

# Evidence Brief: Mental Health Workforce

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

**Please acknowledge this work in any resulting paper or presentation as:**

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## Key publications – the big picture

[Laying foundations: attitudes and access to mental health nurse education](#) October 2020, Nuffield Trust, NHS Employers and Mental Health Network

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.

[The impact of COVID-19 on mental health trusts in the NHS](#)

June 2020, NHS Providers

This is the fifth in a new series of Spotlight on... briefings, aimed specifically at sharing key information on the impact of the coronavirus pandemic on NHS trusts. NHS trusts providing mental health and learning disability services have been playing a critical role, both to maintain services and to respond to the current environment alongside their colleagues in the acute, community, ambulance and primary care sectors. While the main public, media and political focus has been on the impact of COVID-19 on hospitals, it is important to put the spotlight on what is happening in other parts of the NHS frontline. This briefing sets out the immediate challenges of COVID-19 for mental health trusts, how the sector has responded and what it needs to navigate this next phase.

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[NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) July 2019, NHS

This document provides details of a new framework to help deliver on the commitment to pursue the most ambitious transformation of mental health care, at the local level.

[Long Term Plan](#) January 2019, NHS

The NHS Long Term Plan was developed in partnership with those who know the NHS best – frontline health and care staff, patients and their families and other experts.

- [Mental Health and the Long Term Plan](#) NHS
- [Transforming mental health in your community: a local guide to delivering the NHS Long Term Plan](#) Mind
- [The NHS Long Term Plan: What does it mean for mental health?](#) 2019, Centre for Mental Health

[Measuring progress: commitments to support and expand the mental workforce in England](#) 2019, British Medical Association

Key findings from the report:

- Many of the mental health workforce commitments in [stepping forward to 2020/21](#) and the [five year forward view for mental health](#) are not on track to be met.
- The mental health workforce has had little growth over the past 10 years, many of the key staff groups either remaining at a similar level since 2009 or declining.
- Demand within mental health services is rising - since 2016 there has been a 21% increase in the number of people who are in contact with mental health services (1.4 million in 2019 vs 1.1 million in 2016).
- Recruitment into psychiatric specialties remains a key challenge with many psychiatric specialties facing under-recruitment year on year.

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- Workforce shortages in mental health are affecting staff workload, wellbeing, morale and the ability for staff to provide good quality of care.

### [Guidance on co-locating mental health therapists in primary care](#)

August 2018, NHS England

This guidance document was created to assist GPs, practice managers and commissioners who are integrating mental health therapists into primary care pathways.

### [Safe, sustainable and productive staffing in mental health services](#)

January 2018, NHS Improvement

This improvement resource helps standardise safe, sustainable and productive staffing decisions in mental health services.

### [Progress of the Five Year Forward View for Mental Health: on the road to parity](#)

2018, All-Party Parliamentary Group

This report from the All-Party Parliamentary Group on Mental Health was published at the midpoint of the FYFVMH and is the findings from an inquiry into its progress. The second theme identified is “Increasing the mental health workforce”.

### [The future of the mental health workforce](#)

September 2017, NHS Confederation

This report looks at the changes experienced by the mental health workforce in recent years and makes key recommendations for its medium-to long-term future.

### [Stepping Forward to 2020/21: The mental health workforce plan for England](#)

July 2017, HEE

This document is the workforce plan for England and sets out a high-level roadmap and reflects the additional staff required to deliver the transformation set out in the FVYFMH.

### [Mental Health and new models of care: lessons from the vanguards](#)

May 2017, The King’s Fund

This report draws on research with vanguard sites in England, conducted in partnership with the Royal College of Psychiatrists. See also [“Nine principle for success: integrating mental health in new models of care”](#)

### [Five Year Forward View for Mental Health: one year on](#)

February 2017, NHS

A year after the original strategy this document was published to outline the progress made in the programme.

### [Fit for the Future – public health people: a review of the public health workforce](#)

May 2016, Public Health England

This review outlines 5 important themes that underpin the response to developing a workforce for 2021 and provides a clear pathway and plan to achieve the ‘new’ workforce. Mental health is considered.

### [Implementing the Five Year Forward View for Mental Health](#)

2016, NHS

This document provides a supporting blueprint for the delivery of the accepted recommendations laid out in the FYFV for Mental Health.

### [The Five Year Forward View for Mental Health](#)

February 2016, NHS,

This independent report from the Mental Health Taskforce sets out the start of a ten-year journey for transformation, commissioned by Simon Stevens on behalf of the NHS. Chapter 4 addresses the Mental Health Workforce and looks at the picture at the time and the future workforce.

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[Future in mind – promoting, protecting and improving children and young people’s mental health and wellbeing](#) 2015,

Department of Health and NHS England

The Children and Young People’s Mental Health and Wellbeing Taskforce was established in September 2014 to consider ways to make it easier for children, young people and parents and carers to access help and support when needed and to improve how children and young people’s mental health services are organised, commissioned and provided.

## Case Studies

[Improving mental health services in systems of integrated and accountable care: emerging lessons and priorities](#) 2019, Royal

College of Psychiatrists

See Appendix 8 for several case studies.

[The Hive: a coordinated approach to support young people’s mental health](#) NHS Long Term Plan, January 2019

Hive is a free health and wellbeing service which also offers employment, training and personal development support as well as social activities. The hub is part of the Minding the Gap service developed by the local council, NHS, partner organisations and young people in North London to improve the mental health and wellbeing of young people aged from 16-25, particularly those who are making the transition from children and young people’s mental health services to adult services.

[Employment Advisors in Improving Access to Psychological Therapies \(IAPT\) service at Let’s Talk Wellbeing](#) NHS Long Term Plan, January 2019

In autumn 2017 talking therapies service Let’s Talk-Wellbeing (LTW) Leicestershire County and Rutland (provided by

Nottinghamshire Healthcare NHS Foundation Trust), with the government’s Joint Work and Health Unit, agreed to be part of a pilot to integrate Improving Access to Psychological Therapies (IAPT), healthcare and employment support. Launched in December 2017, LTW Leicestershire County and Rutland’s Employment Advisory Service has created personalised packages of care by working alongside IAPT practitioners – resulting in 100 people being supported to gain or sustain employment in its first three months.

[New perinatal mental health mother and baby unit transforms care for mothers and babies in South West](#) NHS Long Term Plan, January 2019

Devon Partnership NHS Trust has opened the first of four new Mother and Baby Unit (MBU) in the country, funded by NHS England as part of a national transformation programme for perinatal mental health. The trust has re-purposed space at its Wonford House HQ in Exeter as a four-bed temporary MBU, allowing expectant and new mothers with serious mental health needs to be cared for with their babies. Before this interim service opened, mothers in the South West in need of specialist perinatal mental healthcare often had to travel long distances, as did their families.

[Early Intervention in Psychosis Service provides support to children and young people](#) NHS Long Term Plan, January 2019

Children and young people’s mental health is a top priority of the NHS Long Term Plan. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support our youth with mental health needs costs lives and money. Since 2016, NHS England has committed to increase access to high quality mental health care for children and young people. We are on track to deliver community-based treatment to at least 70,000 additional children and young people each year by 2020/21. And

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with the Long Term Plan, we aim to give even more of them the mental health support they need, in their community and at school, so that they can achieve their goal in life.

[Integrated mental health care is helping to boost employment prospects](#) NHS Long Term Plan, January 2019

The Employment Advisory Service provided by Nottinghamshire Healthcare NHS Foundation Trust is a great example of how integrated mental health care can help people achieve their goals in life. This service helps patients with mental health issues such as depression or anxiety keep or find a job. Alongside psychological therapy, it provides practical advice and interventions to avoid long-term unemployment, or find a new career path. The service has demonstrated great results since its opening in 2017, with 100 people being supported to gain or sustain employment in its first three months.

[Perinatal mental health services](#) NHS Long Term Plan, January 2019

One in five women will experience a mental health problem during their pregnancy and in the first year after birth, with depression and anxiety disorders being the most common. As well as being crucial to new mothers, new-borns and their families, perinatal services can play an important role in ensuring mental health is integrated into overall healthcare at the earliest possible stage of life.

[Embedding apprenticeship off-the-job training](#) September 2018, Greater Manchester Mental Health NHS FT (GMMT)  
GMMT worked with line managers to offer apprentices a minimum of 20 per cent off-the-job training.

[Using survey data to improve retention](#) West London Mental Health NHS Trust, September 2018

West London Mental Health NHS Trust used data to reduce the amount of staff leaving the trust within their first two years by 17 per cent.

[Pioneering new roles in mental health](#) South West Yorkshire Partnership NHS FT, February 2017  
South West Yorkshire Partnership NHS FT recruited eight band 4 associate practitioners in mental health services. The team work across forensic and Wakefield adults of working age services, creating a quality career pathway across health care support work roles.

## HEE Star

More resources and tools are available in the **Mental Health** section of the [HEE Star](#)

## Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Mental Health and dementia**” filter

[Mental health and learning disabilities workforce in the NHS](#) Last edited September 2020, NHS Digital  
Data relating to staff who are either directly providing or supporting the provision of mental health services in secondary care are published by NHS Digital’s Workforce Statistics team. High level numbers are refreshed on a quarterly basis in an interactive report.

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# HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### COVID-19

[The Early Impact of the Covid-19 Emergency on Mental Health Workers: A Survey in Lombardy, Italy](#) November 2020, International Journal of Environment Research and Public Health

Lombardy was the epicenter of the Covid-19 outbreak in Italy, and in March 2020 the rapid escalation in cases prompted the Italian Government to decree a mandatory lockdown and to introduce safety practices in mental health services. The general objective of the study is to evaluate the early impact of the Covid-19 emergency and quarantine on the well-being and work practices of mental health service personnel and professionals. Data were collected through an online survey of workers and professionals working with people with mental health problems in Lombardy in several outpatient and inpatient services. Their socio-demographic characteristics, professional background, description of working conditions during lockdown and psychological distress levels were collected. All analyses were performed on a sample of 241. Approximately, 31% of the participants obtained a severe score in at least one of the burnout dimensions, 11.6% showed moderate or severe levels of anxiety, and 6.6% had a moderate or severe level of depression. Different work conditions and patterns of distress were found for outpatient service workers and inpatient service workers. The

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overall impact of the Covid-19 emergency on mental health workers' level of distress was mild, although a significant number of workers experienced severe levels of depersonalization and anxiety. More research is needed to assess specific predictive factors.

[A role for lived experience mental health leadership in the age of Covid-19](#) June 2020, Journal of Mental Health

In 2020 an invisible assassin has swept across the world, creating chaos, confusion and uncertainty. Covid 19 has taken many people's health, some people's lives and the lives of loved ones. It has destroyed livelihoods and put the financial futures of billions at risk. We are helpless, there is nothing to fight back with. We are trapped, we have to stay in our homes. We are physically isolated, our usual freedoms and way of life suspended. As a result, our ability to enact fight or flight is inhibited, increasing the likelihood of lasting impacts on mental wellbeing (van der Kolk, 2014). Life as we know it, at least for a time, has changed so significantly we are reimagining our futures in a variety of ways, with no idea what's really in store for us. We are collectively holding our breath, fearing the worst and hoping for the best.

[Psychiatric-mental health nursing leadership during coronavirus disease 2019 \(COVID-19\)](#) May 2020, Journal of Psychiatric and Mental Health Nursing

The United States is experiencing a public health crisis, unlike anything the nation has encountered in modern history. As of mid-May 2020, there are over 1.3 million confirmed cases of coronavirus disease 2019 (COVID-19) and over 79,000 deaths in the United States (Centers for Disease Control and Prevention, 2020). Numbers of infections and deaths are expected to increase exponentially. This crisis has implications for psychiatric-mental health nurses, as the consequences of

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COVID-19 can result in mental health problems among both the general public and nursing workforce.

### New ways of working

[Social integration in mental health rehabilitation services: new roles to enhance effectiveness and sustainability](#) November 2018, *Mental Health Practice Abstract only\**

This article gives an overview of an innovative mental health worker role in an inpatient mental health rehabilitation team. It explains how the role was developed, received and evaluated and argues for the increased use of the creative support worker role.

[Improving collaboration between primary care and mental health services](#) June 2018, *The World Journal of Biological Psychiatry Abstract only\**

This position paper aims to build upon previous work to identify the key role primary care providers play in delivering mental health care and present a global framework for enhancing mental health care delivered within primary care.

[Exploring the value of mental health nurses working in primary care in England: a qualitative study](#) August 2017, *Journal of Psychiatric and Mental Health Nursing Abstract only\**

Emerging models of providing mental health services in primary care are poorly understood. This paper evaluates a mental health nurse-led Primary Care Liaison Service (PCLS), developed in 2011 in inner London.

[National survey of nurse prescribing in mental health services: a follow-up 6 years on](#) August 2016, *Journal of Psychiatric and Mental Health Nursing Abstract only\**

The survey found that the number of nurse prescribers has increased over the last few years. Nurse prescribers are increasingly prescribing in a form ('independent prescribing') that makes them independently responsible for prescribing decisions without working to a plan laid out by a doctor.

[New ways of working in UK mental health services: developing distributed responsibility in community mental health teams?](#) 2016, *Journal of Mental Health Abstract only\**

The paper examines the introduction and operation of a number of support roles in mental health services in the context of concerns about the effectiveness of Community Mental Health Teams (CMHTs).

[Experience of Psychiatric Mental Health Nurse Practitioners in Public Mental Health](#) 2016, *Nursing Administration Quarterly Abstract only\**

This paper from the US examines how, despite the introduction of the Accountable Care Act which meant greater access to mental health treatments, there has been no significant increase in the mental health workforce. The article reports qualitative results from a study assessing barriers and best practice in the use of Psychiatric Mental Health Nurse Practitioners (PMHNPs).

[New ways of working in mental health services: a qualitative, comparative case study assessing and informing the emergence of new peer worker roles in mental health services in England](#) July 2014, NIHR

Peer workers (people with personal experience of mental health problems) are increasingly being employed in mental health services in England. The aim of this research was to find out if the international evidence available is useful for developing new peer worker roles in England.



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### New roles

[Emerging roles for peer providers in mental health and substance disorders](#) June 2018, American Journal of Preventative Medicine

The purpose of this study was to identify and assess states with best practices in peer provider workforce development and employment. They found that peer providers are a rapidly growing workforce with considerable promise to help alleviate behavioural health workforce shortages by supporting consumers in attaining and maintaining long-term recovery.

[Peer workers in the behavioural and integrated health workforce: opportunities and future directions](#) June 2018, American Journal of Preventative Medicine

This article describes the experiences that organisations and their workforce, including peer workers, encounter as they integrate peer support services into the array of behavioural health sciences.

[The peer support workforce: results of a national survey](#) September 2016, Psychiatric Rehabilitation Journal *Athens log in required\**

In this US paper, using both purposive and snowball sampling, the authors recruited a national sample of individuals employed as peer specialists and variety of other peer provider positions.

### Technology

[The promise and the reality: a mental health workforce perspective on technology-enhanced youth mental health service delivery](#) October 2016, BMC Health Services Research

Digital technologies show promise for reversing poor engagement of youth with mental health services. However, the

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literature fails to capture the perspectives of youth mental health workforce so this paper describes results of data drawn from stakeholders who provide these services.

### Recruitment, Retention and Supply

[Who wants to be an Approved Mental Health Professional?](#) September 2018, King's College London

This research identifies changes that could help break down some of the barriers to the eligible health professionals taking on the AMHP role.

[Strengthening mental health nurses' resilience through a workplace resilience programme: a qualitative inquiry](#) June 2018, Journal of Psychiatric and Mental Health Nursing *Abstract only\**  
This qualitative study is the first study to report mental health nurses' perspectives and experiences on a workplace resilience programme.

[Expanding the mental health workforce in China: narrowing the mental health service gap](#) October 2017, Psychiatric Services *Abstract only\**

This column focuses on China's ongoing efforts to develop its mental health workforce to ensure a sustainable supply of psychiatrists and allied mental health professionals.

[Recruit and retain: planning to expand the mental healthcare workforce](#) October 2017, British Journal of Nursing *Abstract only\**  
Emeritus Professor Alan Gasper, University of Southampton, discusses an initiative by the then health secretary Jeremy Hunt to expand the mental health workforce of the NHS in England.

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[Building the mental health workforce capacity needed to treat adults with serious mental illnesses](#) June 2016, Health Affairs *Athens log in required\**

This US paper considers four policy recommendations to reinvigorate the mental health workforce to meet rising mental health care demand by adults with serious mental illnesses.

[Psychiatric mental health nursing workforce agenda: optimising capabilities and capacity to address workforce demands](#) 2016, Journal of the American Psychiatric Nurses Association *Abstract only\**

This article develops a psychiatric mental health (PMH) nursing workforce agenda in light of demand generated by new models of care and the capacity/ capabilities of the PMH RN and advanced practice nurse (APN) workforce.

## Upskilling and Workforce Development

[A Community Psychiatry Nurse Practitioner Fellowship: Preparing Nurse Practitioners for Mental Health Workforce Expansion](#) January 2021, Psychiatric Services

The increasing need for psychiatry services in medically underserved communities has proven to be challenging for health care systems. Caring for this population is complex and can be overwhelming for the inexperienced provider. Proper utilization of psychiatric and mental health nurse practitioners in this setting can expedite meeting the mental health needs of the community. A postgraduate fellowship program that provides supervision and additional training specific to community psychiatry facilitates the transition from novice provider to experienced clinician while aiming to improve retention rates. In this Open Forum, the authors outline the structure of a federally qualified health center's Community Psychiatry Nurse Practitioner Fellowship.

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[Creating a prepared mental health workforce: comparative illustrations of implementation strategies](#) December 2020, Evidence-based Mental Health *Athens log in required\**

**BACKGROUND** Psychotherapy implementation must contend with the task of preparing a mental health workforce to provide the highest quality services to as much of a service population as possible, in high-income as well as low-to-middle income countries. **OBJECTIVE** We outline general challenges and solutions and investigate how well various implementation strategies would fit a clinical population. **METHODS** Using a data set from a prior cluster randomised trial with a clinically diverse population and 33 intervention practices, we presented multiple illustrations comparing the ability of different implementation strategies to serve youth and families with procedures in which service providers were trained. **FINDINGS** A series of survival functions demonstrated that many common implementation strategies are unlikely to create a prepared workforce, given the large and diverse number of practices needed to be mastered by providers. **CLINICAL IMPLICATIONS** 'Benchmark' solutions that afforded superior coverage of the service population could be supported through paced learning approaches (ie, training interventions a little at a time) using extensible, modular intervention designs.

[Upskilling Mental Health Nurses to Address the Burden of Poor Metabolic Health: A Mixed Method Evaluation](#) October 2020, Issues in Mental Health Nursing *Abstract only\**

People living with a severe mental illness experience a life expectancy gap compared to the rest of the population that is largely driven by preventable cardiovascular diseases stemming from lifestyle factors, and the side effects of psychotropic medications. Mental health nurses are well positioned to help address the gap using lifestyle interventions. However, many

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nurses don't prioritise delivering such care, or lack the skills and confidence to implement these strategies. This study used a mixed method approach to determine the effectiveness of 2-day metabolic workshops that aimed to provide nurses with the skills to provide lifestyle interventions. The quantitative component compares pre and post measures of attitudes, confidence, knowledge and perceived barriers of providing metabolic care using a validated tool (M-BACK) and the qualitative component to elicit more details of the needs, expectations and plans of participants. Fifty-six nurse participants demonstrated statistically significant improvements in M-BACK post scores ( $p < 0.001$ ), with 53 of the 56 participants (95%) achieving improved M-BACK scores. Participants identified three primary barriers to delivering metabolic care, related to individual staff members, consumers, and system issues. Prior to the course participants stated they hoped to improve their knowledge, enhance their practical skills and provide education for others. Following completion of the course participants planned to implement lifestyle education and interventions for consumers, provide education and support to other staff and integrate metabolic health care into clinical reviews and planning. This study demonstrates that education on metabolic health care can be effective in improving the attitudes, confidence, and knowledge of mental health nursing in providing metabolic health care and a decrease in the perceived barriers to delivering that care.

[Will We Be Ready? Preparing Psychiatric-Mental Health Nurses for Future Practice](#) 2019, Journal of the American Psychiatric Nurses Association

**OBJECTIVE:** To review the challenges and issues facing educators as they prepare the psychiatric-mental health (PMH) nursing workforce to meet the needs of future practice.

**METHODS:** Based on the author's 40-plus-year career as an

educator, clinician, and researcher, combined with a review of the literature, this article analyzes the current educational milieu for undergraduate, graduate, postgraduate, and continuing education of PMH nurses, including urgent educational priorities. It also offers recommendations to meet the needs of PMH nurses both in education and in clinical practice. **RESULTS:** PMH nursing education must evolve to provide nursing experiences in nontraditional as well as traditional clinical settings, and incorporate simulation and telehealth/digital/mobile platforms for delivery of content. Development of qualified faculty members and preceptors who represent the diversity of the American population must be addressed to adequately train PMH nurses to meet the demands of their future roles. Methods must also be created to define, teach, and evaluate PMH nurses' clinical competencies pre- and postclinical experiences. **CONCLUSIONS:** PMH nursing education must evolve and transform to attract, appropriately educate and prepare students for practice, and meet the growing need for qualified practitioners as well as faculty members and preceptors.

[Early psychosis workforce development: core competencies for mental health professionals working in the early psychosis field](#)

August 2017, Early Intervention in Psychiatry *Abstract only*\*

The aim of this study was to identify the core competencies required of mental health professionals working in the early psychosis field, which could function as an evidence-based tool to support the early psychosis workforce and in turn assist early psychosis service implementation.

[Preparing the workforce for integrated healthcare: a systematic review](#) 2017, Social Work in HealthCare *Abstract only*\*

This literature review was conducted to identify the knowledge and skills required for behavioural health consultants in integrated settings.

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[Workforce development and mental health transformation: a state perspective](#) April 2016, Community Mental Health Journal *Athens log in required\**

This article reviews the progress of one state in systematically strengthening its workforce as part of a federally supported effort to transform mental health services.

### Burnout

[Job Burnout Among Mental Health Staff at a Veterans Affairs Psychosocial Rehabilitation Center](#) February 2020, Community Mental Health Journal *Abstract only\**

Mental health providers who serve clients with severe mental illness may be particularly prone to job burnout given the nature of the work. This study examined levels of job burnout among mental health providers who serve clients with severe mental illness. Forty-two mental health staff at a Veterans Affairs psychosocial rehabilitation center completed an online survey that assessed burnout and work-life balance. Maslach Burnout Inventory (MBI) scores were compared to published scores of workers in other professions. Participants reported moderate MBI Emotional Exhaustion, Depersonalization, and Personal Accomplishment scores and overall had lower burnout scores than other healthcare providers and service workers. Being younger and white were associated with higher MBI Emotional Exhaustion scores. These findings suggest job burnout among mental health staff is a concern that should be closely monitored even among staff who express a sense of personal accomplishment from the work.

[Workforce crisis has left mental health staff at "breaking point" as demand rises](#) January 2020, BMJ *Athens log in required\**

Staff working in mental healthcare are at “breaking point” as they try to handle rising demand with a continuous staffing gap, a survey by the BMA has found.<sup>1</sup> Of more than 1000 mental health professionals surveyed, 63% said that they worked in a setting that had rota gaps across the team, and 69% of these said that such gaps occurred either most or all the time.

[Relationships between burnout, turnover intention, job satisfaction, job demands and job resources for mental health personnel in an Australian mental health service](#) January 2019, BMC Health Services Research

**BACKGROUND** Burnout and employee turnover in mental health services are costly and can have a negative impact on service user outcomes. Using the Job Demands-Resources model as a foundation, the aim of this study was to explore the relationships between burnout, turnover intention and job satisfaction in relation to specific job demands and job resources present in the workplace in the context of one Australian mental health service with approximately 1100 clinical staff. **METHODS** The study took a cross-sectional survey approach. The survey included demographic questions, measures of burnout, turnover intention, job satisfaction, job demands and job resources. **RESULTS** A total of 277 mental health personnel participated. Job satisfaction, turnover intention and burnout were all strongly inter-correlated. The job resources of rewards and recognition, job control, feedback and participation were associated with burnout, turnover intention and job satisfaction. Additionally, the job demands of emotional demands, shiftwork and work-home interference were associated with the exhaustion component of burnout. **CONCLUSION** This study is the largest of its kind to be completed with Australian mental health personnel. Results can be used as a foundation for the development of strategies designed to reduce burnout and turnover intention and enhance job satisfaction.

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### Education and Training

[Mental health nursing education in undergraduate and postgraduate programs: Time for change](#) January 2020, Australian Nursing & Midwifery Journal *Athens log in required\**  
The article recognizes the need for changes in the approach for mental health nursing education in undergraduate and postgraduate programs in Australia. Topics discussed include the common occurrence and impact of mental illness as documented by media exposure and anti-stigma campaigns, underrepresentation of mental health nursing, and the crisis in the mental health workforce which deters nursing students from a career in this field.

[Building a trauma-informed national mental health workforce: Learning outcomes from use of the core curriculum on childhood trauma in multidisciplinary practice settings](#) December 2019, Psychological Trauma: theory, research, practice and policy  
OBJECTIVE The impact of trauma on mental and physical health has long been recognized as a significant public health issue, yet there has been little unanimity about how to best develop a trauma-capable national workforce. The Core Curriculum on Childhood Trauma (CCCT) is being used to train a wide variety of mental health professionals and child-serving staff; however, prior data on its effectiveness have been limited to small pilot studies with master's in social work students. METHOD We used 1,908 retrospective pre-post-training evaluations collected from 168 CCCT trainings delivered in multidisciplinary or practice settings between October 2016 and August 2019. RESULT SCCCT participants reported high levels of satisfaction and statistically significant change between pre- and postscores for 8 self-reported child trauma skills ( $p < .001$ ), with effect sizes ranging from .78 to 1.45. CONCLUSION The

consistency of positive outcomes across a wide variety of training formats and audiences demonstrates that the CCCT can be implemented successfully in diverse practice settings and thus can be a useful tool for building a trauma-capable, multidisciplinary national mental health workforce.

[Development of a training programme for primary care mental health staff to support management of depression and anxiety in long-term conditions](#) January 2019, Primary Healthcare Research & Development

Aim We aimed to develop, deliver and evaluate a brief training programme for primary care mental health staff in NW London focussing on long-term physical health conditions (LTCs). The objective was to improve participants' knowledge, understanding and confidence (self-efficacy) in providing effective support to people with LTCs. The second objective was to develop an online version to be made available more widely.  
BACKGROUND: The project was commissioned by NW London Collaboration of Clinical Commissioning Groups as part of a strategy to develop more joined up care and support for people with mental health needs. Training was developed by a team of experts, with input from commissioners, service users, clinicians and service managers. METHODS: Training was delivered via two-day interactive workshops providing: (i) key facts (informed by a review of published research and publically available health information); (ii) opportunity to engage with the 'lived experience' of people with LTCs (via videos, role plays, case studies and group discussion); (iii) skills-based training (in specific assessment and intervention methods). Knowledge, understanding and confidence (with respect to supporting people with LTCs) were assessed at the start and end of the training. An online training programme (with embedded evaluation questionnaire) was also developed, covering the same themes as the workshop. Findings Mental health staff (n=60) reported

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limited knowledge, understanding and confidence before the workshop, underlining the need for training. Knowledge of LTCs improved significantly following training ( $P < 0.0001$ ), along with awareness of the impact of poor psychological wellbeing on physical health ( $P < 0.05$ ) and the role of psychological therapies in supporting people with LTCs ( $P < 0.0001$ ). Self-efficacy also improved ( $P < 0.001$ ). Online training was accessed by 894 participants in the first six months and 187 provided feedback via the evaluation questionnaire. Responses indicated that participants found the training useful (88%), interesting (91%) and easy to understand (97%).

### Staff views, perceptions, and experiences

[Mental health practitioner experiences of engaging with service users in community mental health settings: A systematic review and thematic synthesis of qualitative evidence](#) December 2020, Journal of Psychiatric and Mental Health Nursing

WHAT IS KNOWN ON THE SUBJECT?: Engagement is regarded as important and beneficial for service users and mental health services. A universal definition of engagement is not yet fully agreed upon. WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?: Based upon their experience, mental health staff use varied engagement approaches to fit with the changeable and unique needs of people who use services (service users). Mental health staff demonstrate qualities such as persistence and adaptability to successfully engage with service users. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: Irrespective of professional background, the role of community mental health staff is not restricted to any single approach. Practical help and social support are as seen as important as clinical treatment to establish successful engagement. Little is known about the engagement experiences of mental health staff working in early intervention settings as most studies in this

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review focused on the perspectives of staff based in assertive outreach or community mental health teams. There is a need to further understand staff experiences of engagement with service users in early intervention settings. Role descriptions and expectations of community mental health workers should account for the wide-ranging flexible approach required in order to deliver appropriate interventions. This may involve a focus on engagement in training programmes. ABSTRACT: Introduction Effective mental health care is dependent on engaging service users, but some individuals do not actively attend appointments, and may stop engaging with mental health services. Quantitative studies reveal some salient factors that seem to predict engagement, but these studies miss the nuances of good clinical practice in this area. A number of qualitative studies of health professionals' experiences and understanding of effective engagement have been published. Aim This review aimed to systematically identify, evaluate and synthesize results from these studies with a view to informing effective practice in this area. Methods Electronic databases MEDLINE, EMBASE, CINAHL, PsychINFO and AMED were searched (PROSPERO systematic review protocol registry ([www.crd.york.ac.uk/prospero/](http://www.crd.york.ac.uk/prospero/); ID CRD42017083976). Of 799 records, ten papers met the inclusion criteria. All papers were subjected to quality appraisal based on the CASP checklist and data systematically extracted. A thematic synthesis of included studies examining mental health practitioners' experiences of engagement in community mental health settings was conducted. Results Mental health practitioners see engaging service users as depending upon complex, multi-dimensional phenomena which should include individualized person-centred approaches as well as practical, social and clinical support. Mental health practitioners demonstrate qualities such as determination and adaptability to establish and maintain engagement with service users. Implications for practice As a

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core aspect of nurse education, registered mental health nurses and other professionals would benefit from systematic guidance regarding engagement strategies. Most studies in this review focused on assertive outreach or community mental health teams, more clarification is needed of practitioner's engagement experiences in early intervention settings.

[Great expectations: views and perceptions of professionalism amongst mental health services staff, patients and carers](#)  
September 2020, Journal of Mental Health

**BACKGROUND** Numerous studies have explored the concept of 'professionalism' in medicine, yet little attention has been paid to the concept in a mental health services context. **AIMS** This study sought to determine how the lived experience of patients, carers and healthcare professionals in mental health services align with medically defined, generic, professionalism standards. **METHOD** Interviews and focus groups were conducted with patients, carers, nurses, occupational therapists, psychiatrists and psychologists. A framework analysis approach was used to analyse the data, based on the 'Improving Selection to the Foundation Programmes' Professional Attributes Framework. **RESULTS** Fifty-six individuals participated. Data aligned to all nine attributes of the Professional Attributes Framework, however the expectations within each attribute varied from that originally cited. A tenth attribute was devised during the process of analysis; Working with Carers. This attribute acknowledges the need to liaise with, and support carers in mental health services. Situational examples included both online and offline behaviours and the topic of 'black humour' emerged. **CONCLUSIONS** Compared to a conventional medical definition of professionalism, additional themes and differing emphases were observed for mental health and learning disability services. These findings should be used to inform the teaching and

evaluation of professionalism, especially for staff pursuing mental health service careers.

## Workforce demographics

[The Current Psychiatric Mental Health Registered Nurse Workforce](#) 2019, Journal of the American Psychiatric Nurses Association

**OBJECTIVE** To define and describe the current psychiatric mental health registered nursing (PMHN) workforce providing care for persons with mental health and substance use conditions, evaluate sources of data relevant to this workforce, identify additional data needs, and discuss areas for action and further investigation. **METHOD** This article uses currently available data, much of it unpublished, to describe the current PMHN workforce. **RESULTS** The available data indicate that PMHNs represent the second largest group of behavioral health professionals in the United States. As is true of the overall nursing workforce, PMHNs are aging, overwhelming female, and largely Caucasian, although the PMHN workforce is becoming more diverse as younger nurses enter the field. PMHNs are largely employed in the mental health specialty sector, and specifically in institutional settings. Similar to other behavioral health professionals, a significant shortage of PMHNs exists in rural areas. Because of data limitations and difficulty accessing the best available data on the PMHN workforce, it is often overlooked or mischaracterized in published research and government reports on the behavioral health workforce. **CONCLUSIONS** Although PMHNs are one of the largest groups in the behavioral health workforce, they are largely invisible in the psychiatric literature. Psychiatric nursing must correct misperceptions about the significance of the PMHN workforce and increase awareness of its importance among government

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agencies, large health care organizations, and within the broader nursing profession.

[The Psychiatric Mental Health Advanced Practice Registered Nurse Workforce: Charting the Future](#) 2019, Journal of the American Psychiatric Nurses Association

AIMS To characterize the future Psychiatric Mental Health (PMH) Advanced Practice Registered Nurse (APRN) workforce in light of the high demand for psychiatric providers in all aspects of mental health service delivery. Over the past 20 years, there has been significant growth of the PMH APRN workforce, a provider group capable of addressing mental health provider shortages. However, continued growth may be limited by anticipated retirements and traditional volume of graduations from PMH nurse practitioner (NP) programs. Optimum utilization of PMH APRNs in service delivery systems and State workforce planning may also be impeded by their frequent mischaracterized in federal reports and mental health workforce studies. METHODS Based on a review of the literature, this discussion paper evaluates trends related to PMH NP programs and graduates, anticipated retirements of current PMH APRNs, facilitators and barriers to increasing the PMH APRN workforce, and opportunities and threats to workforce development. RESULTS The PMH APRN workforce faces significant challenges owing to barriers and facilitators to growth of the specialty. These factors conspire to limit the supply of PMH APRNs at a time when they are needed to compensate for declining numbers of providers in the United States, particularly practicing psychiatrists. CONCLUSION Recommendations are forwarded as to how best shape the educational pipeline to meet the current and emerging needs of American citizens for quality mental health care.

[Psychiatric-mental health nursing workforce in 2018: Implications for the future](#) October 2020, Archives of Psychiatric Nursing  
*Abstract only\**

The workforce was examined using the 2018 National Sample Survey of Registered Nurses to determine supply characteristics and perspectives of psychiatric-mental health nurses. The study looked at the success in achieving some of the workforce related recommendations of the Future of Nursing. A strong foundation exists for increasing the contributions of psychiatric-mental health nursing to overcoming shortages of mental health professionals and to improving access to mental health care. More work needs to be done to remove regulatory barriers to promote practicing to the extent of knowledge, education and training. Overall, the psychiatric-mental health nursing workforce is primed for the future. • The supply of graduate educated psychiatric mental health nurses has increased. • The role of PMHNP is fully embraced. The challenge for the future is to increase the preparation and retention of PMHNPs. • Clinical Specialists are aging and Clinical Specialists are less likely to expect to retire more than 5 years from now. • Expanding the influence of psychiatric nurses will be enhanced by providing 'life-long learning' opportunities to both psychiatric nurses and other nurses. • Reduction of regulatory barriers that limit nurses practicing the extent of their knowledge is needed.

## Multidisciplinary teams

[Mental health social work in multidisciplinary community teams: An analysis of a national service user survey](#) January 2021, Journal of Social Work

Summary: The article addresses the continued lack of clarity about the role of the mental health social worker within community mental health teams for working age adults and



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particularly the limited evidence regarding this from the perspective of service users. It compares findings from the literature, found to originate from a predominantly professional viewpoint, with secondary analysis of a national survey of service users to assess their views. Findings: Three particular aspects of mental health social workers' role identified in the literature were, to some extent, also located within the national survey and can be summarised as: approaches to practice, nature of involvement, and scope of support. The presence of these features was largely not substantiated by the survey results, with few differences evident between service users' experiences of mental health social workers compared with other mental health staff. When nurses and social workers were compared, results were either the same for both professions or favoured nurses. The findings point both to the difficulty of articulating the social work contribution and to the limitations of the secondary data. Application: The findings are a useful benchmark, highlighting the limited evidence base and the need for further research to improve both the understanding of the mental health social work role and how it is experienced by service users. The profession is keen to emphasise its specific contribution. Research evidence is required to underscore this and to ensure that the role is not subsumed within generic practice.

## Competency Frameworks

[Physical health competency framework for mental health and learning disability settings](#) December 2020, Health Education England

This refreshed framework incorporates elements of the knowledge and skills needed for registered clinical staff working in mental healthcare and/or learning disability settings to be able

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to meet the physical health needs of service users with serious mental illness and/or service users with a learning disability.

This framework:

- Does not supersede previous policies or protocols; it enhances existing procedures and processes.
- It can be used to aid learning and development, or in a team discussion to improve awareness and training.
- It has been designed to be accessed and used by all in a MH and LD capacity to highlight the core skills and knowledge that should be shared across a multidisciplinary team in this type of setting.

[Older Peoples' Mental Health Competency Framework](#) 2020, Health Education England

This refreshed framework has been developed by HEE and guided by several experts connected with Older People's health. The purpose of the framework is to support the delivery of excellent services across disciplines which are directly or indirectly involved in supporting and promoting older people's mental health.

This framework:

- Does not supersede previous policies or protocols; it enhances existing procedures and processes.
- It can be used to aid learning and development, or in a team discussion to improve awareness and training.
- It has been designed to be accessed and used by all in a mental health capacity.

[Prescribing Competency Implementation Guidance for Mental Health](#) 2020, Health Education England and Royal Pharmaceutical Society

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By engaging experts in the field, including those with lived experience, Health Education England (HEE) have developed a practical, accessible guidance document that supports prescribers to follow the Royal Pharmaceutical Society's (RPS) Prescribing Competency Framework and apply this in a mental health context.

### [The Competence Framework for Mental Health Peer Support](#)

[Workers](#) October 2020, Health Education England  
The NCCMH developed the Competence Framework for Mental Health Peer Support Workers (MH PSWs) with UCLPartners and a specially convened expert reference group including peer support workers. It was commissioned by Health Education England as part of their '[New Roles](#)' programme, ahead of a large expansion of PSW roles in statutory services around England.

- [Part 1: Supporting document](#) – containing important background information and discussion that is intended to be read before the competence framework (PDF)
- [Part 2: Full listing of the competences](#) (PDF)
- [Part 3: Curriculum](#) – based on the competence framework, this can be used for the development of training programmes (PDF)

### [Adult Safeguarding: Roles and Competencies for Health Care](#)

[Staff](#) August 2018, Royal College of Nursing  
This document has been designed to guide professionals and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding.

### [Guidance and competencies for General Practitioners with an extended role: Health For Health Professionals Practitioner](#)

August 2018, GP Health Service Practitioner Health Programme  
This document has been written to provide a framework of knowledge and skills for those health professionals who would provide care and treatment services to meet the needs of health professionals who become unwell. This care would be undertaken by health professionals able to act without direct supervision in addition to their core role, and with additional training and experience.

### [Competency framework for perinatal mental health](#) July 2018, Health Education England

Health Education England (HEE) commissioned the Tavistock & Portman NHS Foundation Trust to develop a competency framework for all those who work with people in the perinatal period, their families and loved ones.

### [Mental Health Core Skills Education and Training Framework](#)

2016, Skills for Health, Skills for Care and Health Education England  
The Mental Health Core Skills Education and Training Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health, Health Education England (HEE) and Skills for Care. The framework supports workforce development specific to implementation of the national mental health strategy, No Health Without Mental Health<sup>1</sup>. It is also in accordance with the HEE Mandate (2015-16)<sup>2</sup> which affirms the commitment to achieving parity of esteem between mental and physical health and the principles to “aspire to excellence in training” and “providing greater transparency, fairness and efficiency to the investment made in education and training” (HEE 2015). The aim of the framework is to support the

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development and delivery of appropriate and consistent cross-sector mental health education and training.

[Public mental health leadership and workforce development framework: confidence, competence, commitment](#) 2015, Public Health England

The purpose of this framework is to help develop public health leadership and workforce capability in mental health. It identifies six key ambitions, as well as some core principles for the workforce.

[Mental Health Nursing: Field Specific Competencies](#) n.d., Nursing and Midwifery Council

The Field Specific Competencies guidance highlighted as recommended reading in preparation for the test.

[Caring for Women with Mental Health Problems: Standards and Competency Framework for Specialist Maternal Mental Health Midwives](#) n.d., The Royal College of Midwives

This document sets out the recommendations that we intend will develop a standards and competency framework for specialist midwives, to deliver a capability that is aligned to world-class standards. System-wide problems will however demand system-wide solutions to address the dramatic impact on long-term outcomes for mothers, fathers, children, families and society.

[The CAMHS Competence Framework](#) n.d., NHS Education for Scotland and University College London (UCL)

This map shows six domains of competence, and the activities associate with each domain. The map functions as an overview. Click through using the map to see competencies associated with specific activities.

## \*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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