



Workforce Matters: A Manifesto

Building a thriving mental
health workforce

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Introduction

There are around 133,000 professionals in NHS mental health teams in England¹, and thousands more in local authority and voluntary sector settings. Whether a psychiatrist or social worker, a nurse or art therapist, they have chosen a career that supports others. Yet, far too often, they are not being adequately supported themselves.

At Think Ahead, we deliver a national programme that has attracted, recruited, and trained 1,000 people to date to become social workers in mental health teams across England.

Our trainees are committed and compassionate. Most remain in the sector for many years, dedicated to a career in the service of others. However, like almost all mental health practitioners, our trainees experience tough challenges throughout their career, and at some points, unacceptable levels of pressure. We need to be honest about that.

The workforce matters. Its transformation is critical to improving the mental health and wellbeing of the country.

In this manifesto, we call for change. We set out three intersecting challenges:

- 1) **Grow**
the workforce.
- 2) **Invest**
in the people and systems that make it function.
- 3) **Connect**
the workforce to the wider health and social care system.

1. <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers>

We need to fill vacancies, look after the people we have, and ensure that integrated care leads to better outcomes for people with mental health problems.

Our expertise is rooted in social work in mental health teams, listening to the experiences of our trainees and our NHS and social care partners.

What follows reflects our learning and how we can build on that knowledge across the whole workforce. It is not exhaustive, far from it. We still have a lot to learn. We will do this by standing shoulder to shoulder with our partners, practitioners, and people with lived experience, amplifying their voices and calls for change.

Thank you

We thank the trainees, practitioners, and people with lived experience who took the time to share their experiences and expertise with us. Not everything discussed can be reflected in this document. We commit to continuing those conversations and doing all we can to better support the workforce.

Context

At Think Ahead we focus on the mental health workforce as our route to improving mental health outcomes.

We put that focus into the wider context of the invaluable and unrelenting work and campaigns from organisations such as Mind, ReThink Mental Illness, Centre for Mental Health, British Association of Social Workers, NHS Confederation, the Royal Colleges, and many others.

We place our workforce recommendations in the context of a Mentally Healthier Nation², a ten-year cross-departmental plan committed to improving the nation's mental health, led by the Centre for Mental Health, Mental Health Policy Group and endorsed by 35 organisations (including Think Ahead).

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.

Summary

Any incoming government serious about improving the mental health of the country, must prioritise the mental health workforce.

There are many mental health teams with excellent working environments, often created through the sheer determination of the people in those teams. However, very few in mental health services are immune from the recruitment,

2. <https://www.centreformentalhealth.org.uk/publications/mentally-healthier-nation/>

retention and systemic challenges that have affected staffing numbers and morale for too long.

We must prioritise the wellbeing of practitioners. We rely on people's goodwill and compassion, expecting practitioners to tolerate sometimes intolerable working conditions. It is not fair, not sustainable, and does not create the best outcomes for people with mental health problems.



The best thing the government could do to help service users is to help us, the professionals. We are struggling; how can we be expected to help others when our own mental health is so often disregarded.

Trainee social worker

The crisis in the workforce impacts us all

Service users

- There are more than 1.2 million people on mental health waiting lists;³
- 43% of adults with mental illness say the long waits for treatment have led to their mental health getting worse.⁴
- 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.⁵

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

4. <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>

5. <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 ⁶ 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 problems⁷ and over a quarter of all sickness in the NHS is due to stress, anxiety, depression, and psychiatric illnesses.⁸
- 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.⁹

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

7. <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>.

8. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/june-2023-provisional-statistics>.

9. <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.¹⁰
- 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.¹¹



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)¹².
- Institute for Public Policy Research puts a third of loss of earnings due to sickness down to mental health.¹³

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

11. <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>

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

13. 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.

The evidence

In this section, we provide a more detailed look at the evidence gathered to inform our recommendations. It takes the three key aims – grow, invest, and connect – and provides context and evidence of the current challenges.

We recognise that each of these areas demands more research, particularly talking further with practitioners and people who use mental health services.

1. Grow:

expanding the workforce

People make our mental health services.

We need the workforce to expand to meet increasing mental health needs. Yet, we often cannot fill existing vacancies – let alone grow.

The context

We welcome the acknowledgement that the mental health workforce needs to grow. The targets in the NHS Long-Term Workforce Plan¹⁴ (including increasing the number of training places for psychological professionals by 26% by 2031 and a 73% increase in NHS staff in mental health teams) and Labour's pledge to train an additional 8,500 mental health practitioners¹⁵ are ambitious and much needed.

However, targets are only meaningful if there are ideas, action, and investment behind each one. We cannot simply hope to increase the mental health workforce, we must respond to the reasons why people are not joining in the first place.

The challenge

Mental health needs increase while the workforce shrinks.

Mental health services in England received a record 4.6 million referrals during 2022 with the number of people in contact with mental health services increasing year on year.¹⁶ Services across the country are struggling to fill existing posts, with vacancy rates of 20% in mental health nursing¹⁷ and in

14. <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

15. <https://labour.org.uk/updates/press-releases/keir-starmer-unveils-labours-mission-to-create-an-nhs-fit-for-the-future/>

16. <https://committees.parliament.uk/writtenevidence/119822/pdf/#:~:text=Mental%20health%20services%20in%20England,of%201.45%20million%20per%20month5.>

17. Care Quality Commission, state of health care and adult social care in England 2022/23

inpatient units¹⁸. While the NHS mental health workforce numbers increased overall by 22% between 2016 and 2021/22, referrals in the same period increased by 44%¹⁹.

Perceptions of and access to mental health careers

One of the challenges with attracting new people into the sector is the lack of knowledge about mental health careers. Our own research shows that while motivation to work in mental health is high (around 1 in 10 people would consider a career in mental health in the next five years²⁰), many people do not know what qualifications you need, and have not heard of the range of roles available.²¹

Many people are concerned about lack of financial support when training. With our own social work programme, there will be applicants each year unable to take up offers of places because of the loss of benefits and other financial support whilst studying, such as the removal of tax-free childcare. The loss of benefits is an avoidable barrier to ensuring accessibility for all and is exacerbated by the cost-of-living crisis. People should not be prevented from pursuing a career in mental health because of financial hardship or disadvantage.

Alongside an increase in financial support for students, there needs to be substantial investment into a national recruitment campaign. While there are some effective targeted recruitment campaigns to solve staffing gaps, for example the 'Choose Psychiatry' campaign run by the Royal College of Psychiatrists²², we need central investment in ambitious recruitment campaigns across the mental health workforce. There is still a public perception that mental health provision sits solely in a medical setting (a perception that many of our trainees have before beginning the social work programme) and a national recruitment campaign would increase understanding that mental health roles sit across a range of sectors, settings, and with different eligibility criteria.

18. <https://committees.parliament.uk/publications/40960/documents/199502/default/>

19. <https://committees.parliament.uk/publications/40960/documents/199502/default/>

20. <https://s24042.pcdn.co/wp-content/uploads/Public-knowledge-and-perceptions-of-careers-in-mental-health.pdf>

21. Report: Public knowledge and perceptions of careers in mental health - Think Ahead

22. <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry>

To build an inclusive, diverse workforce, we need to expand, diversify, and provide support for a range of training routes and opportunities for people of all educational backgrounds. Our accelerated graduate programme is one part of the jigsaw, but wider access to recognised training routes and professional qualifications is essential. We recommend the expansion of apprenticeship schemes through national infrastructure development and funding – there are only 32 universities that run social work apprenticeships, compared to over 80 universities that run social work degrees.

2. Invest: retaining staff

We need to invest in the people we already have.

While improving recruitment will help grow the workforce, it is only part of the solution.

We must do more to support people: retaining their skills and knowledge and rewarding their commitment through appropriate pay and working conditions.

The context

The NHS Long Term Workforce Plan sets out to reduce the overall leaver rate from 9.1% to 7.4%-8.2%, hoping to achieve this “*by allowing greater flexibility and career progression and improving culture, leadership and wellbeing, while continuing to focus on equality and inclusion.*” The plan gives responsibility to the Integrated Care Systems for building the workforce across health and social care – acknowledging the importance of investment beyond the NHS.²³ Alongside this, the NHS People Plan sets out a comprehensive range of actions to improve staff retention. It includes strengthening health and wellbeing, equality and diversity, culture and leadership, and flexible working.

23. <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

However, with job satisfaction and morale so low,²⁴ a cultural overhaul is needed to address the systemic issues that are fuelling the current workforce exodus.

The challenge

In 2021-2022, 17,000 people (12%) left the NHS mental health workforce, up from pre-pandemic levels of around 14,000 a year.²⁵

One of the key contributors to people leaving is unmanageable workloads and caseloads, with over 80% of mental health practitioners we surveyed said caseloads were affecting their ability to do their work effectively and safely.²⁶



If any more people in my team leave, I'm going to cry... and I am quite a resilient person and rarely cry easily. It means a loss of a colleague and their knowledge and support, extra stress, extra work, with no extra time to do everything in. It's so demoralising.

An experienced social worker

24. <https://journals.rcni.com/mental-health-practice/news/mental-health-staff-morale-hit-by-explosion-in-demand-mhp.26.5.7.s4/abs>

25. <https://publications.parliament.uk/pa/cm5803/cmselect/cmpublic/1000/report.html>

26. Think Ahead Consultation response to DHSC on mental health and wellbeing plan

Burnout and wellbeing

Many people are leaving owing to the pressure services are under, with almost 50% of mental health social workers showing levels of significant distress, burnout, and emotional exhaustion²⁷. Four in ten nurses in mental health teams, for example, said that they ‘often’ or ‘always’ felt burned out from their work.²⁸ The more people who leave because of heavy caseloads and burnout, the more intense the pressure on the remaining members of staff, therefore creating a cyclical retention challenge, which impacts on the quality and safety of mental health services and support.



Honestly, I just feel ... exhausted.

Mental health practitioner



The pressure... on people who are still working is immense. I had 3 people out of 14 [staff] off long-term sick, and that makes such a difference to the workload of others. I couldn't even get agency staff to fill the gaps. There just aren't the people there willing to do the work. I found myself up at 2am, 3am, worrying.

Ex-service manager of mental health service

27. Mental health, burnout and job satisfaction among mental health social workers in England and Wales | The British Journal of Psychiatry | Cambridge Core

28. https://www.som.org.uk/sites/som.org.uk/files/Burnout_in_healthcare_risk_factors_and_solutions_July2023.pdf

Pay and career progression

Doing difficult work that often requires unsociable hours should be paid for appropriately. 85% of mental health social workers we surveyed in 2022 told us that pay was one of the biggest issues affecting their wellbeing and motivation. Workforce planning needs to assess pay rates and attempt to reduce disparity between agency and permanent staff, and between NHS teams, local authority, and community services, to ensure fairness, and reduce staff (understandably) leaving services for more favourable conditions.



We need fair pay to reflect the responsibility of the role and the level of scrutiny.

Social worker, Think Ahead survey

To retain staff, appropriate and sufficient pay and progression opportunities is vital. In June 2019, 92.5% of mental health support workers and healthcare assistants were still employed in the exact same role a year later²⁹ suggesting a lack of career progression or opportunity within the system. When there is intense pressure on services and a lack of resources, agreeing and paying for staff to go on training courses can be deprioritised and providing development opportunities may become a ‘nice to have’. The British Medical Association’s 2020 Parity of Esteem report stated that 50% of mental health practitioners found training provision had worsened or greatly worsened in recent years.³⁰

Lack of career progression is particularly pronounced when looking at mental health practitioners from Black, Asian and ethnically diverse backgrounds. Workforce data shows that people from minority ethnic backgrounds are underrepresented at pay grade 8+ and that access to staff training while working decreased from 2016 – 2020 compared to their white counterparts.³¹

29. <https://www.nuffieldtrust.org.uk/research/untapped-understanding-the-mental-health-clinical-support>.

30. <https://www.bma.org.uk/media/2099/mental-health-parity-of-esteem-report-jan-2020-2.pdf>

31. <https://www.england.nhs.uk/publication/workforce-race-equality-standard-2021/>

It is vital that the mental health workforce is inclusive of background and experience throughout, in every profession, setting, and level of seniority.

Early Career Support

Newly qualified practitioners must be given support to protect their wellbeing, ensure caseloads and complexity of cases are appropriate, and that they have support and supervision in place to navigate the early years of their career.

Our research looking into support for newly qualified social workers in mental health teams in London NHS mental health trusts found that provision was patchy. The Assessed and Supported Year in Employment (ASYE) was effective at supporting social workers when prioritised, but often local authorities carried the responsibility for putting in place the early career preparations for practitioners in NHS settings. When local partnerships are robust this can work well, but in places where effective arrangements are not in place, some newly qualified social workers in mental health teams are not accessing ASYE at all.³²

It is imperative, whether through ASYE or another early years' career framework, that there is investment in place to ensure that support is consistently implemented across local authorities and NHS trusts.

It has been found that newly qualified social workers from Black, Asian and ethnically diverse backgrounds are three times more likely to fail their ASYE than their white counterparts, and men are four times more likely to fail than women.³³ Concerted efforts and research are needed to understand this disparity.

Working conditions and resources

The morale and efficiency of staff is greatly impacted by the lack of modern and integrated technology, systems, and processes. This makes work less efficient and can have a huge impact on the quality of service and the morale of staff grappling with outdated systems without the necessary training: 70% of social workers in mental health teams said an improvement in IT would

32. Supporting Newly Qualified Mental Health Social Worker in the NHS (Think Ahead and Social Work for Mental Health Improvement Programme) June 2022

33. <https://www.skillsforcare.org.uk/resources/documents/Regulated-professions/Social-work/ASYE/Child-and-family/Annual-report/ASYE-child-and-family-annual-report-2022-23.pdf>

improve their effectiveness; 10% said slow internet connections made their work much harder.³⁴



One of the things that would improve my effectiveness as a care coordinator would be stronger communication and organisation, such as emails being set up and getting access to a laptop.

Social worker in mental health team

Working culture and conditions are crucial to improving retention; while there is excellent supervision and team morale in many mental health teams, there is not enough action taken when supervision or working culture is not supportive, especially to trainees or newly qualified staff.



We are a team of 25 and 12 people have left in the last year... there is never much of a debrief about the fact that so many people have left or how the team is feeling. Instead, it's kind of swept under the rug.

A social worker

34. https://s24042.pcdn.co/wp-content/uploads/Consultation-Response_Mental-Health-and-Wellbeing-Plan_June22.pdf

In 2022, 70% of mental health social workers surveyed said improvements to organisational culture would improve wellbeing and their motivation; many commented on need for lunch breaks, more time to socialise, somewhere to go in the office as a quiet space, free parking, away days, mindfulness and wellness breaks and ‘self-care time’. Similar numbers (65%) talked about working flexibly: ideas including more work from home, 4-day weeks, shorter hours, more autonomy, and deciding own hours.³⁵



We have supervisions to discuss our cases, but how is anyone expected to be able to use that time when you have 40 people to discuss, and you’re meant to be talking about yourself too. It’s just not possible to keep tabs on it all.

Mental health social worker

3. Connect:

linking mental, physical and social care

People’s mental ill-health does not occur in isolation, and neither should the services which support them.

Over the last fifteen years, huge progress has been made in understanding the interplay between mental health, physical health, and social circumstances. Poverty, poor housing, unsafe relationships, debt, and addiction all affect our wellbeing profoundly. Poor mental health has wider health implications, with

35. <https://thinkahead.org/news-item/our-submission-to-the-department-of-health-and-social-care-mental-health-and-wellbeing-consultation/>

people with severe mental health illness dying on average 15 – 20 years earlier than the general population³⁶.

We all know about the importance of responding to social circumstances when supporting someone’s mental health, and yet we do not have a workforce strategy that reflects that. Despite there being 3000 social workers in NHS mental health teams, social work was not mentioned in the NHS Long Term Workforce Plan, with a focus on clinical roles instead.

Ten years ago, the government declared its ambition to see that mental health services have parity with physical health services³⁷, but with immense pressures on services, funding constraints, and a sector adjusting to Integrated Care Systems, mental health and its prioritisation is at risk.

The context

In 2013, the coalition government’s vision for integrated care said:

*“We need to create a culture of cooperation and coordination between health, social care, public health, other local services and the third sector. Working in siloes is no longer acceptable. We have to end the institutional divide between physical and mental health, primary and secondary care, and health and social care.”*³⁸

Ten years later, the 42 Integrated Care Systems across England were made legal entities as part of the Health and Social Care Act 2022. These structures lead the way in creating collective responsibility for pooled resources and building collaboration between the NHS, local authorities and third sector providers to tackle health and social care challenges.

Integrated Care Systems have four lead aims:

- Improving outcomes in population health and health care.
- Tackling inequalities in outcomes, experience and access.

36. <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>

37. https://assets.publishing.service.gov.uk/media/5a7b082d40f0b66a2fc04a37/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf

38. Integrated Care and Support: Our Shared Commitment (2013)

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- Enhancing productivity and value for money.
 - Helping the NHS to support broader social and economic development.

As set out in the coalition government's original vision for integrated care: it is people that will make these aims a reality. Processes and systems do not create change alone; the leaders and practitioners within statutory, voluntary and community services must have the capacity, capability, and common vision to drive transformation.

The challenge

With the introduction of Integrated Care Systems, we have an opportunity to build ambitious mental health plans that reflect the needs of the local population, creating shared outcomes that reflect the way people engage with public services.

Many people with mental health problems do not engage with NHS services (only 1 in 4 people who die by suicide are engaged with mental health teams³⁹). There is a huge increase in numbers of people seeking support from social services (87% of Directors of Adult Social Services saw an increase in people seeking support for mental health needs in 2022)⁴⁰

Workforce planning must therefore be cross-sector, and place mental health expertise outside of the traditional health settings. We recommend increasing the number of social workers with a strong mental health understanding in a range of setting including supporting General Practitioners (estimates that 40% of GP appointments are mental health related)⁴¹ and across voluntary and non-clinical settings.

Mental health plans should be built in partnership between NHS, local authorities, and the voluntary sector, bringing in expertise across the whole range of support services that people with mental health problems may need. These partnerships take time, capacity, and capability to be managed effectively, and will not succeed on good intentions alone. Partnerships

39. <https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/>

40. ADASS Spring Budget Survey Findings

41. <https://elearning.rcgp.org.uk/mod/book/view.php?id=13115>

between statutory services and voluntary sector partners need to respond to the difference in culture and size between those organisations. As set out by the Centre of Mental Health in its guide for cross-sector working, the inequity of those partnerships is a challenge, with voluntary sector partners proud of their identity and ethos, and not wanting to replicate or be subsumed into NHS culture necessarily. It is important that NHS services understand and adapt to the needs of the voluntary sector.⁴²

The other challenge is capacity: mental health services are under immense strain. To transform local systems and procedures takes time, skill, and resources. The State of the Nation Care Quality Commission report (2023) assessed 1 in 4 mental health services in the NHS as ‘inadequate’ or ‘requires improvement’ overall and nearly 40% of services as ‘inadequate’ or ‘requires improvement’ when surveying ‘safety’ specifically.⁴³ Services operating in this context will struggle to invest time and resources in long-term planning and partnership working to meet the aspirations of the ICS’ Five-Year Plans.

The NHS Long Term Workforce Plan highlighted the valuable role of the ‘voluntary sector and volunteers’ but to build meaningful workforce plans, the NHS targets must be broken down by region, and built in collaboration with third sector providers. There is no reliable data on the number of people employed by mental health voluntary sector organisations, so while the NHS targets are to be welcomed, without placing it in the wider context, it is very hard to evaluate whether NHS targets are enough/appropriate to meet the demands of local populations.

Beyond mental health teams (in statutory or voluntary sector settings), we need a whole system approach to effectively support service users. A third of social workers in mental health teams told us poor housing was one of the biggest challenges for people they supported⁴⁴. Social circumstances have a huge impact on people’s dignity, wellbeing, and a sense of hope. Secure housing, safe relationships, financial support, and education and employment opportunities are all vital to improving our mental health.

42. https://www.centreformentalhealth.org.uk/wp-content/uploads/2022/10/CentreforMentalHealth_AWorkingPartnership.pdf

43. <https://www.cqc.org.uk/publications/major-report/state-care/2022-2023/quality-of-care#mentalhealth>

44. <https://thinkahead.org/news-item/our-submission-to-the-department-of-health-and-social-care-mental-health-and-wellbeing-consultation/>

We focus on the mental health workforce, but we recognise the challenges around housing, finances, and other life issues are fundamental to our mission. We advocate for the social approach to be fully embedded and prioritised across mental health services, but without adequate housing and financial support for people with mental health problems, the workforce development agenda will always be limited in its potential to transform lives.

What's Next?

As an organisation, we are known for our accelerated mental health social work programme, bringing new practitioners into social work in mental health teams. We are proud of our programme and the 1000 practitioners we have trained and supported over the last eight years.

Our vision is to build a thriving mental health workforce that can support people to live the life they want. While each Think Ahead trainee embodies that vision, we have a responsibility to explore the systemic challenges that affect our trainees, the workforce, and the people in need of support. We commit to working with partners such as Integrated Care Boards, third sector organisations, NHS trusts and local authorities to test and develop solutions to the long-standing recruitment, retention and systemic challenges affecting the workforce

We hope an incoming government that is serious about improving the wellbeing of the country will understand the importance of the mental health workforce: a workforce that is so integral to our wellbeing and our lives.

We need growth, investment and connection that builds the workforce far beyond the traditional health settings and models. This will require a more sophisticated cross-departmental approach and a level of urgency appropriate to the size and importance of the issue. We look forward to working with government and partners to deliver this.



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Charity number: 1166577. Company number: 10015893.