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In train?

Progress on mental health nurse education

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Commissioned and supported by

Mental Health Network
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Contents

Key facts

43,600 nurses recorded within the mental health workforce in NHS hospital and community health services as at September 2022

One-in-three of the NHS mental health workforce are nurses (32%)

11% increase in the number of mental health nurses since 2015; half the level of increase seen in children's and adult nursing

18% of nursing posts at mental health trusts were not filled with a substantive employee as of December 2022; it is unclear how many of these were filled with temporary staff

63% more mental health nurses per person in North East and Yorkshire (91 per 100,000) than East of England (56 per 100,000) after adjusting for need

Nearly a third of all nursing vacancies are accounted for by mental health trusts (30%)

508 internationally trained mental health nurses joined the UK register in the year to March 2022 compared to 22,637 overseas adult nurses. This equates to 0.5% of mental health nurse registrants compared to 4% for adult nurses

5,780 pre-registration mental health nurse degree course places planned for in 2022; double the number of acceptances a decade ago (2,840) and an increase of 8% (440) since 2020

One-in-seven students who start a pre-registration course in mental health nursing will not graduate with the intended qualification

Lower levels of attrition (leavers) in postgraduate mental health degree courses but also lower levels of students becoming nurses on graduation, compared to undergraduate courses

Three-fold difference in mental health nurse degree acceptances between North West (17 per 100,000 population) and South East (six per 100,000)

91% of mental health nurse graduates employed as a nurse within 15 months

A stocktake on the mental health nurse workforce

Despite some steps towards **closing** the gap between mental and physical health services, many people still cannot access services or face long waits for treatment. Addressing workforce challenges in mental health services will be crucial to improving this situation. This report, commissioned and supported by NHS Confederation's Mental Health Network, looks at the single largest profession within the mental health workforce: nurses. We start by outlining the scale of the mental health nursing workforce, and highlight trends in recruitment and retention.
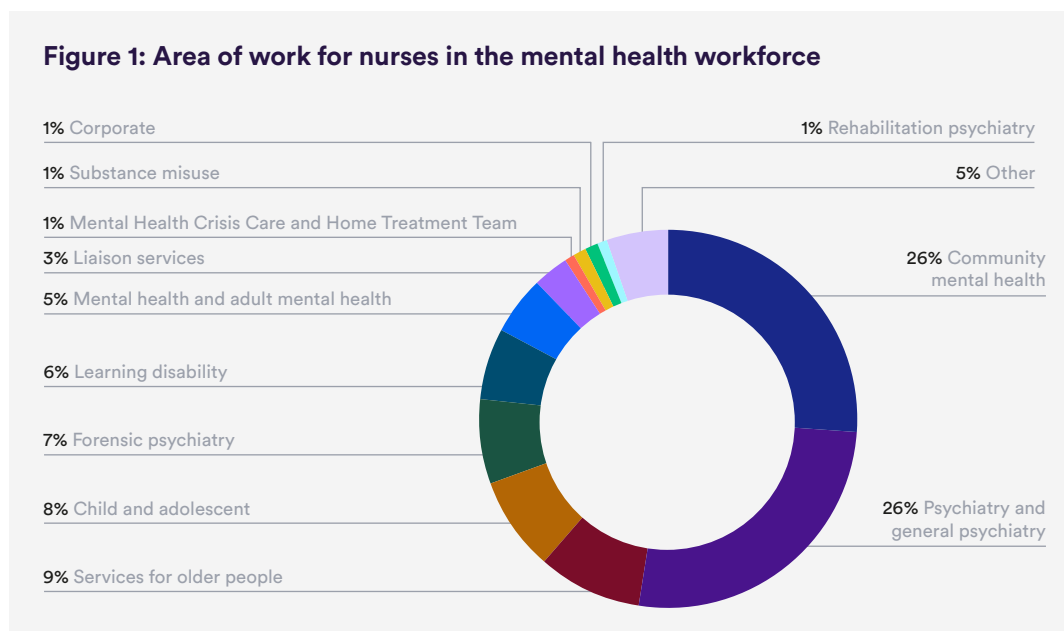
Workforce numbers

Current workforce

As at September 2022, around 43,600 full-time equivalent nurses were **recorded** within the mental health workforce in NHS hospital and community health services in England.[1] They account for one-in-three (32%) of the NHS mental health workforce, with more than four times the number of nurses as doctors. Mental health nurses account for one-in-nine nurses and health visitors across NHS hospital, community and general practice services.

The majority of these nurses work in the community care setting. Most (91%) are also employed by mental health and learning disability NHS trusts, although some are employed by acute (4%), care (3%), community (2%) or

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1   This excludes nurses employed by general practices or primary care networks working in mental health. It differs from the number (38,600) identified through 'staff group' category alone.
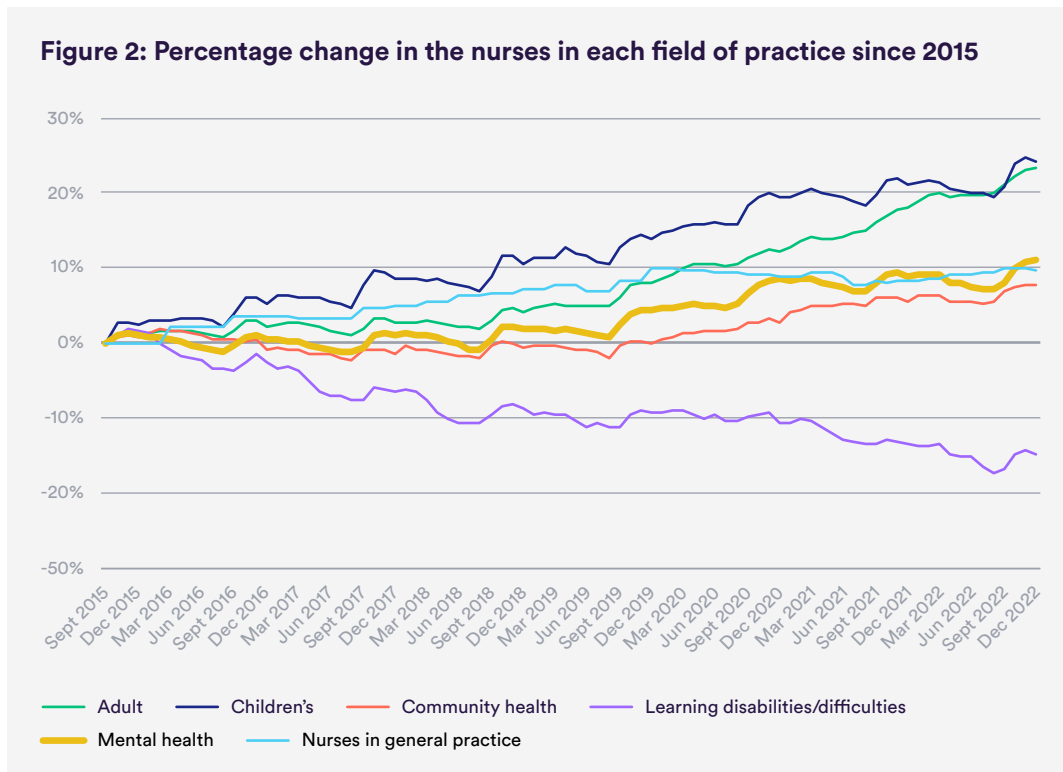
ambulance (<1%) trusts, with a small number (<1%) employed by integrated care boards. The available data on the services, settings and specialty that mental health nurses work in – even if limited by use of some broad categories – demonstrates the range of areas of work of these staff including crisis care, forensic psychiatry, child and adolescent or old age psychiatry, and substance misuse services (Figure 1).

Figure 1: Area of work for nurses in the mental health workforce

1% Corporate

1% Substance misuse

1% Mental Health Crisis Care and Home Treatment Team

3% Liaison services

5% Mental health and adult mental health

6% Learning disability

7% Forensic psychiatry

8% Child and adolescent

9% Services for older people

1% Rehabilitation psychiatry

5% Other

26% Community mental health

26% Psychiatry and general psychiatry

Notes: Data for NHS hospital and community services only. Based on 'tertiary area of work' field in electronic staff records. For simplicity, some categories are aggregated from multiple replated categories within the underlying data.
Source: NHS Digital.

Since 2015, there has been an 11% increase in the number of mental health nurses, although this only represents around half the level of increase seen in children's and adult nursing (Figure 2). The trend of mental health nurses on the UK register (which includes those either working in the other UK nations or outside of the NHS) is less positive, increasing by only 4%.

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Figure 2: Percentage change in the nurses in each field of practice since 2015

Notes: Based on 'staff group' categorisation.
Source: NHS Digital.

During this period there have also been some increases in diversity. In particular, the **number** of black, Asian and minority ethnic groups working in mental health nursing roles increased from 14% in 2014 to 19% in 2021.

Progress against workforce targets has been mixed. A previous **report** highlighted that the number of nurses had, between 2016–17 and 2021–22, grown less than for the NHS mental health workforce as a whole and less than NHS England and Health Education England (HEE) had expected (9% actual against 16% initially estimated). In 2019, NHS England published a **Mental Health Implementation Plan**, outlining a series of commitments to help provide quality and timely mental health care. This included 'indicative workforce profiles' for each staff group with the ambition of an additional 4,220 mental health nurses by 2023/24. Between July 2019 and **February 2023**, there were 3,940 more mental health nurses – more than the expected increase of 2,900 over this period.

The reported number of **vacancies** has also increased from 13% (8,910) in June 2018 to 18% (12,950) in December 2022, although it is unclear how many of these are filled with temporary staff and whether that proportion has changed over time. However, it is concerning that mental health trusts account for nearly a third (30%) of all nursing vacancies.

Joiners and leavers

While overseas recruitment has played a hugely significant role in the supply of nurses overall – half of joiners to the UK register trained abroad in the year to September 2022 – the contribution for mental health nurses is far smaller. In the year to 31 March 2022, 508 mental health nurses joined the UK **register** from overseas. This is equivalent to 0.5% (1 in 182) of the number of mental health nurses on the register whereas overseas recruitment of adult nurses – at 22,637 over the same period – was equivalent to 4% (1 in 25).[2]
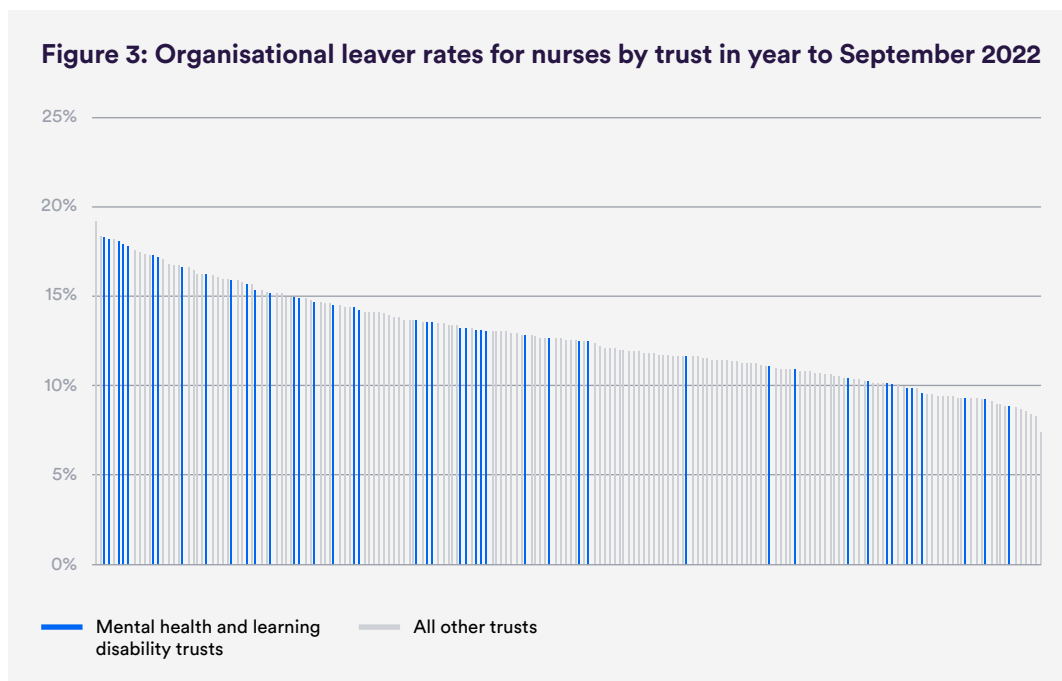
The available data (for March 2021) suggest over half (52%) of mental health nurses were aged 45 and over, while one-in-five (21%) were aged 55 and over. As we **noted** previously, a higher proportion of nurses in mental health services are approaching pensionable age compared with those in acute services and that mental health officer **status** means those who started working before 1995 can often retire at the age of 55.

These age demographics vary significantly by trust with 38% in Isle of Wight NHS Trust aged 55 and over compared to 11% in Birmingham Women's and Children's NHS Foundation Trust. Around one-in-four mental health nurses in London and Southern regions were aged 55 and over compared to fewer than one-in-five in the Northern regions.

The available data on leavers from the NHS as a whole is limited. However, as of December 2021, leaver rates – at 6.9%, a level last seen in 2017–18 – were on the increase, having dropped to below 6% during the initial stages of the pandemic. Data on leavers from trusts, which includes those moving to another organisation, suggests that retention of nurses within mental health trusts varies dramatically with a two-fold difference between highest and

2   Equivalent figures for children's and learning disability nurses were 0.3% and 0.01%, respectively.

lowest. Mental health and learning disability trusts have a higher proportion in the top half of trusts with the higher leaver rates (Figure 3).

Figure 3: Organisational leaver rates for nurses by trust in year to September 2022

Legend:
— Mental health and learning disability trusts
— All other trusts

Notes: Data are for nurses and health visitors leaving their organisation. Staff commencing or returning from maternity leave are not counted as joiners or leavers in this table. Four trusts with particularly high leaver rates have been excluded due to potential data issues.
Source: NHS Digital.

Variation

There have been increases in the number of mental health nurses across all regions; however, the variation in numbers – which cannot be explained by patient need – persists (Figure 4). We compared the number of nurses in each region to an existing estimate of the mental health needs of the population. We found that there are nearly two-thirds (63%) more mental health nurses per person in the North East and Yorkshire (91 per 100,000) than East of England (56 per 100,000) after adjusting for need. The number of nurses required in a region is, however, influenced not only by patient need but also factors such as levels of rurality, especially given the high proportion of community-based services.

Figure 4: Regional differences in number of mental health nurses, 2015 and 2022
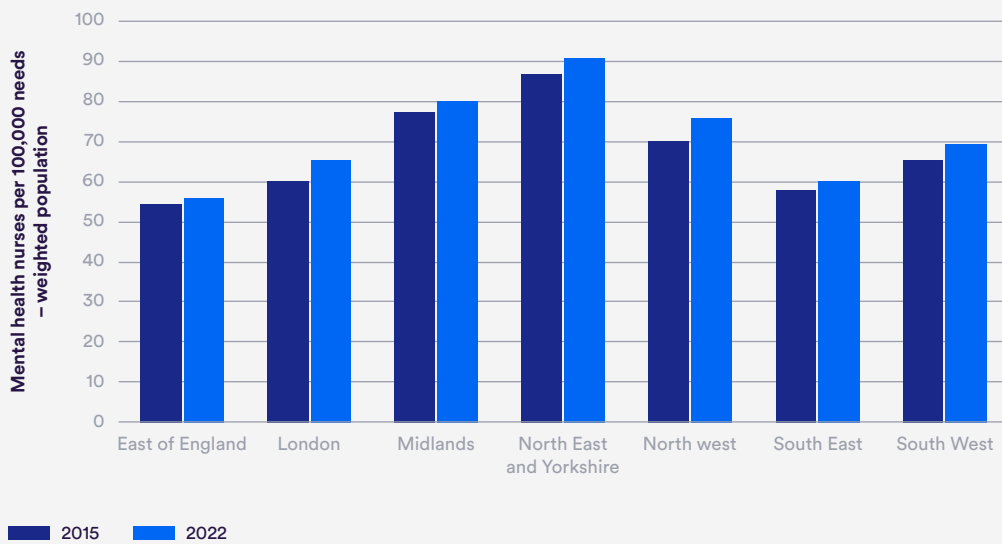

Notes: Population size adjusted for estimated mental health needs. Due to limitations in availability of comparable data, 2015 population figures are based on 2018–19 estimates. Source: Nuffield Trust analysis of data from NHS Digital and NHS England.

While the level of vacancies is consistently high for nurses in the NHS mental health sector in all regions, it does vary. Over one-in-five mental health nurse posts remained **vacant** (i.e. not filled by substantive staff) in December 2022 in the South East (22%), London (21%) and East of England (20%). The lowest regional rate was in the North East and Yorkshire (15%). This variation may, however, be affected by the nature of the temporary nursing market in different regions and there are no readily available data on what proportion of these vacancies are filled day-to-day with bank or agency nurses.

Progression

Mental health nurses in NHS hospital and community services are employed on the "Agenda for Change" pay framework. Graduate nurses start at Band 5 but can progress to higher bands and roles such as Nurse Manager, Modern Matron and Nurse Consultant. Mental health nursing actually has a higher proportion of staff at these higher Bands, with four-in-five (79%) at Band 6 and above compared to half (51%) for adult nurses (Figure 5). That – at least comparatively – there are more career progression opportunities in mental

health nursing could be used as a way to attract people into that field of nursing and also to work in the NHS.

Figure 5. Nurses by grade and field
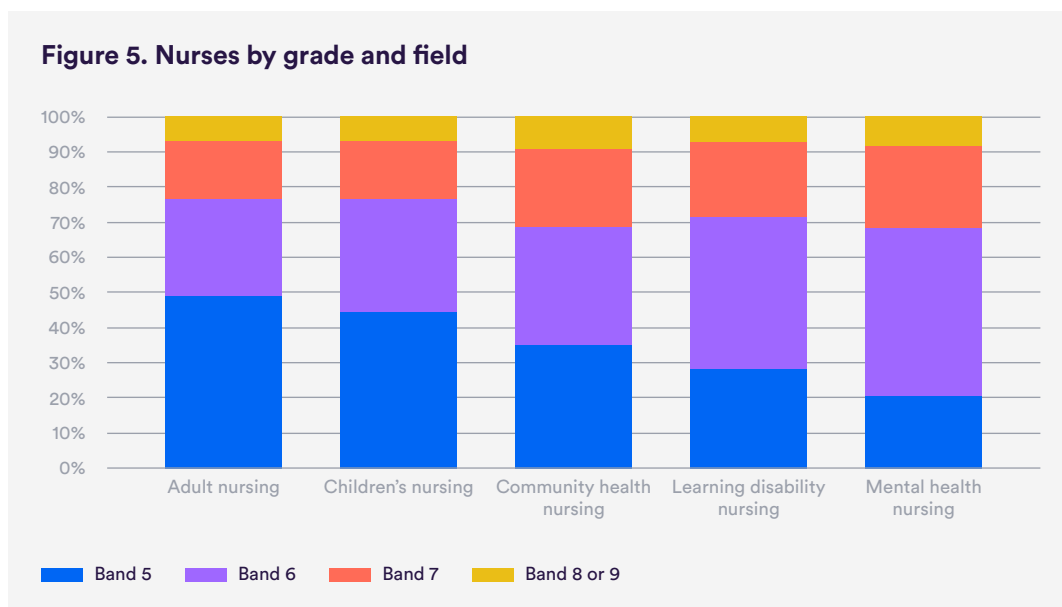
Notes: Data as at September 2022.
Source: NHS Digital.

The proportion of roles at senior bands also varies substantially by NHS employer. For instance, the available data (from March 2021) suggest that three times more nurses are at Band 5 at Mersey Care NHS Foundation Trust and West London NHS Trust (38%) than at Surrey and Borders Partnership NHS Foundation Trust (13%). The latter has one-in-six mental health nurses recorded as working at Band 8 or 9 compared to 1-in-26 at Derbyshire Healthcare NHS Foundation Trust. However, such comparisons do need to be treated with caution as the nature of the services being delivered may vary between trusts.

One-in-three nurses in mental health services in London (32%) and South East (33%) were Band 7 or above, compared to one-in-four in the Midlands (24%), North West and North East and Yorkshire (both 25%). It is also worth noting that we heard trusts in and around London tend to offer higher bandings to retain staff as there are many providers within a small geographical area, therefore it is relatively easy for staff to join another trust at a higher banding without relocating.

Policy development

In April 2022, a **review** on developing the mental health nursing workforce was published by Health Education England. The review made a range of important recommendations including around nurturing, growing and developing mental health nursing for the future (see quote below). More broadly, a **report** by the National Audit Office recommended that the Department for Health and Social Care (DHSC) and NHS England should publish a costed long-term mental health workforce recruitment and retention strategy, either separately or as a distinct part of the overall NHS workforce plan.

Examples of recommendations from the review of mental health nurses

"A renewed focus must be placed to ensure mental health nurses are supported and developed when transitioning from student to newly registered nurse.

Mental health nursing must become more of an attractive and accessible profession, with clear career development pathways and opportunities at all levels."


Source: **Health Education England**

Mental health nurse education

In this part of the report, we outline trends in pre-registration education of mental health nurses.

Trend in nurse training

Over the last decade there has been a substantial increase in mental health nurse training places. The number of places for pre-registration courses doubled from 2,840 acceptances in 2012 to a planned 5,780 in 2022. In the two years to 2022, the numbers rose by around 440 acceptances (8%). However, these recent increases have been significantly more marked in the North East and Yorkshire and North West regions (the South West have also had a large relative increase but from a small starting base) (Figure 6).

Figure 6. Change in acceptances for mental health nursing degrees by region
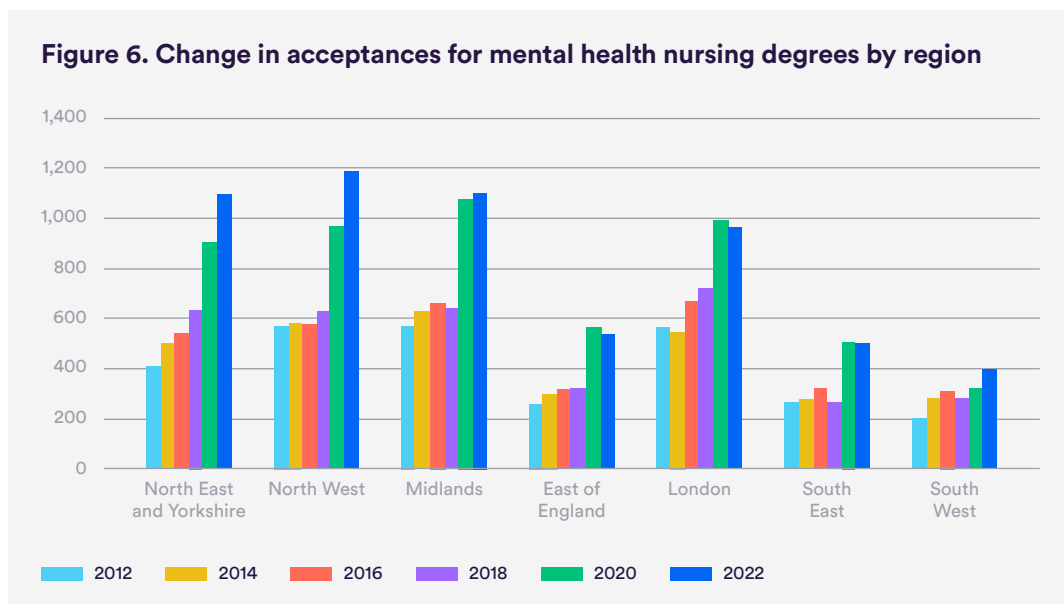
Notes: Based on acceptances from 2012 to 2020 and planned places for 2022.
Source: Published HEE documents.
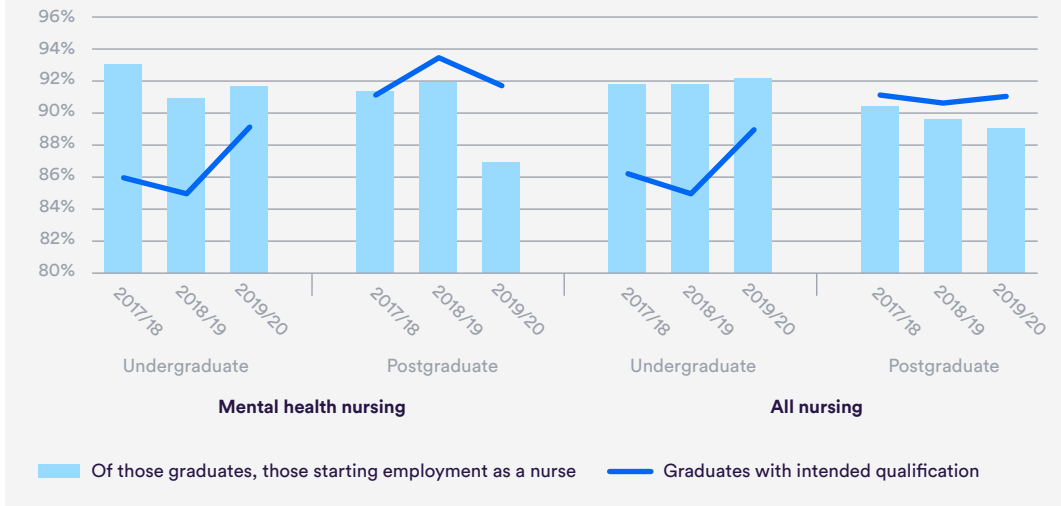
Access to courses

We previously highlighted that the distribution of mental health nursing courses did not appear to be optimal in helping to support areas with greatest workforce needs or to provide opportunities for all suitable candidates. In particular, we noted that, for those unable or unwilling to relocate or travel long distances, there may have been no opportunities to study mental health nursing in areas in the South and East of England. With this in mind, it is concerning that East of England saw a fall in acceptances in the last two years while numbers in the South East have plateaued. In fact, there remains three times as many acceptances per head of population in the North West (17 per 100,000 population) as the South East (six per 100,000).

Apprenticeships are potentially an important way to increase the supply of nurses and provide opportunities for broadening participation in mental health nursing. A new funding package worth £8,300 per placement per year for both new and existing apprenticeships was announced in August 2020. The recent national **review** recommended that there needs to be a "raise[d] awareness of the apprenticeship offer into mental health nursing." Nurse degree apprenticeships are still a relatively new route, but numbers of students on mental health nursing apprenticeships have increased nine-fold since June 2020 with 979 students on apprenticeship degrees in June 2022; a similar relative increase observed in adult nursing apprenticeships. It will remain important to monitor how well they are performing.

Attrition during training

While measuring attrition during training is difficult, we estimate that around one-in-seven students (14%) who start a pre-registration course in mental health nursing will not graduate with the intended qualification. For every three such leavers, approximately two leave with no award while one leaves with a different (lower) award. This attrition in mental health courses is fairly similar to the overall figure for nursing (Figure 7). For the most recent year of available data (2019/20), attrition for mental health nursing undergraduate courses fell compared to the prior year.

Figure 7. Estimated attrition rate and clinical participation by type and level of course

	Mental health nursing						All nursing					
	Undergraduate			Postgraduate			Undergraduate			Postgraduate		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20

Legend:
- Of those graduates, those starting employment as a nurse
- Graduates with intended qualification

Notes: 'Completion rate' is the percentage of students estimated to graduate with intended degree. 'Participation rate' is the percentage of graduates who were employed as a nurse at 15 months.
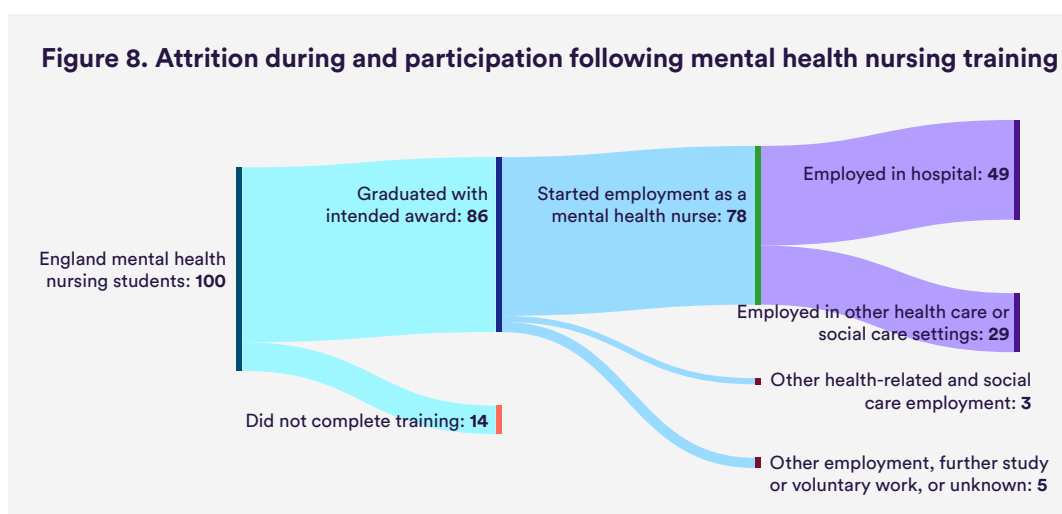Source: Nuffield Trust analysis of JISC data.

The available data on attrition in apprenticeships are limited and include many nurse associates seeking to become a registered nurse (typically a two-year course) as well as those doing the nurse degree apprenticeship (typically a four-year course). However, looking at those in their first year of an apprenticeship programme in 2018/19 and 2019/20, around 1 in 20 (5%) appear to have left with no award or gained another (lower) award across all nursing apprenticeships captured in the data we analysed. This is slightly lower than for all nursing degrees (8%), although the direct comparison should be treated with caution due to different lengths of courses and subsequent participation. While we found low attrition from the small sample of those in first years of mental health nurse apprenticeships (3%), this was not statistically significantly different to the proportion for all nursing apprenticeships.

Participation following training

Participation is generally high for mental health nursing courses with on average 91% of graduates becoming employed as a nurse within 15 months. The proportion of graduates beginning their career as a mental health nurse for those undertaking the postgraduate course (90%) is slightly lower than for those completing undergraduate courses (92%). These participation rates are similar to those observed in all other nursing courses at both levels of qualification. The data suggest that between 2018/19 and 2019/20 there was a substantial fall in postgraduate participation for mental health nursing (by five percentage points) which may be cause for concern.

Of those who become a mental health nurse, just under two-thirds join the hospital sector, a third join other parts of the health sector (with very few recorded as undertaking either general or specialist medical practice activities) and 2% join social care. Those working in the health sector will include staff employed in the NHS as well as in the independent sector, although workforce data on the latter is far more limited. There is very little difference between postgraduates and undergraduates, although postgraduates are more likely to join the non-hospital parts of the health sector. Across all mental health graduates, around 6% are employed outside of health or social care, including pursuing further education within 15 months (Figure 8).

Figure 8. Attrition during and participation following mental health nursing training

England mental health nursing students: 100

Graduated with intended award: 86

Started employment as a mental health nurse: 78

Employed in hospital: 49

Employed in other health care or social care settings: 29

Other health-related and social care employment: 3

Other employment, further study or voluntary work, or unknown: 5

Did not complete training: 14

Notes: Numbers shown give estimated career trajectories for indicative cohort of 100 students.
Source: Nuffield Trust analysis of JISC data.

Concluding remarks

Nurses are fundamental to the provision of mental health services across the vast array of settings that they are delivered. While it is welcome that the number of mental health nurses has increased, more needs to be done. Indeed, the increase in mental health nursing has lagged far behind that seen in adult and children's nursing and mental health trusts account for nearly a third of all nursing vacancies. We also identified significant regional differences, including numbers of nurses relative to the size and mental health needs of the population, a two-fold difference in organisational leaver rates, and apparent variation in the opportunities for pay progression.

Our 2020 report made a number of **recommendations** aimed at:

- ensuring a more accurate and realistic image of the mental health nursing role, career options, work settings and the people mental health nurses care for.

- improving the societal status and challenging false stereotypes of mental health nursing.

- coordinating efforts to provide access to positive personal experiences of and exposure to mental health services and staff.

- promoting a better understanding of the support available and requirements for studying to become a mental health nurse.

- exploring whether the current level of funding arrangements for health providers and higher education institutions is stimulating the increases in capacity needed.

While progress is ongoing across all of these recommendations, some of these themes were picked up in last year's national **review** on developing the mental health nursing workforce. Much will depend on how that review is now taken forward and whether the long-awaited NHS long-term workforce plan will include tangible strategies for addressing the unresolved problems around the portrayal and status of mental health nursing and the support and funding

for educational courses. As demonstrated in the quote below, a reviewer of this report eloquently stressed the importance of addressing issues around attitudes towards the profession. In fact, some of the underlying, longstanding issues – particularly around the image of nursing – have been compounded by the negative media around the pay negotiations and poor industrial relations between nurses and government.

> Unless touched by personal experience of these areas there is still a bias towards the old "one flew over the cuckoo's nest" fantasy of a mental health inpatient unit. One of the roles of those reading this report is to dig deep and use this knowledge to reach out to the public and change that perception. We won't be successful in encouraging a new generation of dynamic mental health professionals if the old-style frightening, discriminatory and inaccurate perceptions have not been challenged in a way that is honest, accessible, and inspiring.
> **An Associate Director of Nursing**

Ensuring that there is enough demand for mental health nurse education will, on its own, be insufficient. There is likely scope to improve attrition during training and participation in NHS and other public services following graduation, and newer routes – such as mental health nurse degree apprenticeships – need to be closely monitored. Given the current **challenges** facing mental health services – with, for example, increasing referrals for talking therapies and community mental health care – and the more limited level of overseas recruitment to this branch of nursing, it is imperative that the domestic supply of new nurses is sufficient and sustainable.

About this work

In October 2020, the Nuffield Trust published the **report** *Laying foundations: Attitudes and access to mental health nurse education* which was funded by the NHS Confederation's Mental Health Network and NHS Employers. We concluded that while mental health nursing undoubtedly can offer the opportunity for a rewarding career, there were significant issues that needed to be addressed. The Mental Health Network approached us to update on progress and commissioned us to undertake this work in early 2023.

Approach

Our research included a policy review, some stakeholder conversations and analysis of latest existing data on the trends and variation in mental health nursing numbers. We also include analysis of detailed student outcome data to explore the level of participation of graduates in NHS services.

The majority of the analysis is based on published data, primarily from NHS Digital. We also analysed bespoke data from Jisc that captures data from the Student Record and Graduate Outcomes Survey Results Record 2017/18–2020/21 for nursing courses. We were specifically interested in pre-registration nursing courses, including apprenticeships and postgraduate diplomas. Analyses of mental health nursing courses included single and dual award courses.

Attrition rates were derived from Continuation Status data and excluded, for example, students categorised as 'dormant'. Rates of participation were obtained from Graduate Activity and the Employment Standard Occupational Classification (SOC) and Skill category 2020 4-digit codes. Participation rate was calculated as the proportion of those employed as a mental health nurse or other nurse, from graduates who gained intended award and had begun or were about to begin employment. Standard Industrial Classification (SIC) 2007 4-digit codes were used to classify employment sector for graduates who had begun nursing employment.

Acknowledgements

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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