

# Mental Health Careers and Psychology Graduate Career Pathways

Methods, findings and recommendations



NATIONAL  
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CENTRE FOR  
MENTAL HEALTH

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Cite as: National Collaborating Centre for Mental Health. Mental Health Careers and Psychology Graduate Career Pathways: Methods, findings and recommendations. London: National Collaborating Centre for Mental Health; 2019.

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## Executive summary

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The aim of the Mental Health Careers and Psychology Graduate Career Pathways project was to collect data that can be used to inform future policy aimed at enhancing the opportunities for a career in mental health services for psychology graduates.

This report focuses on the population of psychology graduates in England. It looks at the demographics, perspectives and career aspirations of undergraduate and postgraduate psychology students, and pathways (including barriers and facilitators) towards a career in NHS mental health services. A variety of methods were employed in this analysis: synthesis of existing data, collection of survey responses, analysis of person specifications on the NHS Jobs website and analysis of data from focus groups and semi-structured interviews.

### Key findings included:

- Personal experience of mental health problems (either one's own or those of a family member or friend) was often the main driving force behind a decision to study psychology and desire to work in a mental health field
- There is a general lack of awareness of the range of careers in mental health care and job roles for psychology graduates available within the NHS, outside of clinical psychology
- There is a perceived lack of informed and relevant careers advice
- Work experience opportunities have limited visibility
- There is a lack of applied or practical study opportunities
- Not all psychology graduates are interested in pursuing a career in health or mental health care
- Perceived barriers towards achieving a career in mental health often included financial limitations/lack of ability to fund additional study or training
  - There are discrepancies in both banding and essential/desirable person specification requirements for several NHS entry-level mental health jobs up to band 4:
  - Job roles with the same or very similar titles ranged from Agenda for Change (AfC) band 2 to band 4 (e.g., mental health support worker)
  - The majority of NHS entry-level staff perceived their psychology degree as 'valuable' even if it was not an essential requirement
  - All of the assistant psychologist posts identified (for which banding information was available) required a degree in psychology
  - Recruitment to entry-level mental health positions appeared to be dependent on a candidate's experience, with the majority of vacancies listing experience in a healthcare setting and/or with patients who have a mental health problem as essential
- Reasons for psychology students not considering mental health nursing as a career may include issues to do with funding an additional nursing course, limited awareness of nursing careers pathways and a lack of interest in nursing as a profession.

These findings informed a number of recommendations, grouped into seven areas:

- 1. Develop pathways towards a career in mental health**
- 2. Enhance careers advice for students and graduates**
- 3. Expand opportunities for gaining relevant experience**
- 4. Extend funding/financial support for further training in mental health careers**
- 5. Make careers in NHS mental health services visible**
- 6. Positively influence perceptions of mental health care roles, especially those in the NHS**
- 7. Improve monitoring of psychology graduate career pathways and conduct further research.**

The report provides a useful starting point towards understanding mental health career pathways from the perspectives of psychology students, graduates and trainees, and those recruiting them. It can guide potential changes to mental health career pathways and ways to better support psychology graduates to pursue a career in mental health care.

# 1. Introduction

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## 1.1. Background

A psychology degree equips a graduate with a wide range of skills and is a valuable qualification for a diverse range of careers. This has made psychology one of the most popular degrees in England. While a psychology degree is particularly valued in health careers, many graduates do not choose a long-term career in NHS mental health care. Research is needed to understand the reasons for this, including the barriers and facilitators to entering a career in mental health. This knowledge and understanding should inform changes to career pathways and encourage psychology graduates to embark on a career in NHS mental health care.

## 1.2. Purpose and scope of this project

The Mental Health Careers and Psychology Graduate Career Pathways project feeds into a larger body of work called “Supporting promotion of mental health careers and developing psychology graduate career pathways” as commissioned by Health Education England (HEE) and managed by the National Workforce Skills development Unit (the Unit). As part of this work, the Unit commissioned the NCCMH to undertake research with a focus on exploring how psychology graduates in particular can be encouraged and supported to take up mental health care roles in the NHS and which career pathways they can pursue.

## 1.3. Objectives

The overall objective of this work was to collect information that can be used to inform future policy on opportunities for a mental health career for psychology graduates and to work towards ensuring that a career in mental health is both achievable and desirable. The specific objectives were to:

- Assess the availability of data on:
  - the psychology graduate population in England
  - entry-level jobs (those up to AfC band 4, inclusive) available to psychology graduates in NHS mental health care
  - entry requirements for mental health careers and psychology professional roles
- Formulate recommendations that can be used to support psychology graduates to enter a career in mental health
- Better understand psychology graduates’ views and perspectives using a mixed methods approach of focus groups, interviews and questionnaires
- Align with existing work and other concurrent programmes of pathways to mental health careers for psychology graduates.

## 1.4. Research topics and questions

### 1. Psychology graduate population in England

- a. How has the number of psychology graduates changed in recent years?
- b. What are the gender and ethnic profiles of the psychology graduate population?
- c. What are the common career trajectories for psychology graduates?

**2. Mental health entry-level (up to band 4) NHS jobs for psychology graduates**

- a. What are the academic and experiential requirements for entry-level mental health positions in the NHS?
- b. What is the representation of psychology graduates among successful applicants to entry-level mental health positions?

**3. Mental health NHS career pathway analysis of psychology students and graduates**

- a. What proportion of psychology students begin their degree with the intention of working in mental health?
- b. What proportion of psychology students complete their degree with the intention of working in mental health?
- c. Do psychology students perceive a career in mental health within the NHS as an accessible career option? Why/why not? (e.g., what is appealing, what are the barriers or discouraging factors)
- d. Do psychology students perceive a career in mental health within the NHS as a viable career option? Why/why not? (e.g., what is appealing, what are the barriers or discouraging factors)
- e. What are some of the pathways that psychology graduates follow to embark on further training (e.g., for the roles of psychological wellbeing practitioner (PWP), high-intensity therapist (HIT) and clinical psychologist)?



## 2. Methods

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We used several methods to answer the research questions: surveys, a focus group, interviews, analysis of NHS person specifications for relevant roles and synthesis of existing data sources. This work was conducted between April and August 2019. The methods for each research approach, along with more detailed information on the findings, are provided in the **Appendices**.

### 2.1. Surveys

We conducted three surveys among the following populations:

1. Students currently undertaking a **bachelor's degree (BSc/BA)** in psychology or a psychology-related topic (accredited by the British Psychological Society [BPS]) at universities across England
2. Students currently undertaking a **master's (MSc) conversion degree** in psychology or a psychology-related topic accredited by the BPS<sup>a</sup>
3. NHS employees working in **entry-level or transitional roles** in mental health settings and/or services up to AfC band 4 level.

The survey questions can be viewed in **Appendices 1–3**.

### 2.2. A focus group

A focus group was held with students currently undertaking a **BSc/BA in psychology or a psychology-related topic** (accredited by the BPS) at universities across England. The focus group methods, including the questions used to guide the discussions, can be found in **Appendix 4**.

### 2.3. Semi-structured interviews

Individual interviews were conducted over the phone with the following groups:

1. A small sample of **MSc psychology conversion course students**.<sup>b</sup> This method was chosen instead of a focus group with this population due to anticipated difficulties in recruiting a sample of these students to attend in person.
2. A small sample of **key staff members working in NHS mental health trusts**. This included senior team leaders with responsibility for recruitment (excluding HR).<sup>c</sup>
3. A small sample of postgraduate trainees currently enrolled on **doctorate in clinical psychology (DClinPsy/ClinPsyD) courses** at universities in England.<sup>d</sup>

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<sup>a</sup> The survey distributed to MSc students received an extremely limited number of responses. The sample was too small to derive any valid conclusions; therefore, it has been omitted from this report.

<sup>b</sup> Only two MSc conversion course students could be interviewed; this sample size is extremely small and so the findings reported in this summary should be treated with caution.

<sup>c</sup> Only two staff members could be interviewed; this sample size is extremely small and so the findings are reported in summary but should be treated with caution.

<sup>d</sup> Despite our attempts to interview people on PWP and HIT training courses as well as DClinPsy/ClinPsyD students, we did not receive any applications.

Details of methods, including interview questions, are provided in **Appendices 5–7**.

## 2.4. Person specification analysis

To better understand the necessary requirements to obtain an entry-level job (up to band 4) in NHS mental health services, an online search and analysis of person specification documents was carried out using the [NHS Jobs website](#).

More information about the methods can be found in **Appendices 8 and 9**.

## 2.5. Synthesis of existing data sources

To supplement the findings from the methods described above, we also reviewed existing information sources and relevant reports. These links are provided in **Appendix 10**.

## 2.6. Expert consultation and advice

A team of advisers was recruited to contribute to information provided in this report. This group included experts in the field of psychology, a current psychology undergraduate student, academics and researchers, training course leads and members of the BPS. A full list of people involved in the development of this report is provided in **Appendix 11**.

## 3. Characteristics of the psychology student and graduate population in England

### 3.1. Demographics

#### 3.1.1. Trends over the past decade

**Table 1** shows the numbers of students graduating from psychology courses in the UK between 2012 and 2018; these figures are taken from the [Higher Education Statistics Agency \(HESA\)](#) website.

**Table 1: Numbers of students graduating from psychology courses from 2012 to 2018.<sup>a</sup>**

Academic year	Total undergraduate qualifiers	Total postgraduate qualifiers	Total graduates
2017/18	20,305	11,985	32,290
2016/17	19,635	9,350	28,985
2015/16	18,710	8,660	27,370
2014/15	17,990	8,515	26,505
2013/14	18,840	8,025	26,865
2012/13	17,855	8,050	25,905

<sup>a</sup> The data in this table come from HESA's [What are HE students' progression rates and qualifications?](#) Highlighted rows contain historical HESA data provided by the BPS.

The data show that the total number of graduates in psychology has been increasing year on year (with the exception of 2014/15). The number of graduates was 24.6% higher in the 2017/18 academic year than in was in 2012/13.

The total number of psychology graduates increased by **6,385** between 2012 and 2018

### 3.1.2. Gender profile

Psychology is a female-dominated discipline in the UK. Females made up 81% of students enrolled on psychology courses in 2018 (see **Table 2**).

**81%** of psychology students are **female**

**Table 2: Numbers of students enrolled on psychology courses by gender (2014–2018). Source: [HESA](#)**

Academic year	Female	Male	'Other'	Total	Proportion of students who are female
2017/18	88,990	20,720	135	109,845	81%
2016/17	83,875	20,155	50	104,080	80.5%
2015/16	78,060	19,525	10	97,595	80%
2014/15	74,530	19,670	5	94,210	79%

### 3.1.3. Ethnicity profile

The majority of undergraduate-level psychology students are described as being 'white' in the available data from [HESA](#) (see **Table 3**). In the 2017/18 cohort, white students accounted for almost 76% of all psychology students, while only 7% of students were described as 'Black', 10% as 'Asian' and 4% as being of 'mixed' ethnicity.

**Table 3: Ethnicity profile of UK domiciled students studying psychology at undergraduate level. Source: [HESA](#).**

Academic year	White	Black	Asian	Mixed	'Other'	Unknown	Total
2017/18	13,845	1,110	1,835	810	240	410	18,245
2016/17	13,475	1,115	1,635	720	235	500	17,675
2015/16	13,115	1,040	1,505	675	245	450	17,025
2014/15	12,495	1,065	1,525	605	175	435	16,325

**Figure 1** shows the ethnicity profile of psychology undergraduate students from 2017/18 compared with all first-year entrants on any university degree in the UK (whose ethnicity was known).<sup>1</sup> Data on ethnicity from the [2011 UK census](#) are included. According to government data, between 2002/3 and 2017/18 the percentage of people in further education who were from Black, Asian, Mixed and Other ethnic groups increased from 627,000 to 652,000.<sup>2</sup>

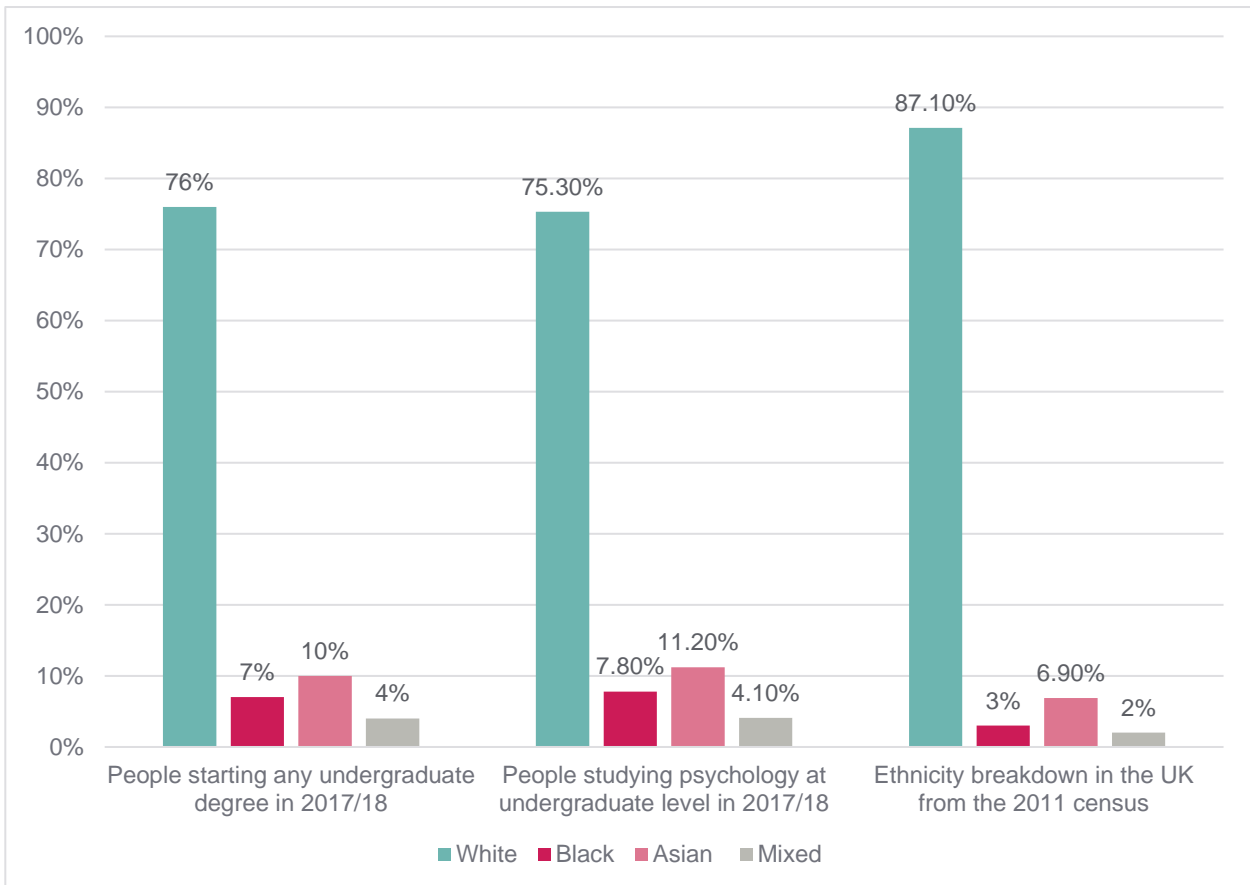


Figure 1: Ethnicity profile of psychology undergraduate students (HESA) compared with students studying any degree ([Ethnicity Facts & Figures](#)) and the [UK 2011 Census data](#).

### 3.1.4. Summary

With a growing number of graduates equipped with the breadth of skills that a psychology degree provides, and often with an interest in pursuing a career in mental health, there is an ever-growing need to think about the career trajectories of this cohort. We need to look at how best to utilise their learning and how to support them in pursuing a career in mental health if this is their ambition.

Future policy should consider how to encourage more males to pursue a career in mental health. This is especially important when thinking about increasing the diversity of professionals in mental health services, working towards equality of opportunity and supporting patient choice. The findings from this section of the report have been incorporated into **Recommendation 7**.

## 4. The career pathways of psychology graduates in NHS mental health roles

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This section offers an overview of the career aspirations of current psychology students. We also asked them about any barriers and facilitators they anticipate towards pursuing a career in mental health. We include findings from those who have successfully enrolled on postgraduate training courses, in an attempt to understand what helped them succeed and the pathways they took.

### 4.1. Findings from the BSc student survey

A total of 476 undergraduate psychology students from universities across England completed the survey. The respondent sample was similar to established trends in the psychology student population (see **Characteristics of the psychology student and graduate population in England**) in that it was predominantly female and white British. More information about the cohort, including a full demographic breakdown of survey respondents, can be found in **Appendix 1**.

#### 4.1.1. Career aspirations

The prospect of a career in mental health and/or psychological care is popular among psychology undergraduates: 406 out of 476 (85%) of respondents specified a mental health career as their aim. Of these 406 responses, 395 gave reasons behind this aim. They appeared to be primarily driven by intrinsic rather than extrinsic factors. The majority of students cited either 'personal interest' (i.e., they find psychology/mental health to be an enjoyable and interesting subject) (66.5%) or previous experience of mental health issues (18.7%) over reasons such as financial prospects or career opportunities.

**66.5%** of participants stated '**personal interest**' as the primary reason for choosing a career in mental health  
**18.7%** stated previous **experience of mental health issues** as the main motivating factor

Of the 395 students who elaborated on their mental health career goals, 201 (51%) stated clinical psychology as their specific area of interest, but only 20 (5%) stated mental health nursing as a goal. For 48 students (12%), psychological or mental health research was the goal, and 88 students (22%) had no specific preference. A small number of participants had a goal to work in occupational therapy (6%) and alternative therapies such as art and drama therapy (4%).

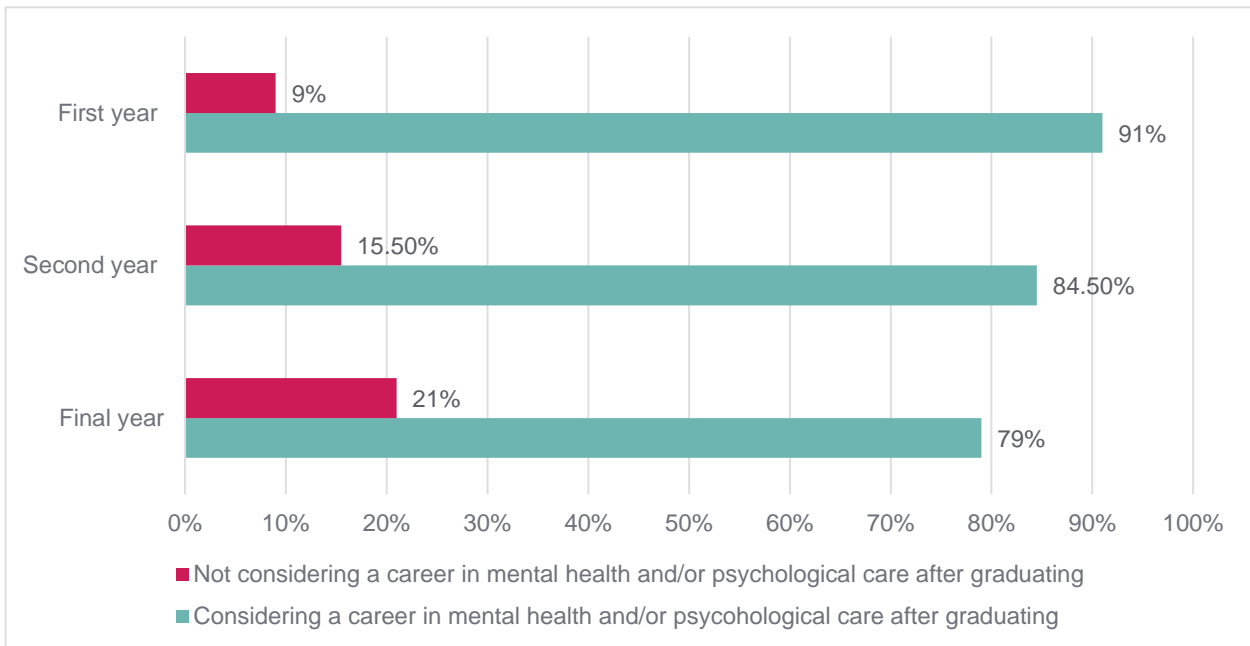
Though the aspiration of a career in mental health was not shared by every psychology student (see

**Figure 2**).

As can be seen from Figure 2, the percentage of psychology students who are not considering a career in mental health appears to increase across years of study, more than doubling by the final year. Across all years of study, the predominant reason given was having another specific career path in mind. This suggests that many psychology students will undertake and progress through their degree in pursuit of a specific, non-mental health career.

There was some indication of the limited opportunities to gain practical experience on undergraduate psychology degrees; only 3.8% of respondents were currently undertaking a year in industry/placement and the majority were at the same university.

**201** out of 395 (51%) survey respondents considering a career in mental health were focused specifically on **clinical psychology**



**Figure 2: Mental health career ambitions of surveyed psychology students in their first, second and final year of study.**

#### 4.1.2. Perception of a mental health career in the NHS

Over half of survey respondents who indicated that they were considering a career in mental health were specifically focusing on a career as a clinical psychologist. This narrow scope is likely due to a lack of awareness of other professions in the field of mental health care and limited access to information that would broaden this scope. Of the 395 interested in a career in mental health, 254 (64%) accessed information on mental health careers through independent research, which can only be guided by what they already know. Of those, 53% were specifically pursuing a career in clinical psychology. Only 56 students (14%) interested in a career in mental health reported accessing career information through a formal careers and employment advice service at university.

### 4.1.3. Summary

The majority of students were motivated to pursue a mental health career due to personal experience of mental health problems or personal interest. This sentiment was later reinforced by focus group attendees (see **Findings from the BSc student focus group**).

Clinical psychology appears to represent an archetypal mental health career among psychology students (see **Findings from the BSc student focus group**), which suggests that students may not be fully aware of the diversity of career paths in mental health and the NHS. The difference in breadth of career aspirations between those who research careers independently and those who access formal career advice demonstrates the value of such services in raising awareness of the range of mental health roles available.

The percentage of psychology students who are not considering a career in mental health appears to increase with years of study. Whether this is attributable to being encouraged towards other careers, being discouraged from a mental health career or loss of interest over time is not clear, but it represents a clear target for interventions intended to maintain the interest evident at the outset of a psychology degree. Consideration of non-mental health careers is somewhat to be expected; a psychology degree endows students with a diverse array of skills<sup>3</sup> which enables them to consider a broad range of career paths. A clear demonstration of this is found in the results of the [BPS Careers Destination Survey](#), in which 65.3% of psychology graduates were not employed in health-related fields, instead being dispersed across education (21.5%), scientific research and development (6.9%), administration and business support (3.7%), social work (2.9%) and other (9.3%).

**The findings from this section of the report have been incorporated into Recommendations 1 to 4.**

## 4.2. Findings from the BSc student focus group

### 4.2.1. Participant demographics

Nine psychology students took part in the focus group. The mean age of participants was 22.6 years; this was skewed by one participant who was aged 40, with the other eight aged 19–23 years. Eight of the nine participants were female (89%) and all were undergoing an undergraduate degree in psychology (or another psychology-related topic accredited by the BPS). Participants represented universities in Nottingham, London and Warwick.

### 4.2.2. Discussion topics and themes

Transcripts of the focus group discussions were coded and grouped thematically<sup>4</sup>. Some of the prominent themes that arose were:

- **Personal experience of mental health problems** (either themselves or with a friend/family member) as the main driving force for studying psychology and a desire to work in a mental health field
- **Personal interest** in the subject area
- **A lack of awareness of careers and job roles** available to psychology graduates within the NHS other than clinical and counselling psychology
- **A lack of visibility of work experience** opportunities
- Difficulty accessing **sufficient careers advice** and/or contact with qualified professionals
- Career aspirations in the field of psychology, both in the **NHS and private practice**



- **Perceived barriers to a career in psychology**, including difficulty attaining relevant work experience, financial constraints, difficult application processes and strong competition
- **Suggestions** for improving psychology graduate career pathways, including:
  - creation of a website dedicated to mental health careers and pathways
  - careers talks
  - access to different psychology professionals
  - access to careers advice from the NHS
  - knowledge about different courses and training available
  - mental health and/or psychology careers-specific graduate schemes
  - course content/curriculum to include information about NHS roles
  - financial support for further mental health training.

*'...how difficult it is getting into that [clinical psychology] and getting experience'*

*'...I haven't had enough experience...I was not given enough experience...at university...I am learning all these theories and not putting it into practice'*

*'every placement I have looked at required at least a year's experience which obviously I do not have'*

*'to get experience...especially whilst at university is so hard'*

Focus group students on the need for experience

For details, see **Appendix 4**.

### 4.2.3. Summary

Students in this sample were attracted to psychology as a subject due to personal experience of mental health problems, a strong interest and/or passion for psychology as a topic, and a desire to work in an environment and specialty perceived as being helpful to other people.

*'I think it's also like the visibility of the opportunity. Like it's not very out there. So, you'd have to like, find out for yourself, whereas like in other professions it's like oh there's an internship for this and this and this...and that's really not like that when it comes to psychology'*

*'considering that hospitals will not take someone who has just graduated, they want someone with experience...'*

Focus group attendees on work experience

Clinical and counselling psychology were desirable career options, but this was coupled with a perception that these careers are difficult to enter for reasons such as the experience required, the competitive nature of training positions and financial constraints.

Interestingly, financial prospects and earning potential were not regarded as motivating factors by the focus group. On the other hand, psychology graduates working in NHS entry-level roles (see **Findings from the entry-level mental health staff survey**) felt that their salaries were not accurately aligned with their level of responsibility and qualifications. This could be explained by the fact that most BSc students involved in the focus group were younger and full-time students, with little experience of paid work. Conversely, those working in NHS entry-level roles may be older and more experienced and have considerable financial responsibilities that render financial attainment of higher importance.

The experience component of the requirements for many entry-level positions and postgraduate training programmes was considered a significant barrier towards the students achieving their career goals in the future. The lack of availability of opportunities in which experience could be

gained was a recurrent discussion topic. The students made suggestions around access to careers advice and work experience as part of the course curriculum as ways of increasing the likelihood of them working in mental health care positions. Students did not feel that the completion of a psychology degree, in the absence of relevant work experience, adequately prepared them for entry into many mental health care roles following graduation.

Most evident from the discussions was a general lack of awareness of other psychology and mental health care careers available in the NHS. For example, the majority of students were not familiar with the role of PWP at all, let alone that the training is salaried, despite its existence since 2008; many students had

exclusively clinical or counselling psychology in their sights. Also, of interest was the lack of thought given to research and academic career options. Similarly, students had not given much consideration to mental health nursing roles. Reasons for this were the additional time, commitment and cost required to study nursing following a degree in psychology (i.e., the financial burden of completing another degree). The students felt that the routes into nursing need to be articulated early on, i.e. before applying to university. Some of the students were not interested in mental health nursing as a profession.

Psychology students' intrinsic motivations towards a mental health career gave rise to conflicting sentiments towards working within the NHS. While many of them had a sense of loyalty to the NHS following their own personal experiences of receiving mental health care, equally they expressed concern that their motivating desire to help people would be constrained or not fully realised due to the limitations that NHS practitioners work under.

*'I've lived in three different countries and I've met a lot of fascinating people with different psychological problems and drug addictions from all over and it's always fascinated me'*

Focus group attendee on the reasons for choosing psychology

*'you have to do a nursing course after [your psychology degree]'*

*'It's like I've just spent twenty-seven grand doing psychology, I can't really, it's out of the question really'*

Focus group attendees on the consideration of mental health nursing

*'it's just expensive and...time consuming ...and you might end up getting...where you want to be...when you're like 30. Whereas if you might [choose] another path, it will be much faster...you don't have...that much volunteering to do. You can just get a job and that's it, you don't have to work for free.'*

Focus group attendee on why people might not want to follow a career in mental health care

Perceptions of working in the NHS were largely quite negative, with comments such as ‘overworked and underpaid’, ‘it’s okay if you don’t have a social life’, and ‘I’ve got the impression that the working environment in an NHS hospital is not really healthy for the employees’ being voiced. The students spoke about the influence that the media had had on their perceptions of working in the NHS, especially given that most had not had personal experience of work of this kind. Much of the discussion focused on the NHS appearing to be underfunded and the impact this can have on staff wellbeing.

The findings from this section of the report have been incorporated into **Recommendations 1–5**.

### 4.3. Findings from MSc conversion student interviews

We interviewed two students currently enrolled on psychology MSc conversion courses in England.

#### 4.3.1. Discussion topics and themes

Transcripts of the semi-structured interviews were analysed thematically.<sup>4</sup> Themes focused on:

- **Perceived barriers and obstacles** towards achieving career goals, such as limited spaces on training courses and the necessary work experience to move forwards
- **Career aspirations**, including clinical training routes and other mental health career options, such as social work
- How **personal experience of mental health problems** can be both a facilitator and a deterrent to a mental health career
- A reluctance to work in mental health services given the **sometimes negative depiction of the NHS in the media** and the perception that NHS staff are not sufficiently paid.

For more information, see **Appendix 5**.

#### 4.3.2. Summary

The participants we interviewed started their MSc conversion courses with clinical psychology in mind. However, they also spoke about considering other options (e.g., counselling, cognitive behavioural therapy [CBT], academia/research) that they had discovered across the duration of their learning.

Similar to the BSc students, of whom all nine expressed mental health career goals, both MSc students were interested in careers in mental health, and more specifically, psychology, due to a combination of personal experience and an interest in the topic in general (see **Findings from the BSc student focus group**).

*‘well the aim was to become a clinical psychologist...possibly go into counselling or something...’*

*‘...actually, I wanted to go into counselling and CBT...and that’s...why I kind of taken this course’*

*‘...since starting the course I’ve actually discovered different fields of psychology...and more opportunities essentially...so I’m now considering going to take clinical psychology...and potentially going on to do a PhD’*

MSc students on their career aspirations

While students' main interests were in clinical psychology or work in therapy for some specific conditions, they expressed some openness to other roles in mental health (e.g., mental health social work). The focus on clinical psychology and delivering therapy may be due to a lack of awareness of other options.

*'I've had quite a lot of counselling and...I just kind of found an interest with it really...'*

*'so, family history...my brother has an issue with mental health so that kind of... inspired me...'*

*'I think just naturally I've been very interested in understanding behaviour...and why people do things that they do and...interpersonal relationships as well'*

MSc students on the reasons behind their career goals

Students saw the academic competitiveness of a clinical psychology doctorate and the grades required to access this training as obstacles. The competitive nature of training courses was raised; the students felt that the experience needed to be considered for training is difficult to obtain.

Facilitators to a career in mental health included those to do with work and experience; this included voluntary work and personal experiences with mental health problems.

*'But the very thing that you have to have is clinical experience...so, yeah that's a challenge that I'm already facing...'*

MSc student on the need for work experience

Interestingly, personal experiences were considered as likely to both encourage a mental health career choice and deter people from exploring this option, depending on the perceived quality of the experience. The students discussed having an open mind as a facilitator as well as the importance of finding out about the different roles and truly understanding the nature of these.

The perception that the NHS is underfunded was considered another deterrent. This was coupled with a perception of a lack of funding for training courses in mental health. None of the participants had had direct experience of working in the NHS, however, and their

*'[NHS funding] diminishing'*

*'I think there's obviously quite a lot of pressure on the system... if people were to go and work within the mental health in the NHS that might put [them] off because they might be concerned that the funding's not there and maybe the support's not there'*

MSc students' perceptions of working in the NHS

opinions were informed by other people, the news and social media. Similarly to BSc students, negative perceptions included thinking that work in the NHS is stressful and that the staff are underpaid and overworked (see **Findings from the BSc student focus group**). Participants also discussed the emotional demands of working in NHS mental health settings. There were positive comments about NHS jobs having the potential of being highly rewarding and that working in the NHS means there are opportunities to work with a wide range of different professionals.

The students appeared to have a good knowledge of some of the different mental health career options available within the NHS; most prominently those that required further training and qualification such as PWP's. They perceived these to be accessible to some degree, but acknowledged that the limited places available on training courses and experience needed to move forwards might prove challenging. The findings from this section of the report have been incorporated into **Recommendations 1, 2, 4 and 6**.

## 4.4. Findings from existing data sources

### 4.4.1. Clinical psychology doctorate trainees' work experience

Each year, the [Division of Clinical Psychology Prequalification Group](#) asks trainees for information about their course including information on their work experience. Data from 2019 were collected as part of the BPS Alternative Handbook for 2020 (forthcoming) from 637 respondents from 37 universities providing BPS-accredited programmes. We have summarised these data in **Table 4** and **Table 5**.

**Table 4: The reported number of years of relevant work experience prior to clinical psychology training. Source: [Division of Clinical Psychology Prequalification Group](#), 2019 data.**

Years	Number of trainees	Percentage
None	3	0.5%
Less than one year	4	0.6%
1 year	22	3.5%
2 years	93	14.6%
3 years	143	22.4%
4 years	108	16.9%
5 years	117	18.4%
6+ years	145	22.8%
I don't know	2	0.3%
<b>Total respondents</b>	<b>637</b>	

When asked about the number of years of relevant work experience preceding clinical training, almost 81% report having had between 3 and 6+ years of experience.

The majority of trainees had held assistant psychologist roles before training, mostly in the NHS. Overall, 92.5% of trainees had at some stage worked in a paid role as an assistant psychologist prior to training; 41% had at some stage held honorary/voluntary assistant psychologist roles. A history of healthcare assistant/support worker roles were also common among trainees, with over half (57.1%) of respondents having held these positions.

Table 5: Previous employment positions held by clinical psychology doctorate trainees. Source: the [Division of Clinical Psychology Prequalification Group](#), 2019 data

Position of employment	Number	Percentage
Assistant psychologist in NHS	432	67.8%
Healthcare assistant/ support worker	364	57.1%
Research assistant	239	37.5%
Voluntary assistant psychologist in NHS	197	30.9%
Assistant psychologist non-NHS	157	24.6%
Other* (please specify)	150	23.5%
Voluntary research assistant	133	20.9%
Low-intensity worker/ graduate primary care mental health worker	106	16.6%
Voluntary assistant psychologist non-NHS	65	10.2%
High-intensity IAPT therapist	18	2.8%
Clinical associate psychologist	13	2.0%
<b>Total respondents</b>	<b>637</b>	

Note: respondents could select more than one answer.

\*Other examples included: educational assistant, charity volunteer work, occupational therapy assistant, children's wellbeing practitioner, learning support assistant, mental health campaign worker, clinical associate in psychology, teaching assistant, youth work, mental health practitioner

#### 4.4.2. Summary

Data on the experience held by clinical psychology doctorate trainees are useful for informing psychology undergraduates and aspiring clinical psychologists about the expectations and requirements that may be needed to successfully enrol to a DClinPsy course. This could assist in the development of career pathway advice tools and resources for psychology students.

The findings from this section of the report have been incorporated into **Recommendations 1, 2 and 7**.



## 4.5. Findings from clinical psychology doctorate trainees' interviews

We interviewed two individuals currently undertaking a doctorate in clinical psychology.

### 4.5.1. Discussion topics and themes

Transcripts of the semi-structured interviews were analysed thematically. The following themes emerged:

- Work and voluntary experience before training, including in the NHS and in voluntary and private sector organisations
- Career aspirations, including wanting to remain in psychology as a profession rather than defer to another field following training
- Reasons for embarking on training such as personal/and or family experience of mental health problems
- Reasons for embarking on training such as a general interest in human behaviour and thought processes
- Negative experience and difficulties in accessing the clinical psychology doctorate training course, such as limited spaces and the likelihood of needing to apply multiple times
- Facilitators to accessing the course, such as a good amount of clinical experience, self-confidence, perseverance with applications and support from qualified clinical psychologists
- Advice to aspiring trainees around getting relevant experience, including varied routes to mental health careers
- Improving the accessibility of mental health careers by including clinical placements and/or vocational elements in undergraduate courses; the difficulties associated with offering voluntary or unpaid roles
- Knowledge of other mental health roles outside of clinical psychology, such as PWP, HIT, education mental health practitioner (EMHP), mental health nurse and mental health social worker, and reasons for choosing clinical psychology
- Experience and perceptions of working in the NHS, both positive and negative.

For more information, see **Appendix 7**.

### 4.5.2. Summary

Participants differed in their career aspirations; some were very clear about their post-training goals while others were keen to keep their options open. That said, all aspirations were focused on a career in an area of psychology and neither of the two participants showed an interest in deferring to another discipline.

*'honorary [assistant psychologist] posts...I don't think they are necessarily helpful for accessibility...especially people from working class backgrounds...working for free, but people should be paid...having honorary posts excludes people like me or those without family support'*

DClinPsy trainee on the accessibility of mental health careers

An interest in psychology as a subject area was a frequently reported reason for embarking on training, coupled with personal or family experience of mental health problems; these were not dissimilar to reasons reported by the BSc and MSc students (see **Findings from the BSc student focus group; Findings from MSc conversion student interviews**). A doctorate was seen as the next logical step for career progression within clinical psychology, coupled with a perception of a lack of possible progression in other roles (such as support worker). Other reasons included academic aptitude and that the subject was enjoyed at college and university.

The difficulty securing a place on the course was raised consistently, with all participants reporting that they applied multiple times before successfully being offered a place. Other difficulties included finances, an arduous application process and personal circumstances, such as the need for childcare. Facilitators included family support, support from clinical colleagues and a good amount of clinical experience.

Both students had substantial paid and voluntary work experience; this typically equated to at least 2 years' full-time experience. All had substantial clinical experience, and all had worked in the NHS at some stage before enrolling on the doctorate course.

All trainees spoke of gaining experience as key. Advice to people considering a career in clinical psychology was mostly around getting relevant clinical experience as soon as possible, including volunteering and considering undergraduate degrees that involve a

*'in [university undergraduate courses] ...there's not a lot about clinical applications [of psychology] ...there is a lot about history of psychology...without clinical training or focus...or skills training...'*

DClinPsy trainee on what organisations could do to make mental health careers more accessible

placement year. One participant suggested considering alternative careers as well as routes into mental health roles given the competitive nature of clinical psychology training.

Participants spoke of the competitive nature of not only accessing the doctorate course, but of getting relevant experience (especially as an assistant psychologist). They considered the accessibility of honorary and voluntary roles for people who are unable to work unpaid. Commenting on university course selection procedures, they believed that requirements and expectations could be better articulated to potential applicants. Vocational aspects of undergraduate courses (work placements) were raised frequently, as was better career advice for students. This echoed suggestions made by focus group participants and NHS leads (see **Findings from the BSc student focus group; Findings from interviews with NHS team leads**).

While they were aware of other mental health careers as discussed during other parts of the interview, the trainees did not seem particularly interested in other careers outside of clinical psychology or PWP.

*'Mental health nursing...briefly thought about it...nursing didn't really appeal'*

DClinPsy trainee on reasons for choosing clinical psychology over other mental health careers



There was brief consideration of roles such as mental health social worker or counselling psychologist. Although options such as mental health nursing and occupational therapy were raised during the interviews, trainees did not consider these careers themselves. Their reasons included the breadth of options in psychology, opportunities for development and managerial and research elements for choosing a career in clinical psychology over other mental health careers. One participant discussed the reasons why they did not consider nursing and why access to nursing was challenging. Given their passion for clinical psychology and desire to influence mental health care from this position, participants believed that other mental health roles may not offer this opportunity.

Both participants had experience working in the NHS. They spoke about the pressure, including burnout, heavy workloads and some negative attitudes towards the work of staff. Positive aspects included supportive teams and access to support services during difficult times at work.

The findings from this section of the report have been incorporated into **Recommendations 1 and 3–6**.

## 5. Entry-level mental health positions in the NHS for psychology graduates

### 5.1. Findings from the person specification analysis

#### 5.1.1. Methods and data collection

The identification and analysis of person specification documents for entry-level mental health positions in the NHS was conducted once a month over 3 months between June and August 2019. The aim was to assess the value of a psychology degree for such roles, including where it might be an 'essential' or 'desirable' criterion. Positions of interest were any and all clinical or research roles graded up to AfC band 4 within a mental health service or setting. See **Appendix 8** for more information.

#### 5.1.2. Roles and vacancies

Across the three searches, 449 person specifications of relevance to this report were identified. A breakdown of a total number of specifications identified for each role within each search phase can be found in **Table 6**.

The most frequently appearing vacancy was **mental health support worker**, with **191** positions available

**Table 6: Breakdown of total person specifications identified for each role within each phase of the NHS Jobs website search between June and August 2019.**

Job title	Search 1 vacancies	Search 2 vacancies	Search 3 vacancies	Total vacancies
Mental health support worker	54	66	71	191
Healthcare assistant	32	41	35	108
Other <sup>a</sup>	5	18	22	45
Occupational therapy assistant	10	6	19	35
Assistant psychologist	11	5	13	29
Peer support worker	9	6	3	18
Nursing assistant	5	2	4	11
PWP trainee <sup>b</sup>	3	3	4	10
Research assistant	1	1	0	2
<b>Total</b>	<b>130</b>	<b>148</b>	<b>171</b>	<b>449</b>

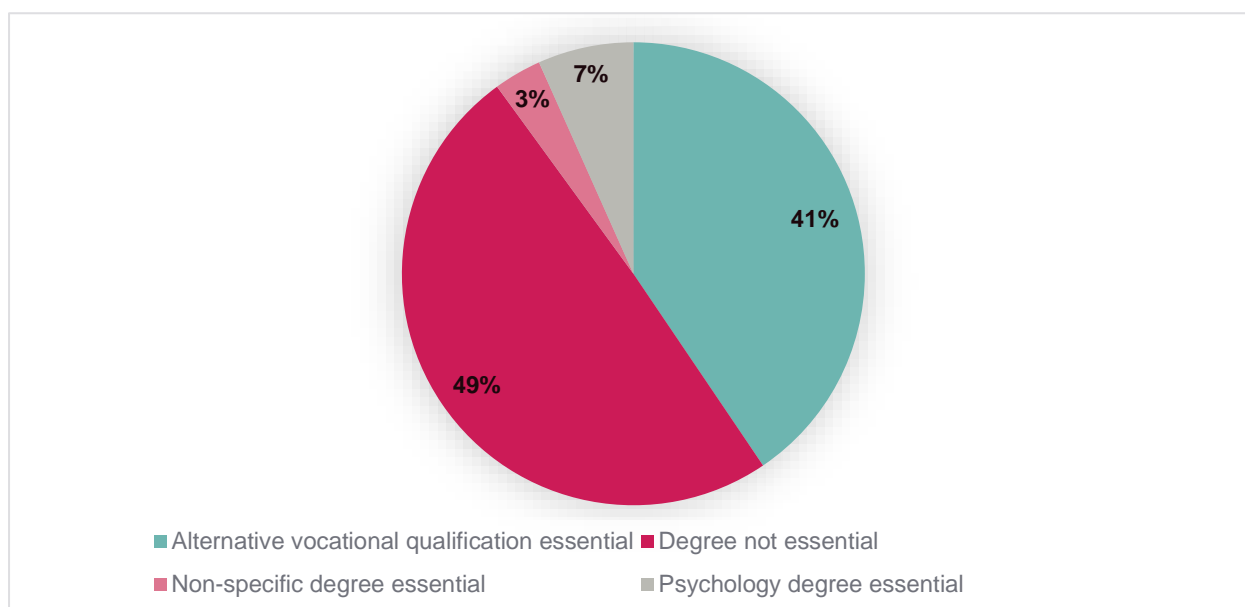
a. Activity coordinator, youth worker, activity worker, time and recovery worker (this is a non-exhaustive list).

b. One PWP trainee advertisement may represent multiple vacancies. This was not always clear from the person specification documents.

Vacancies that appeared the most frequently were for mental health support worker ( $n=191$ ), followed by healthcare assistant ( $n=108$ ) and other ( $n=45$ ), which included positions such as activity coordinator, youth worker, activity worker and time and recovery worker (this is a non-exhaustive list). Information about the geographical variation in vacancies across England is provided in **Appendix 9**.

### 5.1.3. Academic requirements

There was a considerable variance in the academic criteria across, and in some cases within, entry-level mental health roles within the NHS. Academic eligibility for recruitment varies depending on the role and the AfC banding associated with it; higher band or 'senior' roles typically had more stringent academic requirements. **Figure 3** shows the percentage of roles for which a psychology degree or alternative vocational qualification is essential.



**Figure 3: The value of a psychology degree in applying for entry-level mental health positions in the NHS as defined by whether it is an essential academic requirement to be considered for roles advertised on the NHS Jobs website between June and August 2019.**

- Only 7% of vacancies listed a psychology degree as essential; this was composed only of assistant psychologist and research assistant posts.
- A psychology degree was 'valuable' (either essential or desirable) for the majority (59%) of entry-level jobs.
- A large percentage of positions had qualification criteria for which a psychology degree would not meet requirements; this was typically a formal care-focused qualification (e.g., NVQ Level 3 Health and Social Care). This was primarily true of occupational therapy assistant roles (60%). This would suggest that a substantial number of entry-level roles are inaccessible to psychology graduates without qualifications in addition to their degree.

All of the assistant psychologist posts (for which banding information was available) were advertised at band 4 and all required a degree in psychology. Excluding assistant psychologist roles, for which the banding and qualification requirements were consistent, there were discrepancies in both AfC banding and in essential/desirable requirements for job roles with the same or very similar titles across the board.

Only **7%** of entry-level vacancies listed a psychology degree as essential

Mental health support worker (MHSW) roles were particularly varied in terms of banding and essential/desirable academic criteria. Even when excluding roles prefaced with 'senior', 'specialist' or 'advanced', MHSW roles varied between bands 2 and 4 and the academic criteria/qualification requirements could include an NVQ.

### 5.1.4. Experience requirements

The analysis of person specifications indicates that a candidate's experience plays a significant part in recruitment to entry-level mental health positions in the NHS. For instance, 63% of the vacancies listed experience in a healthcare setting and/or with patients who have a mental health problem as essential. As can be seen in Table 7 this was apparent for every individual entry-level role, with research assistant the only exception.

The variation between advertised roles in terms of AfC banding is also seen for experience requirements – many of the same or similar roles differ in terms of what experience is classed as essential or desirable.

Furthermore, while this was not captured in the coding of experiential criteria in this case, there was often variability among posts listing experience as essential in terms of both its duration and whether it was paid or voluntary.

**63%** of entry-level roles stated experience in a healthcare setting and/or with people with mental health problems as **essential**

Table 7: Roles for which experience in a healthcare setting and/or with people with mental health problems was considered either essential or desirable.

Role	Experience in a healthcare setting and/or with people who have a mental health problem		Total
	Essential	Desirable	
Assistant psychologist	21	8	29
Research assistant	2	0	2
Occupational therapy assistant	27	8	35
Psychological wellbeing practitioner trainee	10	0	10
Mental health support worker	110	81	191
Healthcare assistant	62	46	108
Peer support worker	13	5	18
Nursing assistant	7	4	11
Other	33	12	45

Note: 'Other' describes positions that did not reasonably fit into the role categories listed, decided at researcher discretion.

### 5.1.5. Summary

The barriers that emerge for psychology students in meeting both academic and experience requirements are underscored by a common issue: the limited opportunity across psychology degrees to gain practical or applied work experience in which vocational health care skills are developed. There appears to be a lack of consistency around qualifications and level of experience required for different entry-level roles/bands between different NHS trusts.

Variance among posts listing experience as essential may represent a significant barrier for psychology graduates entering these roles, as psychology degrees have typically offered little opportunity of gaining practical experience (see **Findings from interviews with NHS team leads** and **Findings from the BSc student focus group**). This is also resonant with findings from the [BPS Career Destination survey](#),<sup>3</sup> which showed that psychology graduates lack practical work experience often necessary to secure such positions, having not gained any from their degree.

## 5.2. Findings from the entry-level mental health staff survey

A total of 227 individuals employed in entry-level roles within mental health trusts and other settings across England completed the survey. The majority were employed as an assistant psychologist (38%) or a PWP trainee (36%).

### 5.2.1. The representation of psychology graduates in entry-level mental health positions in the NHS

Of the 227 respondents, 78% have an undergraduate (BA/BSc) or postgraduate (MSc/PGDip) degree in psychology. Initial analysis suggested that the vast majority felt that their degree had been valuable in securing their entry-level mental health position, with 60% considering it 'critical' and a further 34% believing it had been 'helpful'. However, given that a psychology degree typically represents an essential criterion for assistant psychologist roles (see **Findings from the person specification analysis**), it is likely that the considerable representation of assistant psychologists in the respondent sample influenced these raw findings. Indeed, 97% of responding assistant psychologists had a psychology degree and 90% of these stated that their degree had been 'critical' to securing their position. As the necessity of a psychology degree was largely unique to the assistant psychologist role, we believed it was important to perform analyses with and without data pertaining to assistant psychologist respondents.

Of 227 survey respondents employed in entry-level mental health roles in the NHS **78%** have a **psychology degree**

When assistant psychologists were excluded from the analysis, psychology graduates represented 66% of the 140 respondents in entry-level mental health positions. The majority acknowledged that their psychology degree helped them achieve their current position, though more saw it as 'helpful' (56%) rather than 'critical' (33%).

Psychology graduates in entry-level mental health positions typically have similar career aspirations regardless of their role; 85% of all respondents reported that they intended to use the experience in their post to apply for further training in mental health and/or psychological care rather than pursue advancement in their current post or enter a career outside of mental health. Only 7% were hoping to remain and advance through their current post.

Dissatisfaction with salary was also common across all entry-level roles. In total, 78% felt their salary was insufficient given their experience and qualifications, with only 22% believing it was adequate and none reporting it exceeded their expectations.

Only **22%** of respondents felt their salary was 'adequate'

### 5.2.2. Summary

Entry-level positions afford psychology graduates pursuing a mental health career the practical experience necessary to apply for further training that they were not able to gain across their degree (see **Findings from the BSc student focus group**). The limited proportion of psychology graduates intending to pursue progression in their role likely reflects the limited advancement opportunities available in entry-level positions described within the **Findings from interviews with NHS team leads**, with this and the evident broad salary dissatisfaction contributing to the quick turnover of psychology graduates in these roles.

The findings from this section of the report have been incorporated into **Recommendations 4–6**.

## 5.3. Findings from interviews with NHS team leads

We interviewed two NHS team leads; transcripts from their semi-structured interviews were analysed thematically.<sup>4</sup> The themes that emerged included:

- Supporting and **helping psychology graduates to enter mental health careers**
- Important **qualities for recruitment** into positions up to NHS AfC band 4
- **Difficulties associated with recruiting** to NHS band 4 positions
- Perceptions of **vacancies in band 2, 3 and 4**
- Important **qualities when interviewing people with BPS-accredited psychology degrees**
- Opinions on **previous voluntary and/or paid experience** of applicants
- **Factors essential to the successful recruitment** and retention of staff with psychology degrees
- **Positive qualities that psychology graduates can bring** to an NHS service.

For more information, please see **Appendix 6**.

### 5.3.1. Summary

The NHS leads emphasised relevant work experience as well as suitability in terms of personality traits, temperament and emotional qualities (empathy, emotional intelligence and honesty).

Difficulties in recruiting that were most prominent were around the abundance of applications, particularly for assistant psychologist positions, and difficulty shortlisting due to the high volume of viable candidates. In some cases, recruitment teams

would include stringent yet arbitrary essential criteria to make shortlisting manageable. There was a recognition of the NHS jobs application process being opportunistic for people with time to job-search, indicating a potential equality issue.

There was a consensus that people tend to stay in band 2, 3 and 4 positions for only 12–18 months, often leaving the service to gain more varied experience or better opportunities and further training. NHS team leads were not surprised by this, as they recognised that progression and re-banding opportunities are often limited.

Vacant assistant psychologist posts were considered easy to fill given the volume of applicants. Psychology graduates employed in healthcare assistant (HCA) posts were viewed as more likely to move on quickly and there is a higher frequency of turnover among this group. There was some consideration of low pay for moving on quickly from entry-level roles, leading to vacancies.

*'...to be open minded, curious about people and relationships...trustworthy, honest...reliability is really important in mental health work [as well as] eagerness to learn'*

NHS team lead on the desirable qualities of recruits

*'Posting an advert [for an assistant psychologist role] and closing the advert on the afternoon it was posted as it has 50–60 applicants that are strong. If an advert is up for days or weeks, you can get hundreds [of applicants]'*

NHS team lead on the difficulties of recruitment



The qualities identified for psychology graduates tended to be more around personal skills and traits than a focus on academic achievements.

Knowledge of different models and psychological approaches was considered desirable, but the degree itself and the course content were not deemed the

most important factors. Content of psychology courses was not regarded as particularly appropriate to render someone competent for working in healthcare settings on graduation.

One participant favoured people who have worked in voluntary or honorary positions; they felt it showed commitment and can offer a different kind of experience than paid work. There was consensus that the psychology degree does not necessarily provide sufficient experience required for progression in more professional mental health roles because of its detachment from a lot of applied roles; in this regard it was contrasted with nursing degrees. The other participant expressed a potential moral concern around voluntary staff working for free and there was recognition of the reality that people in paid and voluntary roles are often expected to perform different duties.

In terms of supporting psychology graduates to enter mental health careers, the comparatively undesirable image of working in mental health roles such as nursing or social work compared with clinical psychology was raised as an issue. An additional concern was the opinion that psychology degrees do not provide the adequate experience and applied practice necessary to equip graduates for work in healthcare settings. Suggestions made included supporting psychology students to access applied experience, careers advice and information about career pathways. Other suggestions were around innovation and development of roles that would be of interest to psychology graduates aspiring to work in clinical roles, but that would also offer much-needed support to clinical teams.

The findings from this section of the report have been incorporated into **Recommendations 1 and 3–5**.

*'[we look for a] psychology degree...ideally want [a] 2:1 or better...we might be interested in [the] school and whether [the] institution has [a] leaning towards particular [psychological] model'*

NHS team lead on what they look for in applicants with psychology degrees

*'When I did clin psych training...how little I did in undergrad would have represented itself and was relevant in clin psych role...sometimes happens in healthcare setting too. Some things which are helpful...understanding of developmental psych. On undergrad courses...psychopathology, abnormal psych. Often [from] my experience and candidates I've come across, courses are a bit more about passing academic exams rather than helping to prepare for a healthcare setting'*

*'more applied modules or opportunity within the undergraduate setting to think about [what] all of this means in practice and current context of the NHS'*

*'... more applied information and ways of facilitating people engaging in thinking about what this would look like in a healthcare setting in the real world'*

NHS team leads on the limitations of the psychology degree

## 6. Conclusions

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Research conducted as part of the Mental Health Careers and Psychology Graduate Career Pathways provides a starting point towards understanding the current picture of mental health career pathways in England.

The overarching findings indicate that both undergraduate and postgraduate psychology students aspire to a career in clinical psychology over other mental health careers. As well as personal preference inherent in every career choice, this may be due to a lack of awareness of other mental health career opportunities available and the pathways that can be taken to achieve them.

Undergraduate students, postgraduate students, entry-level staff and professionals working in the NHS all reported the same issues regarding access to work experience needed to enter into a mental health career, including the theoretical rather than applied or vocational content of psychology undergraduate courses. Another point raised consistently was the lack of awareness of other viable mental health careers outside of clinical psychology.

Our findings suggest that there may be scope for exploring the provision and accessibility of work experience opportunities for undergraduates. Another area of improvement could be better career advice to enhance awareness and visibility of mental health career opportunities other than clinical psychology. Of particular interest was the frequency of reports that the reasons behind choosing to pursue a mental health career was due to personal and/or family experience of mental health problems. We can infer that people aspiring to a career in mental health are motivated to do so by predominantly intrinsic factors, with motivators such as a desire to help others, to 'give back' or to better understand the origins of psychological distress and mental ill health. This suggests that any campaigns aimed at generating interest in mental health careers have a better chance of succeeding if they appeal to these intrinsic factors.

Regarding entry-level roles in the NHS, there were discrepancies in both AfC banding and essential or desirable requirements for jobs with the same or very similar titles. Recruitment appeared to be dependent on a candidate's experience, with the majority of vacancies listing experience in a healthcare setting and/or with patients who have a mental health problem as essential.

While this report does not look specifically at understanding and addressing workforce gaps in mental health nursing, it does provide some insight into the reasons that psychology students and graduates may not consider it as a career option. These include issues to do with funding an additional nursing course, awareness of nursing careers pathways and a lack of interest in nursing as a profession.

The scope and remit of this work was limited and there are elements that can and should be researched more deeply to offer a better understanding of some of the issues reported throughout (see **Recommendation 7**). **Limitations** are discussed on **p34**.



## 7. Recommendations

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The following recommendations were derived from the findings of the various pieces of research contained in this report and through consultation with the project advisory group (see **Appendix 11**). They are focused on supporting psychology graduates to enter a career in mental health, particularly within the NHS, and include examples of measures that could be taken. They are primarily intended to inform HEE, but they may also be of interest to:

- the national Psychological Professions Workforce Group
- higher education providers
- the BPS
- careers advisers (in schools, colleges and universities)
- NHS England and NHS Improvement
- NHS Jobs.

### Recommendation 1 - Pathways towards a career in mental health

An interactive, accessible and regularly updated 'map' of pathways into mental health careers should be developed to help inform psychology students and graduates. It should include all possible mental health careers.

- The development and implementation of the map should be a collaborative effort between relevant organisations (such as the BPS and HEE).
- The BPS and HEE should work together when setting out or making changes to BPS accreditation standards for people entering clinical psychology.

### Recommendation 2 - Careers advice for students and graduates

Universities and colleges should provide undergraduate and postgraduate psychology students with appropriate careers advice. This should cover the full range of NHS mental health careers and be supported by high-quality, accessible careers guidance resources made available by organisations such as the BPS and HEE.

- Those providing careers advice should be well-informed about the breadth of mental health careers options available to psychology students on graduation, including those outside of clinical and counselling psychology. This advice could include clear signposting to the relevant information provider (such as the BPS or [NHS Health Careers](#)). The BPS and HEE should work together to equip careers advisors with appropriate information and resources in this role.
- Universities, in collaboration with HEE, the NHS and the BPS, should also explore opportunities to provide students with mentoring opportunities as much as possible for students.

## Recommendation 3 - Expand opportunities for gaining relevant experience

Undergraduate and graduate psychology courses should consider developing opportunities to engage students in appropriate work experience during their study.

- NHS trusts and higher education institutions could offer brief placements to provide exposure to clinical practice within the undergraduate psychology programme.
- The provision of honorary/voluntary roles (such as assistant psychologist/psychology assistant and research assistant) should be considered carefully and provided in line with [employment rights and pay for interns](#). It is important that services work to maximise accessibility for all appropriately trained potential applicants and avoid any inequity associated with providing work experience only to those who can afford to work unpaid.

## Recommendation 4 - Extend funding/financial support for mental health careers training

Specific funding programmes should be developed to tackle any inequalities or financial barriers that might limit the uptake of mental health careers by psychology graduates. Drawing on the recommendations from the [Independent panel report to the review of post-18 education and funding \(2019\)](#),<sup>5</sup> mental health careers training could be made to be eligible for people at any level from level 4 (i.e. 'higher education'). These programmes could be used to address any equality or diversity issues in the uptake of mental health careers and to support the workforce challenges outlined in the [NHS Long Term Plan](#).<sup>6,7</sup>

## Recommendation 5 - NHS mental health service careers

### 5.1 Ensure criteria of person specifications for entry-level roles accurately reflect the role requirements

Person specifications for NHS entry-level mental health roles should accurately reflect the experience and qualifications required to ensure that graduates know they can apply. For example, some specifications may state an NVQ level 3 as an 'essential criterion' whereas a psychology degree might also be acceptable.

### 5.2 Provide better opportunities for progression within entry-level mental health roles and innovate new health and social care professional roles

Consideration should be given to the progression and retention of psychology graduates through development of pathways into specific NHS mental health professional roles. This could help to improve staff retention by providing psychology graduates with opportunities for new roles within the NHS and related services.

- Competences required for new roles should be mapped against existing roles for clarity on the differences and similarities between the roles and to support improved training routes and career progression.

## Recommendation 6 - Positively influence perceptions of mental health care roles, especially those in the NHS

Information about the NHS and recruitment campaigns should positively emphasise the importance of mental health, the benefits of treatment and the role that psychology graduates can have in building an effective and diverse workforce.

- Campaigns aimed at generating interest in mental health careers should be appealing to the intrinsic factors that many psychology graduates express as reasons for their interest in the field, such as a desire to work in roles that help and support others, as well as contributing to society.
- Campaigns should also highlight the extrinsic factors that can make a career in mental health care attractive, such as the opportunities for growth and development, ability to work as part of a committed team and the attainment of valuable skills and competences.

## Recommendation 7 - Improve monitoring of psychology graduate career pathways and conduct further research

Better monitoring of psychology graduates and the career paths they take is needed to be able to improve pathways to mental health careers. This would also support further research.

- Further research could explore the reasons behind the gender discrepancy observed in students enrolling on psychology degrees at undergraduate level.
- Further research should also look at whether any of the findings, data or recommendations made here have the potential to impact other careers areas (e.g., mental health nursing careers and training routes).
- Further research should seek to address the workforce gaps in other areas of NHS mental health care, such as nursing.

## 8. Limitations

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- The findings are subject to potential sampling bias given the methods in which participants were recruited. This limitation should be kept in mind when interpreting the results of this research.
- The sample of focus group students came from universities in Nottingham, London and Warwick. Attempts were made to recruit participants from a wider geographical footprint, but these attempts were not realised. Future focus group research could be conducted with a sample of students from a broader range of universities.
- We experienced some difficulty recruiting participants to engage in some of the qualitative work and therefore our samples of NHS team leads ( $n=2$ ), MSc conversion students ( $n=2$ ) and DClinPsy/ClinPsyD trainees ( $n=2$ ) were very small. Future research could explore the same areas of interest with these different cohorts, but with broader and more representative samples to be better able to generalise findings.
- Aims to interview psychology professional trainees from a range of courses (including PWP and HIT) were not realised, as we received applications from only DClinPsy/ClinPsyD trainees. Future research should look at the experiences of other psychology professional trainees to see where there may be similarities or differences in perceptions and experiences compared with those training to be clinical psychologists.
- As cross-sectional surveys, trends across time (e.g., in the proportion of psychology students considering a career in mental health throughout their degree) can only be tentatively inferred from these data.
- The survey with MSc conversion students was omitted from this report due to a low number of respondents ( $n=10$ ). Better ways of encouraging engagement in completing surveys among MSc students should be explored.
- Much of the gap in the NHS workforce is in nursing, including in mental health nursing. Addressing gaps in the NHS nursing workforce was not one of the aims of this work.

## 9. References

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