

THINK  
AHEAD

## **Public knowledge and perceptions of careers in mental health**

15 July 2020





Mental health is an established national priority, and likely to become even more important in the context of the coronavirus pandemic. Before Covid-19 struck, around one in four adults were experiencing a mental health problem each year,<sup>1</sup> damaging the wellbeing of those affected (and their families and communities) and costing the UK £105bn per year.<sup>2</sup> Some estimates suggest that the pandemic will put more than half a million additional people at risk of mental ill-health.<sup>3</sup>

Growing the workforce of mental health professionals is a crucial part of addressing this need. Supporting people with mental health problems is likely to always be a human-powered activity, as it requires sophisticated personal and social skills which cannot be automated.<sup>4</sup> Improvements in skills and supporting technologies may boost productivity. But as the demand for mental health support continues to rise, the size of the workforce will need to increase.

In recognition of this requirement, many mental health service providers across the public, private, and third sectors are aiming to recruit more people. The NHS expects to need over 27,000 additional members of staff in mental health services by 2023/24.<sup>5</sup>

There will be challenges in attracting so many new people into the sector. At Think Ahead, we have spent five years interacting with tens of thousands of potential candidates for mental health roles. Our experience suggests that while many people are enthused by the positive impact they can have by working in mental health, there are also awareness gaps and misunderstandings that can prevent promising candidates from seeking or finding roles in the sector.

To investigate people's knowledge of and attitudes towards mental health careers, we worked with YouGov to survey 2,085 UK adults, asking a variety of questions about roles in the sector. The survey was carried out between 13 and 16 March 2020, meaning that there was general awareness of the coronavirus pandemic but "lockdown" measures were not yet in place. This report explains the survey's findings, and what conclusions might be drawn from them.

As well as informing our own work as we continue large-scale recruitment for mental health roles, we hope that this research will be useful to other recruiters in this field – including in the public, private, and third sectors.

## About Think Ahead

Think Ahead is a charity working towards a society where everyone with mental health problems can flourish. We give talented people the inspiration, training, and support to make a difference in mental health services.

Our flagship graduate programme, funded by the Department of Health and Social Care, is the only frontline mental health role voted by job-seekers into The Times Top 100 Graduate Employers list.

We have recruited more than 500 new entrants for over 50% of England's NHS Mental Health Trusts and 30% of Local Authorities, across every region of England.

## 1 Virtually everyone thinks mental health recruitment is important.

Of people expressing an opinion, 93% think that mental health professionals make a real difference to the people they work with, and 95% think that more mental health professionals are needed – even more than the 88% who believe more mental health awareness campaigns are required.

## 2 There is a large pool of people who are already open to a career in mental health.

Our results imply that nearly 11% of the UK's working-age population might consider embarking on a career in the sector within the next five years – estimated very broadly, this could be in the region of nearly 4m individuals.

## 3 However, very few people are aware of the full breadth of mental health roles available.

The more longstanding professions are better-known. For example: while 88% of people have heard of psychiatrists, fewer than 30% have heard of each of the NHS psychological practitioner roles.

## 4 People also overestimate barriers to entering the mental health workforce.

Around a fifth to a third of people answer “don't know” to questions about requirements for entering mental health careers, suggesting significant knowledge gaps in the population.

Of people expressing an opinion, around 60% believe you must be able to self-fund tuition fees and/or living expenses, when in fact multiple training routes exist where funding is provided. 84% think you need a completely clean criminal record, which is not required in all situations, and 20% even think you must have no personal history of mental health issues – despite the potential benefits of lived experience to working in the field.

In many cases, people also overestimate the prior academic qualifications required to enter training.

## 5 There may be negative misconceptions about what working in mental health is like.

When asked about a range of statements about mental health work there is again significant uncertainty, with around a sixth to a half of people saying “don't know”.

Amongst people expressing an opinion, negative perceptions are generally more widely held than positive ones. For example, 85% think that mental health professionals often have to work long and unsociable hours, although NHS statistics show that only one in six mental health staff work more than five hours of unpaid overtime per week. In contrast, only 42% think that mental health jobs are well paid, despite starting salaries comparing favourably with other public service options such as teaching and policing.

## **6 Parents – important influencers of career choices – are likely to be positive about their children working in mental health, but their biggest concern is safety.**

While 60% of parents would be proud of their children for choosing a career where they can make a difference, 31% would be worried about their safety.

## **7 These results suggest that recruitment efforts could benefit from addressing awareness gaps and negative perceptions.**

It is encouraging that there is such high public awareness of the importance of growing the mental health workforce, and so many people are willing to consider entering the sector. To convert this interest into action, the most productive areas of focus are likely to be:

- Increasing awareness of the range of roles available within mental health.
- Increasing understanding of entry routes and requirements, and the available support.
- Where possible, addressing negative misconceptions about working in mental health – and emphasising positive aspects that may currently be underappreciated.
- Applying these efforts across all sections of the population, as there is interest across all demographics, the influence of friends and family is important, and the workforce will be more effective with as diverse a mix as possible of backgrounds and experiences.

## Survey methodology

The survey questions were sent to randomly selected members of YouGov's panel of UK adults. They were responded to by 2,085 members of the UK public, aged 18+, between 13 and 16 March 2020.

Click [here](#) to download the full survey data.

The YouGov panel achieves a good representation of the population in terms of age, gender, and region. The raw results were then weighted by age and gender (interlocked) and then by region, to make the weighted results as representative as possible of the UK adult population in terms of these factors.

In common with most such surveys, the YouGov panel does not achieve readable representation in terms of ethnicity: just under 6% of the respondents to this survey were Black, Asian, or Minority Ethnic (BAME), compared to around 14% in the UK population. As is industry standard, the results were not weighted by ethnicity.

Where the data allowed, we investigated differences between responses from different groups of the population. This revealed some significant differences by age and gender, which are described in the report.

Unfortunately, with the data available we were not able to draw conclusions on possible differences in responses by ethnicity. We think this is a particularly important area of research, and we plan to do further work on it in the future.

For most questions, respondents were able to select "don't know" as their answer. Throughout the report we state how many respondents chose this answer. In many cases, as indicated in the report, we present or analyse the data with these "don't know" responses removed (or, in effect, considered neutral) in order to investigate the direction of knowledge/sentiment amongst respondents who expressed an opinion. (All of these calculations have been done by the Think Ahead team. Where "don't know" responses are excluded, the results are no longer perfectly weighted to be representative of the UK adult population – because the weighting was done before "don't know" responses were filtered out.)

For some questions, half the respondents were asked them in relation to working with people with mild to moderate mental health problems, and the other half severe mental health problems. This "split sample" approach did not show any significant differences between the groups, so the results are combined in the report.

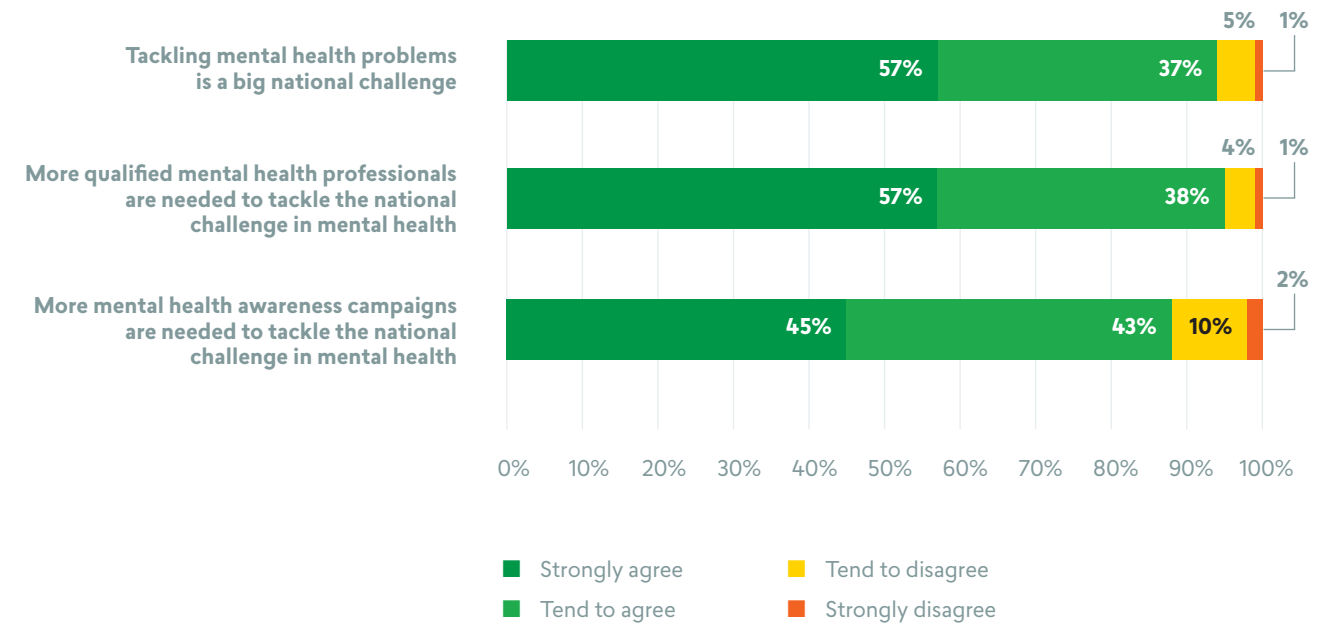
# 1. Virtually everyone thinks mental health recruitment is important

- **94% of people expressing an opinion on the issue agree that tackling mental health problems is a big national challenge (excluding respondents who answered “don’t know”).**
- **And 95% of people expressing opinions agree that more mental health professionals are needed to tackle that challenge – even more than the 88% who agree that more mental health awareness campaigns are needed.**

These results suggest that the public recognise the vital importance of growing the mental health workforce, and that many people might be amenable in principle to considering joining that workforce themselves.

The results might also indicate that while the public value the success of high-profile campaigns (such as Time to Change and Heads Together) in raising awareness and challenging stigma, they also recognise that it is at least as important to ensure that people are able to access professional support when they need it.

The extent to which respondents agreed with statements about the national challenge of tackling mental health problems



Based on 1,840 to 1,890 respondents (excluding 195 to 245 who answered “don’t know”)

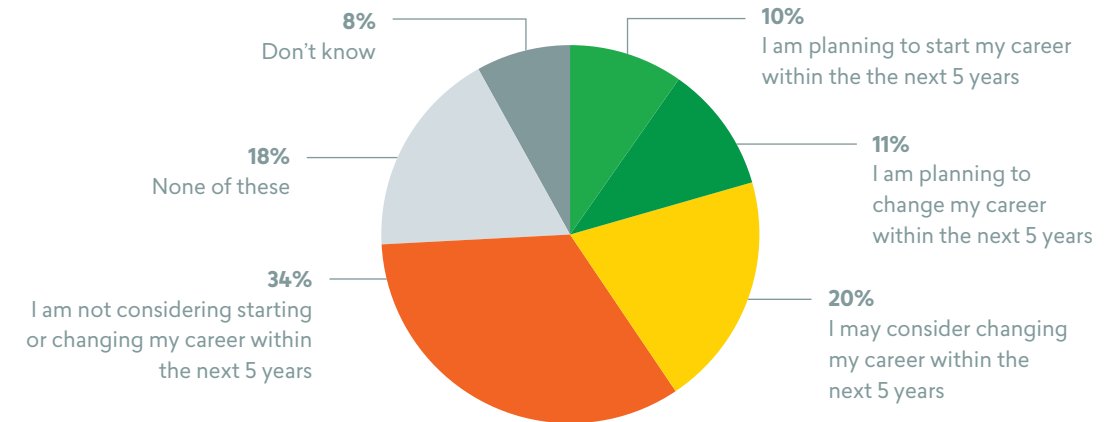
## 2. There is a large pool of people who are already open to a career in mental health

- Excluding those who are retired, 10% of respondents are planning to start their career in the next five years, and 31% are planning or may consider a change in their career in the next five years.
- Of those potential career starters and changers, 27%<sup>6</sup> say they are at least fairly likely to consider a career in mental health.

These results suggest that nearly 11% (i.e. 27% of 40%)<sup>7</sup> of working-age people might be open to embarking on a mental health career in the next five years. Scaled up across the UK, using a very broad estimate, this might represent as many as 3.8 million individuals.<sup>8</sup> (Of course, we do not know how many of these people might be suitable for a role in mental health.) And this number could even be expected to increase in the wake of coronavirus, with some people having lost their jobs and/or wanting to support others who have been affected.

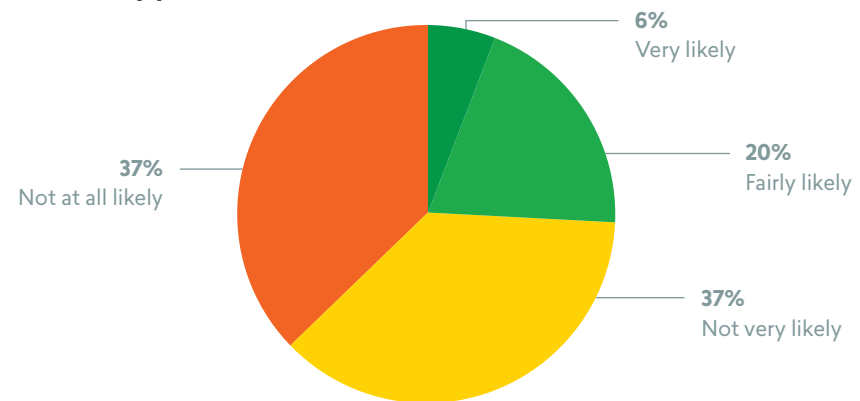
Our survey revealed little difference in interest in mental health careers between different demographic groups, with the exception that women are more likely than men to be at least fairly likely to consider a career in mental health (33% vs 19%, of non-retirees considering changing or starting their career who did not answer “don’t know”). However, interestingly, this is despite women being less positive on average than men about mental health roles (see section 5 for more details).

Respondents’ career plans over the next five years



Based on 1,558 respondents (excluding retirees)

Respondents’ likelihood of considering a career in mental health (either now or at any point in the future)



Based on 575 respondents (excluding retirees, those who are not considering starting or changing their career in the next five years, and those who answered “don’t know”)

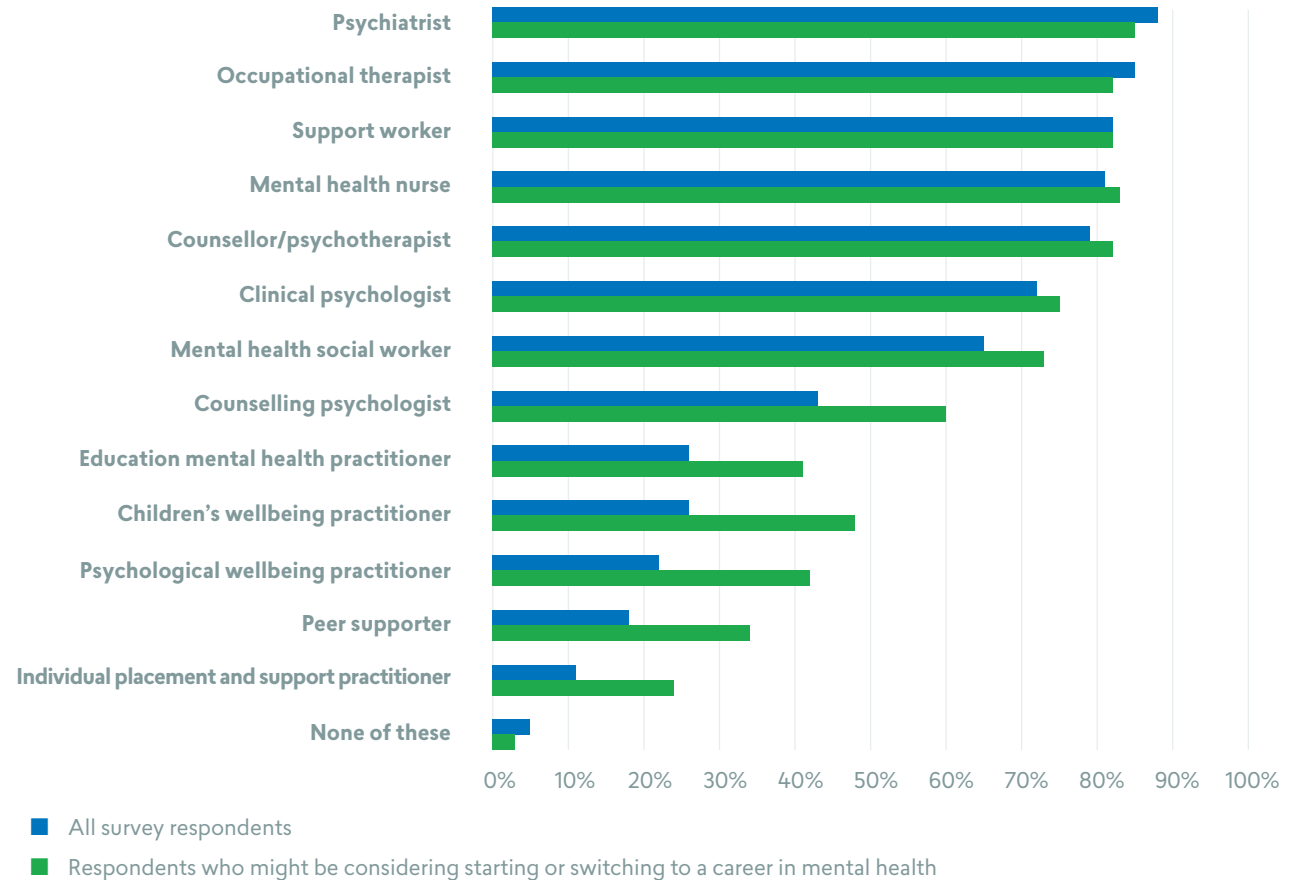
### 3. Very few people are aware of the full breadth of mental health roles available

- Whilst as many as 88% of people have heard of psychiatrists, as few as 11% have heard of individual placement and support practitioners.
- Awareness of role options is higher overall among those who might be considering starting or switching to a career in mental health, but still less than 50% of this group have heard of each of the five least well-known roles.

There are a great number of different mental health roles, and the 13 that we asked about (as listed in the graph to the right) are by no means exhaustive. We selected a set of roles that was intended to be representative of the breadth of roles available, including in terms of how new or longstanding they are, what their entry routes or requirements are, and what kind of financial support is available to pursue them.

Awareness levels measured using a quantitative survey method (asking respondents to select roles they have heard of from a pre-populated list) are likely to be higher than, for example, asking open questions in focus groups – because respondents are prompted to consider each role, and because they may tick “yes” if they recognise only one element of a role title. However, these results should still give some indication of the relative level of awareness between different roles.

Percentage of respondents who had ever heard of the following roles/professions



Blue bars based on 2,085 respondents (no exclusions), and green bars based on 158 respondents (excluding retirees, those who are not considering starting or changing their career in the next five years, and those who are not considering a career in mental health)



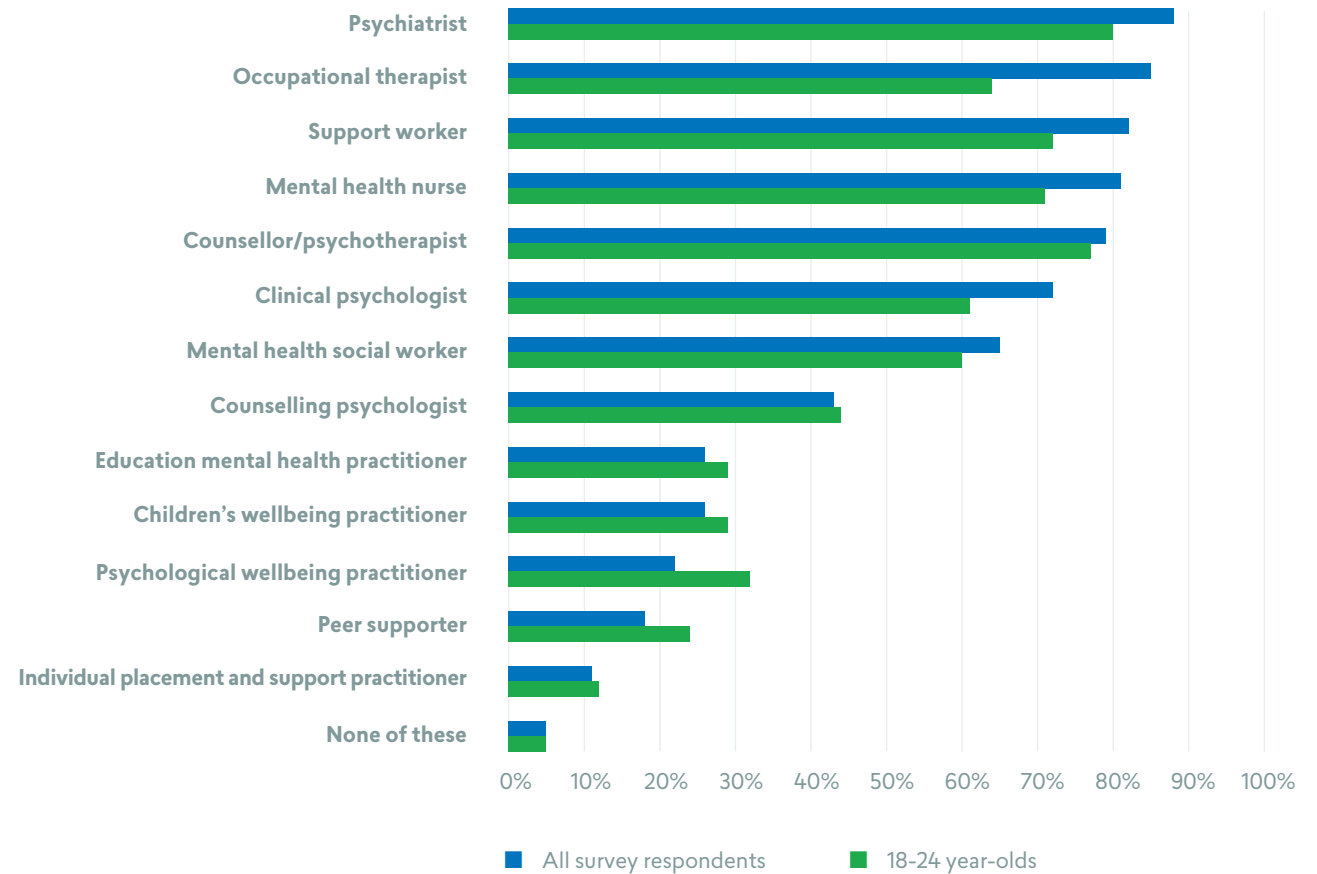
The results on the previous page show that among the general population there is a clear jump in recognition between the seven most well-known roles (65% to 88% awareness) and the five least well-known roles (11% to 26% awareness). The most obvious difference between these groups is how longstanding the roles are.

This pattern is similar for respondents who might be considering starting or switching to a career in mental health, but not quite as stark because they are comparatively much more aware of the less well-known roles. However, it is still the case that less than 50% of respondents were aware of the newer roles, despite some of these roles having the most generous financial support available for new entrants e.g. training while holding a salaried role for practitioners in education mental health, children's wellbeing and psychological wellbeing.

This two-tier pattern is also not quite as stark for 18-24 year-olds, as shown in the graph on the right, this time because they are less likely to be aware of the more longstanding roles – for example just 64% of 18-24 year-olds have heard of occupational therapists, compared to 85% of all respondents.

All of this suggests that more people might be recruited into the mental health workforce if awareness can be raised of some of the newer, less well-known roles and, among younger people, perhaps even the more longstanding roles.

### Percentage of respondents who had ever heard of the following roles/professions



Blue bars based on 2,085 respondents (no exclusions), and green bars based on 211 respondents (excluding those aged 25+)

## The roles for which we tested awareness

(In order of most well known to least well known)

### Psychiatrist

Psychiatrists are medically qualified doctors specialising in the diagnosis and treatment of mental health problems. They may prescribe medication or use a range of psychological treatments. Psychiatrists typically work in community mental health teams, outpatient clinics, or hospital wards. They may also carry out sessions in GP surgeries.

### Occupational therapist

Occupational therapists work with people who have difficulty carrying out activities due to disability, illness, trauma, ageing, and other long-term conditions – including mental health problems. They help people to improve their independence and quality of life by supporting them in the areas of self-care, productivity, and leisure. Occupational therapists can work, for example, in community mental health teams, hospitals, charities, or prisons.

### Support worker

Support workers provide emotional and practical support to individuals and their carers. Depending on the needs of the individual, their duties might include, for example, providing emotional support to someone, helping them participate in leisure activities, or accompanying them to meetings with agencies or healthcare professionals. This role is present in a wide range of services, and doesn't always require previous experience or qualifications.

### Mental health nurse

Mental health nurses provide care and support for people experiencing all types of mental health problems across all care systems. They build relationships with individuals, families, and carers, and carry out psychological interventions (e.g. talking therapies) as well as medical interventions (e.g. administering medication) and support with physical health. Mental health nurses usually work in hospitals or the community.

### Counsellor/psychotherapist

Counsellors and psychotherapists help people improve their emotional and mental wellbeing through talking therapies. Neither of the titles are legally protected, so they can be used somewhat interchangeably, although some related titles such as “registered psychotherapist” are protected. They can work in a very wide range of settings, across the public, private, and third sectors. In some settings, including the NHS, psychotherapists are usually required to have certain qualifications.

### Clinical psychologist

Clinical psychologists are people who are trained in the field of psychology and who apply this in a clinical setting. They undertake clinical assessments and provide treatment for people experiencing mental health problems. Typically employed by the NHS, clinical psychologists can work in a large range of settings, such as hospitals, health centres, community mental health teams, schools, social services, or prisons.

### **Mental health social worker**

Mental health social workers support people experiencing severe mental health problems with the social factors in their lives that help them to get well and stay well – including their relationships, housing, finances, and legal rights. They build relationships with individuals, families, and carers, and carry out both psychological interventions (e.g. talking therapies) and social interventions (e.g. advocacy, family therapy, and community development), as well as taking on various roles in legal processes. They work in community mental health teams, local authorities, or hospitals, and frequently visit or meet service users.

### **Counselling psychologist**

Counselling psychologists integrate psychological theory and research with therapeutic practice. They support individuals, groups, and families to improve their mental wellbeing. If employed by the NHS, they can work in hospitals, health centres, Improving Access to Psychological Therapies (IAPT) services, or community mental health teams. They can also work in private practice, private hospitals, forensic or educational settings, research institutions and more.

### **Education mental health practitioner**

Education mental health practitioners are employed by the NHS to provide mental health support to children and young people in schools and colleges. They may use low-intensity approaches based on Cognitive Behavioural Therapy, provide education on managing anxiety and depression, and help individuals to improve their sleep hygiene. They also support educational institutions to implement whole-organisation approaches to mental health.

### **Children's wellbeing practitioner**

Children's wellbeing practitioners are employed by the NHS to help children, young people, and their families to manage their mental health. Working in Child and Adolescent Mental Health Services, local authorities, or voluntary sector organisations, they build links with communities and offer low-intensity evidence-based treatment approaches for mild to moderate mental health difficulties.

### **Psychological wellbeing practitioner**

Psychological wellbeing practitioners work in NHS Improving Access to Psychological Therapies (IAPT) services. They work with people experiencing common mental health problems, such as anxiety and depression, using psychological interventions and skills to help them manage their recovery.

### **Peer supporter**

Peer supporters are people with lived experience of mental health problems who work with people using services to support their recovery through empathy, understanding, and practical support. Their roles in mental health services vary, but can include: helping someone to access community facilities and resources, helping them to discover their strengths, supporting them to transition from hospital to home or into employment, and facilitating self-help groups or recovery education.

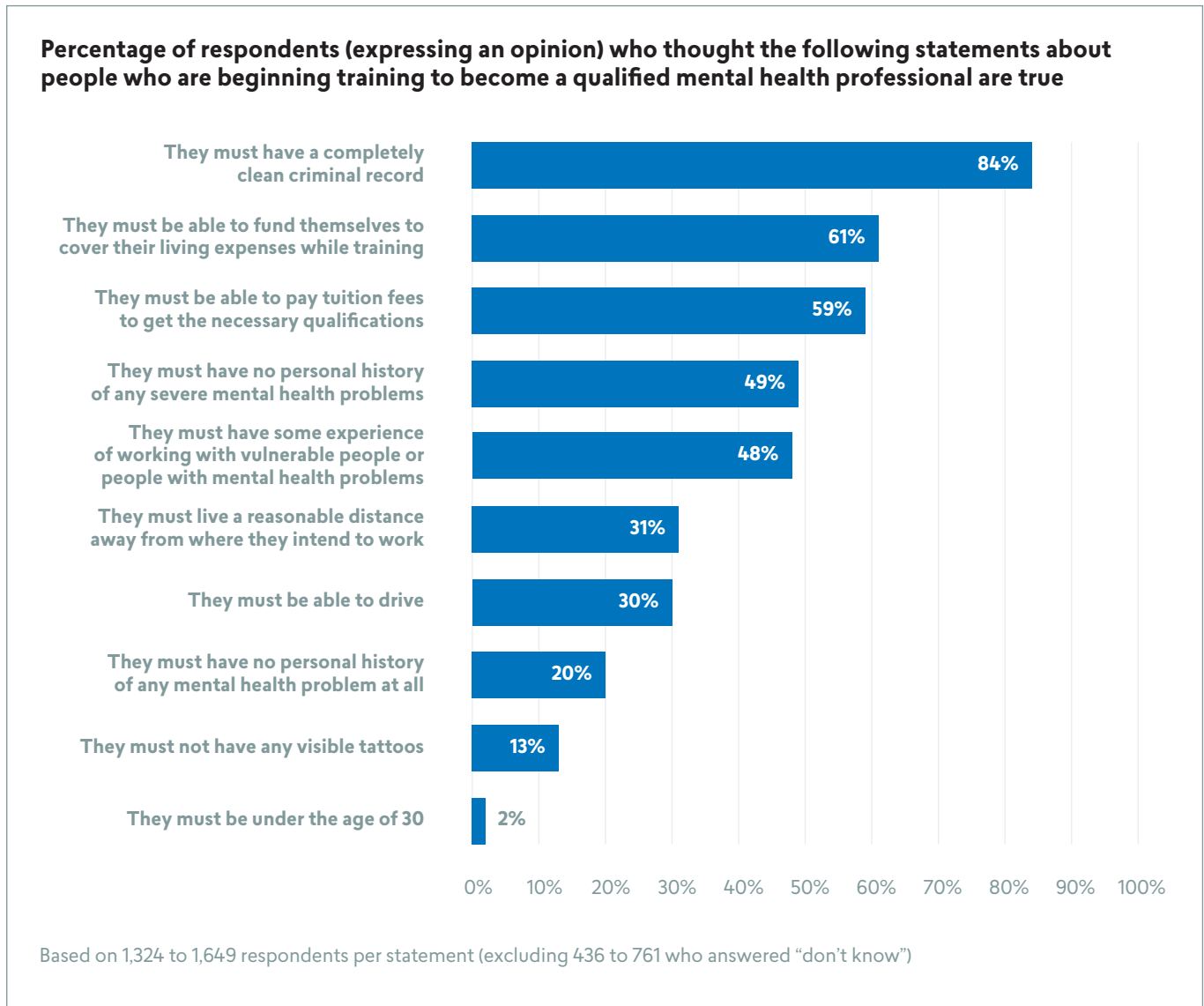
### **Individual placement and support practitioner**

Individual placement and support practitioners help people with severe mental health problems to access employment. Through individual support, they help an individual find employment that is consistent with the individual's preferences, give interview support, help them to build their confidence, and provide in-work support to both employer and employee. Individual Placement and Support services are typically integrated into community mental health teams.

## 4. People generally overestimate barriers to entering the mental health workforce

- 21% to 37% of people answered “don’t know” to questions about requirements for entering a mental health career, suggesting significant knowledge gaps.
- Of those expressing opinions, as many as 84% of people think you need a completely clean criminal record to begin training for a mental health role, and 20% even think you must have no personal history of any mental health problem at all.
- 61% of those expressing opinions think you have to be able to fund your living expenses during training, and 59% think you have to be able to pay tuition fees.
- For five of the most well-known roles, people are likely to think a degree in a relevant subject is required before you can even begin training to qualify.

The question referenced in the graph on the right asked about a range of hypothetical barriers to training as a mental health professional.



For each barrier a significant proportion of respondents answered “don’t know”, ranging from 21% to 37% and with a mean of 30%. That almost a third of people do not feel able to give an opinion on these issues suggests a significant knowledge gap in the population. Nevertheless, the split of true/false responses from those who expressed an opinion (shown in the graph on the previous page) provides a measure of the accuracy of their beliefs.

As expected, the vast majority of respondents expressing an opinion recognised that being over 30 or having visible tattoos are not barriers – we included these largely as a benchmark. But there were many other barriers that a sizable proportion of respondents did believe in, arguably incorrectly when relating to some mental health roles. These perceived barriers may be needlessly leading some people to decide not to pursue a career that they would otherwise like to.

For example, of those respondents expressing an opinion:

- **Being able to drive:** 30% thought you need to be able to drive to train as a mental health professional, but in fact there are many roles in which you are based in a single location and the service users come to you – for example in an office (e.g. for talking therapy), hospital, or school.

- **Having a personal history of mental health problems:** 49% thought you couldn’t have a history of severe mental health problems, and 20% thought you couldn’t have a history of any mental health problems at all. Of course every role and individual is different, but having a personal history of mental ill-health certainly doesn’t automatically preclude someone from all mental health roles – indeed for many people that personal history can provide a level of insight, empathy and/or motivation that might be advantageous.
- **Having a clean criminal record:** 84% thought you had to have a completely clean criminal record. But it isn’t the case that having anything other than a completely clean record automatically prevents someone from working in any mental health role. Disclosure and Barring Service checks will pick up previous convictions, but individual employers will make their own decisions on a case-by-case basis, taking into account the nature of the role and of the conviction. Non-violent offences, for example relating to driving or drug possession, may often not be a barrier.
- **Being able to self-fund:** 61% thought you had to be able to fund your living expenses during training, and 59% thought you had to be able to pay tuition fees. This is true for some roles, but not all. For example: clinical psychology doctorates are fully funded by Health Education England (though you do need an undergraduate degree in psychology); training as a psychological wellbeing

practitioner and apprenticeships in nursing, social work, and occupational therapy have their tuition costs covered and provide a salary whilst you work; nursing degree courses have grants available to put towards tuition fees and/or living expenses; and the Think Ahead mental health social work programme entirely covers tuition fees and living costs (via a bursary).

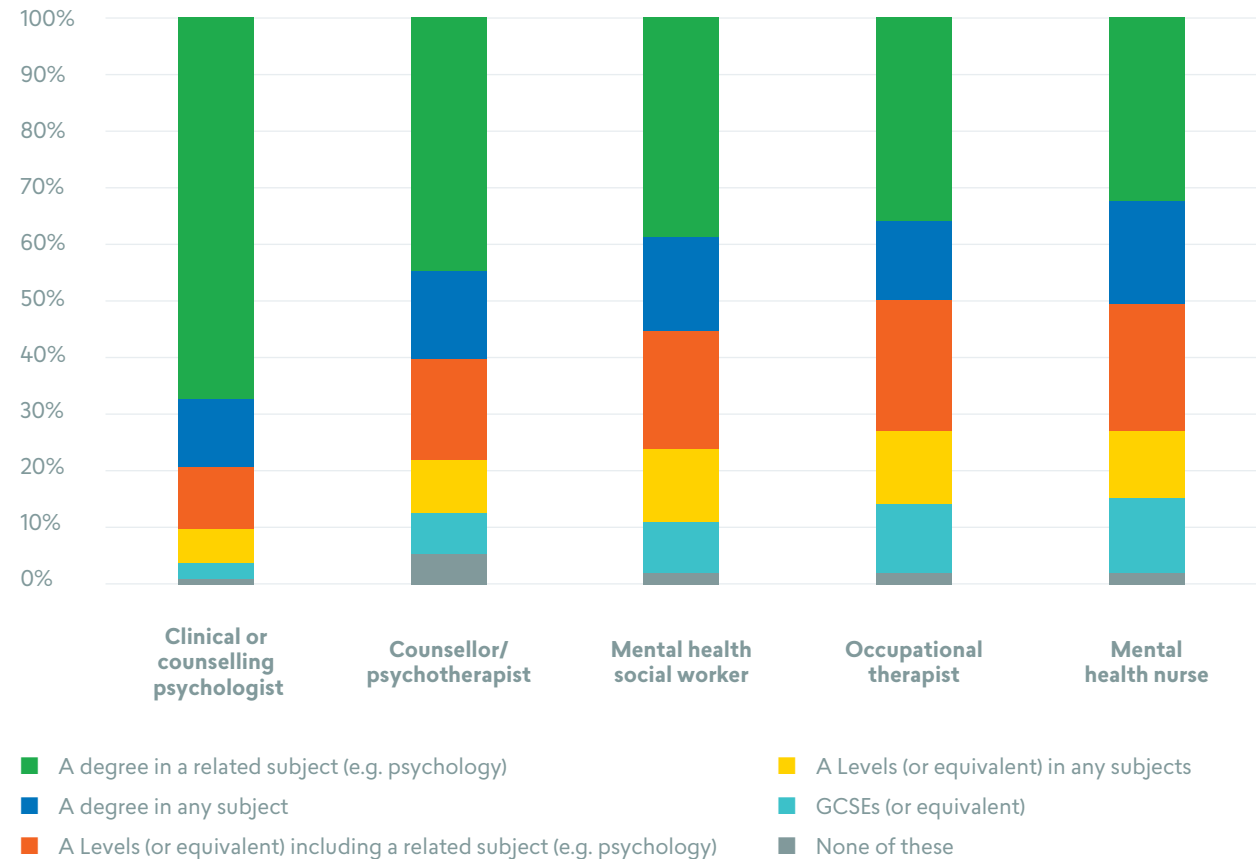
- **Having prior experience:** 48% thought you needed relevant experience in order to start training. In fact, this is not always the case – on some training routes the experience you need can be gained by learning on-the-job, in parallel with carrying out your studies. Of course, having prior experience might still be advantageous in applying for these courses, to show motivation and commitment, and in gaining an understanding of the nature of the role.

In terms of the specific **qualifications** required to begin training as a mental health professional, we asked just about five of the most well-known roles.

Again, a significant (but smaller) proportion of respondents did not feel able to give an opinion, with 19% to 21% responding “don’t know”.

For all five roles, respondents expressing an opinion were most likely to think a degree in a relevant subject was required before you could even begin training to qualify. But whilst this is true for psychologist roles, in which you need a psychology degree before you can undertake the necessary doctorate, for nurses, social workers and occupational therapists you can qualify via training that is incorporated into a bachelor’s degree. And for counsellors or psychotherapists there are in fact no formally compulsory training courses or qualifications at all. (However, organisations such as the British Association of Counsellors and Psychotherapists provide various recommendations - as well as requirements for their membership - and individual employers are likely to have their own requirements. For example, practising psychotherapy within the NHS generally requires a university qualification, although this can be gained in parallel with a salaried training role.)

### Respondents’ beliefs about the level of education required in order to begin training to qualify for the following professions



Based on 1,639 to 1,682 respondents per profession (excluding 403 to 446 who answered “don’t know”)

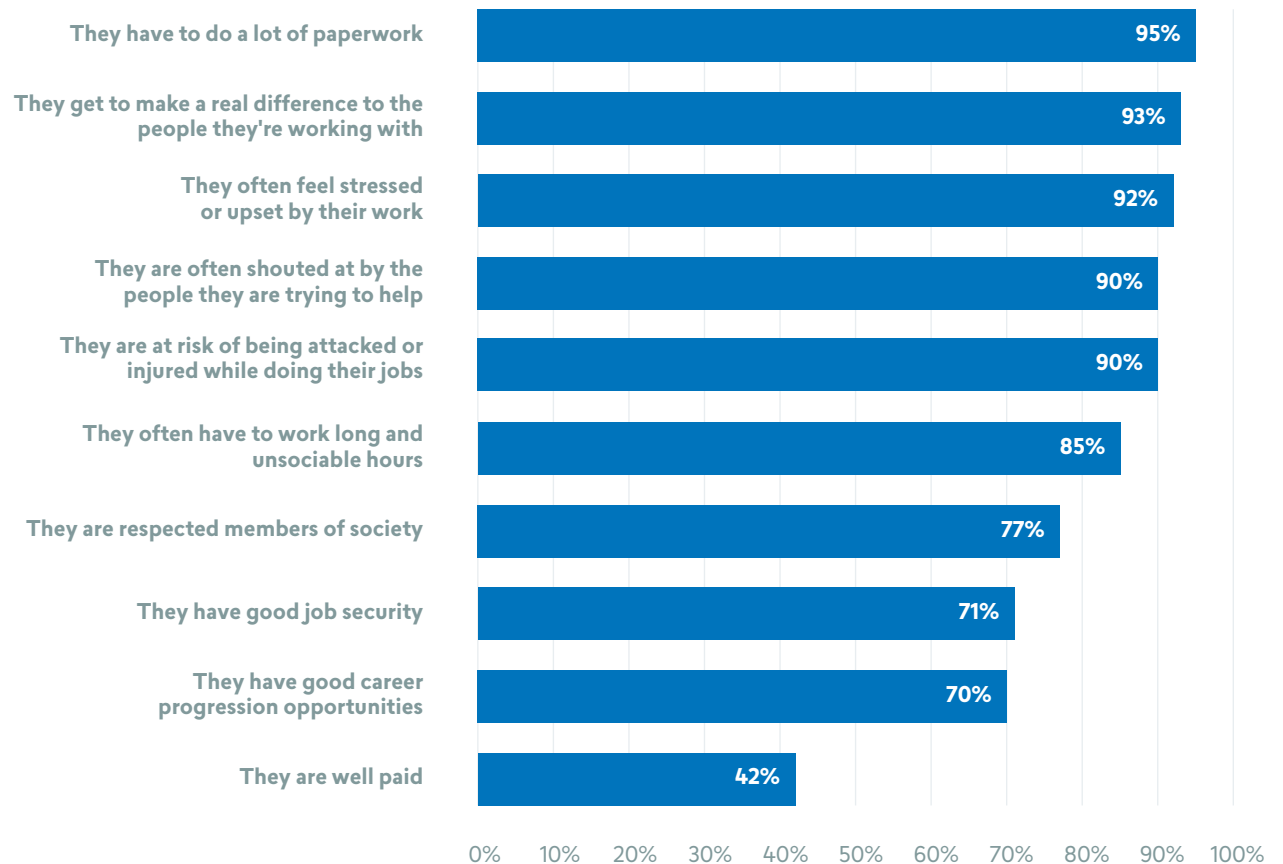
## 5. People may have negative misconceptions about what working in mental health is like 15

- 15% to 52% of people answered “don’t know” to questions about what working in mental health is like, again suggesting significant knowledge gaps.
- Of those expressing opinions, 93% of people think that mental health professionals get to make a real difference to the people they’re working with.
- But 85% to 95% of people expressing opinions also have a number of negative views about mental health professionals’ experience, such as having to do lots of paperwork or being at risk of attack or injury while doing their jobs.
- And only 42% to 77% of people expressing opinions have other positive views, such as having good job security or career progression opportunities.

For this question we asked about a balanced set of statements – five positive, and five negative – all informed by our knowledge and experience in mental health recruitment.

For each statement a significant proportion of respondents answered “don’t know”, ranging from 15% to 52% and with a mean of 31%, suggesting that there is a significant section of the population that does not feel well-informed about what working in mental health is like. The remainder of this section considers the responses from people who gave an opinion, as shown in the graph.

Percentage of respondents (expressing an opinion) who “strongly agree” or “tend to agree” with the following statements regarding qualified mental health professionals



Based on 1,324 to 1,649 respondents per statement (excluding 436 to 761 who answered “don’t know”)



There were some positive elements to the opinions expressed. The second-most-agreed-with statement was about making a difference to people's lives (93% of those expressing an opinion), which we know is a key motivator in many people's career decisions, and this was the statement with the fewest "don't know"s – only 15%. Also, more than half of respondents expressing opinions agreed that mental health professionals are respected members of society, have good job security, and have good career progression opportunities.

However, five of the six most-agreed-with statements were negative, including the one that the most people agreed with (95% of those expressing an opinion) – that mental health professionals have to do a lot of paperwork. Clearly these kinds of perceptions could be putting off people who might otherwise be potential candidates for these roles. But these perceptions may not be accurate. For example, of respondents expressing an opinion:

- **Risk of being attacked or injured:** 90% thought that mental health professionals are at risk of being attacked or injured while doing their job. (This statement also had the second-fewest "don't know"s, at 19%.) It's true that a small but significant number of mental health professionals may be attacked or injured at work. For example, according to the Health and Safety Executive's most recent publication on violence at work, 1.4% of all health professionals had been physically assaulted at work in the previous year.<sup>9</sup> But NHS survey data indicates

that the risk is not much higher among mental health professionals than physical health professionals, for whom this stigma does not seem to exist to the same extent.<sup>10</sup> In fact, ambulance staff are more likely to be on the receiving end of physical violence than any mental health professional. And the risk varies across mental health role and setting, so individuals who are particularly concerned about safety risks could focus on pursuing a career such as psychotherapy, for example, where practitioners are ten times less likely than ambulance staff to experience physical violence.

- **Long and unsociable hours:** 85% thought that mental health professionals often have to work long and unsociable hours. But in the same NHS survey mentioned above, 28% of frontline professionals from Mental Health Trusts said they worked no unpaid overtime at all, and just 17% said they worked five hours or more per week. And whilst it is true that working evenings and/or weekends is necessary in some roles, particularly in inpatient services, there are numerous roles in community or outpatient services that follow more standard working patterns.

Some of the more positive elements of working as a mental health professional may also be underappreciated by the public. For example, of respondents expressing an opinion:

- **Good job security:** Just 71% thought that mental health professionals have good job security, despite a strong focus on mental health as a growth sector, and labour market forecasts suggesting these roles are least at risk from technology.<sup>4</sup>
- **Being well paid:** Only 42% thought that mental health professionals are well paid. But in fact salaries compare favourably to those of other frontline roles in the public sector. Excluding psychiatrists, who follow medical doctors' pay scales, most qualified professionals start on £24,907 (band 5 of NHS pay rates), which is higher than for teachers (£24,373) and police constables (£20,880 to £24,177). And qualified clinical/counselling psychologists' starting pay is much higher, at £38,890 (band 7 of NHS pay rates).

Interestingly, as mentioned earlier, though women are more likely to be interested in a career in mental health, they generally have less positive perceptions of working in the field. For example, only 38% of women expressing an opinion think that mental health professionals are well-paid (vs 47% of men), and 86% vs 82% think they have to work long or unsociable hours.



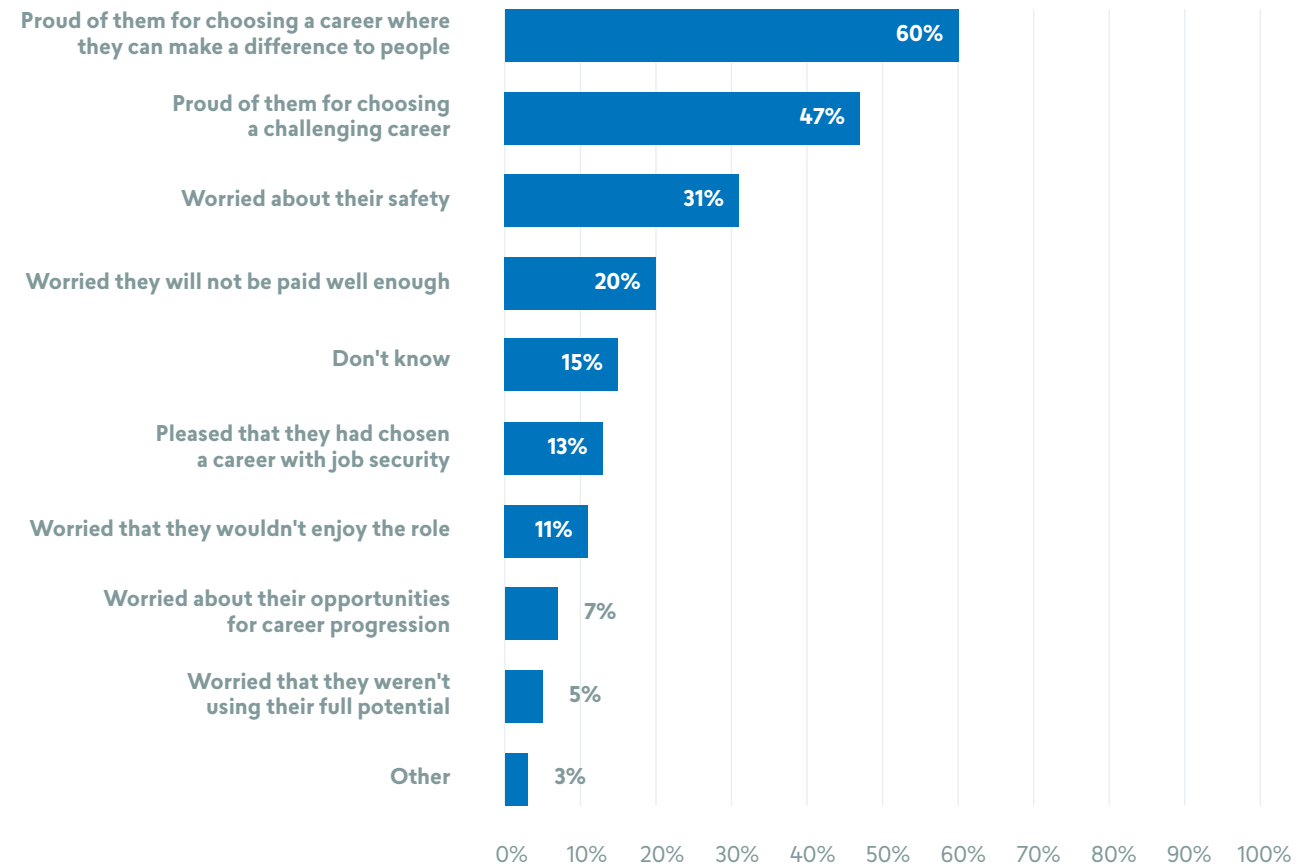
## 6. Many parents are positive about the prospect of their children working in mental health, but their biggest concern is safety

- If their children went into mental health, 60% of parents would be proud of them for choosing a career where they can make a difference to people, and 47% would be proud of them for choosing a challenging career.
- But 31% would be worried about their safety, and 20% would be worried that they would not be paid well enough.

We asked this question because we know that parents' views have a significant influence on their children's career choices, including in adulthood.<sup>11</sup> Respondents were able to select as many feelings as they wished.

It is positive that by far the two most common responses were feelings of pride – in choosing a career that is challenging and, in particular, that allows them to make a difference to people's lives. But in line with the previous question on people's perceptions of mental health roles, approximately a third of parents would be worried about their children's safety, and approximately a fifth would be worried about their pay.

Percentage of respondents who would have the following feelings about their child(ren) choosing a career as a mental health professional



Based on 1,162 respondents (excluding those without children)



he findings from this survey indicate that people already recognise the urgency and importance of tackling mental ill-health, and the importance of growing the workforce to achieving that goal. And they suggest that a surprisingly large number of people across the country may already be open in principle to joining that workforce themselves in the next five years.

However, they also suggest several barriers to attracting people into mental health careers. To address these potential barriers, recruitment efforts could benefit from a focus on:

- **Increasing awareness of the range of roles available within mental health** – particularly the more recent and less well-known examples, but among young people even some of the more longstanding roles too.
- **Increasing understanding of entry routes and requirements, and the available support**, across the different roles, to show that there are roles that may be more accessible to many people than they think.
- **Where possible, addressing negative misconceptions about mental health roles**, and emphasising the positives that may currently be underappreciated.
- **Applying these efforts across all sections of the population**, as there is interest in the field across all demographics, the influence of friends and family members can be important in career choices, and the workforce will be more effective with as diverse a mix as possible of backgrounds and experiences.

Of course, there are some limits to what this piece of work can tell us. It was focused on producing quantitative data, not qualitative, and so further research to understand the reasons behind people's responses would be useful – to better understand what people's perceptions of mental health roles are based on, for example. And the survey only captures one moment in time, so it would also be useful to conduct the same survey again in the future, to capture changing perceptions – particularly between a pre- and post-Covid-19 world.

Perhaps most importantly, the low representation of BAME individuals in the sample means this research has told us little about how knowledge and attitudes may differ in these sections of the population. We would like to do further work in this area, as it is particularly important to recruit BAME people into the sector – to ensure that the workforce harnesses the strengths that come through diversity, and that it represents the people it supports.

However, we hope that despite these limitations this work can contribute to efforts to strengthen recruitment to the mental health workforce.

## References

- <sup>1</sup> Estimating the incidence of mental health problems involves uncertainty, and depends on how mental health problems are defined. Multiple studies going back decades have suggested that at least one in four people experience a mental health problem in a given year, using various definitions of “psychiatric disorders” (e.g. Adult Psychiatric Morbidity Survey 2007). Other studies looking at different time periods have suggested that roughly one in six people may be experiencing a mental health problem at any given moment, and that upwards of 40% of people are likely to experience a mental health problem at some point in their lives.
- <sup>2</sup> Mental Health Taskforce (2016), *The Five Year Forward View for Mental Health*, <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>
- <sup>3</sup> Centre for Mental Health (2020), *Covid-19 and the nation's mental health*, [https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth\\_COVID\\_MH\\_Forecasting\\_May20.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf)
- <sup>4</sup> McKinsey (2016), *Where machines could replace humans – and where they can't (yet)*, <https://www.mckinsey.com/business-functions/mckinsey-digital/our-insights/where-machines-could-replace-humans-and-where-they-cant-yet>
- <sup>5</sup> NHS England and Improvement (2019), *NHS Mental Health Implementation Plan*, <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>
- <sup>6</sup> i.e. The 20.2% who are “fairly likely” plus the 6.4% who are “very likely”, rounded up from 26.6% to 27%.
- <sup>7</sup> i.e. This 40% is composed of the the 9.5% who are “planning to start their career in the next 5 year”, plus the 11.1% who are “planning to change their career within the next 5 years”, plus the 19.8% who “may consider changing their career in the next 5 years”, rounded down from 40.4% to 40%.
- <sup>8</sup> This very approximate figure was calculated by applying 7.3% (i.e. the proportion of our survey respondents who weren't retired, who might start or change their career in the next 5 years, and who were at least fairly likely to consider a career in mental health) to the ONS' most recent estimate of the 18+ population in the UK (52,403,244), <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/projectedukadultpopulationfor2018>
- <sup>9</sup> Health and Safety Executive (2020), *Violence at Work Statistics, 2019*, <https://www.hse.gov.uk/statistics/causinj/violence/work-related-violence-report-19.pdf>
- <sup>10</sup> NHS (2019), *NHS staff survey results*, <http://www.nhsstaffsurveyresults.com/>
- <sup>11</sup> E.g. Nawabi and Javaid (2019), *Parental influence on career choice of their children: review*, [https://www.researchgate.net/publication/332012586\\_PARENTAL\\_INFLUENCE\\_ON\\_CAREER\\_CHOICE\\_OF\\_THEIR\\_CHILDREN\\_LITERATURE\\_REVIEW](https://www.researchgate.net/publication/332012586_PARENTAL_INFLUENCE_ON_CAREER_CHOICE_OF_THEIR_CHILDREN_LITERATURE_REVIEW)

**We welcome feedback on this report. If you have any questions or comments, any examples of good practice in mental health recruitment, or would like to share any other ideas, please do get in touch on [communications@thinkahead.org](mailto:communications@thinkahead.org).**

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