announced that from September 2020, all students will also be able to access cost-of-living grants of £5,000, with up to £3,000<sup>8</sup> further funding for eligible students.



**Notes:**

Universal grants (available for all) include the £5,000 cost-of-living grant available and £1,000 addition for those studying mental health nursing from 2020.

Means-tested and specific grants include, for example, child care support and exceptional hardship funds.

Loans include tuition and maintenance costs loans with maximum typical levels given.

8 The £3,000 further funding is only available for new students while the £5,000 is for all new and continuing students.

## Student loans

Funding is important. A previous survey of 18- to 24-year-olds suggested that money, including the cost of study and concerns over student loans, is the main barrier to studying nursing among students (The Open University, 2019). And according to another survey, around two-thirds (63%) of students, all of whom were in receipt of the-then NHS bursary, stated that they would not have applied for the course if they had to pay course fees (Health Education England, 2018). The students, practising mental health nurses and careers advisers we spoke to echoed this view, noting that these concerns influence people's decisions to study nursing, the route pursued and the locality of study (p. 60). The extent to which applications fell following the removal of the bursary – particularly among mature students (with the number of applications to mental health nursing from those aged 25 to 39 falling by almost a half, 49%, between 2016 and 2019) – seems to underline the importance of student funding (UCAS, 2020).

Misconceptions about the available funding and loan systems are also barriers for some. A recent survey of adults in the UK found that 61% thought that students had to be able to fund their living expenses during training, and 59% thought that they had to be able to pay tuition fees (Think Ahead, 2020). Careers advisers we spoke to mentioned that, for many, the thought of coming out of university with debt is concerning, especially if they are the first generation of graduates in their family or are not fully aware of how the repayment systems work and that the loans do not have to be paid all at once. In reality, many mental health nurses will not fully repay their loan. The government expects that – across all subjects – around two-thirds (70%) of current full-time undergraduates who take out loans will not repay them in full (Bolton, 2019), and women and mature students (who account for a higher-than-average proportion of students in mental health nursing) on average pay back a lower amount (Department of Health and Social Care, 2016). But this is far from a selling point as it reflects, in part, career wages and high loan interest rates.

## Cost-of-living grants

The recently improved funding opportunities are poorly understood, representing a missed opportunity. The government has committed more than £2 billion a year to provide funding for nursing and related courses (Department of Health and Social Care, 2019b). However, our interviews – conducted after the announcement of this funding in December 2019 – found that there was an almost total lack of awareness among careers advisers of the availability of cost-of-living grants, suggesting that this available funding is also not familiar to school pupils and their families. That said, the timing of the policy announcement was only weeks before the application deadline (January) for nursing courses starting in September 2020 and awareness of it during our research was low. While this funding is noted on most universities’ websites, it is still unclear who is responsible for improving awareness and why the information has not been disseminated in schools or among careers advisers.

The overall perception among students is that the current available funding for nursing students is not as attractive as the bursaries offered before 2017. Under the new scheme, students will not be means tested and all of them will be able to claim the full £5,000 a year. Technically, this constitutes a higher amount of funding available during the course than under the bursary scheme, but because students have to pay their tuition fees, they could potentially still be left with £27,750 of debt (or more if they have to take out further loans).

The NHS Long Term Plan (NHS England, 2019c) did commit to explore ‘earn and learn’ support premiums for students embarking on more flexible undergraduate degrees in mental health or learning disability nursing, recognising that these are also predominantly mature students who may face financial challenges. However, this was ruled out soon after for mental health nursing due to cost and implementation concerns (National Audit Office, 2020).

## Apprenticeships and nurse associates

Nurse degree apprenticeship programmes started in 2017 (NHS England, no date). By offering paid employment – often in the region of £20,000 a year<sup>9</sup> – and protected learning time to work towards a qualification (a nursing degree), apprenticeships can broaden participation and support career progression (Beech and others, 2019). Certainly, apprenticeships in general appear to be popular with older entrants and attract people from diverse backgrounds (Skills for Care, 2018). For example, careers advisers noted that families of students in schools with higher levels of deprivation commonly encourage their children to go through the apprenticeship route, as they would not have to pay any tuition fees and would be entitled to a salary.

**A lot of my parents are very much pushing apprenticeship as financially more cost-effective, not particularly bothered about branch [field] of nursing but more pushing them to do an apprenticeship route.**

Careers adviser

Moreover, apprenticeships can support organisations in recruiting from their local labour economies, which, as people often work near where they train (National Audit Office, 2016), has its own benefits. In the academic year 2019/20, 1,446 people started a nurse degree apprenticeship, a rise from 1,336 in 2018/19 and from 304 in the previous year (National Audit Office, 2020), although there are no readily available data on how these apprenticeships are distributed across nursing fields.

Apprenticeships can also support career progression, with NHS trusts thought to spend around four-fifths of their apprenticeship fund (levy) on internal staff (BPP University, 2018) and, indeed, health care support workers and nursing associates are a target group for both nurse degree and nurse associated apprenticeships schemes. This may be particularly important for mental

9 This figure is calculated as a ‘spot salary’ based on NHS Employers’ interim pay guidance (House of Commons and Education Committee, 2018; Beech *et al.*, 2019).

health services, as the number of nursing associates<sup>10</sup> and trainee nursing associates in this sector is growing; in January 2020, there were 1.4 nursing associates and 0.3 trainee nursing associates per 100 nurses in mental health settings, which is an increase from 0.6 and 0.02 respectively a year before (NHS Digital, 2020a). Qualified nursing associates can go on to be educated as registered nurses, using their accreditation of prior learning (APL) towards a shortened nursing degree course or completing a degree-level nurse apprenticeship over a shorter time (NHS England, no date). The possibility to space out the steps towards career progression might be another potential source of appeal, particularly for those students with caring responsibilities.

From the perspective of the employers, many issues have discouraged them from offering nurse degree apprenticeships to date. For example, the available levy cannot be used to cover backfill costs when apprentices are on training, and it is capped per course so potentially covering only a small percentage of the total costs for the hospital trust (Beech and others, 2019). However, in August 2020, the government announced a new funding package worth £172 million to provide NHS and other health care employers with £8,300 per placement per year for both new and existing apprenticeships, which NHS Employers and some other bodies have long been lobbying for (Department of Health and Social Care, 2020). This package also includes an additional £3,900 for every learning disability nurse apprentice they take on.

Certainly, additional funding is likely to make apprenticeships a more viable route for employers and it is intended to increase the intake of up to 2,000 apprentices every year over the next four years. However, it is still too early to assess its effects on employers' willingness to invest in apprenticeships. There needs to be careful monitoring to ensure that it sufficiently increases numbers and supports wider participation in nursing.

From a student perspective, some groups may not always have perceived nurse degree apprenticeships as an alternative to a BSc in nursing or as a desirable route. We found that better communication and promotion of the

10 Currently, most nursing associate training programmes are delivered through the apprenticeship route. However, a growing number of universities are offering direct entry programmes, in which trainees fund their own study (Health Education England, no date a).

benefits of the scheme and its equivalence to a nursing degree may be needed, including among careers advisers and schools. Specifically, we identified a number of potential issues that may affect attitudes towards this route into nursing, including the following:

- The need to both secure a job and meet the academic requirements set by the university to be eligible for an apprenticeship might be attractive to existing staff but discouraging for students fresh out of school or without relevant working experience. However, the development of direct-entry apprenticeships means increasing opportunities for applicants directly from college.
- As we discuss elsewhere (p. 46), dual courses are appealing for some groups; however, there is not yet an apprenticeship option for combined branch routes into nursing.
- Although apprentices receive a degree, apprenticeships are often perceived as a less academic route, with limited opportunities to provide a university learning experience. Students shared several accounts of practising health professionals, particularly other (and older) registered nurses, looking down on apprentices.
- A few current students we spoke to dismissed apprenticeships as an option as they were not aware of any such opportunities available for mental health nursing.

## Length of course

Length of study seems to have an effect on the choice of route to enter the profession. The content of the education and pace with which it is delivered will necessarily differ between routes. However, the current requirements for a minimum of 4,600 hours of theoretical and clinical education for a nursing degree broadly determine the length of courses. While we have not sought to evaluate this requirement, it is worth noting that it is based on a European Union requirement that is no longer mandatory for the UK to follow and is higher than in some countries (Royal College of Nursing, 2020a). Based on our

work, there is scope to promote greater awareness of how the length of course is commensurate with their purpose and content.

We found that the time that access and foundation-year courses add to the overall length of education to achieve a mental health nursing degree is a challenge for some of their targeted groups, including those with caring responsibilities or financial commitments. We also heard that length of study may be a potential barrier for some of those considering apprenticeships. However, we found that when the route of study offers higher status and/or employability, such as for dual courses, the length of education seems to be less of a deterrent. Overall, students seem to be making calculations of the cost and benefits of the different routes, suggesting potential trade-offs that need to be further explored.

**It's a long road so I waited for when [my kids] started school, I did a GCSE in maths in the evening at a local college, then did my access course for a year and then the degree ... five years ... I can't believe I'm at the end.**

Access course student nurse

### Postgraduate nursing

Mental health nursing, compared with related courses, is particularly attractive to mature students (p. 25). However, studying for at least three years may be prohibitive to some potential mature candidates. For those with an existing degree, postgraduate education (a master's degree or a postgraduate certificate or diploma – PGCert or PGDip) offers the opportunity to gain a higher qualification and register to work as a mental health nurse in a shorter period of time.

However, the overall offer for these courses is relatively limited (*Hansard*, 2018). As we have previously noted, progress in expanding the quicker postgraduate nurse education route in general has stalled (Beech and others, 2019). At the time of writing, the Nursing and Midwifery Council has approved MScs or PGDips at 37 universities (Nursing and Midwifery Council, no date); however, national bodies are committed to carry out a more detailed

assessment of the clinical capacity needed for postgraduate nursing education (NHS England, 2019a).

## Location

### Travel and living costs

In addition to tuition fees, further costs that are hindering participation in mental health nurse education are travel and living costs. One survey suggested that 13% of young people who had considered nursing felt that the idea of moving away from home or travelling to university every day was an issue (The Open University, 2019). Some current students we spoke to also indicated that due to financial implications and other existing commitments, their options were restricted to local universities. Despite the available funding for travel during placements, some groups (for example those living in deprived or remote areas) might find it challenging to pay out of pocket and then have to wait for travel reimbursement and therefore be dissuaded from applying to study.

As proposed in the *NHS Long Term Plan* (NHS England, 2019), the introduction of an online/blended learning nursing degree has recently been announced (Health Education England, 2020). This course is meant to be a flexible route into the profession, aiming to widen participation and facilitate the balance between caring responsibilities and education for prospective students. The course is due to start in January 2021 for adult nursing.<sup>11</sup> There is no indication of when it will be available for the remaining fields of nursing.

### Distribution of courses

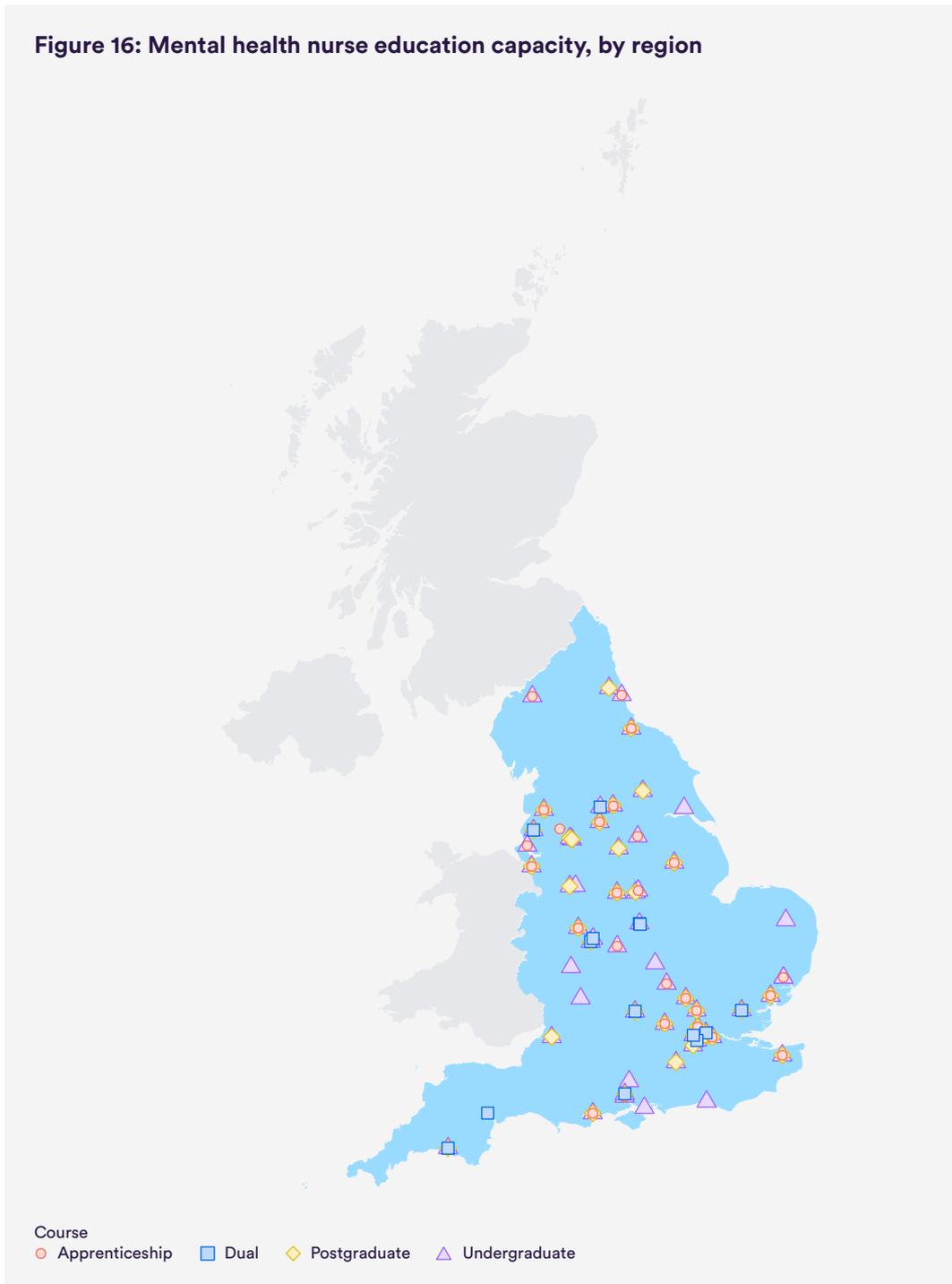
There is recognition that the geographical location where a course is delivered influences the choice of course, specialty and even the location of work. National bodies have considered introducing a five-year NHS job guarantee for every nurse in the region in which they qualify (Health Education England,

<sup>11</sup> The formal announcement of this blended course does not specify the field of nursing (Health Education England, 2020). This information was obtained via conversations with NHS Employers.

2019); however, it is already the case that students will likely work in the same region in which they are studying (National Audit Office, 2016). This may be particularly true in mental health nursing, which has typically attracted older students who are likely to have less flexibility to travel. Furthermore, while an increase in applications across nursing fields is positive, there needs to be an evaluation of how these applications convert through to acceptance of a place and commencement on the course; how they vary by geography/region is important.

However, the current distribution of mental health nursing does not appear to be optimal in helping to support areas with greatest workforce needs or to provide opportunities for all suitable candidates. In 2018, there were some three times as many acceptances per 100,000 in the North East of England as the South East, with the latter already struggling with high levels of vacancies in the current workforce (see Figure 3, p. 11). Certainly, there appear to be some notable 'black spots' in provision across England. For instance, for those unwilling or unable to relocate or travel long distances, there may be no opportunities to study mental health nursing in areas in the South and East of England. The situation is actually more problematic when one notes that certain potential applicants may only consider particular routes into mental health nursing, given there are currently only 37 universities with postgraduate and 14 with dual (including mental health) approved courses (see Figure 16).

Figure 16: Mental health nurse education capacity, by region



Source: NMC website

Note: map is based on list of NMC-approved courses some of which may not be currently running. This list may also include some that have not yet been approved against NMC new standards introduced in 2018 and cannot run after 1 September 2020. We have not validated the accuracy of the list.

## 4 Discussion

In this project, we sought to gain a better understanding of the key factors affecting people’s likelihood of applying for mental health nursing. In highlighting the challenges that should be addressed to improve people’s attitudes towards studying to become a mental health nurse, there is a risk that the report is unduly negative. And yet there is much to be optimistic about – the students we spoke to in our research were very positive about their choice of course and recognised the value of mental health nursing as a profession and the importance of encouraging others to consider it as a career. One survey (albeit across nursing in general and now a little dated) found that some 96% of students strongly agreed or agreed that they had made the correct decision to enrol on their course (Health Education England, 2018). The recent increase in interest in health and care careers and applications for courses in light of the coronavirus pandemic is also positive and should be capitalised on (NHS England, 2020).

However, inaccurate images of mental health patients, some negative perceptions about nursing that affect how it is seen compared with other psychological professions, and a lack of awareness about the mental health nursing role itself, could all be putting some prospective students off. This, in part, is due to a failure to both promote the unique and varied aspects of mental health nursing and provide access to positive personal experiences of and exposure to mental health services and staff. Given the relatively unique way in which nurse education is delivered in the UK – with students typically specialising in one field of nursing from the outset – it is particularly important to ensure that prospective students are aware of mental health nursing as an option as early as possible.

But stimulating interest in mental health nursing alone will not be sufficient. Local areas will need to become more nimble in ensuring that sufficient capacity is available for the various education routes to meet demand. As it stands, while there is currently a range of different routes into mental health nursing, some are only available at a limited number of places and there seems to be low awareness of the support people can receive. Given the

importance of mental health nurses, addressing these various shortcomings is a matter of urgency.

## Recommendations

In this research we sought to explore what actions national, regional and local bodies across both health and education sectors could take to positively influence the demand for mental health nursing places. We also wanted to define what further primary research could be undertaken – if necessary – to investigate the views of people who may consider mental health nursing as a career choice. Given the complexity of the current mental health nurse education system, including the bodies responsible, in the first instance it will be necessary to clarify roles, responsibilities and accompanying funding for addressing the challenges.

Suffice to say there are many areas that could be improved to ensure that NHS-funded services can attract more people, from a broad range of backgrounds, to apply to mental health nurse education. Some key areas for action are outlined below, which broadly centre on five pillars: understanding, status, exposure, awareness (of support) and access to courses. It is encouraging that a national plan for mental health nursing is being developed (May, 2020) and we encourage those involved to consider our recommendations.

- 1 To ensure a more **accurate and realistic image** of the mental health nursing role, career options, work settings and the people mental health nurses care for:
  - The Royal College of Nursing should work with other representative bodies and national organisations, practising mental health nurses students and service users to **better define** the mental health nursing role.
  - The NHS Confederation via NHS Employers and the Mental Health Network should work with national bodies to produce **updated materials** to promote the profession, taking particular account of the needs of people from different sections of society, including

different genders, ethnicities and socioeconomic groups, drawing on ambassadors or role models from across different mental health settings.

- Lessons must be learnt from Health Education England's and the Royal Colleges' **previous campaigns and further work** undertaken to understand the views of those studying related subjects, including those who considered studying mental health nursing but opted for another subject.

2 To improve the societal **status** and challenge false stereotypes of mental health nursing, the NHS Confederation via NHS Employers and the Mental Health Network, NHS England and NHS Improvement, higher education institutions, Health Education England and the Royal College of Nursing should make significant investments to:

- promote the valuable contribution that mental health nurses have made during the Covid-19 pandemic and the uniqueness of mental health nursing as a graduate career option able to act as a **bridge between mental and physical conditions**.
- support the NHS Pay Review Body to review relative **pay, conditions and progression** for the various psychological professions to ensure they are fair and consistent with the role and education requirements.
- encourage mental health nursing across the breadth of the population, including different **genders, ethnicities and socioeconomic statuses**, recognising that attitudes towards both the mental health and nursing aspects of the role may differ across societal groups, especially among under-represented groups.

3 With support nationally from Health Education England, the Royal College of Nursing and other representative bodies, integrated care systems and sustainable transformation partnerships should coordinate efforts to provide access to positive **personal experiences of and exposure to mental health services and staff**, including by sharing good practice on:

- **work experience** and shadowing and volunteering opportunities.

- practising nurses' involvement in **outreach work** with local schools and colleges (for example through the NHS Ambassadors scheme and outreach schemes).
  - **health care professionals in schools**, including new educational mental health practitioners, increasing awareness among young people in schools of the range of career options available to mental health nurses.
- 4 To promote a better understanding of the **support** available and requirements for studying to become a mental health nurse, universities should:
- better communicate the **entry requirements**, including clarity and flexibility around previous care experience in some health education institutions, for different routes into the profession, including among careers advisers and schools.
  - work with the Nursing and Midwifery Council and the Council of Deans of Health to detail, and if necessary improve, the **support, tools and techniques** that students will receive and be equipped with during their course and clinical placements to both manage their own mental health and cope with potentially challenging situations during their work.
- 5 The government should urgently improve communication of the purpose and level of **cost-of-living grants** across different settings, including schools, and among careers advisers, with support from the Department of Health and Social Care, Health Education England and the Department for Education. As part of efforts to ensure that the **full range of routes** into mental health nursing (for example, dual-field courses, apprenticeships, postgraduate courses and foundation years) are available across the whole country to increase numbers and broaden participation:
- Health Education England should seek to understand the **awareness and attitudes** of current school students (from a variety of backgrounds), those who may be considering a relevant change of career, health care assistants, support workers and nursing associates towards the different educational routes into mental health nursing.

- Integrated care systems and sustainable transformation partnerships should work with higher education institutions to develop detailed plans, based in part on local demographics, for the **capacity** that should be provided for each of the routes into mental health nursing, ensuring this is supported with additional, high-quality placements.
- The Department of Health and Social Care should work with its arm's-length bodies and the Department for Education to explore whether the current level of **funding arrangements** for health providers (in relation to apprenticeships and clinical placements) and higher education institutions is stimulating the increases in capacity needed. The NHS Confederation via NHS Employers and the Mental Health Network should share good practice across services on supporting the different routes into mental health nursing.

# Appendix: Methods

## Steering group

Our research was supported by a steering group. The group met twice during the course of the project and provided invaluable expertise and insight. The steering group included: Michelle Wayt, Danny Mortimer, Alex Stewart, Helen Green, Professor Steven Prymachuk, Sheena Cumiskey, Catherine Gamble, Dr Nigel Harrison, Jan Ellis, John de Pury, and Dr Tommy Dickinson.

## Desk-based work and stakeholder calls

Building on our previous work (Nuffield Trust, in press), we undertook a rapid review of the literature surrounding career decisions, to map out the different points in and influences on people's careers. We also undertook a mapping exercise to identify mental health careers that are currently available within NHS-funded services. The output from this is summarised in Figure 10. The purpose of the exercise was to outline the existing roles, including details about the education and training requirements. We also undertook a rapid review to identify a sample of past and present recruitment campaigns and initiatives aimed at individuals considering a career in mental health within NHS-funded services.

## Stakeholder calls

We supported this work through scoping conversations with key stakeholders, including Health Education England (including the Nursing Now campaign and NHS Health Careers), the Royal College of Nursing, the Council of Deans of Health, the Office for Students, Universities UK, Think Ahead, and the Nursing and Midwifery Council. These calls helped to provide context for the work, including current policy thinking and implications for our research.

## Literature review

We conducted a literature review to identify papers relating to attitudes towards and perceptions of mental health nursing. We iteratively developed a search strategy with support from the University of Birmingham's Health Services Management Centre library and information services. The literature search covered the following bibliographic databases: *MEDLINE*, Healthcare Management Information Consortium (HMIC), CINAHL, British Nursing Index, PsycINFO, ABI and Web of Science. Full details of the literature search strategy are given below. We searched for papers published in English since 2000, in the UK, the Republic of Ireland and other countries of the Organisation for Economic Co-operation and Development (OECD).

We screened all titles and abstracts on the basis of our inclusion and exclusion criteria (Table 3), to identify studies with the greatest relevance to attitudes towards and perceptions of mental health nursing. Our team of reviewers discussed all of these, and some papers were screened more than once to ensure consistency.

Table 3. Inclusion and exclusion criteria for literature review

	Included	Excluded (papers exclusively about)
<b>Topic relevance</b>	<ul style="list-style-type: none"> <li>✓ Focused on factors influencing <b>preference towards career or training in mental health nursing</b></li> <li>✓ All routes for people anyone not currently a qualified mental health nurse to become one (i.e. <b>undergraduate, postgraduate and apprenticeship</b>)</li> </ul>	<ul style="list-style-type: none"> <li>✗ Other <b>strands of nursing</b> (or other clinical professions)</li> <li>✗ <b>Attrition</b> during training</li> <li>✗ Career progression (i.e. when staying within same professional group) and retention of, or advanced training for, existing staff</li> <li>✗ <b>Return to practice</b> for previously employed mental health nurses</li> <li>✗ <b>International recruitment</b> of mental health nurses</li> </ul>
<b>Methodology</b>	<ul style="list-style-type: none"> <li>✓ <b>Qualitative or quantitative</b> (including surveys, systematic reviews, literature studies, ethnographic studies and phonological studies)</li> </ul>	<ul style="list-style-type: none"> <li>✗ <b>Personal reflections</b> (i.e. not explicitly linked to research)</li> </ul>
<b>Countries/ health services</b>	<ul style="list-style-type: none"> <li>✓ <b>Any OECD country</b></li> </ul>	<ul style="list-style-type: none"> <li>✗ Low-income, less-developed countries</li> </ul>
<b>Date</b>	<ul style="list-style-type: none"> <li>✓ <b>Published 2009 or later</b> (irrespective of whether it is based on pre-2009 data)</li> </ul>	<ul style="list-style-type: none"> <li>✗ Pre-2009 publication date</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>✓ Anyone who is reflecting on a period when they were <b>not a mental health nurse or on mental health nursing training</b></li> </ul>	<ul style="list-style-type: none"> <li>✗ Reflections of qualified mental health nurses on the job or currently training to be one</li> </ul>
<b>Language</b>	<ul style="list-style-type: none"> <li>✓ <b>English, German, Spanish and Portuguese</b> (i.e. those which a member of the team are proficient at)</li> </ul>	<ul style="list-style-type: none"> <li>✗ <b>Other languages</b></li> </ul>

## Qualitative work

### Focus groups

We held five focus group discussions across three universities. These consisted of:

- one discussion with mental health nursing BSc students
- two discussions with adult nursing BSc students
- one discussion with dual-course adult and mental health MSc students
- one discussion with various dual-course students (a combination of adult and child; adult and mental health; and child and mental health).

Across these groups we reached 27 students. We spoke to students across a range of ages and ethnicities, and attempted to sample from universities across multiple regions.

The Council of Deans of Health kindly hosted a tweetchat on 2 March relating to our study involving participants on their student leadership programme.

### In-depth interviews

We also conducted semi-structured interviews with:

- four careers advisers (across a variety of schools)
- two practising nurses
- one nursing programme director (who was also a mental health nurse).

### Quantitative analyses

We analysed an array of published and aggregated data, including from Office for Students (on diversity of students), Health Education England (on UCAS applications and acceptances), the Health Foundation, and NHS Digital (on workforce numbers). All analyses were conducted in Excel.

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**Nuffield Trust is an independent health think tank. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate.**

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Published by the Nuffield Trust.  
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ISBN: 978-1-970953-83-9

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