

Analysis and recommendations on diversity of the mental health workforce

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This document is a part of a suite of reports for 'Supporting Promotion of Mental Health Careers and Developing Psychology Graduate Pathways'. It should be read in conjunction with the accompanying reports and is not intended to stand-alone.

It explores a series of key issues identified by stakeholders in the first phase of the project where mental health career pathways were profiled. It is not an exhaustive analysis of all issues in mental health workforce diversity.

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Glossary

AfC	Agenda for Change
AHP	Allied Health Professionals
ALB	Arm's-length bodies
CAP	Clinical Associate Psychologist
CWP	Children and Young People Wellbeing Practitioner
CYP	Children and Young People
EMHP	Education Mental Health Practitioner
ESR	Electronic Staff Record
HCPC	The Health and Care Professions Council
HEE	Health Education England
HEI	Higher Education Institution
HESA	Higher Education Statistics Agency
HIT	High Intensity Therapy
IAPT	Improving Access to Psychological Therapies
LD nursing	Learning disability nursing
MAD	Music, Art and Drama Therapists
MH nursing	Mental Health nursing
NCCMH	National Collaborating Centre for Mental Health
NMC	The Nursing & Midwifery Council
OT	Occupational Therapist
PWP	Psychological Wellbeing Practitioner
SEB	Socio-economic background

Executive summary

This report is part of the wider project on “Supporting promotion of mental health careers and developing psychology graduate career pathways”. It provides further analysis and recommendations on diversity. These recommendations will support Health Education England (HEE) in meeting mental health workforce targets as outlined in the Five Year Forward View and the NHS Mental Health Implementation Plan 2019/20 – 2023/24 by supporting retention, recruitment and upskilling of mental health staff.

Workforce diversity is one of several key issues that had been highlighted by stakeholders as part of the first phase of this project. To be able to make more in-depth recommendations, we conducted an initial review of data available on gender, age (limited to student population), ethnicity and socio-economic background (SEB). We have looked at roles/professions individually while also providing comparison across roles, the overall NHS workforce, patient and census population.

The analysis provides initial findings - highlighting gaps and areas that need to be looked at further. We found that:

- There is no one coherent data set providing diversity data on the mental health workforce widely accessible. Data had to be gathered from various sources including student data, electronic staff records (ESR), professional bodies etc.
- Whether the workforce can be considered to be diverse or not depends on what it is compared to:
 - Gender: The workforce is predominantly female and this is the case across all professions. This is in excess to the average NHS workforce, the patient and census population
 - Ethnicity: The workforce is predominantly white but whether this is in excess varies between roles/professions and depends on what it is compared to. This is likely to be highly variable regionally, but this level of analysis is outside of the scope of this work
- The workforce becomes less diverse in terms of gender and ethnicity the higher the pay band
- Lack of diversity regarding socio-economic background had been highlighted as a key area of concern but the data we were able to obtain was limited
- There are differences between roles/professions, and it makes sense to analyse them individually:
 - Mental health nursing is one of the most diverse mental health roles/professions and is also more diverse than other nursing specialisms
 - Limited analysis on support workers shows that this workforce is diverse and likely to be more diverse in terms of SEB
 - Occupational therapy is mostly female and white, more so than most other roles/professions
 - Clinical and counselling psychology are predominantly female. There is good data on SEB for clinical psychology showing that trainees are from areas with high participation rates in education
 - High Intensity Therapists (HITs) and Psychological Wellbeing Practitioners (PWPs) are analysed to a limited extent but previous research on PWPs has

shown that the workforce needs to be diversified across age, gender and ethnicity. Local representation plays an important role

- Counselling and psychotherapy as well as social work data is limited, and student data is not necessarily representative of the workforce because the majority of students will not go to work for the NHS

Based on these findings we have made further recommendations as shown below. Each role/profession has individual recommendations which can be found in the respective sections as well as in an overview table in [Appendix 1](#).

No.	Recommendation	Who?
D.1	A common narrative on mental health workforce diversity needs to be established to understand what we mean when we say the workforce is diverse or is not	HEE, ALBs
D.2	Agree on data sources to provide evidence on the narrative, track and analyse changes and provide regular reports	HEE, ALBs, professional bodies, NHS Digital
D.3	Conduct further analysis on diversity by role/profession, share findings across professions and maintain a systemic overview	HEE, professional bodies
D.4	Investigate reasons for why the workforce is predominantly female and understand the impacts	HEE, professional bodies
D.5	Conduct regional/local analysis on diversity for roles where this matters the most and understand how to increase diversity	HEE, regional HEE, professional bodies
D.6	Use findings from diversity analysis to inform recruitment campaigns	HEE, professional bodies
D.7	Further analyse why the workforce gets less diverse gender/ethnicity wise the higher the pay band	HEE, professional bodies
D.8	Conduct further analysis on socio-economic background (SEB) including changes by banding	HEE, HEIs, NHS Digital
D.9	Consider the different entry points into mental health careers to diversify the supply pipeline and work with professional bodies and HEIs to ensure new entrants to professions are more representative	HEE, HEIs, professional bodies

Background

Overall project

This report is part of the wider project on “supporting promotion of mental health careers and developing psychology graduate career pathways” whose objectives are:

- Mapping out mental health career pathways
- Mapping out psychology graduate career pathways
- Gaining an understanding of psychology students’ career ambitions with regards to mental health roles within the NHS
- Identifying gaps and issues
- Making recommendations for improvement

Mental health roles/professions were defined as patient facing and whose purpose is to contribute to therapeutic support and treatment of people with mental health problems. Psychiatry was excluded.

The project consists of two phases:

- Phase I – profiling and initial recommendations: To get a better understanding of mental health career pathways in the NHS, we profiled selected mental health roles/professions with the help of stakeholders. Stakeholders identified a non-exhaustive list of key issues impacting recruitment, retention and upskilling in mental health careers. At the end of this phase we provided HEE with an interim report containing the profiles, highlighting key findings and making initial recommendations.
- Phase II – making in-depth recommendations: As part of the second phase, we took the key issues identified by stakeholders in phase I to make in-depth recommendations. In the process of putting together in-depth recommendations, we realised that additional analysis beyond the initial scope of work was required. This report is an outcome of that.

This report is not a standalone piece of work but should be read alongside the other parts of the project which are:

- **Mental health career pathways in the NHS:** A report profiling career pathways of mental health roles/professions. The profiling process highlighted key issues, forming the basis for further analysis and recommendations
- **Mental Health Careers and Psychology Graduate Career Pathways:** A research report undertaken by the National Collaborating Centre for Mental Health (NCCMH) to understand psychology graduates’ attitudes towards working in mental health careers and identifying barriers
- **Analysis and recommendations on career progression in the mental health workforce:** A report further analysing the issue of career progression in mental health professions

- **Analysis and recommendations on diversity of the mental health workforce (This report):** A report further analysing the issue of diversity in the mental health workforce
- **Mental Health Careers platform (see Final Report):** An illustrative mock-up of a resource/platform dedicated to mental health careers in the NHS.

Scope of the report

The intention of this report is not to provide a detailed analysis of all diversity issues in the mental health workforce. Rather, it focuses on the issues that stakeholders identified in Phase I. Concerns about lack of diversity were mostly anecdotal and so we felt that we should do some initial data analysis to see whether these concerns were confirmed by the data and to understand what data was available to track some of these issues.

Due to the short timeframe and data limitations we were not able to cover all roles/professions in-depth. It is also important to note that only because we didn't manage to find data on everything that this data does not exist. The table below shows a list of all the roles/professions profiled as part of phase one, the diversity coverage in this report with regards to ethnicity, gender and age as well as commentary on limitations and other concerns.

Role/profession	Coverage	Comment
Mental health nursing	Good	The profession has good availability of data except for SEB
Support Work	Limited	The category includes a variety of roles. They often fall into different ESR codes and a coherent picture is difficult to get. Because of this and time limitations our analysis is brief. It should be noted that this group might be important to diversify the workforce
Occupational Therapy	Medium	OTs do not only work in mental health and not all students will go to work in the NHS. No further split is available.
Clinical and counselling psychology	Medium to good	There is good data on clinical psychology trainees which is likely to be representative of the NHS workforce. We did not manage to obtain extensive

		data on counselling psychology trainees or workforce
HIT and PWP	Medium	Data is limited to IAPT census for which the newest version did not provide a split between roles. Other research has been undertaken on PWPs and provides more insight on diversity ¹
Counselling and Psychotherapy	Limited	This is a rather small workforce and workforce data is not indicative. Student data while available is not likely to be a good proxy as most students will not end up working in the NHS.
Social Work	Limited	The NHS employs very few social workers. Student data is available but not likely to be a good proxy as most students will not end up working in the NHS.
Music, Art and Drama Therapists	Limited	Because the number of staff in the NHS is very small and due to time constraints, no further analysis was conducted. Data from ESR was however used to compare to other workforces
New roles: Education mental health practitioners (EMHPs)/Children and Young People Wellbeing Practitioners (CWPs) and Clinical Associate Psychologists (CAPs)	N/A	Due to the newness of these roles, they are not analysed in this report as data was not available

¹ Centre for Outcomes Research and Effectiveness University College London, *Widening participation to Psychological Wellbeing Practitioner training* (June 2019)

Method

Data sources

The following data sources were used for the diversity analysis. It is important to note that data will not always be specific to England.

- HESA: data on newly enrolled students in higher education in the UK between 2013/14 and 2017/18 for gender, ethnicity, age and SEB for the following courses:
 - Occupational Therapy
 - Mental Health Nursing (Child, adult and Learning disability (LD) nursing in comparison)
 - Counselling
 - Psychotherapy
 - Social Work

HESA Overall newly enrolled student data for 2017/18 was used in comparison.

- NMC: data on registered mental health nurses (gender, ethnicity and age)
- HCPC: Data on registered practitioners with regards to gender
- HEE Workforce profile dashboard: NHS workforce in England (data for September 2019), specifically on ethnicity and gender (The data is pulled from ESR). Access to this resource was only obtained in February 2020 resulting in limited analysis of the data obtained via the resource due to time constraints
- NHS digital: Comparative data on the diversity of the UK census and the mental health patient population
- IAPT Census 2019: data on the IAPT workforce (HIT, PWPs)
- Clearing house: data on clinical psychology trainees

Limitations

- Access to data: the unit obtained access to the HEE workforce dashboard as of February 2020. The unit did not obtain access to the mental health workforce dashboard in time for this report and data from it could therefore not be included.
- Data availability: there is a series of roles/professions for which the unit has not found corresponding diversity data.
- Approximate data: Student data was used as an approximation where no other workforce data was available. The data is for newly enrolled students as well, not the overall student body. This does not mean that the proportional representation in terms of gender, ethnicity and age will be the same for the NHS workforce since not all students will graduate or end up working in the NHS. This is also the case for HCPC registered professions who may not all work in the NHS.
- Socio-economic background (SEB): The analysis here focuses on gender, ethnicity and age. However, socio-economic background had been highlighted as a key indicator. The data obtained by the unit (HESA) was mostly incomplete and therefore not fit for further analysis

- Mental health/physical health divide: Several roles/professions will be working in both mental and physical health and it is not possible to distinguish the areas. This is mainly the case for social work and occupational therapy. For these two, most staff will not be working in mental health.
- Geography: While data from ESR is for England, HESA data is for the whole of the UK. This analysis also does not do any regional analysis of diversity data which should be considered.

Overall workforce

In this section we provide an overview of diversity issues across the workforce. We compare the different roles/professions to each other and selected parameters.

Summary

- There is no one coherent data set providing diversity data on the mental health workforce. While ESR tracks workforce diversity data, occupation codes will not necessarily match roles/professions. In addition, some roles/professions will not work in mental health only, such as occupational therapists and it is therefore not possible to have data on the mental health part of the workforce alone. Professional bodies may collect data themselves but this does then not necessarily reflect the NHS workforce.
- The mental health workforce is predominantly female. The share of female staff is often higher than for the average NHS workforce, the census and patient population. Reasons for this may be varied. There might be a link between limited career opportunities and number of women in mental health careers. Research has shown that it is not uncommon for role/professions that do not have well established career paths to be more female. Mental health careers often suffer from this. Additionally, mental health careers might still be associated with "feminine" attributes such as "caring" and "compassionate" which might not appeal to men as much.²
- The mental health workforce is predominantly white. Whether this is in excess depends very much on what it is compared to. Diversity measures are often in line with the patient population, but the workforce is not necessarily as diverse as the average NHS workforce. There are also differences between roles/professions and between the student population and workforce.
- This report does not look at regional differences which are likely to show a different picture, particularly with regards to ethnic diversity.
- While there are commonalities across the mental health workforce as outlined above, there are also significant differences. It therefore makes sense to look at roles/professions individually rather than just looking at an overall mental health workforce picture. For example, while many mental health workforces are predominantly white and female, mental health nursing shows a much more diverse picture in terms of gender and ethnicity
- The average age of newly enrolled students/trainees for degrees related to mental health tends to be older compared to the average student population. Some degrees such as clinical psychology, are post-graduate degrees and student population will therefore be older.
- Initial analysis of diversity by banding has revealed that the higher the pay band, the less diversity in terms of ethnicity and gender. Staff working at higher pay bands are likely to have been in the NHS for a long-time and recent efforts in diversifying may not yet have fed through to higher bands.

² Whittock, M., & Leonard, L. (2003). Stepping outside the stereotype. A pilot study of the motivations and experiences of males in the nursing profession. *Journal of nursing management*, 11(4), 242-249.

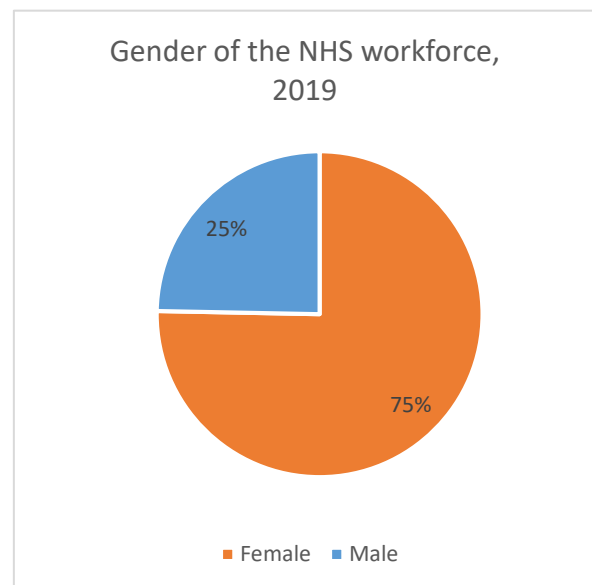
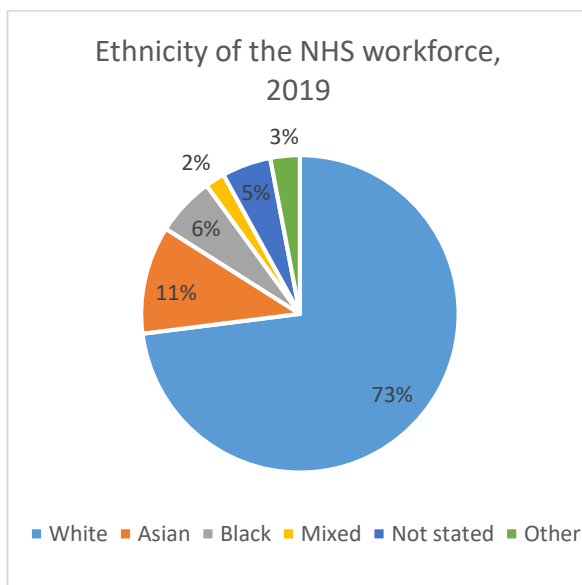
- Analysis on SEB in this report is limited. In addition to the limited time available for our research, one key factor as to why we did not conduct more analysis on socio-economic background was the difficulty in obtaining data. Data obtained from HESA was patchy and did not seem to fit into the commonly used measures for SEB. While some roles/professions have data on this (clinical psychology trainees), there doesn't seem to be NHS workforce data on SEB.

Findings

To establish whether the mental health workforce is diverse or not it needs to be compared to something. We have not been able to find an agreed comparator and have therefore undertaken initial comparison of mental health roles/professions with:

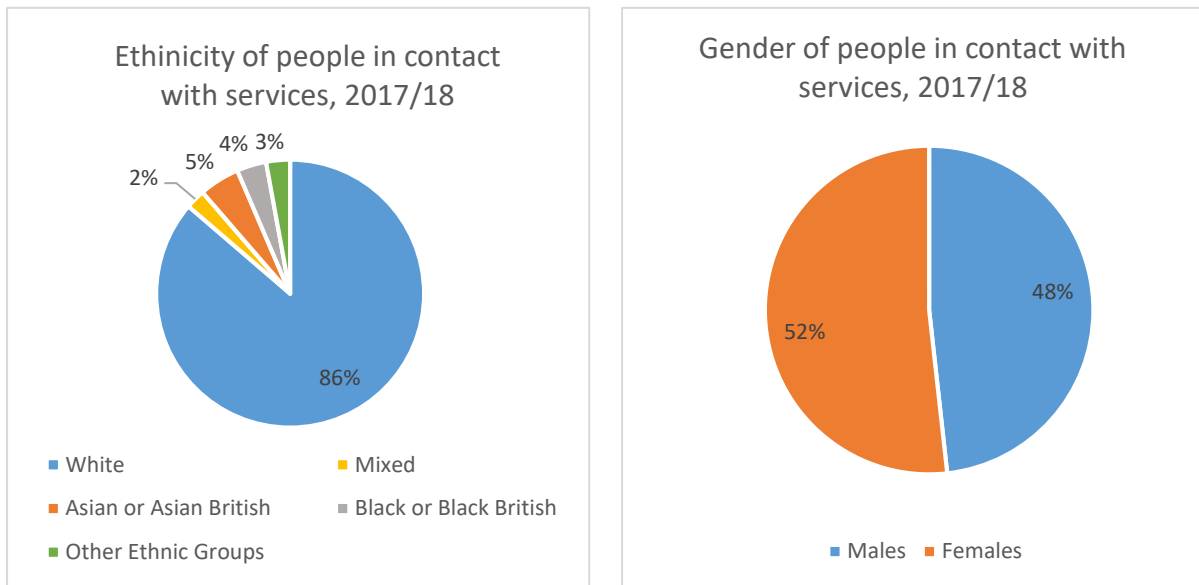
- Each other
- The overall NHS England workforce
- The mental health patient population
- The overall census population
- The overall student population (where relevant)

For comparison with the overall NHS workforce, data from September 2019 was taken from the HEE workforce dashboard for the overall NHS England workforce:



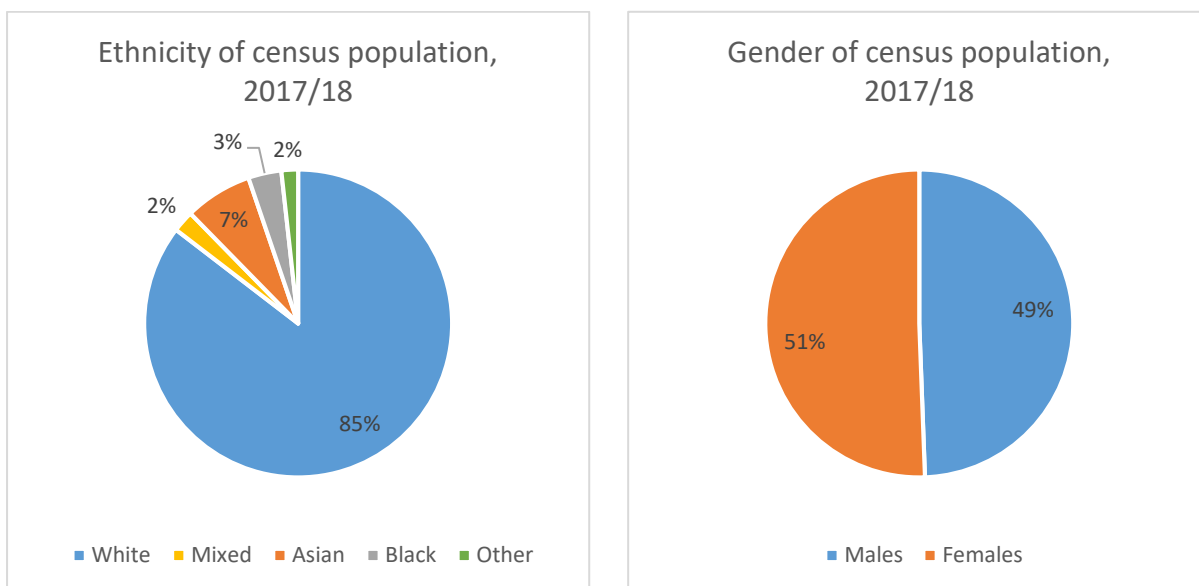
Source: HEE workforce dashboard (Sept. 2019)

For comparison with the mental health patient population, data was taken from the Mental Health Bulletin: 2017-18 Annual report by NHS digital³ for “number of people in contact with NHS funded secondary mental health, learning disabilities and autism services”:



Source: Mental Health Bulletin: 2017-18 Annual report by NHS digital

For comparison with the overall census population, data was taken from the Mental Health Bulletin: 2017-18 Annual report by NHS digital⁴ which includes census population data to compare.



Source: Mental Health Bulletin: 2017-18 Annual report by NHS digital

³ <http://digital.nhs.uk/pubs/mhb1718>

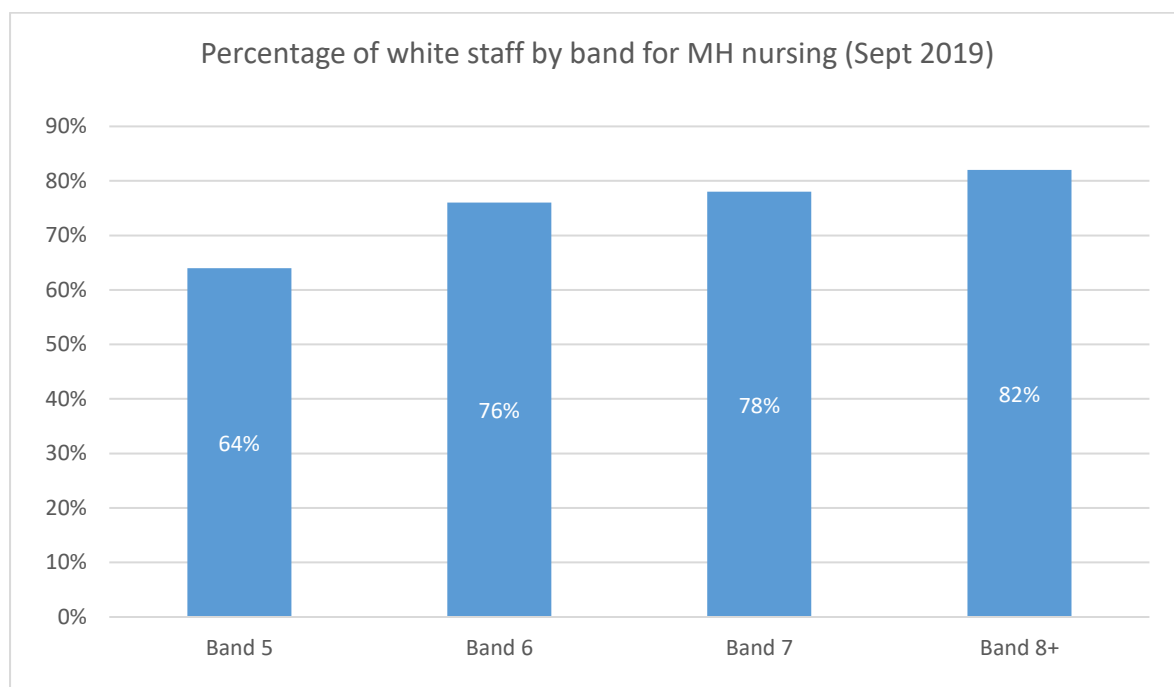
⁴ <http://digital.nhs.uk/pubs/mhb1718>

It was not possible in the timeframe to conduct similar comparative analysis for age groups among the NHS workforce. Instead, age groups of the student cohort were compared where possible.

Diversity by banding

The tables below show comparison of diversity by Agenda for Change (AfC) band for ethnicity and gender. The analysis could only be done for roles/professions where data could be obtained from ESR.

For ethnicity, the share of white staff at Band 8+ is higher than the overall average share of white staff. This means that there are proportionally more white staff working at the highest band. The most striking difference in ethnic diversity is for mental health nursing where the share of white staff is at 64% for Band 5 and then increases with each band to reach 82% for Band 8+ as shown on the graph below. The higher the share of white staff, the lower the share for other ethnicities including black and Asian.



Source: HEE workforce dashboard (Sept. 2019)

This trend is mostly consistent across the other selected workforces as well as for the overall NHS workforce that we compared it to. The share of white staff for the overall NHS workforce increases from 78% at Band 1-4 to 84% for Band 8+. This means that the trends in the mental health workforce are reflected in the overall workforce. However, the increase in white staff is more pronounced for Mental Health Nursing (MH nursing), Music, Art and Dramatherapy (MAD) and psychotherapy compared to the overall workforce.

The table also shows that the selected mental health roles/professions have on average a higher share of white staff compared to the overall NHS workforce.

Percentage of white staff out of total workforce by role/profession by AfC band							
	Band 1-4	Band 5	Band 6	Band 7	Band 8+	Total % (average)	Total (FTE)
MH Nurse		64%	76%	78%	82%	73%	36,690
OT*		85%	88%	88%	90%	87%	16,365
Applied Psychology			73%	81%	87%	85%	7,710
MAD	67%	94%	92%	90%	92%	90%	399
Psychotherapy	65%	74%	81%	80%	85%	80%	5,471
Overall NHS workforce	78%	68%	78%	81%	84%	73%	1,119,420

Source: HEE workforce profile platform, Accessed 11 February 2019, data for September 2019

The inverse trend can be observed for female staff by selected roles/professions as per table below. Except for OT, the share of female staff tends to decrease the higher the band goes. For instance, for MH nursing the share of female staff falls from 75% at Band 5 to 67% at Band 8+. For most roles, the share of female staff at the highest bands is below the average share of female staff in that role/profession. This is most pronounced for MH nursing and Music, Art and Drama Therapists.

Compared to the overall NHS workforce, these professions tend to have a higher average female share overall, meaning that these mental health workforces are more female. The decline in female staff is the same for the overall NHS workforce where the share of female staff falls by 13% between the highest representation at Band 5 to its lowest at band 8+.

Share of female staff out of total workforce by role/profession by AfC band							
	Band 1-4	Band 5	Band 6	Band 7	Band 8+	Total %	Total (FTE)
MH Nurse		75%	74%	71%	67%	73%	36,690
OT*		89%	92%	91%	90%	90%	16,365
Applied psychology**			83%	85%	80%	81%	7,710
MAD	79%	80%	88%	80%	67%	79%	399
Psychotherapy	89%	87%	84%	78%	75%	80%	5,471
Overall NHS workforce	78%	83%	81%	79%	70%	75%	1,119,420

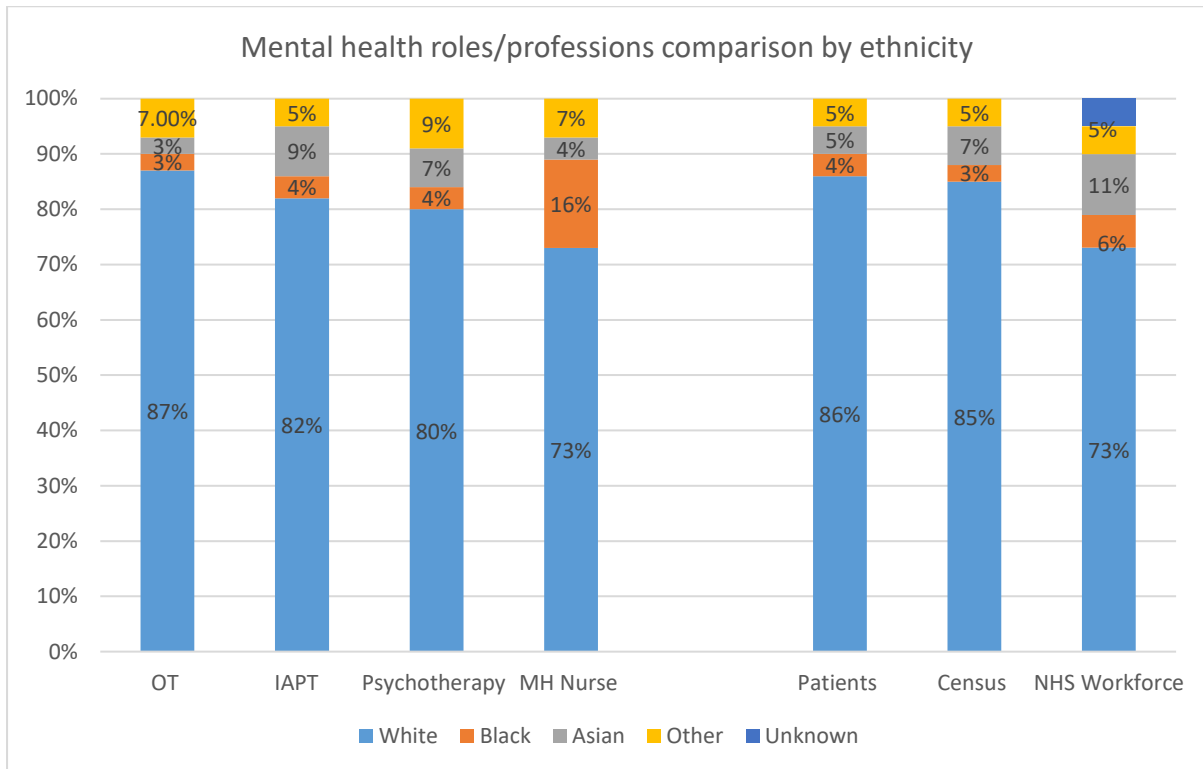
Source: HEE workforce profile platform, Accessed 11 February 2019, data for September 2019

Reasons for this are not clear to us. Part of this could be because recent efforts in trying to diversify the workforce might not yet have fed through to higher bands where people will usually have worked in the NHS for quite a while. This therefore needs to be further explored.

Ethnicity

The graphs below show a comparison of ethnic diversity among the NHS workforce on the left compared to the mental health patient population, the overall NHS workforce and census population on the right. Except for MH nursing, the share of white staff in the selected

roles/professions is higher than for the average NHS workforce but usually in line or below the patient population. The graph also shows that there are clear differences between the different roles/professions. However, it is essential to note that the analysis was conducted on a national level and does not look at regional differences which may show a different picture.

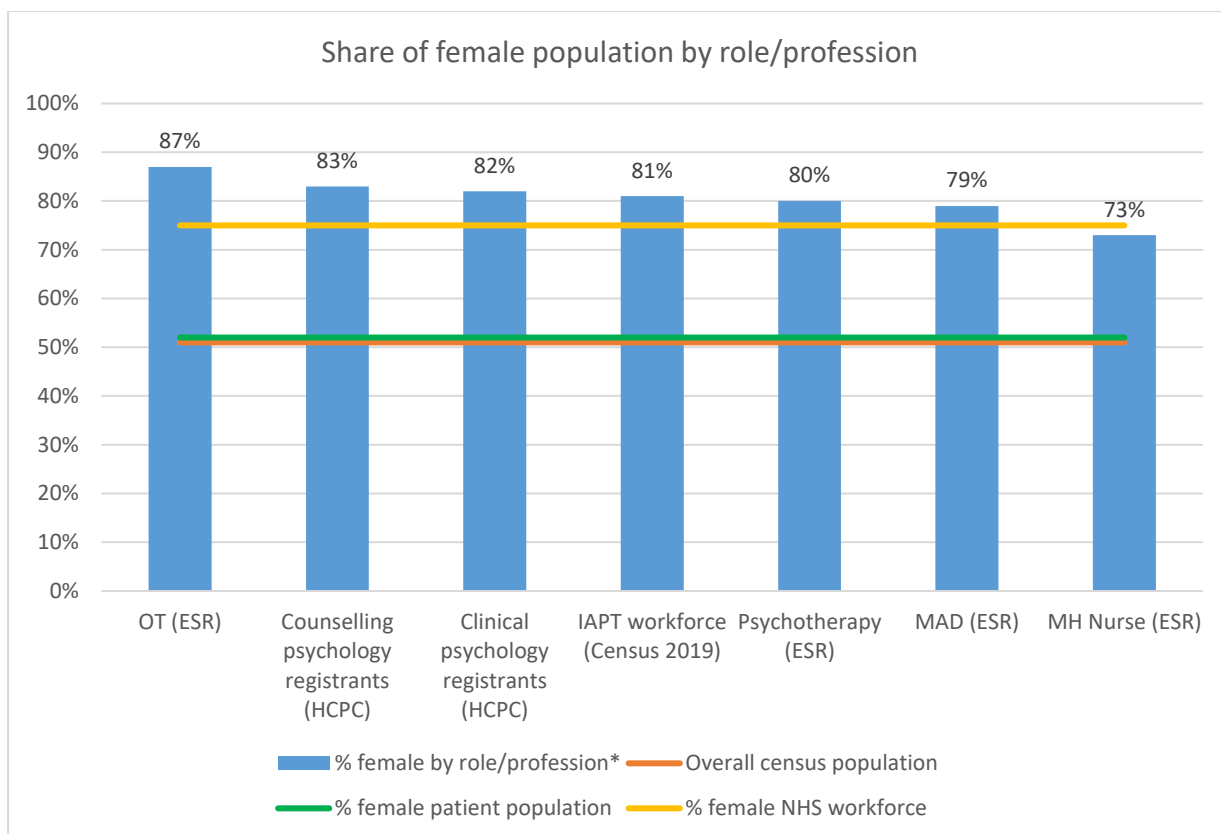


Sources: HEE workforce dashboard (Sept. 2019), IAPT census (2019), NHS digital

Gender

The graph below shows a comparison of % female staff by role/profession for selected workforces and registered professionals compared to the mental health patient population, the overall NHS workforce and the census population. It shows that the mental health workforce/ is predominantly female.

Except for mental health nursing, all roles/professions have a higher share of female staff compared to the overall NHS workforce, the patient and census population. Again, there are differences between roles/professions.

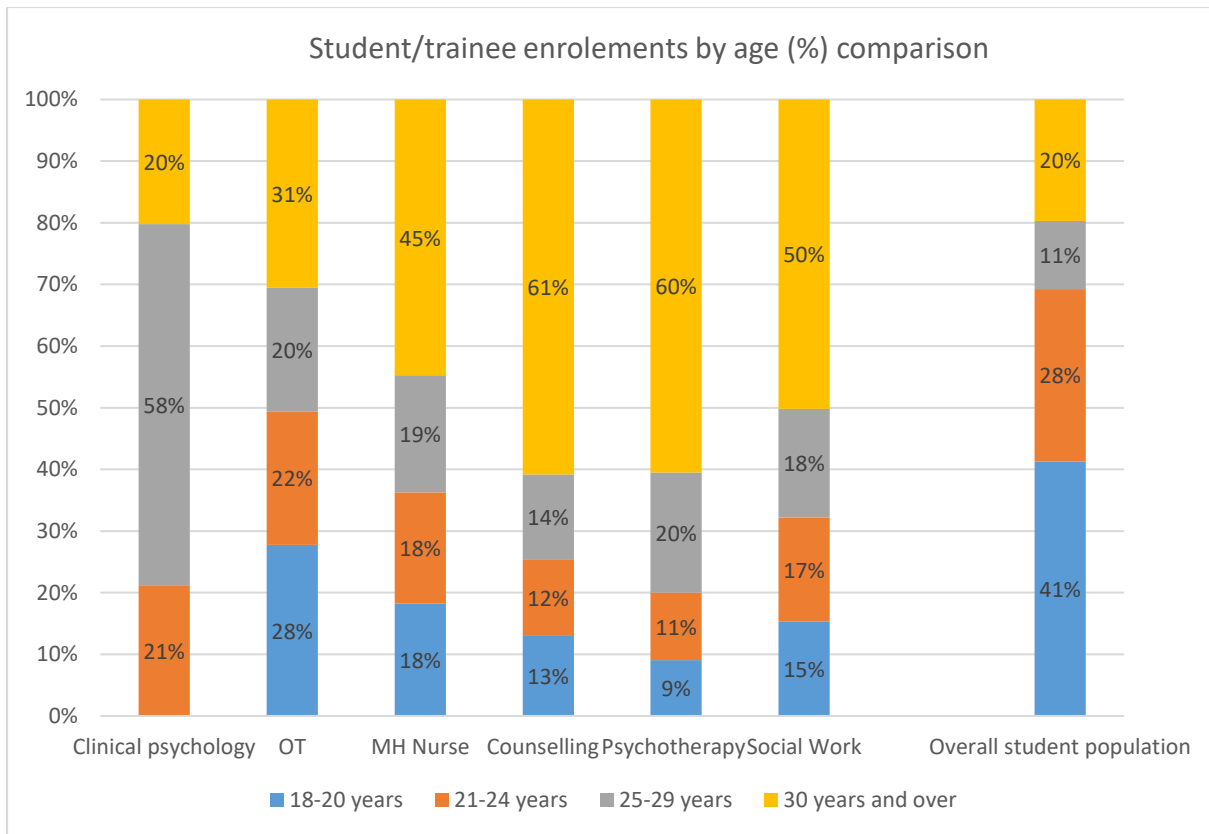


Sources: HEE workforce dashboard (Sept. 2019), HCPC (June 2019) and IAPT census (2019), NHS digital (2015)

Age

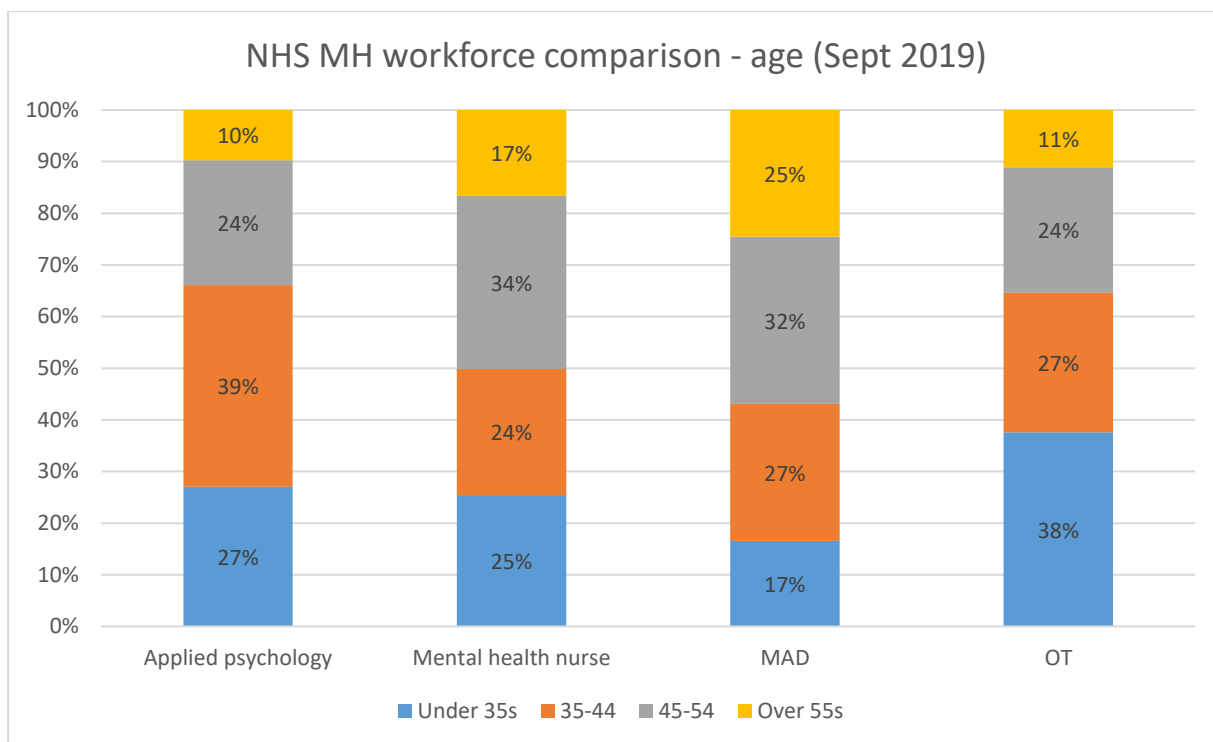
The graph below shows a comparison of student/trainee enrolled by age group for the selected courses compared to overall student average. All data comes from HESA. No direct comparison with the overall NHS workforce or the patient population is possible here.

However, it is interesting to note that for almost all courses the biggest age group is 30 years and older. This might indicate that these courses are a second career for a large amount of people. Clinical psychology is a doctorate and trainees will therefore be older. In comparison, out of overall UK students enrolled, 31% were 25 years or older whereas for the selected courses at least 50% or more were 25 years or older.



Source: HESA (2017/18), Clearing House (2018)

The graph below provides a brief comparison of age groups by selected mental health workforces. These are the roles/professions for which ESR data is available as per HEE workforce dashboard. Applied psychology and OT had comparatively younger workforces whereas Music, Art and Drama Therapists were older. This may also be because extended studies are required for these professions. Additionally, many nurses, psychologists and OTs can retire at 55 which may impact age spread.

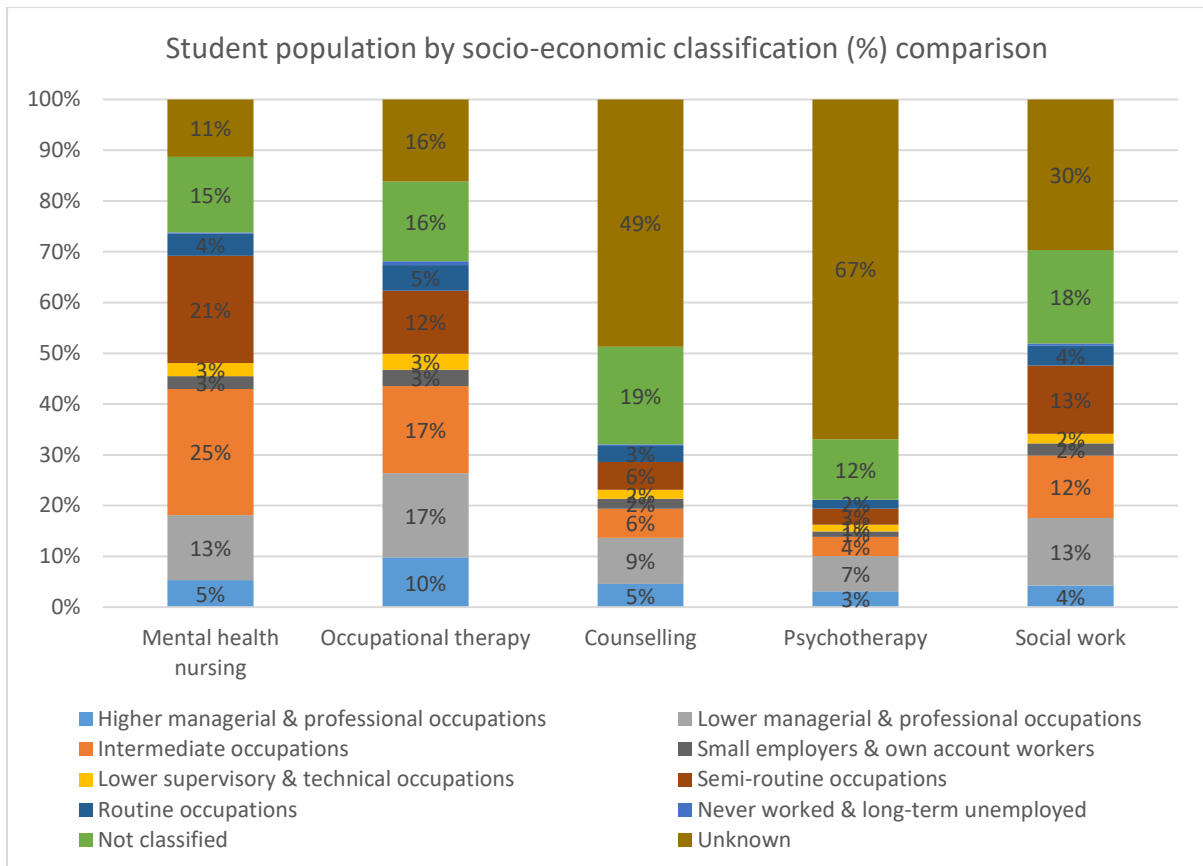


Sources: HEE workforce dashboard (Sept 2019)

Socio-economic background

We did not find any data on socio-economic background of NHS staff. Instead, we obtained data on socio-economic background of newly enrolled students from HESA. Socio-economic background is based on students' parent, step-parent or guardian's occupation.

We found that the data was not conclusive because many data entries for most courses are either unknown or not classified. Comparison is therefore not possible across courses and is often also not telling for individual courses.



Source: HESA (2017/18)

Recommendations

This section contains recommendations for the overall analysis on diversity. Actions resulting from the recommendations of this analysis should be aligned with HEE’s existing strategy on widening participation, as outlined in the 2014 “Widening participation it matters!” strategy and action plan and the “Diversity and Inclusion – our Strategic Framework 2018-2022” as well as link in with HEE’s regional AHEAD groups.

Recommendations for the individual roles/professions can be found further down in this document as part of the findings section under each role/profession.

- D.1 *A common narrative on the mental health workforce diversity needs to be established*
 – How do we know whether the mental health workforce is diverse or not? What do we compare it to? Does it make sense to think of the mental health workforce as separate from the physical one?
- Establish a common narrative so that we know what we mean when we say the workforce is diverse or not and what the impacts of this are. Depending on what it is compared to, (in our research we compared it to a series of measures consisting of the NHS overall workforce, patient and census population, student body) the picture will be different.

Who: HEE, ALBs

- D.2 *Agree on data sources to provide evidence on the agreed narrative, track and analyse changes and provide regular reports – How do we know that we are increasing diversity of the workforce? How do we measure it?*
- Agree which diversity parameters should regularly be tracked across the mental health workforce
 - Establish which data sources are best to use for this. Our research has shown the difficulty in obtaining workforce data. Various data sources had to be used including student data, data from professional bodies and ESR. While our research was not as in-depth, it has highlighted that there are gaps in data such as socio-economic background.
 - Collect the data in one place commonly accessible. This could be achieved through a central platform collecting various measures of workforce diversity. The platform should contain measures of diversity pulling in data from various sources including but not limited to NHS digital, professional organisations and HESA student data. Similar tools might already exist and could be expanded upon such as the HEE workforce dashboard which already collates some of this data and allows for data visualisation.
 - Provide regular reports and analysis on this topic in line with the agreed parameters and trends to follow. HEE already publishes data in its “HEE Diversity data dashboard”⁵. This could provide further breakdown of diversity by role/profession and include historic data to visualise changes in agreed diversity measures.

Who: HEE, ALBs, professional bodies, NHS Digital

- D.3 *Conduct further analysis on diversity by role/profession, share findings across professions and maintain a systemic overview – Which roles are more diverse than other? What are they doing differently? How can we share learning across roles? Differences in diversity findings between mental health roles/professions suggest that it might makes sense to analyse and report on diversity by roles/professions rather than for the mental health workforce overall. The different roles/professions analysed in this report have individual recommendations which may be best addressed by professional groups/bodies themselves in coordination with HEE. At the same time, it will be essential to maintain a systemic overview over the mental health workforce as changes in one role/profession might impact on the other. Learnings from one role/profession on how to address diversity issues should also be shared across the mental health workforce and the wider NHS workforce.*

Who: HEE, professional bodies

- D.4 *Investigate reasons for why the workforce is predominantly female and understand the impacts – why are there more women in mental health than men? Are these roles/professions not as attractive to men? Is there a link between limited career progression opportunities and women in the workplace? Our research has shown*

⁵ Health Education England Diversity data dashboard – June 2018

that the workforce is female, but it needs to be understood whether that has any impacts on patient population, staff and recruitment.

Who: HEE, professional bodies

- D.5 *Conduct regional/local analysis on diversity for roles where this matters the most and understand how to increase diversity* – Are there roles/professions for which representation of the regional population is more important than others? How can we track representation? In this report we did not look at regional diversity issue, but they are important to consider. This might not be of the same importance across roles.

Who: HEE, regional HEE, professional bodies

- D.6 *Use findings from diversity analysis to inform recruitment campaign* – Who are we targeting with current recruitment campaigns with regards to diversity? Are we missing out on audiences? If we take the example of the workforce being predominantly female, might this be because recruitment campaigns are indirectly more targeted at women and how might we change this? On the other hand, diversity findings could be highlighted in campaigns. MH nursing for instance is very diverse. This fact could actively be promoted (although it would need to be understood first why that is).

Who: HEE, professional bodies

- D.7 *Further analyse gender/ethnicity by banding* – Initial analysis of diversity by banding (on gender and ethnicity) has indicated that even for more diverse mental health workforces such as mental health nursing, diversity decreases the higher the pay band. We don't know why this is but it needs to be understood further to ensure diverse representation at higher bands. It is likely that diversifying the workforce further down will take time to feed through to higher pay bands, but this needs to be tracked regularly.

Who: HEE, professional bodies

- D.8 *Conduct further analysis on socio-economic background (SEB) including changes by banding* – Our initial research has indicated that this might be an issue, but it was not possible to collect conclusive data. This has also been highlighted as an area for further research by a research piece commissioned by HEE entitled "NHS funded healthcare education programmes: building the evidence for supporting widening participation: Final Report". It also needs to be understood whether there is a relationship between socio-economic background and banding.

Who: HEE, HEIs, NHS Digital

- D.9 *Consider the different entry points into mental health careers to diversify the supply pipeline and work with professional bodies and HEIs to ensure new entrants to*

professions are more representative – Where do we need to start diversification to ensure that this feeds through to NHS staff? How can professional bodies and HEIs help the process? Different roles/profession have different entry points into the NHS.

- Understand and address the structural barriers preventing people from going into roles/professions. To do this, we have to start with the different entry points and understand who is most likely to be excluded from mental health roles/professions.
 - For roles/profession requiring a degree, the student population already needs to be diverse to ensure diversification further down the line. How might this be best achieved? Are we excluding people from certain backgrounds and how can we make it easier for them undertake a degree?
 - Consider alternative routes into roles/professions such as apprenticeships
 - Roles/professions that do not require a degree might have a broader appeal. This is likely to result in a more diversified workforce. Here, we need to capitalise on this and consider how to upskill staff to diversify further down the line

Who: HEE, HEIs, professional bodies

Diversity by role/profession

This section looks at diversity by role/profession. For each one analysed, we have included a table providing an overview of data sources used and gaps. Each section also has a summary and individual recommendations.

Mental Health Nursing

Summary

Data sources	
Source	Comment
ESR	Workforce data available for gender, ethnicity and age by band. No data on SEB available. Data likely to be representative although the data also shows staff below Band 5 meaning there might be some miscoding
HESA	Data on gender, ethnicity and SEB analysed. Likely to be a good proxy although it does not take into consideration dropout rates. SEB data not very reliable as many students don't report it properly
NMC	Data for gender, ethnicity and age analysed and used for comparative purposes

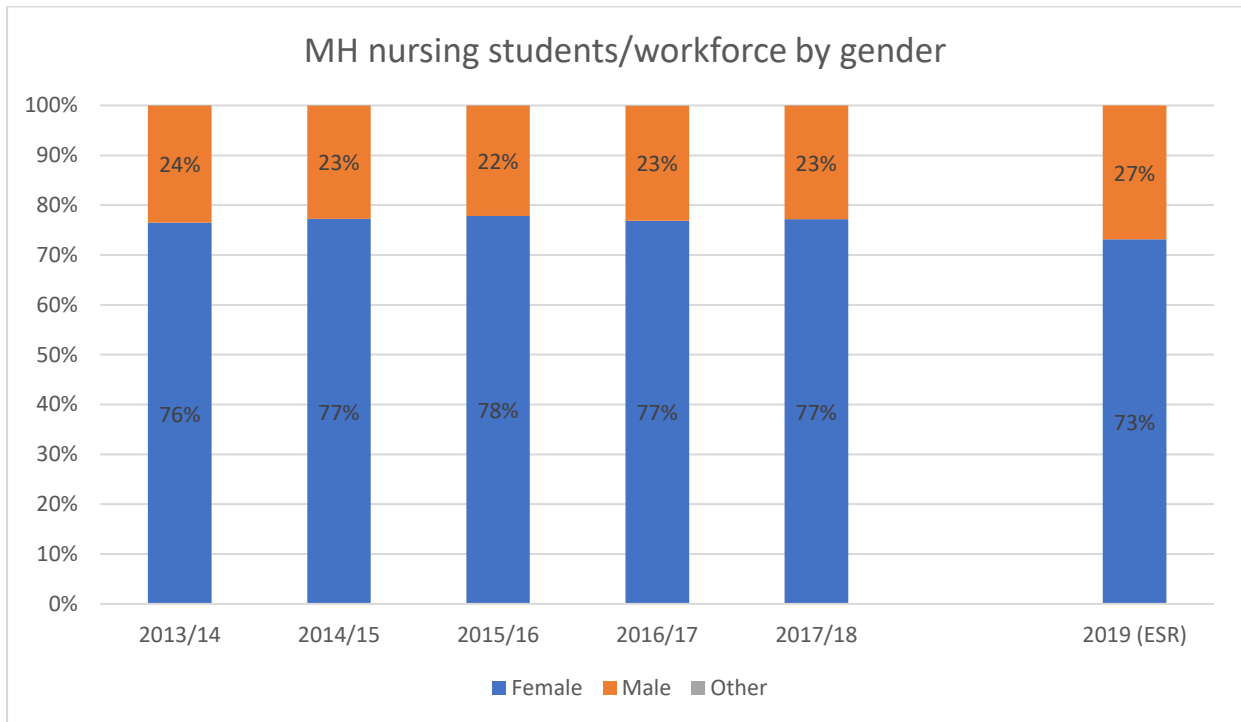
- There haven't been any major changes in student enrolments diversity characteristics (gender, ethnicity or age group) over the past five years. This is contrary to anecdotal evidence. It is possible that there is a delay of effect changes to funding might have had and that this will not yet show in the data
- The mental health nursing workforce is predominantly female accounting for 73% in 2019. This is more diverse than the average NHS workforce although above census and patient population
- MH nursing has a higher share of black staff compared to other nursing staff, the NHS overall workforce and the patient population
- MH nursing degrees are more diverse in terms of gender and ethnicity than other nursing degrees
- MH nursing degrees tend to have an older student population compared to other nursing degrees and university degrees in general. This points towards a more mature audience for nursing and might indicate that it is a second-career choice although this would need to be explored further
- Socio-economic background student data is not conclusive.

Findings

Gender

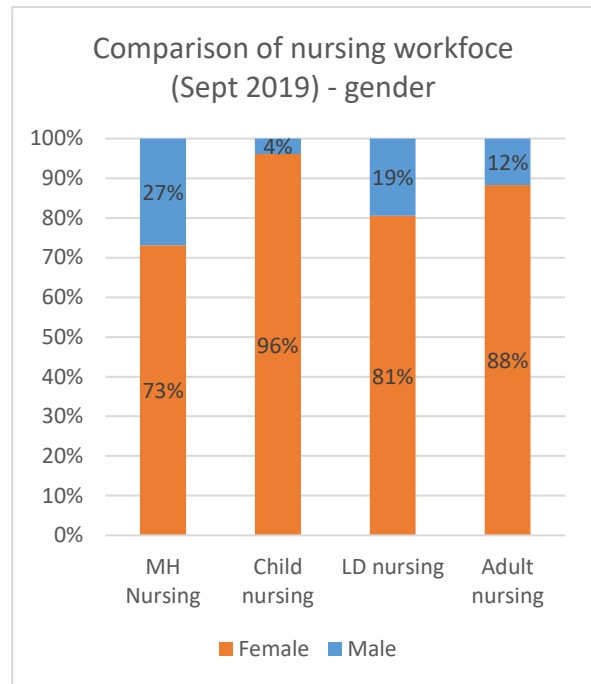
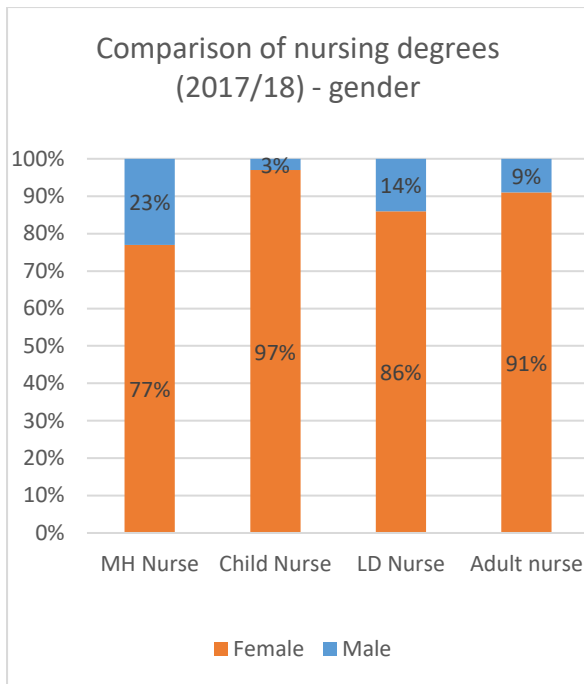
The graph below shows enrolled MH nursing students compared to NHS workforce data for 2019 by gender. The split between male and female is similar with 77% female nursing students in 2017/18 compared to 73% working as of 2019.

In comparison, the share of female mental health nurses is slightly below the NHS overall workforce (75% female) but much higher than the mental health patient population (52%) and the overall census population (51%).



Sources: HESA, HEE workforce dashboard (Sept 2019)

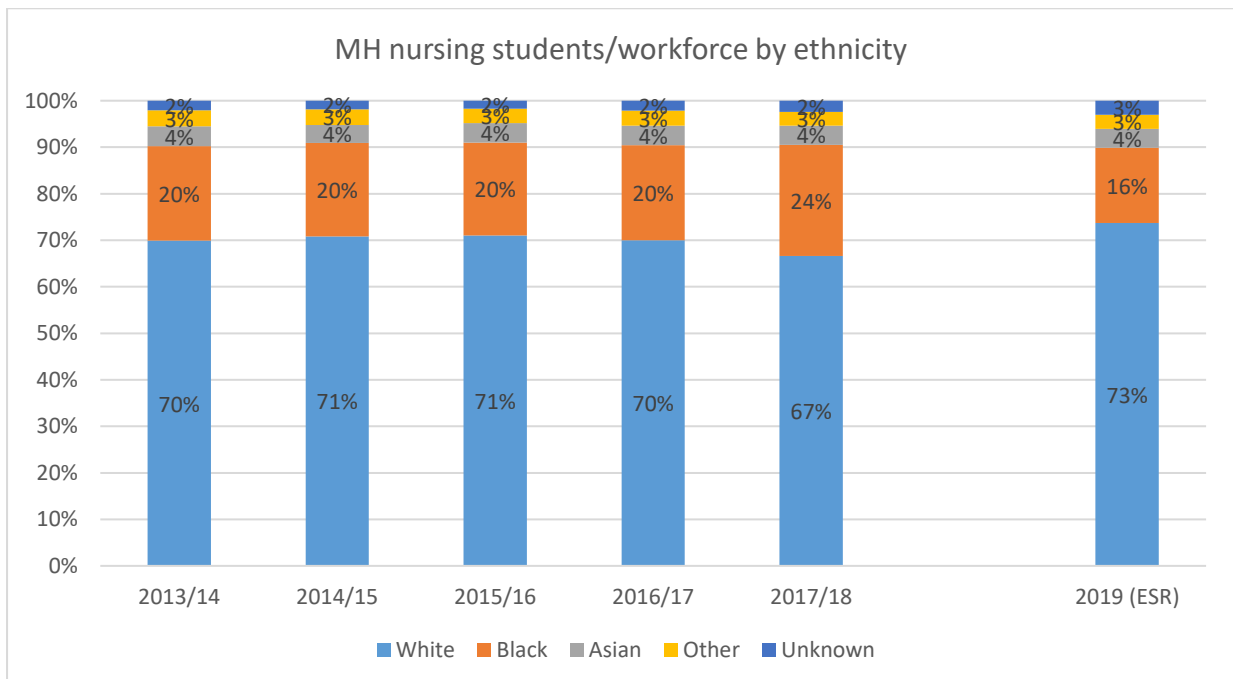
Compared to other nursing specialism as per graph below, mental health nursing has by far the highest proportion of men enrolling, with 23% in 2017/18 compared to 14% in LD nursing, 9% in adult and 3% in child nursing. This pattern is the same in the NHS workforce as of 2019. It is interesting to note that for all four specialisms, the share of male nurses is higher in the workforce than the average enrolled student population.



Source: HESA, HEE workforce dashboard (Sept 2019)

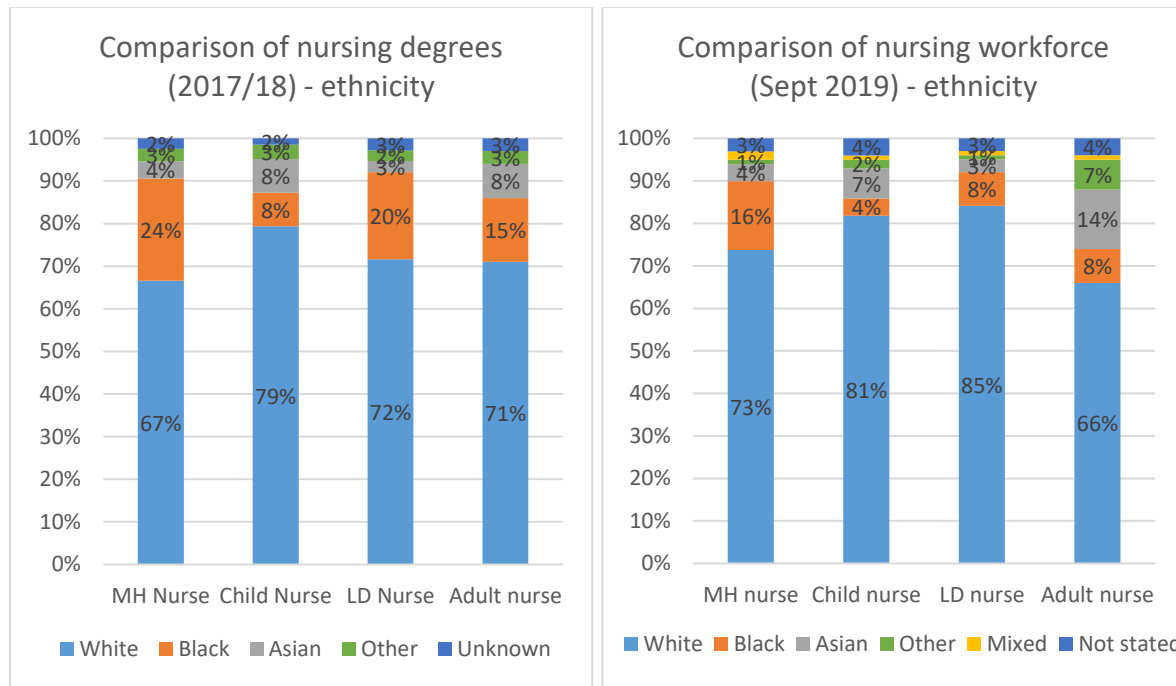
Ethnicity

The graphs below show a comparison of newly enrolled MH nursing students compared to NHS MH nursing workforce data for 2019 by ethnicity. White newly enrolled students accounted for 67% in 2017/18 compared to 73% of the workforce being white, followed by black with 24% and 16% respectively and Asian with 4% for both the student population and the workforce. MH nursing has a much higher share of black staff (16%) compared to the overall NHS workforce (6%) and the mental health patient population (4%).



Source: HESA, HEE workforce dashboard (Sept 2019)

Mental health nursing degrees have a more diverse newly enrolled student population compared to other nursing degrees. In 2017/18, MH nursing had the lowest percentage of white students with 67% followed by adult nursing with 71%. It also had the highest share of black students with 24%, followed by LD nursing with 20%. This is also reflected in the NHS workforce where MH nursing has the second lowest share of white staff after adult nursing.

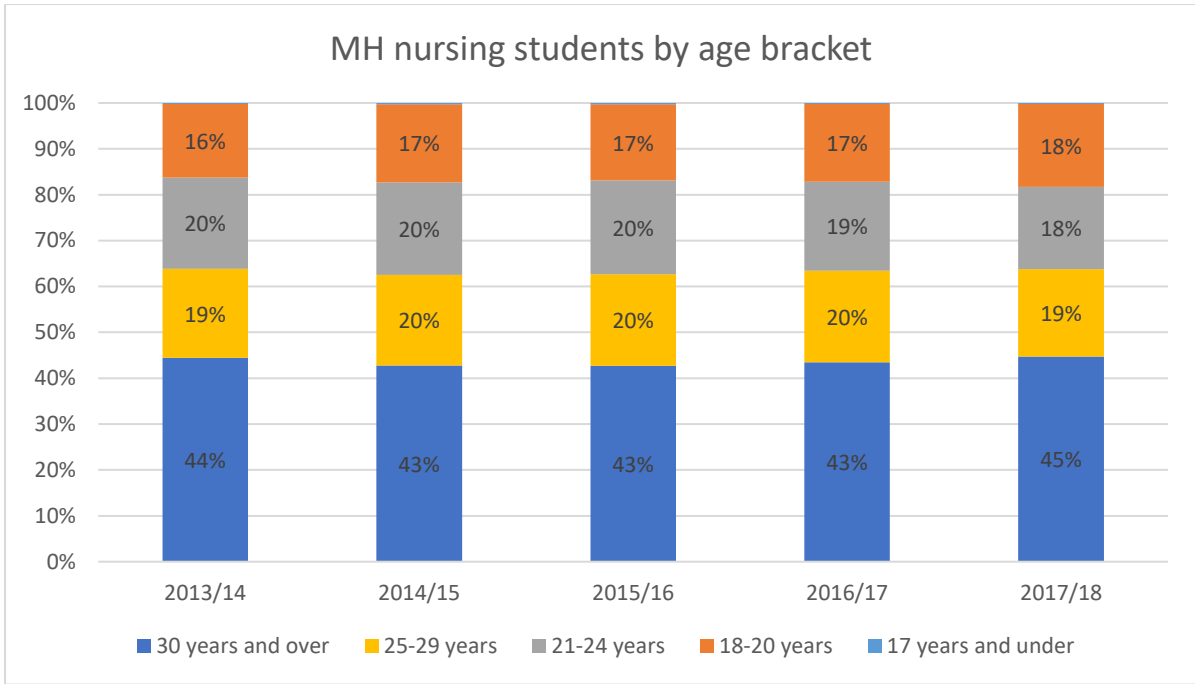


Source: HESA, HEE workforce dashboard (Sept 2019)

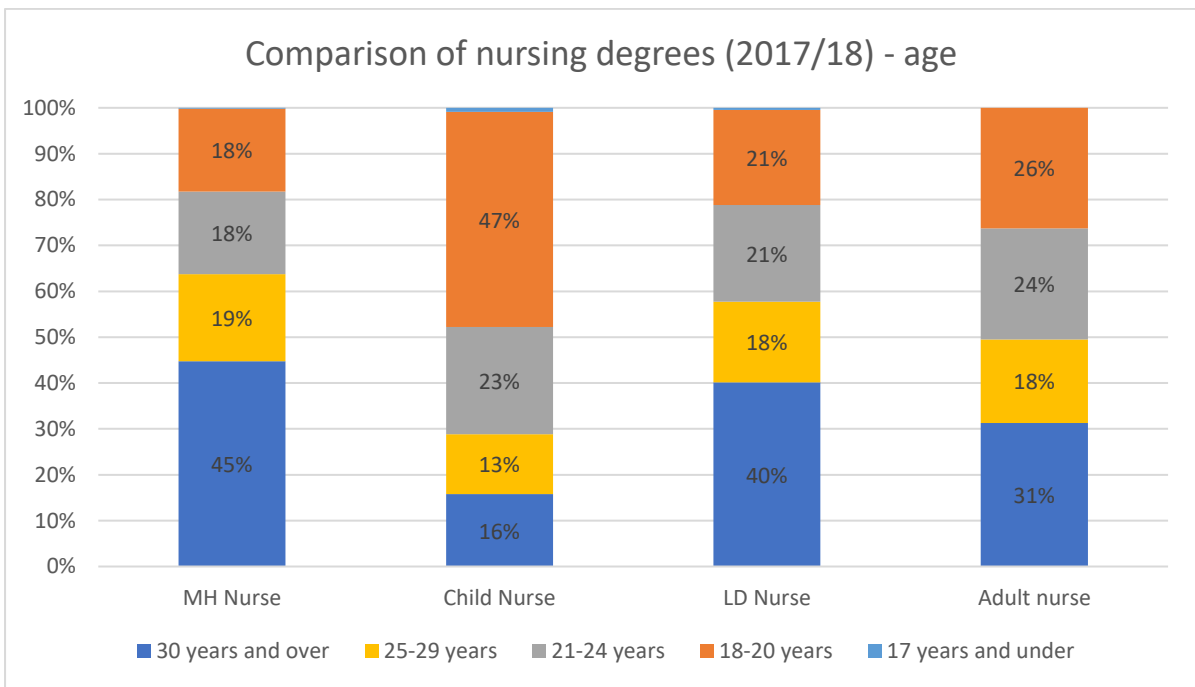
Age

It is interesting to note that newly enrolled MH nursing students are predominantly older. In 2017/18, 45% were 30 years or older and over 60% were older than 25 years. The HESA data also includes post-graduate degrees which is likely to be a contributing factor although the majority of HESA reported students are undergraduate. This share has largely remained the same over the past five years. In comparison, for the overall average student population in the UK according to HESA, 41% of students were up to 20 years old and only 20% were 30 years and over in 2017/18.

MH nursing also has the highest proportion of older students compared to other nursing degrees with 45% being 30 years and older in 2017/18. This is followed by LD which also has a relatively old student population.



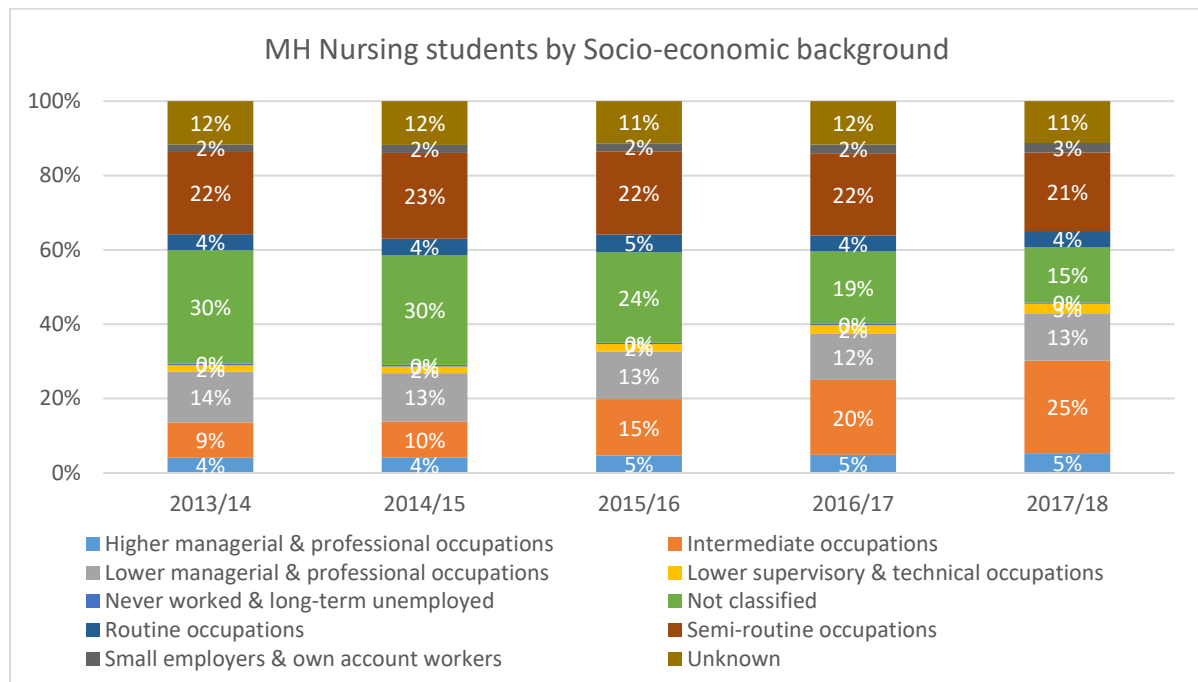
Source: HESA



Source: HESA

Socio-economic background

The graph below shows newly enrolled MH nursing students by socio-economic backgrounds which is defined here by their parents' occupations. The data is not necessarily conclusive as 'Not classified' and 'Unknown' make up the biggest share, amounting to just over 35% in 2017/18. To get a better understanding of socio-economic background, further investigations would have to be undertaken.



Source: HESA

Recommendations

- D.10 Consider building on the ethnic diversity aspect of mental health nursing to use in a promotional campaign
- D.11 Conduct further analysis to understand why the degree and profession is more diverse in terms of ethnicity and gender. These findings may then be applied to diversify other workforces which also increases the recruitment pool
- D.12 Understand why the average student age is higher than for other nursing degrees and degrees in general and what the impacts of this are (offering more part-time degrees, funding etc.)

Support Workers

Summary

Support worker designate a series of roles. It includes both trained (associate practitioners and nursing associates) and untrained (mental health support workers, occupational therapy

assistants, support time and recovery workers, assistant psychologists) support workers⁶. There is therefore no coherent data picture. We have included selected data.

Data sources	
Source	Comment
ESR	These roles sit under a series of different codes which often also include other roles/professions. It is therefore difficult to gather any overall data. We have included data for roles where we have obtained data (nursing associates and assistant psychologists). These will not necessarily work in mental health and other roles may be included in those categories.
HESA	Except for assistant psychologists, degrees are not required for these roles and HESA data is therefore not applicable

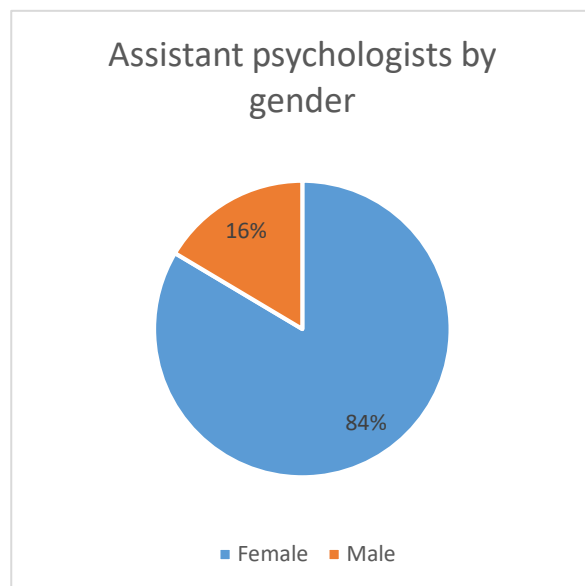
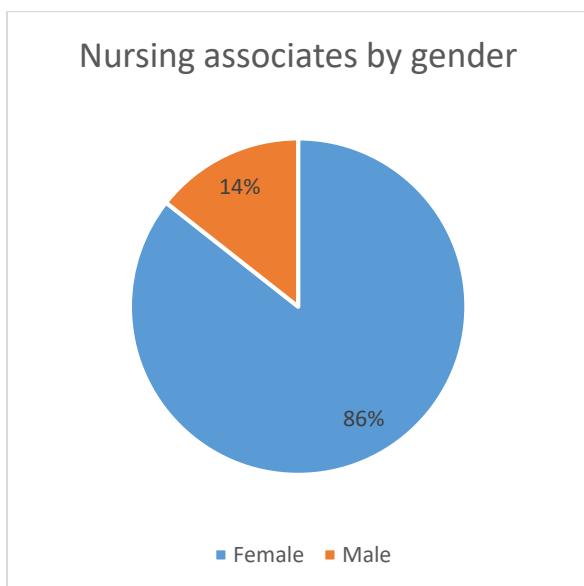
- We have not been able to do extensive data analysis but have included the two roles of nursing associates and assistant psychologists as a proxy for other support staff. Not all staff will be working in mental health.
- Initial analysis shows that in terms of ethnicity, support roles might be a way to diversify the mental health workforce pipeline showing a relatively diverse picture. This is also the case of the assistant psychologist role which is often assumed to have a similar profile to other psychological professions (although it is possible that the ESR data includes workforces beyond assistant psychologists)
- The gender split for both roles seems to be similar to other mental health workforces, with the majority of staff being female
- No data on socio-economic background was found although anecdotally it was indicated that staff in many support roles will be from more diverse background. This is also due to the fact that for many of these roles people do not need a prior degree and can obtain qualifications in training.

Findings

Gender

The graphs below show gender of the nursing associate and assistant psychologist workforce according the HEE dashboard. Both groups are predominantly female, more so than the average NHS workforce.

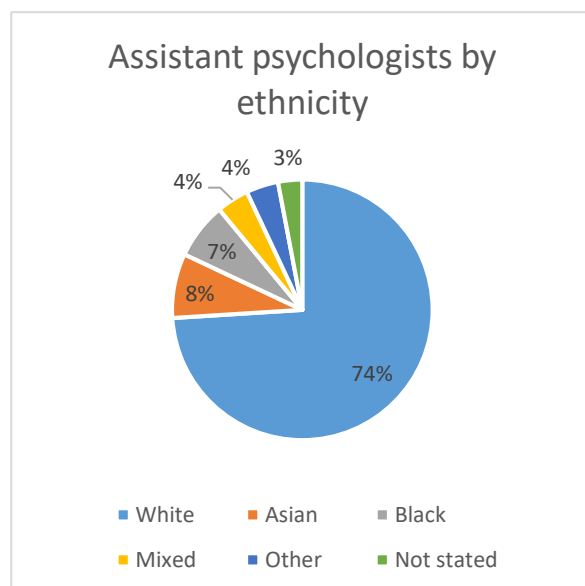
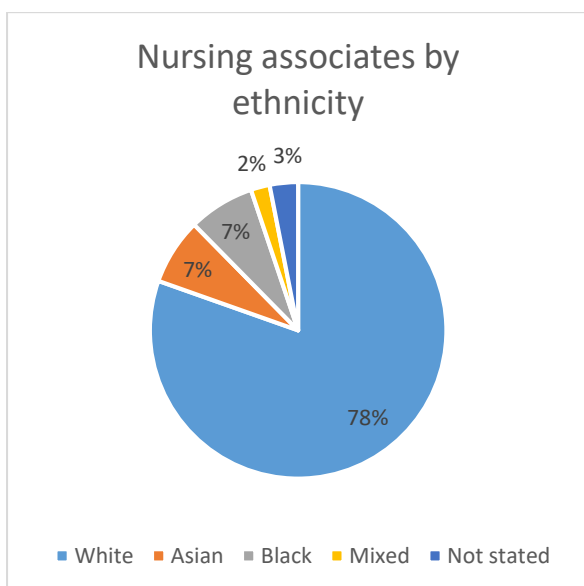
⁶ See our report Appendix 1 - Mental health career pathways in the NHS - Interim report September 2019 for further information



Source: HEE workforce dashboard (September 2019)

Ethnicity

The graphs below show that both roles are relatively diverse ethnicity wise with black and Asian staff accounting for 7-8% respectively across both roles. This is higher than for the mental health patient and census population. For Asians, this is still below the average NHS workforce (11%).



Source: HEE workforce dashboard (September 2019)

Socio-economic background

We did not manage to find any data on socio-economic background. Stakeholders have indicated that except for assistant psychologists, these roles will often have a good mix of socio-economic background.

Recommendations

- D.13 Conduct further analysis on diversity in support roles
- D.14 If support roles are as suspected more diverse than the rest of the mental health workforce, then more efforts need to be undertaken to support these roles and consider how further efforts to upskill staff in them might be undertaken, diversifying the workforce further down the line

Occupational Therapy

Summary

Data sources	
Source	Comment
ESR	Workforce data available for gender, ethnicity and age by band. No data on SEB was available. Data likely to be representative although the data also shows staff below Band 5 meaning there might be some miscoding or Assistant OTs might be included. It is important to note that not all OTs will work in mental health and a split is not available.
HESA	Data on gender, ethnicity and SEB analysed. Likely to be a good proxy although it does not take into consideration dropout rates. SEB data not very reliable as many students don't report it properly. It is important to note that students do not specialise in mental or physical health during their degree.

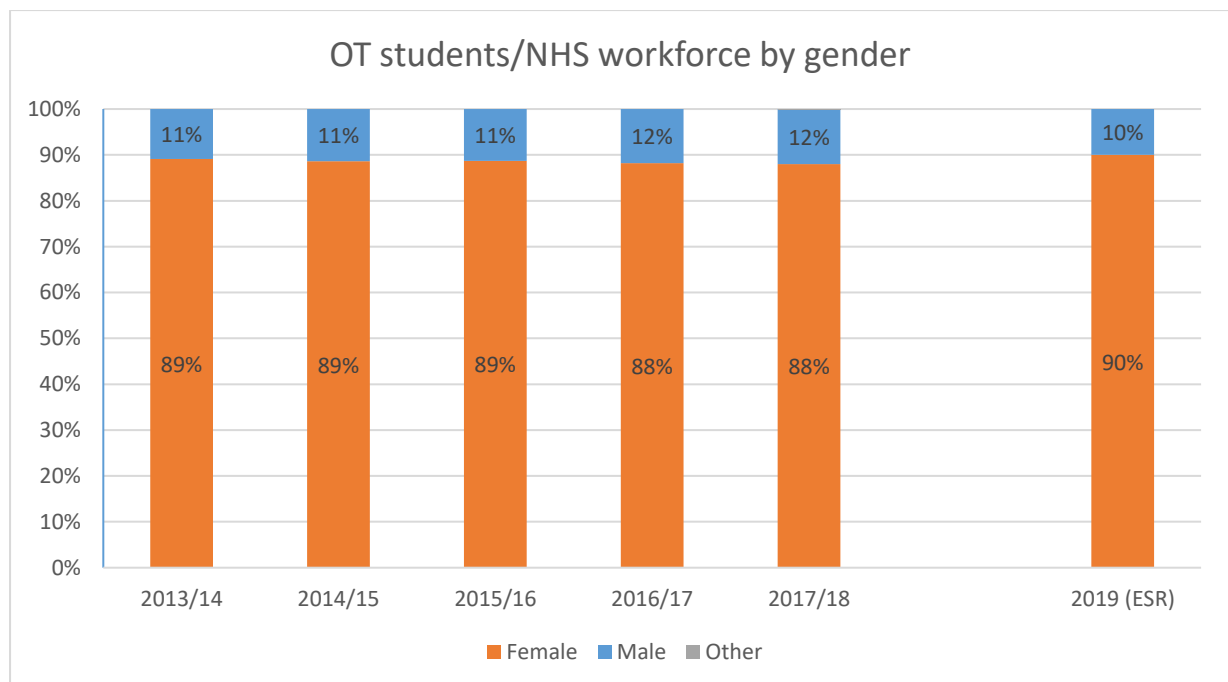
- Workforce and student data findings are not specific to mental health. It is therefore not possible to say whether there is a difference between mental and physical health OTs
- Newly enrolled OT students are predominantly female, and this is reflected in NHS workforce data where women accounted for 90% in 2019. This is higher than average NHS staff rates, the patient and census population
- While the newly enrolled OT student population's ethnicity is relatively representative of the mental health patients and the census population, black and Asian representation drops when looking at the 2019 OT workforce numbers.
- Newly enrolled OT students are predominantly older compared to the average UK student population
- Data on SEB was not necessarily conclusive as around 30% of students didn't report it or it couldn't be classified. The remaining data shows that students' parents work in intermediate to higher socio-economic occupations

Findings

Gender

The graphs below show gender split for newly enrolled OT students compared to the NHS OT workforce. Students are predominantly female ranging between 88-89% with very little changes over the past five years. The share of female students is higher than the average UK student population (56% as of 2017/18).

This is also reflected in the NHS workforce, where the share of female staff is 90%. This is much higher than the NHS overall workforce (75% female), the mental health patient population (52%) and the overall census population (51%).

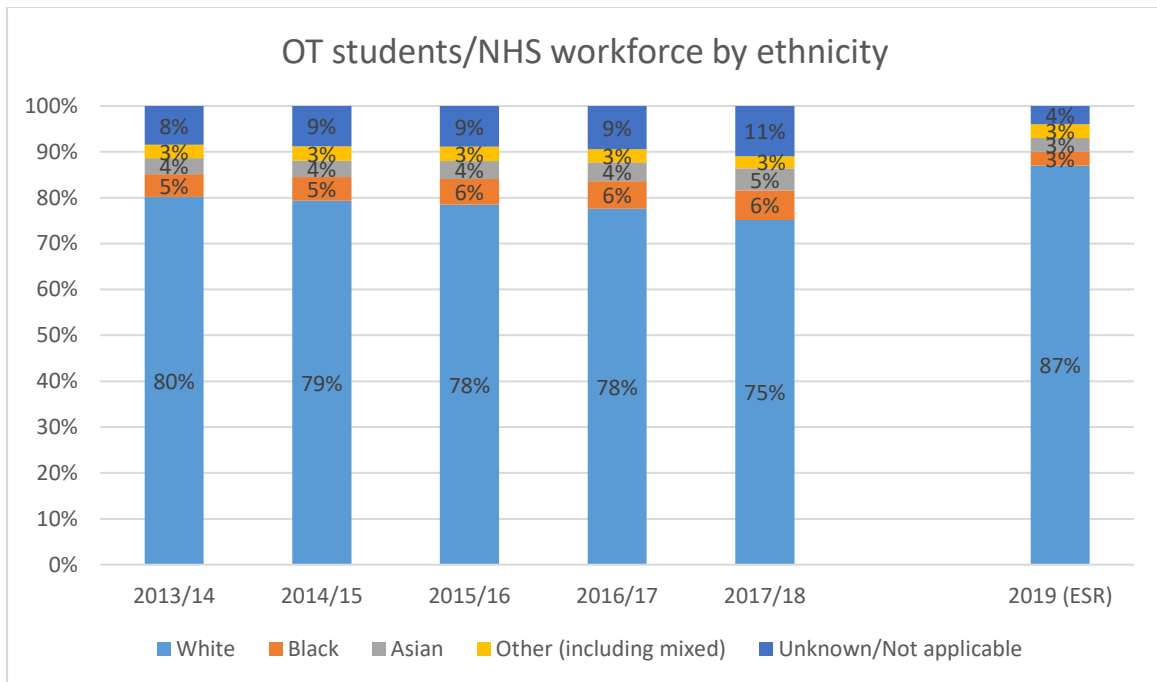


Source: HESA, HEE workforce dashboard (Sept 2019)

Ethnicity

The graph below shows newly enrolled OT students by ethnicity compared to the NHS OT workforce. The newly enrolled student population is predominantly white. There has been a slight decrease over the past five years, with the percentage falling from 80% in 2013/14 to 75% in 2017/18. This has not necessarily been at the benefit of other ethnicities as the percentages of Black, Asian and Other (including mixed) have remained consistent throughout the period of reporting with averages of 6%, 4% and 3% respectively. There are between 8-11% each year not reporting their ethnic which may have an impact on the minority groups within the cohort.

The share of white staff in the NHS workforce is higher, accounting for 87% in 2019. This was higher than the average share of the NHS workforce (73%), the mental health patient population (86%) and the overall census population (85%).

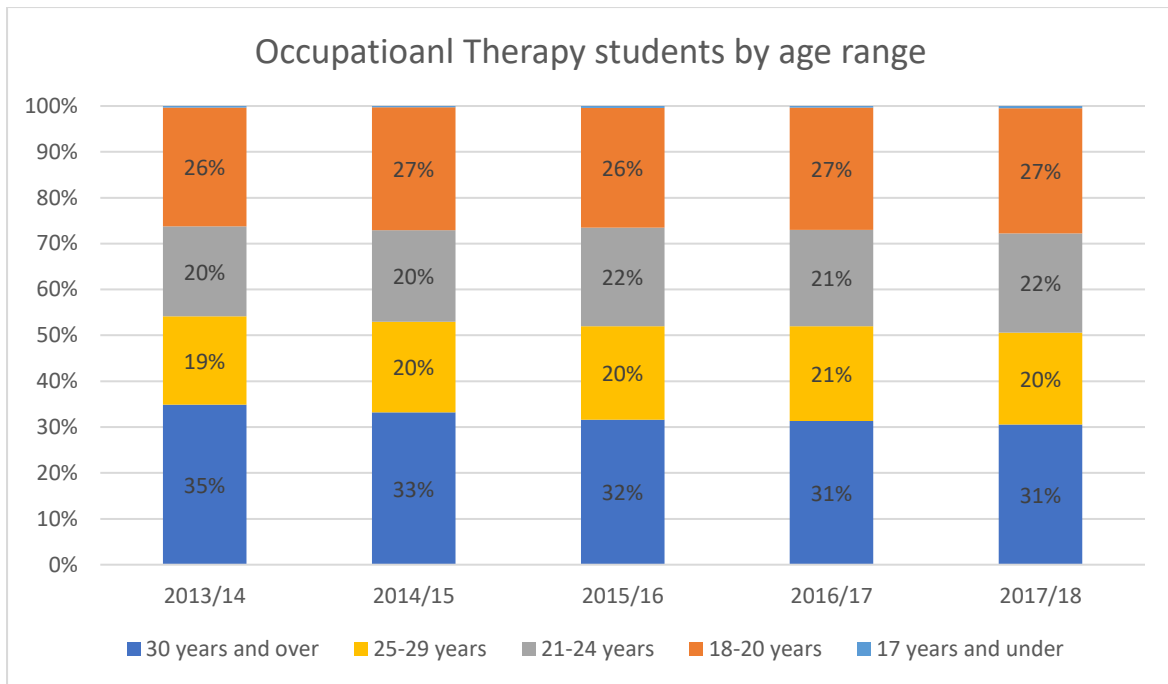


Source: HESA, HEE workforce dashboard (Sept 2019)

Age

The graph below shows the age profile of newly enrolled students over the past five years. The oldest age bracket represented the biggest share of OT students, with just under a third of the student population (31%) at 30 years and over in 2017/18. In comparison, for the overall average student population in the UK, 41% of students were up to 20 years old and only 20% were 30 years and over in 2017/18.

The share has somewhat declined over the past five years down from 35% in 2013/14 at the benefit of younger age brackets but this only resulted in increases in a few percentage points. The second biggest age bracket is the 18-20 years old with 27% in 2017/18.

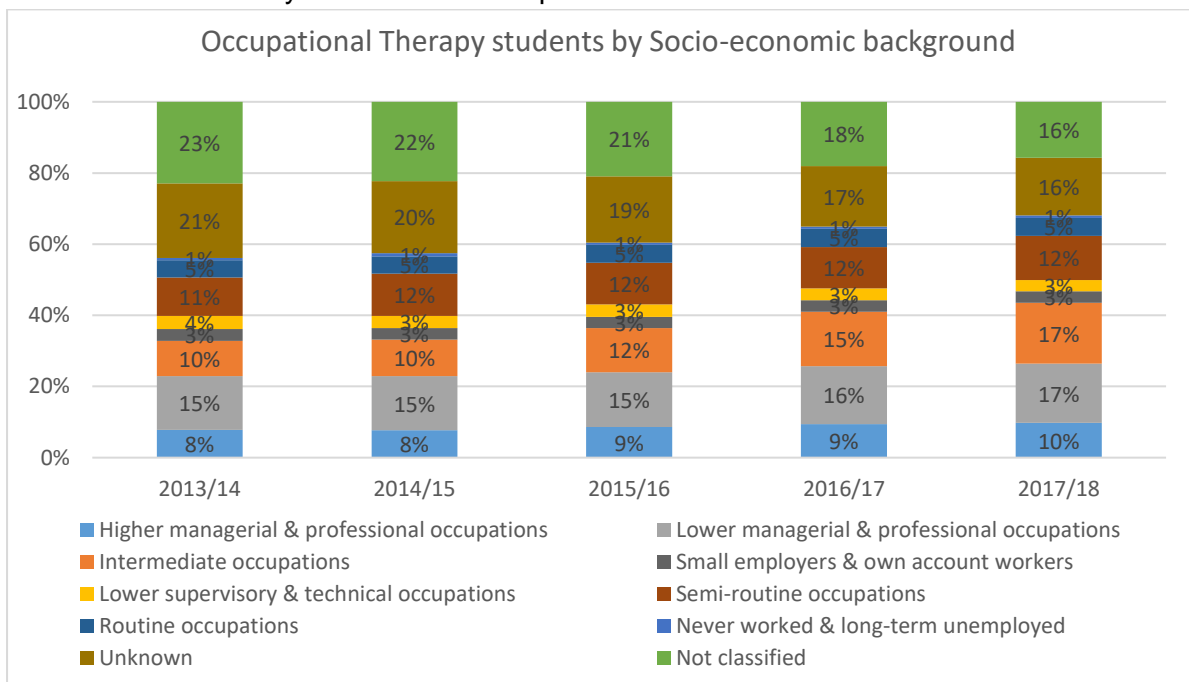


Source: HESA

Socio-economic background

The data on socio-economic background is not necessarily conclusive as both 'Not classified' and 'Unknown' make up for a large share, amounting to 32% in 2017/18.

For the remaining data, students' parents were from the higher end of the socio-economic category with higher and lower managerial and professional occupations accounting for 27% in 2017/18 followed by intermediate occupations with 17%.



Source: HESA

Recommendations

- D.15 It needs to be considered whether it makes sense to split OTs into mental/physical health for further analysis. This should be undertaken if there is a suspicion that diversity is markedly different between both workforces
- D.16 Further analysis could be conducted to understand why not more men are going into the profession and whether this can be widened
- D.17 Further analysis could be conducted to understand why the profession is not more ethnically diverse and whether this can be widened

Clinical and counselling psychology

Summary

Data sources		
	Clinical psychology	Counselling psychology
HESA	Not used because inconclusive as includes courses other than doctorates	Not used because inconclusive as includes courses other than doctorates
HPCPC	Data for gender available. No data for diversity. Not all registrants will work in the NHS	Data for gender available. No data for diversity. Not all registrants will work in the NHS
Clearing House	Data on diversity, age, socio-economic background up to 2018 available. The data is UK wide.	Not applicable
ESR	Included in “applied psychology” category which will include other roles/professions therefore only somewhat representative. Data on gender and ethnicity available.	Included in “applied psychology” category which will include other roles/professions therefore only somewhat representative. Data on gender and ethnicity available.

- Both professions are predominantly female. Although there is no exact NHS workforce data, it is likely that the share of female staff will range around 80% based on trainee and registrant data. This is higher than for the overall NHS workforce, patient and census population.
- Clinical psychology is a funded degree whereas counselling psychology is not. This is likely to have an impact on diversity. We did not manage to find conclusive student data for counselling psychology, so no evidence is available.
- Both clinical and counselling psychology are likely to have a higher share of white staff than the overall NHS workforce but at a similar level to the patient population
- Socio-economic background data seems to indicate that clinical psychology trainees come from areas with high participation rates in education

Findings

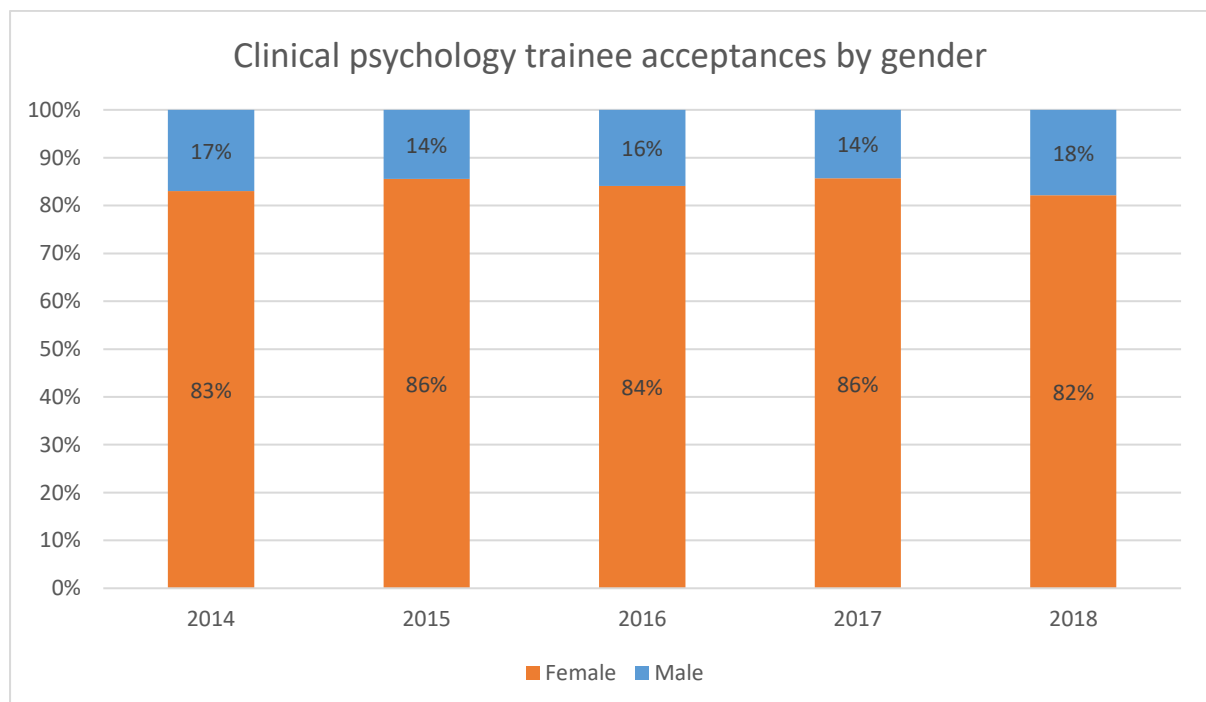
Gender

Clinical psychology trainees are predominantly female, amounting to over 80% of acceptances over the past five years. This split has not change significantly. The share of female students is higher than the average UK student population (56% as of 2017/18).

HCPC data shows a similar picture. Clinical and counselling psychology registrants accounted for 82% and 83% respectively of total registrants as of June 2019. It's important to note that not all of these will be working in the NHS.

Both professions fall within the “applied psychology” category on ESR although the category is also likely to contain other professions/roles. As of 2019, the share of female staff for that category was 81%, confirming the gender profile of registered professionals and students.

This is substantially higher than the NHS overall workforce (75% female) and much higher than the mental health patient population (52%) and the overall census population (51%) as of 2018.



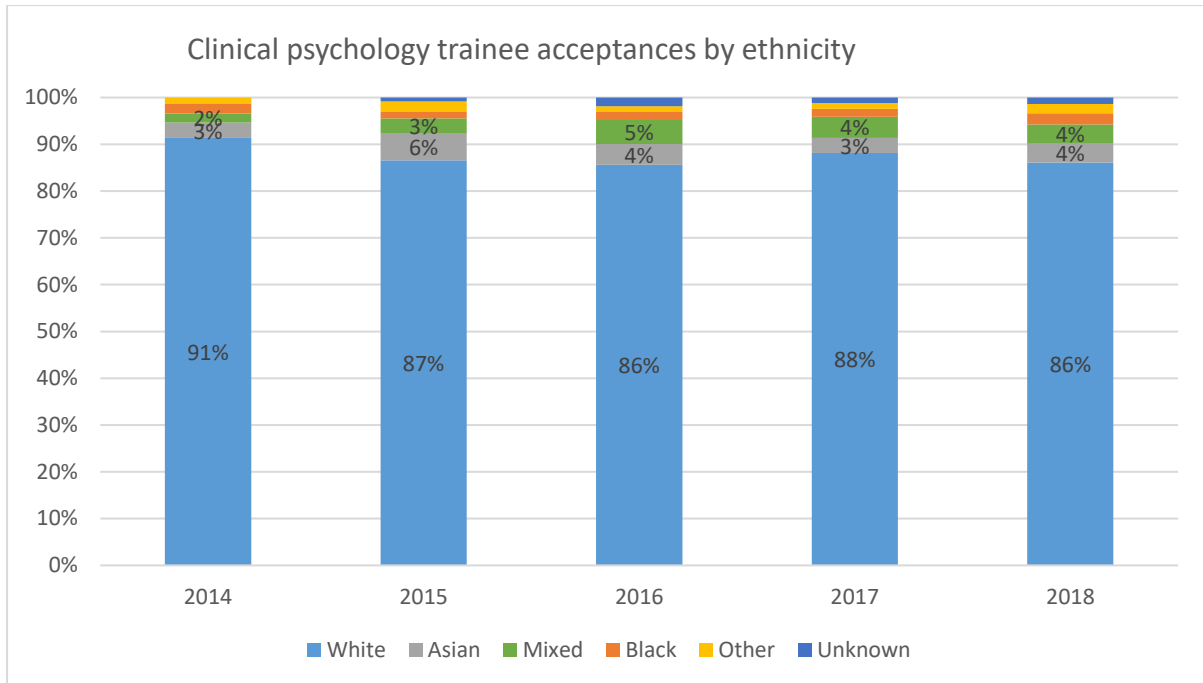
Source: Clearing House for Postgraduate Courses in Clinical Psychology Equal Opportunities data for 2014-2018 entry⁷

Ethnicity

Clinical psychology trainees are predominantly white, with 86% of acceptances reporting as white in 2018. The share of white students has somewhat declined over the past five years.

⁷ Source: <https://www.leeds.ac.uk/chpccp/equalopps.html>

This broadly matches the ethnicity of the “applied psychology” category on ESR, with white staff accounting for 85% in 2019, followed by Asian with 5% and black accounting for 2%. This less diverse than the overall NHS workforce (73% white, 6% black and 10% Asian) but in line with the mental health patient population (86% white, 4% black and 5% Asian).

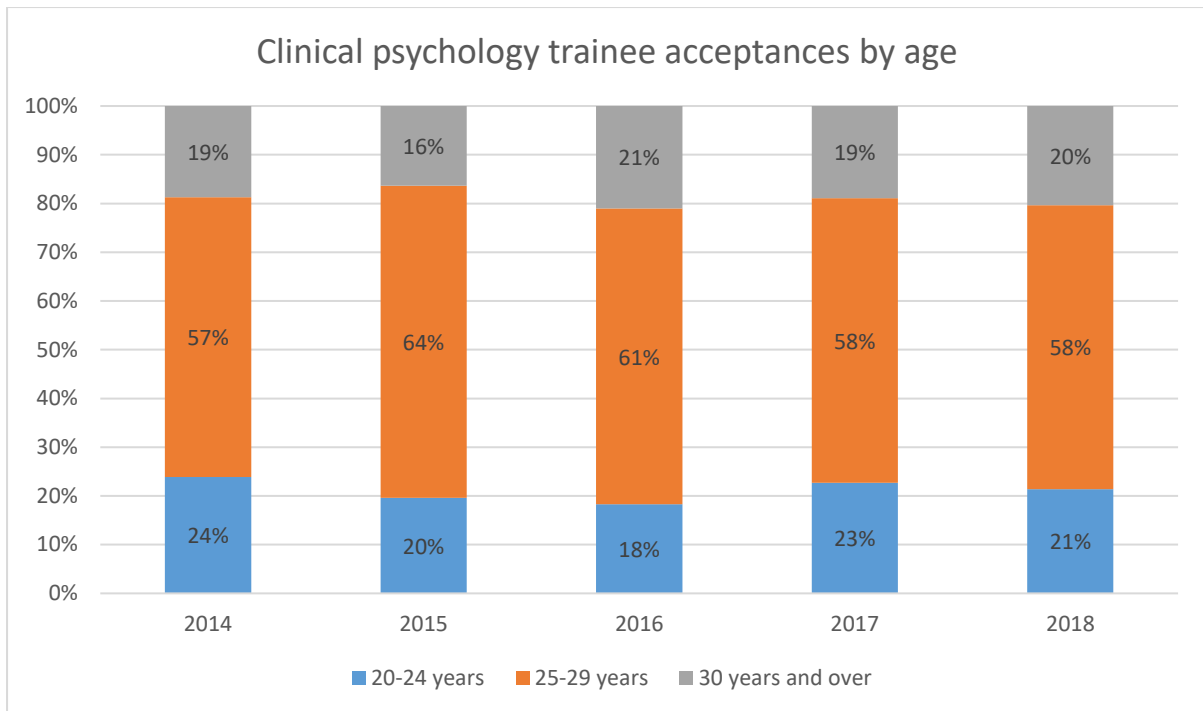


Source: Clearing House for Postgraduate Courses in Clinical Psychology Equal Opportunities data for 2014-2018 entry⁸

Age

Clinical psychology doctorate trainees are predominantly older with most trainees being over 25. This is much older than the average UK student population. The two key reasons are that the UK average student population does not just look at doctorates and that clinical psychology doctorates are very competitive resulting in applicants often having extensive work experience.

⁸ Source: <https://www.leeds.ac.uk/chpccp/equalopps.html>

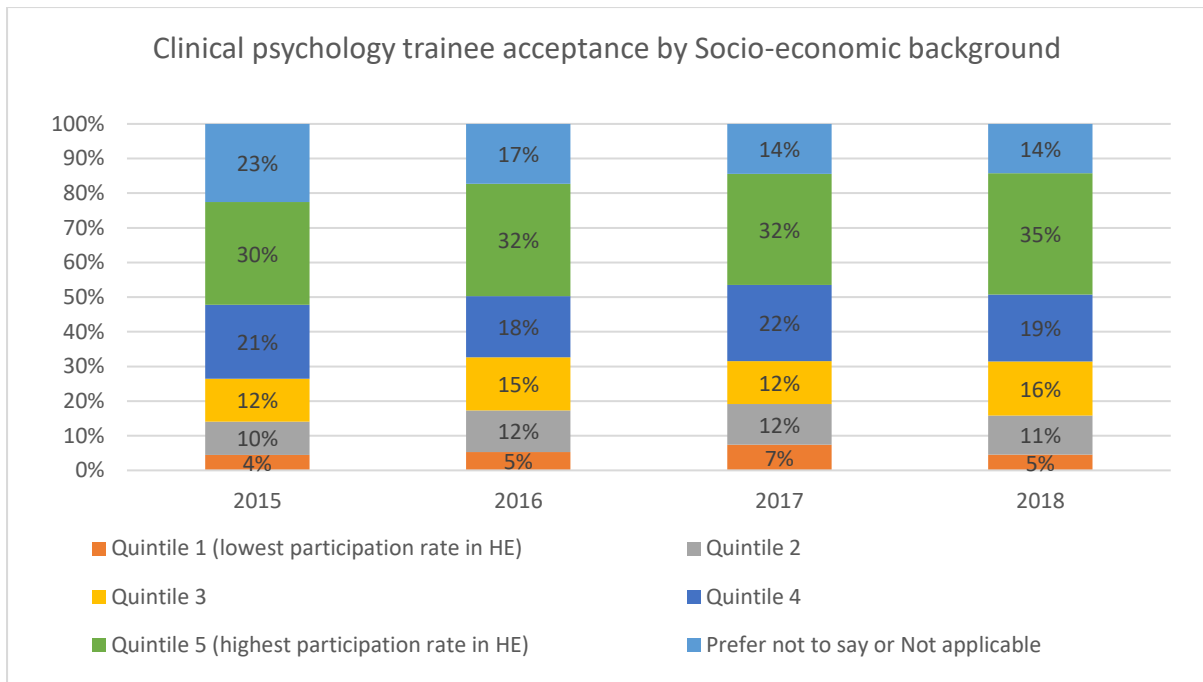


Source: Clearing House for Postgraduate Courses in Clinical Psychology Equal Opportunities data for 2014-2018 entry⁹

Socio-economic background

The graph below shows that a large part of clinical psychology trainees come from more privileged backgrounds. The data provided on the socio-economic background of clinical psychology doctorate trainees is measured in a different way to the data provided by HESA. Rather than looking at parents' occupations this looks at applicants' home UK postcode when they were 17. The data is reported in Quintiles from 1 to 5. This is based on the proportion of young people who enter higher education aged 18 or 19 years old. Quintile 1 shows the lowest rate of participation. "Prefer not to say" includes people who do not have an appropriate postcode (eg from outside the UK). A large part of clinical psychology trainees fall into Quintile 5 which is the highest participation rate.

⁹ Source: <https://www.leeds.ac.uk/chpccp/equalopps.html>



Source: Clearing House for Postgraduate Courses in Clinical Psychology Equal Opportunities data for 2014-2018 entry¹⁰

Recommendations

- D.18 Further analysis could be conducted to understand why the profession is predominantly female and whether this should be widened.
- D.19 Further analysis could be conducted to understand why the profession is predominantly white and whether this should be widened.
- D.20 Further analysis should be conducted to understand whether the difference in funding between counselling and clinical psychology doctorates has an impact on the diversity of the student population
- D.21 Consider measures to broaden socio-economic background of clinical psychology potentially through using apprenticeship schemes such as Clinical Associate Psychologist

High intensity therapists and psychological wellbeing practitioners

Summary

Data sources	
Source	Comment
ESR	Occupational coding relating to HIT and PWP's have recently changed and it should make it easier to track the workforce in the future. Codes might also include other roles/professions, however.
HESA	HESA does not report on PWP or HIT courses separately.

¹⁰ Source: <https://www.leeds.ac.uk/chpccp/equalopps.html>

IAPT census	Data from the IAPT census was used. The most recent census data available to us (2019) does not provide as detailed a breakdown. This might be because the full data set has not been released yet.
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- Data obtained on the PWP and HIT workforce for this report is limited to the IAPT workforce census which does not necessarily provide a split between PWP and HIT
- However, a lot of research has been conducted on diversity of the PWP workforce which indicated that the workforce is predominantly young, white and female (although there are regional differences that need to be considered)
- Since PWPs are the main supply pipeline for HIT, this profile is likely to be reflected in the HIT workforce

Findings

- The IAPT workforce is predominantly white, with 82% of staff reporting as white as of 2019.
- The workforce is predominantly female, with women accounting for 81% in 2019.
- No data on age or socio-economic background was available

In addition to the data above, research has been conducted by the Centre for Outcomes Research and Effectiveness UCL on widening participation for PWPs which as recently been released in a report (June 2019). The report finds that the PWP workforce needs to be diversified:

- The most important target audience are people over 35 which account for a small part of PWP trainees (18% across courses)
- Ethnic diversity should be increased
- The share of men should be increased¹¹

Recommendations

- D.22 To diversify the HIT workforce, the PWP workforce needs to be diversified as they are the key audience for HIT recruitment
- D.23 The Widening participation report makes a series of recommendations on how to increase diversity in the PWP and these should be implemented ¹²

¹¹ Centre for Outcomes Research and Effectiveness University College London, *Widening participation to Psychological Wellbeing Practitioner training* (June 2019)

Counselling and psychotherapy

Summary

Data sources	
Source	Comment
ESR	There is diversity data on “psychotherapy” although the code does not only include psychotherapists and is therefore not likely to be as representative. It is also likely that this category will include Child and Adolescent Psychotherapists
HESA	There is diversity data on counselling and psychotherapy. However, the data is of limited use because most students will not end up working in the NHS. SEB data is inconclusive

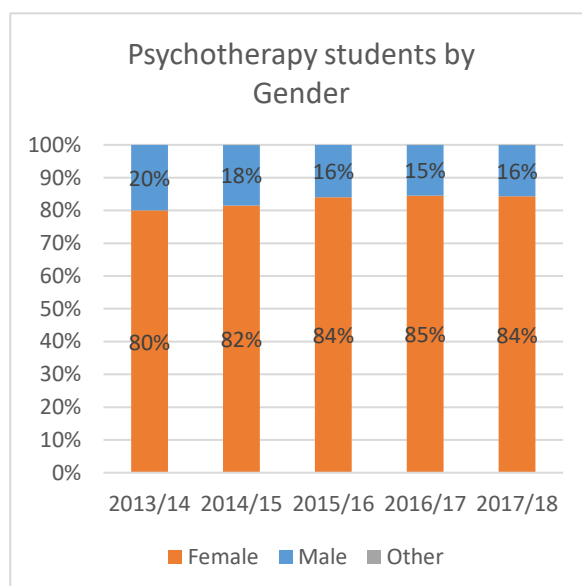
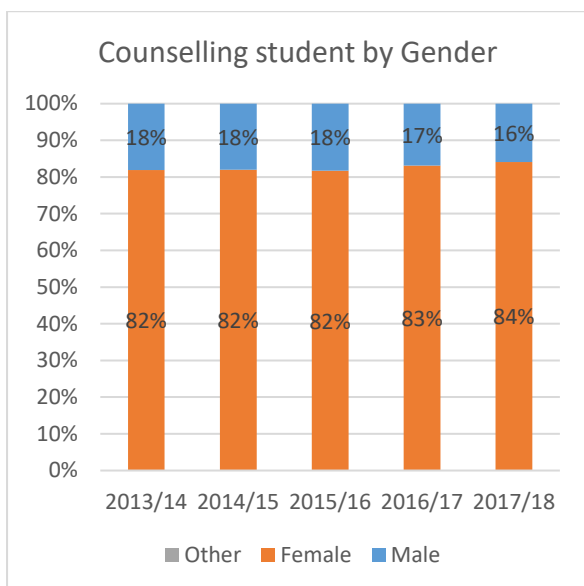
- Because most of the counselling and psychotherapy students do not end up working in the NHS, student data on diversity is unlikely to be representative. Beyond studying, people will have to undergo a lengthy accreditation process. We have still included the data because like psychology degrees courses may be a steppingstone to a career in mental health
- The newly enrolled student population for counselling and psychotherapy as well as the psychotherapist workforce is predominantly female (over 80%), which is slightly above the NHS overall workforce
- The newly enrolled student population is predominantly white. Workforce data on ethnicity of psychotherapists shows that the share of white psychotherapists in the NHS is even higher at 80% (2019). This is below the overall mental health patient population (86% white) but higher than the average NHS workforce (73%)
- Newly enrolled students for both courses are predominantly older when compared to the average UK student population. For psychotherapy students, there was a recent drop in the older age groups. HESA will include undergraduate and postgraduate courses in their data
- No conclusions can be drawn on socio-economic background of students due to gaps in the data

Findings

Gender

Both courses are predominantly female, with newly enrolled female students accounting for 84% in both courses as of 2017/18. The share of female students is higher than the average UK student population (56% as of 2017/18).

The average share of the female workforce according to ESR is 80%, which is in line with the student population. This is higher than the NHS overall workforce (77% female) and much higher than the mental health patient population (52%) and the overall census population (51%) as of 2018.

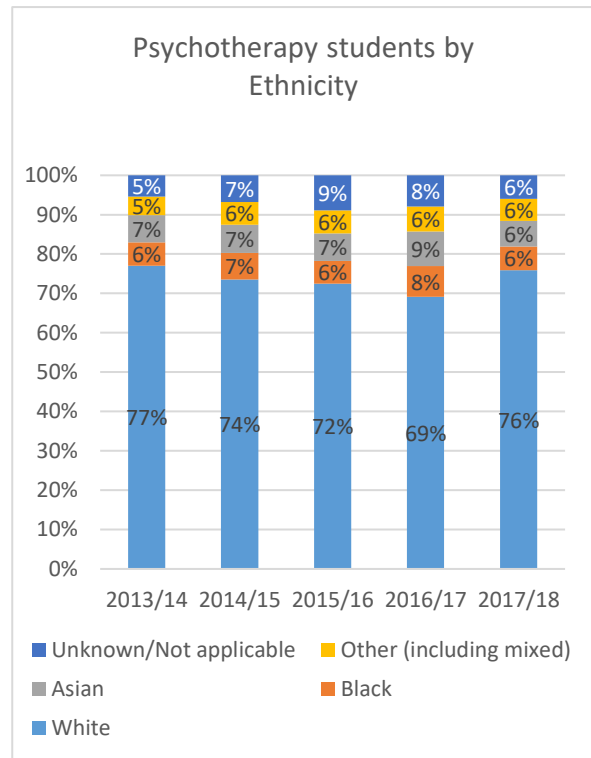
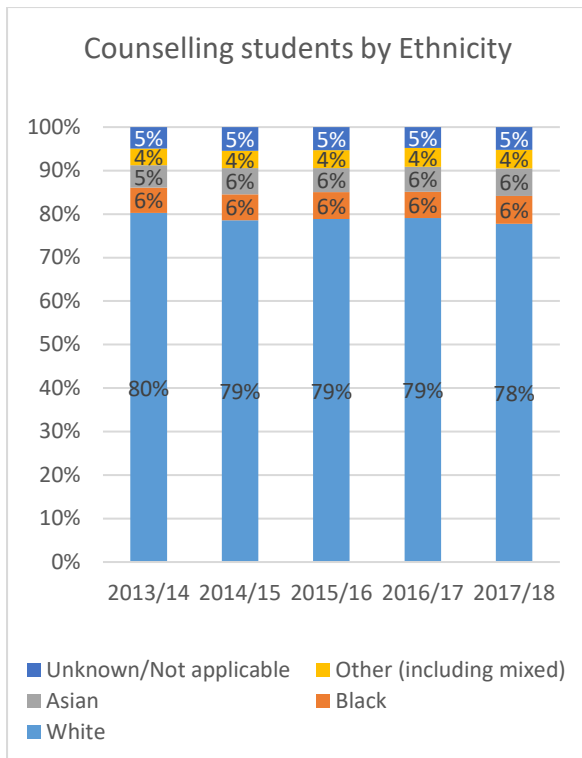


Source: HESA

Ethnicity

Most newly enrolled students for both courses are white, accounting for 78% of counselling students and 76% of psychotherapy students as of 2017/18. The share of Asian and black students has remained at similar levels over the past few years, with both of them accounting for 6% of student population for both courses in 2017/18.

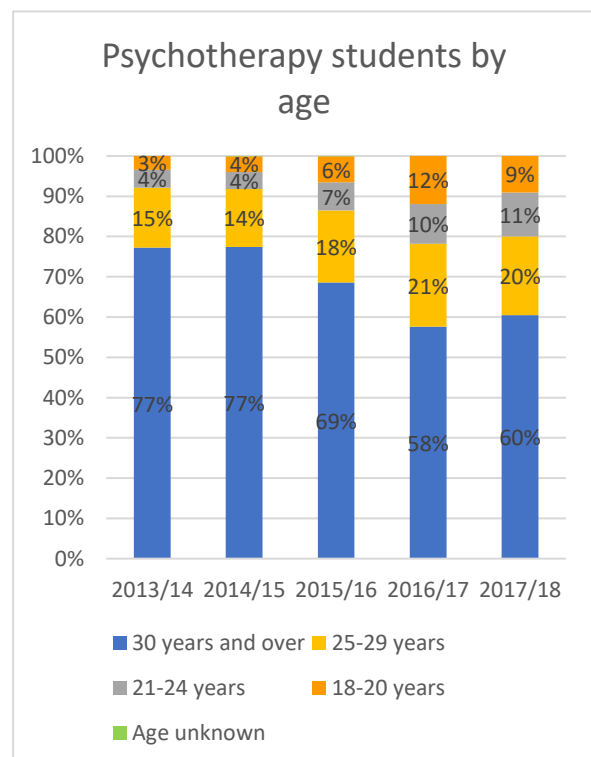
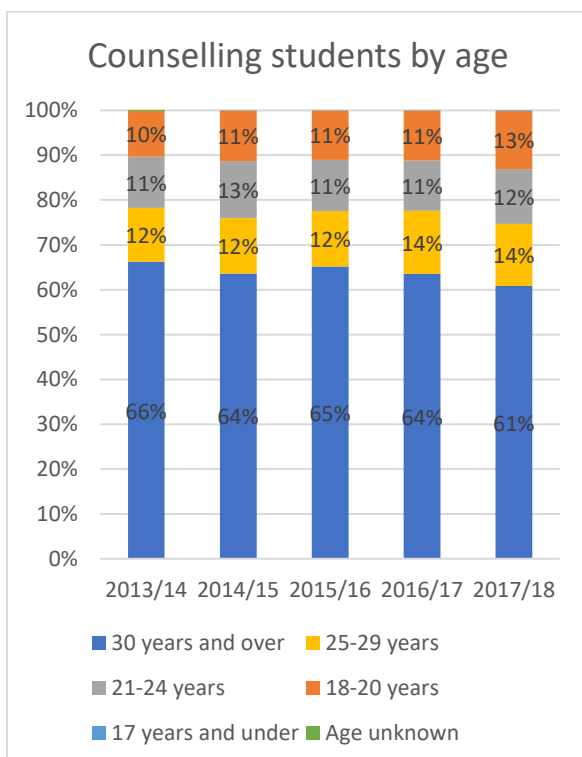
According to ESR data, this split is also reflected in the current psychotherapist workforce, although the white workforce has an even higher share. As of September 2019, 80% of the English psychotherapist NHS workforce was white, followed by Asian with 7% and black with 4%.



Source: HESA

Age

Most students within both courses are 30 and above but there has been a notable decrease in this population across the five years. In comparison, for the overall average student population in the UK according to HESA, 41% of newly enrolled students were up to 20 years old and only 20% were 30 years and over in 2017/18.



Source: HESA

Socio-economic background

The socio-economic background analysis for counselling and psychotherapy students is non-conclusive since in both courses most newly enrolled students' parents' occupation fell into the "unknown" or "unclassified" category (68% for counselling and 79% for psychotherapy as of 2017/18).

Recommendations

- D.24 With little workforce data available and student data not being necessarily representative, a meaningful way to collect data on diversity measures of this workforce needs to be identified. This could be via professional bodies or amending ESR coding
- D.25 The initial data suggests that the workforce could be further diversified and it needs to be investigated how to best do that

Social work

Summary

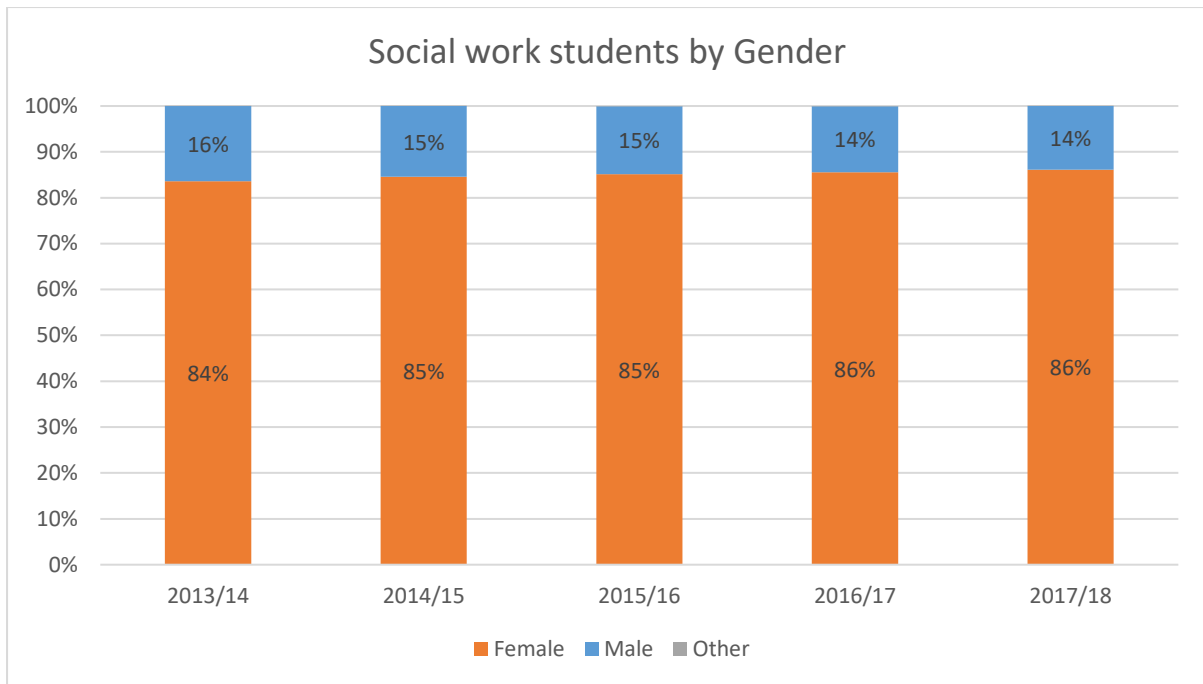
Data sources	
Source	Comment
ESR	We did not manage to find a code that social work sits under. Workforce data could therefore not be analysed
HESA	There is data on social work degrees, which has been briefly summarised, but it is not likely to be indicative because only a small number of students end up working in the NHS

- Social work courses are predominantly female and are ethnically quite diverse.

Findings

Gender

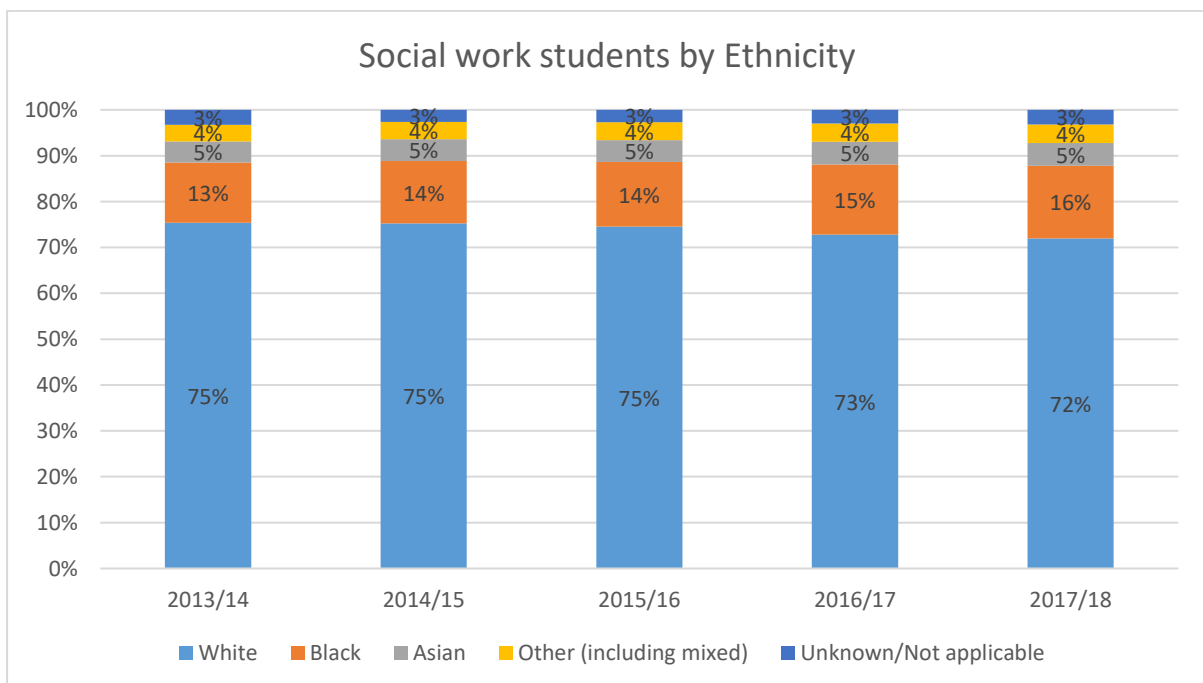
Social work courses are predominantly female, with women accounting for 86% of newly enrolled students in 2017/18. The share has increased very slightly over the past five years, up from 84%.



Source: HESA

Ethnicity

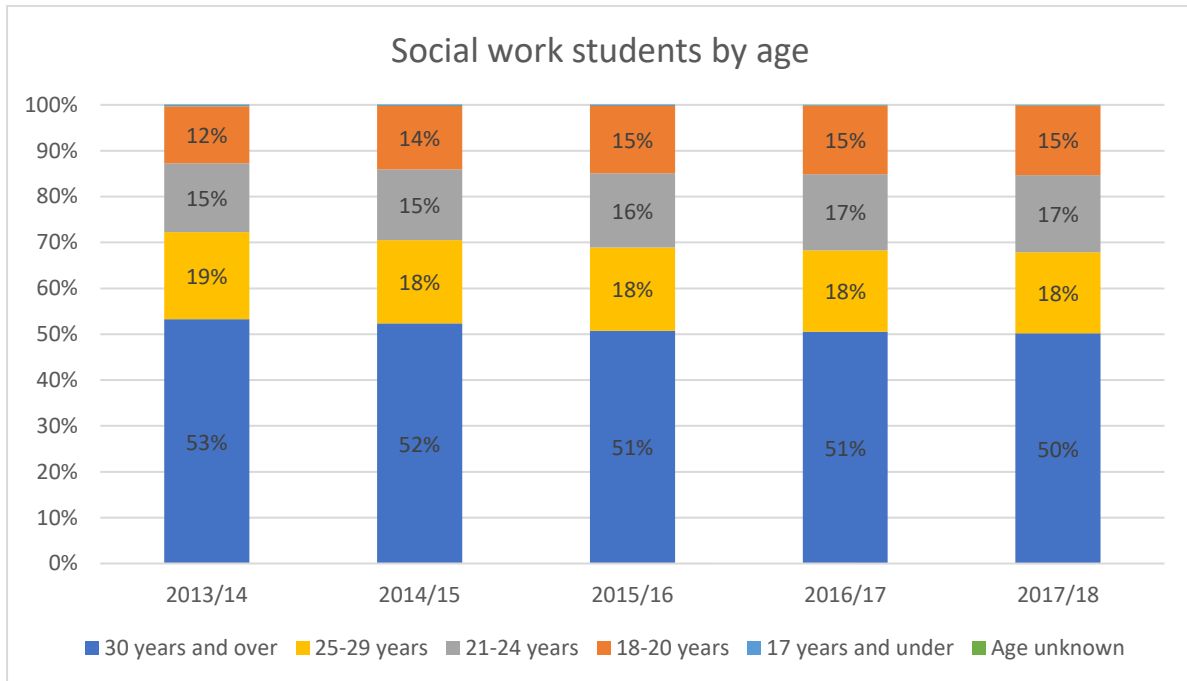
White students accounted for the biggest share of newly enrolled students in 2017/18 with 72%, followed by black with 16% and Asian with 5%. There has been a slight increase of black students enrolling up from 13% in 2013/14. The white student population has decreased by the same percentage over the same period.



Source: HESA

Age

Social work students are predominantly older, with 50% of newly enrolled students in 2017/18 being 30 years or older followed by 25-29 years with 18%. The share of older students has slightly decreased over the past five years however.



Source: HESA

Socio-economic background

The socio-economic background analysis for social work students was non-conclusive since most students' parents' occupation fell into the "unknown" or "unclassified" category (48% as of 2017/18).

Recommendations

- D.26 Further work needs to be undertaken to understand the diversity of the actual NHS workforce

Conclusion

For this report, we have gathered evidence to further analyse the question of diversity among the mental health workforce. The process has shown that no one definitive data source on the issue is available. We have therefore had to use data from various sources including student data and data from professional bodies. This may not always be representative of the NHS workforce but has been used as a proxy in the absence of more comprehensive data.

The analysis has mostly confirmed anecdotal evidence from the stakeholder group with regards to gender. Almost across all roles/professions, the mental health workforce is predominantly female and this more so than the average NHS workforce and the mental health patient population. With regards to diversity, the workforce is predominantly white but not necessarily in excess of the overall mental health patient population or NHS workforce. However, there are also differences between the roles for both gender and ethnicity and it therefore makes sense to look at the mental health workforce role by role. At the same time, an overarching view of the mental health workforce needs to be maintained, findings and lessons should be shared across workforces.

This analysis did not look at regional differences which are another essential factor to consider.

The question of gender and ethnicity was also briefly analysed with regards to pay-band. It has become apparent that diversity decreases for most workforces the higher one goes up the pay band. This needs more analysis to understand the driving forces and to be able to address the issue.

While socio-economic background had been highlighted as a factor in the stakeholder discussion, we did not find a comprehensive data set to address the issue and further research in this field needs to be conducted.

Findings from further analysis on diversity are likely to provide supportive evidence to diversifying the workforce and they also represent an opportunity to increase the recruitment pool which will support mental health workforce targets. The additional research we conducted for this piece of work has also led to another piece of work on workforce diversity which will provide further guidance on how to address these issues.

Appendix 1 – Recommendations by role/profession

Role/profession	Recommendation
Mental health nursing	Consider building on the ethnic diversity aspect of mental health nursing to use in a promotional campaign
Mental health nursing	Conduct further analysis to understand why the degree and profession is more diverse in terms of ethnicity and gender. These findings may then be applied to diversify other workforces which also increases the recruitment pool
Mental health nursing	Understand why the average student age is higher than for other nursing degrees and degrees in general and what the impacts of this are (offering more part-time degrees, funding etc.)
Support Work	Conduct further analysis on diversity in support roles
Support Work	If support roles are as suspected more diverse than the rest of the mental health workforce, then more efforts need to be undertaken to support these roles and consider how further efforts to upskill staff in them might be undertaken, diversifying the workforce further down the line
Occupational Therapy	It needs to be considered whether it makes sense to split OTs into mental/physical health for further analysis. This should be undertaken if there is a suspicion that diversity is markedly different between both workforces
Occupational Therapy	Further analysis could be conducted to understand why not more men are going into the profession and whether this can be widened
Occupational Therapy	Further analysis could be conducted to understand why the profession is not more ethnically diverse and whether this can be widened
Clinical and counselling psychology	Further analysis could be conducted to understand why the profession is predominantly female and whether this should be widened.
Clinical and counselling psychology	Further analysis could be conducted to understand why the profession is predominantly white and whether this should be widened.
Clinical and counselling psychology	Further analysis should be conducted to understand whether the difference in funding between counselling and clinical psychology doctorates has an impact on the diversity of the student population
Clinical and counselling psychology	Consider measures to broaden socio-economic background of clinical psychology potentially through using apprenticeship schemes such as Clinical Associate Psychologist
High intensity therapists and psychological wellbeing practitioners	To diversify the HIT workforce, the PWP workforce needs to be diversified as they are the key audience for HIT recruitment

High intensity therapists and psychological wellbeing practitioners	The Widening participation report makes a series of recommendations on how to increase diversity in the PWP and these should be implemented
Counselling and psychotherapy	With little workforce data available and student data not being necessarily representative, a meaningful way to collect data on diversity measures of this workforce needs to be identified. This could be via professional bodies or amending ESR coding
Counselling and psychotherapy	The initial data suggests that the workforce could be further diversified and it needs to be investigated how to best do that
Social Work	Further work needs to be undertaken to understand the diversity of the actual NHS workforce