



Workforce Matters: A Manifesto

Building a thriving mental
health workforce

Call for change

Over the last fifteen years, there has been an increased awareness of mental health and wellbeing, but this improvement in awareness is limited in its impact if the workforce set up to support people does not have the required investment. We need more than well-intentioned awareness raising campaigns, we need a workforce fit for purpose.

Mental health problems profoundly affect people's lives: people's ability to live the life they want and deserve, to secure long-term housing, to find purposeful employment, to have safe and loving relationships, to connect to their communities, to have good physical health and a life free from addiction or debt.

To not respond to the challenges affecting the mental health workforce limits our ability to improve the wellbeing of the country, and to see the wide-reaching benefits across almost all elements of people's lives and wider society.

The crisis in the workforce impacts us all

Service users

- There are more than 1.2 million people on mental health waiting lists;¹
- 43% of adults with mental illness say the long waits for treatment have led to their mental health getting worse.²
- Researchers at the University of Amsterdam found that for every one month someone is on a waiting list for mental health support, their chance of having a job long-term reduces by 2 percentage points.³

1. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis>

2. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/10/10/hidden-waits-force-more-than-three-quarters-of-mental-health-patients-to-seek-help-from-emergency-services>

3. <https://vu.nl/en/news/2023/waiting-lists-for-mental-healthcare-reduce-the-chance-people-keep-or-find-a-job>

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- Care Quality Commission State of Care report (2023) found that 1 in 4 NHS mental health services were ‘inadequate’ or ‘requires improvement’ overall and that in some services, half of all staff ⁴ were short-term agency staff meaning lack of continuity of care.



Being told they know what you need to feel better, and then being told that it is not available in your area or that it is months and months to wait, causes more harm than good. You actually get worse waiting for that support because it feels like life can't start until the help starts.

Service user

Practitioners

- Local authorities are losing 500,000 working days each year to mental health problems⁵ and over a quarter of all sickness in the NHS is due to stress, anxiety, depression, and psychiatric illnesses.⁶
- Practitioners are not able to use the skills and training effectively, with the British Medical Association finding 50% of mental health practitioners “too busy” to provide the care they wanted to in their last shift.⁷

4. <https://www.cqc.org.uk/publications/major-report/state-care>

5. <https://www.communitycare.co.uk/2023/09/19/councils-lost-over-500000-working-days-to-mental-ill-health-and-stress-among-social-care-staff-last-year/#:~:text=Councils%20in%20England%20lost%20over,2021%2D22%2C%20councils%20disclosed.>

6. [https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/june-2023-provisional-statistics.](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/june-2023-provisional-statistics)

7. <https://www.bma.org.uk/media/2405/bma-measuring-progress-of-commitments-for-mental-health-workforce-jan-2020.pdf>

The healthcare system

- The Royal College of Psychiatrists found that 78% of people with mental health problems were forced to resort to emergency services or a crisis line in the absence of mental health support – including 12% going to A&E, 7% ringing 999, 16% contacting 111 and 27% turning to a crisis line.⁸
- The London School of Economics estimate that improving access to support for mental health conditions in pregnant women alone would save the NHS nearly half a billion pounds over the next decade.⁹



Our morning meetings are all just about who is taking their medication and who isn't – not because we don't care about the other things but because there isn't any time to speak about anything else because there are so many cases.

Trainee social worker, Think Ahead interview 2021

The economy and wider society

- The London School of Economics, estimates the mental health crisis costs the economy £117b (5% of GDP)¹⁰.
- Institute for Public Policy Research puts a third of loss of earnings due to sickness down to mental health.¹¹

8. Hidden waits force more than three quarters of mental health patients to seek help from emergency services (rcpsych.ac.uk)

9. <https://www.lse.ac.uk/News/Latest-news-from-LSE/2022/b-Feb-22/Increasing-access-to-treatment-for-common-maternal-mental-health-problems-could-have-a-net-benefit-of-half-a-billion-pounds>

10. <https://www.mentalhealth.org.uk/about-us/news/mental-health-problems-cost-uk-economy-least-gbp-118-billion-year-new-research>

11. https://www.ippr.org/files/2023-04/1682577258_healthy-people-prosperous-lives-april-2023.pdf

Our recommendations

To build a workforce fit for the future, we need to:

1. Grow the workforce

- Make mental health a career of choice, by making pay and working conditions competitive and attractive.
- Re-assess the current approach to financial support for students: consider re-introducing tax-free childcare and lowering threshold for council tax support.
- Ensure consistent recruitment processes that are modern, engaging, and inclusive.
- Reduce financial barriers for all training routes into mental health roles.
- Create a national recruitment campaign that attracts brilliant and compassionate people, challenges misconceptions, and provides information on a range of roles and routes across all sectors.

2. Invest in the workforce

- Provide investment that allows for consistent and meaningful support throughout a practitioner's career.
- Increase support for newly qualified and inexperienced practitioners, assess the effectiveness and consistency of early career support.
- Reduce caseloads so practitioners can work safely and effectively.
- Provide practitioners with the appropriate pay, access to training and professional opportunities to retain their skills and expertise.
- Create evidence-led interventions to support people from marginalised backgrounds and minoritised communities to join the workforce and progress at pace.
- Give practitioners technology, systems, and the appropriate training to reduce inefficiencies and time spent on administration.

3. Connect the workforce

- Provide the necessary investment and leadership to build true integration across statutory, voluntary and community sector services, ensuring capacity, capability, and cultures allow for effective partnership working through Integrated Care Systems.
- Build tailored local workforce plans that include NHS, local authorities, and the voluntary sector, and reflect the specific needs of the local population.
- Improve and increase mental health expertise and the ‘social approach’ across the health and social care system, through training and workforce planning.
- Include social workers in the NHS Long Term Workforce Plan and workforce targets, increasing the number of social workers and the range of settings they work in.
- Improve referral pathways and communication between primary and secondary care, and between health and specialist services such as addiction, housing, and domestic abuse teams; build workforce strategy from the broad experiences and needs of service users.
- Prioritise mental health and wellbeing in workforce development by re-introducing the government’s Mental Health and Wellbeing Plan and prioritising mental health in the Major Conditions Strategy.



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