An exploration of the factors influencing career choice in mental health

Karen McKenzie*, Aja Murray, Matthew Cooper, Rachel Martin, Kara Murray, Clare Baguley and Andra Chiscop

*corresponding author

Department of Psychology, Northumbria University, Northumberland Building, City Campus, Newcastle upon Tyne, NE1 8ST k.mckenzie@northumbria.ac.uk

Acknowledgements

This work was supported by funding from Health Education England (HEE)

Declaration of interest: The study was funded by Health Education England (HEE). CB and AC are employed by HEE.

Abstract

Aims and objectives: To identify the factors that are associated with considering a career in mental health.

Background: The mental health specialty is facing a recruitment crisis in the United Kingdom but there is limited evidence about which factors encourage and discourage people to consider a career in mental health

Design: Quantitative, observational, online survey using a multiple ordinal logistic regression model to identify if there were any significant predictors of the extent to which participants would consider a career in mental health. The design and write up of the study were guided by the STROBE checklist.

Method: We gathered the views of 231 participants (female = 188, 81.7%) aged between 16 and 65 (mean = 22.7, SD = 8.9), using an online survey, the majority of whom were studying on, or graduates of, psychology/social studies degrees. Information was gathered about the extent to which a range of factors influenced consideration of a career in mental health.

Results: The majority (71.2%) of participants reported that they would definitely or probably consider undertaking a career in mental health, and over half (51.4%) would consider a career as a mental health nurse. The ability to help others and receiving appropriate training required for the role were important career choice factors. Being female, having a mental health condition, and greater knowledge of mental health, were associated with a significantly greater likelihood of considering a career in mental health, while having had experience of working with people with mental health difficulties was significantly negatively associated.

Conclusions: Students and graduates of psychology and social studies degrees appear to be a large, untapped recruitment pool for mental health services.

Relevance to clinical practice: The results can inform more targeted recruitment strategies and development of suitable career pathways for those interested in a career in mental health.

Declaration of interest: The study was funded by Health Education England (HEE). CB and AC are employed by HEE.

Keywords: Recruitment; Mental Health; Nursing: Staff: barriers; facilitators

Introduction

Mental health services in the United Kingdom (UK) are facing a staffing crisis. In England in 2017, over 10% of the 115,300 NHS funded posts for professionally qualified clinical staff working in specialist mental health services, were vacant (Health Education England, 2017). In order to meet the improvements to mental health services by 2020/21, which are identified by the Mental Health Taskforce to the NHS in England (2016), ambitious targets for recruiting mental health staff have been set. Stepping Forward to 2020/21 (Health Education England, 2017), followed by the NHS Long Term Plan (NHS England, 2019), in combination with the Interim NHS People Plan (NHS Improvement, 2019) mapped out an ambitious 10 year vision for growth of the mental health workforce by 46,000. This equates to an unprecedented 33-40% increase to be achieved by increasing supply of registered professions, such as mental health nurses, with anticipated growth in newer roles that are open to nurses, such as High Intensity Psychological Therapist. There is a similar drive to ensure a sufficient mental health workforce in other parts of the UK (Department of Health, 2020; Scottish Government, 2017; Welsh Government, 2020) with the Scottish Government Mental Health Strategy (2017) outlining plans to increase mental health staffing numbers by 2027.

There is anecdotal evidence about the different ways in which NHS organisations have attempted to improve staff recruitment, including introducing values based recruitment and interviewing (NHS Employers, 2014, 2015), offering structured work experience to young people (Sheffield Teaching Hospitals NHS Foundation Trust, 2019), targeting recruitment at particular under-represented groups (NHS Employers, 2016), and using internet media, such as Youtube to promote NHS routes and career opportunities for young people (Health Education England, n/d).

There is, however, very limited empirical evidence, both about the factors that influence recruitment to mental health services, and of the effectiveness of interventions to increase

recruitment. Barriball et al. (2015) conducted a comprehensive review which focused on the recruitment and retention of the health workforce in Europe. The authors reviewed published literature and practice examples from countries across the world and identified four main approaches that have been used: changes in the way education is provided, for example the use of more practice based coaching and mentoring; using monetary incentives; implementing structural changes to provide greater support to staff, such as child friendly policies; and changes in the regulatory framework that impact on areas such as management and employment arrangements. The authors concluded, however, that: 'The primary studies which we reviewed, in which one or more interventions were directly observed do not include reports of systematic evaluations and none which is able to conclude to a relation of causality between an intervention and some observed effects' (p88).

A later review by McKenzie et al. (2017) of literature that was relevant to the recruitment and retention of staff working in support services for people with a learning disability and/or autism, identified a number of factors as being likely to influence recruitment into the caring professions more widely. These included rewards, such as pay; relationships factors, such as supervision; organisational factors, such as values and culture; and features of the role, such as impact on work-life balance. The authors noted, however, that there has been limited research into whether interventions which address these factors actually influence recruitment.

Of the limited intervention research available that is directly relevant to mental health, Sutton, Patrick, Maybery, and Eaton (2016) report on an evaluation of a five-day 'vacation school' which offered allied health and nursing students experience of employment and career opportunities in a rural area in Australia. Significant, positive changes in student attitudes towards living and working in the rural area were found, with the latter being sustained at 6-month follow-up (Sutton, Maybery, & Patrick, 2015).

In another Australian study, Foreman, McMillan, and Wheeler (2017) evaluated the impact of a scholarship, which paid 50% of programme costs to obtain a mental health practice qualification. The original numbers were small, with 19 students being offered a scholarship, of whom 17 (89%) commenced study. All students completed the study baseline questionnaire, however this number dropped to seven and two respectively, at the 12 and 24 month timepoints. The completing students reported a commitment to working in the field of mental health, while studying and after graduating, however no longer-term follow-up data was available to determine if these commitments were realised.

Figures from the UK also suggest that financial considerations are influencing recruitment to health programmes, with applicants and entrants to nursing, midwifery and allied health profession pre-registration programmes in England having fallen two years in a row since the bursary for such students was replaced by student loans in 2017 (Buchan, Charlesworth, Gershlick, & Seccombe, 2019). By contrast, in Scotland and Wales, where the bursary was retained, numbers have increased. In Scotland, where there has been a focus on recruiting to mental health and learning disability nursing programmes, there was a further increase in student intake for 2019/2020.

The lack of an evidence base about the factors influencing recruitment to mental health services and the effectiveness of recruitment interventions represents the first challenge to increasing the mental health workforce, as it becomes difficult to draw robust conclusions about the extent to which past and current recruitment strategies have been successful or otherwise. The second challenge is where to recruit from in order to meet the identified targets (Health Education England, 2017). One large workforce pool from which mental health staff could be recruited, is students and graduates of psychology and social studies degrees, as research suggests that these people may constitute a large, well-educated group with interests

that align with caring professions such as nursing (Durcan, Stubbs, Appleton, & Bell, 2017; The Psychological Professions Network, 2018).

The lack of a robust evidence base about what attracts individuals to, and discourages them from, undertaking a career in mental health, however, makes it difficult for NHS organisations to identify the most effective recruitment strategies to increase the mental health workforce in their particular area. The present study, therefore, aimed to identify the factors that were facilitators and barriers to taking up a career in mental health, with a particular focus on students/graduates from psychology/social studies degrees.

Method

Design

The first author was granted ethical approval for the research on behalf of the research team by her university ethics committee. All participants provided consent for their data to be used in the study. The study used an observational design, with information from participants being obtained from an online survey. The design and write up of the study were guided by the 'Strengthening the Reporting of Observational Studies in Epidemiology' (STROBE) checklist (see supplementary file 1).

Sampling

The study primarily adopted a purposive sampling technique, with the aim of recruiting groups who had been identified in previous literature as being likely to have an interest in a career in mental health (Durcan et al., 2017; The Psychological Professions Network, 2018). These included those were studying on, or graduates of, a psychology or social studies degree, those studying psychology in 6th form at school or college and those who currently worked or had previously worked in a caring profession, who were known to the research team. In all

cases communication about the study was initially made via email, which contained information about, and a link to, the online survey. Emails were sent to 31 universities and 39 colleges/schools in the North of England. Project information and survey link were also posted on the psychology Facebook groups and Linkedin group at the researchers' University. Of the schools/colleges approached, five responded to say they did not participate in research. It is unknown how many participants took part from each of the remaining organisations, as this information was not collected to protect the anonymity of respondents. The sample size was determined based on the time and resource constraints of the study.

Participants

Participants were students studying on or graduates of relevant programmes (e.g. psychology), individuals currently working in or who had previously worked in care-related work and young adults at school/college who were studying a relevant topic (e.g. psychology). Inclusion criteria were that the participant was aged 18 years or older, or in the case of school and college students, aged 15-17 years and with parental consent to participate. In total, 231 participated. The participant characteristics are provided in the results section.

Procedure

Potential participants and their parents (where relevant) were given information about the study and a link to the online survey, which provided more detailed information and a button to confirm consent. Participants provided some demographic information and were asked to complete the online questionnaire. This was developed for the study, as no relevant pre-existing measure of the areas of interest existed. This bespoke questionnaire asked a number of questions that were relevant to the study aims and which were based on a review of the literature which had identified a range of factors that were potentially relevant to the recruitment of staff into the caring professions (Barribal et al., 2015; McKenzie et al., 2017).

Participants were asked to identify the extent to which they would consider undertaking a career in mental health (rated on a five point scale from 5 = 'definitely yes' to 1 = 'definitely no'); which (if any) professional roles in mental health services they would be interested in (with the options of 'no,' 'possibly,' and 'yes') and why, as well as their knowledge about these roles and about a career in mental health in general (rated on a five point scale, from 1 = 'nothing at all' to 5 = 'a great deal').

They were then asked to identify the factors that would encourage and discourage them from considering a career in mental health; the extent to which they agreed that information about a range of factors, such as good pay, promotion prospects, and supervision would help them decide whether to take up a career in mental health (rated on a seven point scale from 1 = 'completely disagree' to 7 = 'completely agree'); the importance of a range of factors (such as low work related stress and good pay) to them in their job (rated on a five point scale from 1 = 'very unimportant' to 5 = 'very important'); and the extent to which they thought a career in mental health would offer each one (rated on a five point scale from 1 = 'not at all' to 5 = 'completely').

Finally, they were asked in an open text question to identify ideas they felt would improve recruitment to mental health services. These responses were categorised according to common themes. Responses were anonymous. The project had a focus on specific roles within the NHS, which were identified as being a priority for services in the North of England, including mental health nursing and roles open to nurses such as High Intensity Psychological Therapist.

Statistical Procedure

In order to identify if there were any significant predictors of the extent to which people would consider a career in mental health, a multiple ordinal logistic regression model was fit.

These models can be used to predict an ordered categorical outcome from several predictors, mutually adjusting for the effects of other predictors in the model. Like multinomial logistic regression, it relies on a logistic link function; however, unlike multinomial logistic regression, it models the ordering of the categories for the outcome variable and thus uses relevant information about the ordinal nature of the variable. Odds ratios derived from the model represent the odds of transitioning between adjacent categories (e.g., from category 1 to 2,3 or category 1,2 to 3). It is assumed that the coefficient that describes the relations between each pair of outcome variable levels is the same, meaning that a single coefficient can be used to describe the effect for each predictor. This is the proportional odds assumption and is useful for providing parsimony in otherwise complex models. Using this model, we examined the effect of the above-described demographic predictors as well as experience and knowledge of mental health careers on the self-reported likelihood of choosing a career in mental health. All relevant predictors were included in our model based on our a priori hypotheses regarding which variables would predict self-reported likelihood of choosing a career in mental health. Non-significant predictors were not trimmed from the model but were retained to ensure that all predictors were mutually adjusted for, in order that we could identify the effects of each predictor over and above the effects of the others.

Results

Participant characteristics

In total, 231 people participated. Table 1 provides a detailed breakdown of participant characteristics and of the information included as predictors of considering a career in mental health. The majority of participants were female, white and from the UK. The ages ranged from 16 - 65 (M = 22.7, SD = 8.9). Most were students at university or college, 159 of whom were studying psychology at some level. All but 3 (who were retired, unemployed and working

as a volunteer respectively), of the remaining participants were in full or part-time employment. Thirty-eight participants (16.5%) reported having a mental health difficulty.

<Insert Table 1 about here>

Undertaking a career in mental health

The majority of participants reported that they would definitely (n = 101, 44.1%) or probably (n = 62, 27.1%) consider undertaking a career in mental health. Only six (2.6%) reported that they would definitely not consider a career in mental health.

Predictors of the extent to which individuals were considering a career in mental health

Several significant predictors were found (see Tables 1 and 2). The following were associated with a significantly greater likelihood of considering a career in mental health: being female, having a mental health condition, and greater knowledge of mental health. Having had experience of working with people with mental health difficulties was significantly negatively associated with likelihood of considering a career in mental health. As compared to university students, school students were less likely to consider a career in mental health; however, this likely reflects the predominance of psychology students in the sample. Age, qualification and occupational group were not significant predictors.

<Insert Table 2 about here>

Specific mental health professions

Participants were asked to indicate whether they would consider undertaking a career in specific roles within mental health and their knowledge about the particular role (see Table 3), and about careers in mental health overall. Over half of participants (51.4%) reported that they would consider a career as a mental health nurse and a similar percentage (55.2%) reported they would consider a career as a High Intensity Psychological Therapist, a

profession that requires an existing professional qualification, such as mental health nursing. Clinical psychology was the profession that the highest number of participants considered as a career choice. The mean score for overall knowledge about careers in mental health was 2.9 (SD = .91), indicating only a moderate level of knowledge.

<Insert Table 3 about here>

Facilitators and barriers to a career in mental health

Table 4 illustrates the range, mean and standard deviation in relation to the level of importance of a range of factors in influencing their career choice and the extent to which they felt each one would be achieved in a career in mental health. The factors that were identified as being most important to participants in terms of their career choices in general were the ability to help others and receiving appropriate training required for the role. These were also the factors that were seen as being most likely to be achieved in a career in mental health.

<Insert Table 4 about here>

Participants were asked to indicate the personal factors that would encourage them to undertake a career in mental health. The most common positive reasons were that the career choice would allow participants to help others (n = 143, 67.4%) and would be consistent with participants interest in other people (n = 32, 15%). Other things that would encourage participants to consider mental health as a career were if barriers to access were reduced e.g. more information was available, easier access to training (n = 25, 12%); and if the pay and other associated benefits were better (n = 21, 10%).

The most common factors that would discourage participants from considering a career in mental health were the stress or other negative personal impact, such as poor work-life balance, that they felt the profession would have on them (n = 132, 65.3%); organisational factors, such as lack of knowledge about the available roles and working patterns (n = 39,

19.3%) and training issues, such as the length of time and expense that training would involve (n = 34, 16.8%).

Information that would most help participants decide about a career in mental health

The types of information that had the highest mean rating in terms of helping participants decide whether to take up a career in mental health were in relation to the available roles (M = 6.2, SD = 1), opportunities for placements/work experience (M = 6.2, SD = 1.1), how to access a career in mental health (M = 6.2, SD = 1.1) and required qualifications (M = 6.1, SD = 1.1). Information about progression opportunities (M = 5.8, SD= 1.2); opportunities to meet staff working in mental health services (M = 6.0, SD = 1.2) and opportunities to meet people with mental health difficulties (M = 5.7, SD =1.3) had lower mean scores, but were still rated high.

Suggestions to improve recruitment in mental health

Participants' suggestions were categorised into five themes as illustrated in table 5. The most common suggestions related to the provision of greater information about careers in mental health and highlighting the intrinsic rewards, in particular the opportunities the work offered to help others.

<Insert Table 5 about here>

Discussion

The project aimed to identify those factors which would encourage and discourage potential employees from considering a career in mental health. By design, most participants were currently studying, or graduates from, a degree that was likely to indicate a potential interest in a career in mental health (Durcan et al., 2017; The Psychological Professions

Network, 2018). Such sources are likely to be increasingly important as the recruitment context changes in light of the UK leaving the European Union, with Brexit being identified as having a significant negative impact on the recruitment of international staff to the NHS (Holmes, Baird, & McKenna, 2019).

The majority of participants reported that they would 'definitely' or 'probably' consider undertaking a career in mental health, and over half would consider a career in mental health nursing, illustrating a need to convert this high level of interest into new entrants to the profession. No significant association was found between likelihood of considering a career in mental health and occupational status, qualification or age, suggesting that individuals from a wide range of backgrounds may view a mental health career positively. Other significant associated factors were having a mental health condition, and greater knowledge of mental health, which were positively associated, whereas having had experience of working with people with mental health difficulties, was negatively associated.

A significant challenge for the recruitment of new staff was the limited knowledge about the available roles and opportunities. Importantly, having greater knowledge of mental health was associated with a significantly increased likelihood of considering a career in the area. Having more knowledge about the range of roles within mental health was also rated as being the most influential factor in encouraging participants to take up a career in mental health.

A range of targeted resources and practice examples exist that help inform about, and signpost individuals to, careers in mental health (NHS Employers (n/d); NHS Employers, 2018), including NHS Ambassadors, who are NHS staff who promote careers in the field (Health Education England, 2019), promotional videos showcasing opportunities for young people (Health Education England, n/d), and resources for the long-term unemployed (NHS

Employers NHS and Jobcentre Plus, 2018). Despite this, the participants in the project felt ill-informed about mental health career choices.

This highlights a need to provide greater support to careers advisors and others who can signpost to a career in mental health in general and mental health nursing in particular, with clear and engaging information that is tailored to the needs of the target group. NHS Ambassadors are also well placed to provide a positive, but realistic view of the different career options. The goals of both providing targeted advice and of engaging more NHS Ambassadors to widely promote mental health careers are already outlined by Health Education England in strategic documents (Health Education England, 2014; 2014a), however, to date, there has been no evaluation of the actual impact of these actions on recruitment.

When considering the key information to include in such communications, our results suggest that the caring and helping nature of the profession should be emphasised, this being the key factor that attracted our participants and also a significant factor associated with increased likelihood of considering a career in mental health. A second important message is to highlight the ways in which mental health services tackle the stressful nature of the work, for example through staff support, supervision, and mentoring. This would help address the main factor that discouraged people from considering this career choice, i.e. concern about the impact on their own personal wellbeing and work-life balance. These are realistic concerns, as working in mental health services can be stressful and result in staff burn-out (Sadiku, 2016); however, many individuals may not be aware of the mitigation strategies that exist.

This is particularly important as having a mental health difficulty was significantly associated with a greater likelihood of considering a career in mental health. This suggests

that a proportion of those who are attracted to a mental health career may have increased vulnerability to stress and poorer psychological wellbeing because of pre-existing mental health problems. There is very limited research into the effectiveness of interventions for stress in staff working in mental health services. A recent review (Sadiku, 2016) into strategies for reducing burnout and stress in mental health nurses concluded that the evidence is limited but suggestive that receiving clinical supervision over a longer time period was the most effective intervention of those that were reviewed. This highlights a need both for robust support mechanisms for staff working in mental health services and for research into the effectiveness of such interventions in reducing stress.

Our results showed that having had experience of working with people with mental health difficulties had a significant negative association with likelihood of considering a career in mental health, despite it being highlighted as an important source of information to help participants decide about career choice. As no information was provided about how people were supported, it is unclear to what extent the experiences were perceived as good experiences or not. It is possible that poorly structured and/or insufficiently supported experiences may have put some participants off this career choice.

Providing opportunities for direct contact with those being supported and the staff supporting them, such as service visits (McConkey, McAuley, Simpson, & Collins, 2007) and opportunities for placements/voluntary work/shadowing to potential employees (Owen, & Standen, 2007; Sutten et al., 2015) have been identified in other caring contexts as important ways of recruiting staff with the right values, with realistic expectations, and who are committed to the area of work, as well as increasing opportunities to recruit from a more diverse workforce (Alink, Euser, Bakermans-kranenburg, & van IJzendoorn, 2014; Werner, 2011). Our results indicate the importance of ensuring that those undertaking such opportunities are well-supported and supervised.

The participants identified the removal of barriers to access, such as limited knowledge about the role and the length and expense of training, as a factor that would encourage them to consider a career in mental health. Unsurprisingly, these same factors were identified as barriers. Research in other countries, such as Australia (Foreman et al., 2017), suggests that providing financial support, such as scholarships, can attract people to undertake training in mental health practice. In the UK, the differing trajectory in recruitment to nursing, midwifery and allied health profession pre-registration programmes in different parts of the UK, according to whether the student bursary was retained or not (Buchan et al., 2019), suggests that supporting students financially during their training is an important factor in initial recruitment into the health service.

The introduction of degree apprenticeships, which enable apprentices to be employed and receive a wage during their programme, as well as having their fees paid by the employer and protected learning time for studying for their qualification (UCAS, n/d), may offer one way of making undertaking training in mental health professions more financially attractive, of widening access to training, as well as bringing benefits to employers (The Kings Fund, 2019).

The profession that participants knew most about, and which was identified most often as the preferred career choice was clinical psychology. While perhaps unsurprising, given the nature of the participant sample, it also raises the issue of how best to divert those who are unsuccessful in securing a place on a clinical psychology training programme to undertake other professions within mental health services, such as mental health nursing. There is a recognised training ‘bottleneck’ in clinical psychology and in 2018, there was a 15% success rate, with 3866 applicants applying for only 593 places (Clearing House for Postgraduate Courses in Clinical Psychology, 2019). Many psychology graduates may also

take approximately five years after graduation before beginning on a traditional career pathway (Coulthard, 2017).

This indicates that there may be opportunities for early interventions to encourage psychology graduates to undertake training in careers other than clinical psychology. Conversion programmes for mental health or learning disability nursing offer opportunities for such graduates to embark on a mental health career pathway, however, our results suggest that such programmes would need to be of relatively short duration and not incur additional costs for students in order to maximise their appeal. Such developments and the wider promotion of relevant existing training opportunities to psychology students and graduates, may help reduce the focus on clinical psychology as their main career of choice.

Obtaining the views of students and graduates from relevant degrees was a priority because of the likelihood that these groups may be particularly attracted to a career in mental health. As a result, however, the study had the limitation that most participants were white, from the UK, female, and had already embarked on or completed a relevant degree. This meant that it was not possible to fully explore the potential to encourage school or college students into a career in mental health at an early stage, for example, by diverting some prospective undergraduates from psychology degrees into a wider range of mental health career related degrees, such as nursing. Similarly, the limited diversity in terms of participants' gender, age, and ethnicity reflects a key issue across the workforce, and highlights the need to undertake a more targeted approach to understanding barriers and opportunities for men, and those from older and different ethnic groups. Future research with a more diverse participant group may further increase our understanding of how best to attract underrepresented groups into mental health services. A second limitation was that there was very little research, specific to recruitment in mental health services, which could be utilised to inform the design of the study. Those factors that were identified as influencing

career choice in other areas of health and support services (e.g. Barriball et al., 2015; Mckenzie et al., 2017) were, however, also rated as important to the participants in the present study.

Conclusion

In order to meet the unprecedented ambitions for growth in the mental health workforce over the next 10 years, the NHS needs to maximise supply of new recruits into training for mental health careers. There are many potential sources from which staff could be recruited to mental health nursing that are currently being under-utilised, in particular psychology and social studies entrants and graduates. This largely appears to be due to the limited promotion of such careers to these groups.

Relevance to Practice

Our research suggests that recruitment messages need to highlight the helping nature of careers in mental health and effectively address concerns about the perceived negative impact on staff wellbeing. Clear and targeted information about the roles, access routes and required qualifications needs to be provided at different stages of the supply pipeline. New opportunities that offer alternative routes need to be of short enough duration and financially viable in order to attract applicants. Interventions that aim to increase recruitment need to be evaluated in order to develop a more robust evidence-base for what is effective.

References

Alink, L.R.A., Euser, S., Bakermans-kranenburg, M.J., & van IJzendoorn, M.H. (2014). A challenging job: Physical and sexual violence towards group workers in youth residential care. *Child Youth Care Forum, 43*(2), 243–50.

Barriball, L., Bremner, J., Buchan, J., Craveiro, I., Dieleman, M., Dix, O…Sermeus, W. (2015). *Recruitment and Retention of the Health Workforce in Europe: Final Report.* Retrieved from: https://ec.europa.eu/health/sites/health/files/workforce/docs/2015_healthworkforce_recruitment_retention_frep_en.pdf

Buchan, J., Charlesworth, A., Gershlick, B., & Seccombe, I. (2019). *A critical moment: NHS staffing trends, retention and attrition.* The Health Foundation. Retrieved from: https://www.health.org.uk/sites/default/files/upload/publications/2019/A%20Critical%20Moment_1.pdf

Clearing House for Postgraduate Courses in Clinical Psychology (2019). Retrieved from: https://www.leeds.ac.uk/chpccp/

Coulthard, L.M. (2017). *BPS Careers Destinations (Phase 3) Survey 2016 Report*. Leicester: British Psychological Society.

Department of Health (2020). Mental Health Action Plan. Retrieved from: health-ni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf

Durcan, G., Stubbs, J., Appleton, S., & Bell, A. (2017). *The future of the mental health workforce. Centre for Mental Health*. Retrieved from: https://www.centreformentalhealth.org.uk/sites/default/files/201809/CentreforMentalHealth_Future_mental_health_workforce.pdf

Foreman, E., McMillan, S., & Wheeler A. (2017). Utilising a scholarship program as a workforce strategy for the community-managed mental health sector. *Journal of Mental Health Training, Education and Practice, 12*(6), 360-376.

Health Education England (2017). *Stepping forward to 2020/21: The mental health workforce plan for England.* Retrieved from: https://healtheducationengland.sharepoint.com/KMNW/Briefings%20and%20Summaries/SteppingForwardMentalHealthWorkforcePlan.pdf

Health Education England (2014). *Widening Participation. It matters! Our strategy and initial action plan*. Retrieved from: https://www.hee.nhs.uk/sites/default/files/documents/Widening%20Participation%20it%20Matters_0.pdf

Health Education England (2014a). *The Talent for Care: A national strategic framework to develop the healthcare support workforce.* Retrieved from: https://tinyurl.com/t3hq2je

Health Education England (2019). *NHS Ambassadors.* Retrieved from: https://www.hee.nhs.uk/our-work/health-ambassadors

Health Education England (n/d) *The WOW Show – Live Health Careers Special.* Retrieved from: https://www.youtube.com/watch?v=6ggb_-kLpp

Higher Education Statistics Agency (n/d) Retrieved from https://www.hesa.ac.uk/

Holmes, J., Baird, B., & McKenna, H. (2019). *Brexit: the implications for health and social care.* The Kings Fund. Retrieved from: https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care

McKenzie, K., Metcalfe, D., Whelan, K., McNall, A., Branch, A….Parkins, C. (2017). *Development of a Local Workforce Market for people with Learning Disabilities and/or Autism.* Health Education England. Retrieved from: https://tinyurl.com/y943vukq

McConkey, R., McAuley, P., Simpson, L., & Collins, S. (2007). The male workforce in intellectual disability services. *Journal of Policy and Practice in Intellectual Disability, 4*(3), 186-193.

Mental Health Taskforce to the NHS in England (2016). *The Five Year Forward View for Mental Health*. Retrieved from: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

NHS Employers (n/d). *Training routes into the NHS*. Retrieved from: https://tinyurl.com/yyx5khyt

NHS Employers (2014). *Values based recruitment project sharing good practice*. Retrieved from: https://www.nhsemployers.org/-/media/Employers/Documents/Recruit/VBR-CS-Plymouth-FINAL.pdf

NHS Employers (2015). *Development of values-based interviewing tools at 5 Boroughs Partnership NHS Foundation Trust. Leeds*. Retrieved from: https://www.nhsemployers.org/-/media/Employers/Documents/Recruit/VBR-5BP-Case-Study-Final.pdf

NHS Employers. *Positive Action in Recruitment Workshops*. Retrieved from: https://www.nhsemployers.org/-/media/Employers/Publications/Case-study---Paul-Singh-NHS-Employers-final.pdf

NHS Employers (2018). *Assistant practitioners*. Retrieved from: https://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training/developing-your-support-workforce/assistant-practitioners

NHS Employers NHS and Jobcentre Plus (2018). *Working in Partnership to Improve Recruitment Outcomes*. Retrieved from: https://www.nhsemployers.org/-/media/Employers/Documents/Recruit/NHSJCPPartnershipLeaflet.pdf

NHS England (2019). *The NHS Long Term Plan.* Retrieved from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

NHS Improvement (2019). *The Interim NHS People Plan.* Retrieved from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf

Owen, S., & Standen, P. (2007). Attracting and retaining learning disability student nurses. *British Journal of Learning Disabilities, 35(*4), 261-268.

Sadiku V. (2016). Strategies for Prevention: Mental Health Nurse burnout and stress. *European Journal of Multidisciplinary Studies*, *1*(1), 361-365.

Scottish Government (2017). Mental Health Strategy 2017-2027. Retrieved from: https://www.gov.scot/publications/mental-health-strategy-2017-2027/pages/2/

Sheffield Teaching Hospitals NHS Foundation Trust. *Job Reference: 190-7450-WEP. Young Persons' School Years 10-13 Work Experience Placement.* Retrieved from: https://www.jobs.nhs.uk/showvac/1/2/915434672

Sutton, K., Patrick. K., Maybery, D., & Eaton, K. (2016). The immediate impact of a brief rural mental health workforce recruitment strategy. *Rural Society, 25*(2), 87-103.

Sutton, K., Maybery, D., & Patrick, K. (2015). The longer term impact of a novel rural mental health recruitment strategy: A quasi-experimental study. *Asia Pacific Psychiatry, 7*(4):391-397.

The Kings Fund (2019). *Closing the gap: Key areas for action on the health and care workforce.* Retrieved from: https://www.kingsfund.org.uk/sites/default/files/2019-03/closing-the-gap-health-care-workforce-full-report.pdf 2019

The Psychological Professions Network (2018). *Implementing Stepping forward to 2020/21: The mental health workforce plan for England. Delivering the Expansion in the Psychological Professions.* Retrieved from: https://www.kss-ppn.nhs.uk/resources/ppn-kss-publications/2-ppn-brochure-june18-online-singlepages/file

UCAS. (n/d). *Degree apprenticeships*. Retrieved from: https://www.ucas.com/alternatives/apprenticeships/apprenticeships-england/what-apprenticeships-are-available/degree-apprenticeships)

Welsh Government (2020). *Together for Mental Health Delivery Plan: 2019-22.* Retrieved from: https://gov.wales/sites/default/files/publications/2020-01/together-for-mental-health-delivery-plan-2019-to-2022.pdf

Werner, S. (2011). Assessing female students' attitudes in various health and social professions toward working with people with autism: A preliminary study. *Journal of Interprofessional Care, 25*(2), 131–137.

What does this paper contribute to the wider global clinical community?

- Many countries experience difficulties with attracting staff to mental health services, but there is limited research into the factors that influence recruitment.
- Our results suggest that students and graduates of psychology and social science degrees may be an important recruitment pool.
- Recruitment messages need to provide clear and targeted messages that provide key information about the profession, highlight the helping nature and effectively address concerns about the perceived negative impact on staff wellbeing.
- Opportunities that offer alternative routes into mental health careers need to be of short enough duration and financially viable in order to attract applicants.

Table 1: Participant characteristics and information included as predictors of considering a career in mental health.

		Number (percentage)			
Occupational status	**University/College student**	**School Student**	**Employed**		**Other**
	178 (77.1)	5 (2.2)	45 (19.5)		3 (1.3)
Ethnic origin	**White British**	**White other**	**Black/Asian**		**Other (e.g. mixed race)**
	201 (87)	9 (3.9)	11 (4.8)		10 (4.3)
Gender	**Male**	**Female**	**Missing**		
	42 (18.2)	188 (81.4)	1 (.4)		
Has a mental health condition	**Yes**	**No**	**Missing**		
	38 (16.5)	193 (83.5)	0 (0)		
Experience of working with people with mental health difficulties	**Yes**	**No**	**Missing**		
	88(38.1)	141 (61)	2 (.9)		
Knowledge about careers in mental health	**A great deal**	**A lot**	**A moderate amount**	**A little**	**Nothing**
	15 (6.6)	30 (13.1)	106 (46.3)	69 (30.1)	9 (3.9)

Table 2: Predictors of the extent to which participants would consider a career in mental health

Predictor	Type of data	Regression Coefficient	Standard Error	P value	Odds ratio
Age	Continuous	0.02	0.03	.540	1.02
Gender (Reference category= male)	Categorical	0.45	0.16	.005	1.56
Condition (Reference category=no mental health condition)	Categorical	0.54	0.19	.005	1.71
School student (Reference category=school student)	Categorical	-1.69	0.72	.019	0.18
Experience of mental health services (Reference category= has experience)	Categorical	-0.42	0.13	.001	0.65
Knowledge of mental health	Ordinal	0.55	0.04	<.001	1.74

Note. The odds ratios represent the increased odds of being in a higher versus lower set of categories along the ordinal variable (i.e., between categories 1 vs 2,3,4,5; 1,2 vs 3,4,5; 1,2,3 vs 4,5; 1,2,3,4 vs 5) for each unit increase in the predictor. An odds ratio > 1 suggests that the predictor increases the likelihood of being higher on the ordinal variable whereas an odds ratio <1 suggests that it decreases the likelihood.

Table 3: The extent to which participants would consider undertaking a career in specific roles within mental health and self-rated knowledge about these roles

	Rating of whether participant would consider undertaking this role within mental health			Level of knowledge about role
Role	**Yes**	**Maybe**	**No**	
		Number (%)		**Mean (SD)**
Clinical Psychology	102 (44.7)	87 (38.2)	39 (17.1)	2.9 (1.1)
Mental Health Nurse	44 (19.5)	72 (31.9)	110 (48.7)	2.6 (1.1)
High Intensity Psychological Therapist	44 (19.6)	80 (35.6)	101 (44.9)	1.8 (1.1)
Psychological Wellbeing Practitioner	34 (15)	101 (44.5)	92 (40.5)	1.9 (.97)
Clinical Associate in Applied Psychology	28 (12.3)	108 (47.6)	91 (40.1)	1.8 (.93)

Table 4: Level of importance of each factor in influencing career choice and extent to which participants felt this would be achieved in a career in mental health

Factor	Level of importance in influencing career choice			Extent to which participants felt this would be achieved in a career in mental health		
	Range	Mean	SD	Range	Mean	SD
Good pay	1-5	4.1	0.9	1-5	3.3	0.9
Supervision and support from management	1-5	4.2	0.9	1-5	3.6	0.9
Good communication	1-5	4.4	0.9	1-5	3.9	0.8
Good morale	1-5	4.4	0.9	1-5	3.7	1.0
Good training	1-5	4.6	0.9	2-5	4.0	0.9
Good relationships with those you support	1-5	4.4	0.9	1-5	3.9	0.8
Good relationships with colleagues	1-5	4.4	0.9	1-5	3.7	0.8
Good organisational ethos, values and culture	1-5	4.2	0.9	1-5	3.7	0.9
Good benefits e.g. pension, healthcare	1-5	4.1	0.9	1-5	3.4	0.9
Control within your role	1-5	4.1	0.9	1-5	3.3	1.0
Clarity of your role within the organisation	1-5	4.2	0.9	1-5	3.7	0.9
Good career progression	1-5	4.3	0.9	1-5	3.6	0.9
Safety from physical and psychological harm	1-5	4.3	1.0	1-5	3.3	1.0
Good work-life balance	1-5	4.4	0.9	1-5	3.1	0.9
Good job security	1-5	4.4	0.9	1-5	3.5	0.9
High job status	1-5	3.6	1.0	1-5	3.2	0.9
Opportunity to help others	1-5	4.5	0.9	2-5	4.5	0.7
Opportunity to work flexibly	1-5	3.9	0.9	1-5	2.9	1.0
Low work-related stress	1-5	3.8	1.0	1-5	2.5	1.1

Table 5: Number of participants suggesting ideas for improving recruitment to mental health careers within each theme

Theme	Number (%)	Example responses
Provision of more career information /awareness raising about mental health issues	91 (52)	'Having teachers talk to us about it in school and university.' 'Maybe an in-depth session outlining the careers available.' 'I think as mental health awareness is increased people will talk about it more, and therefore will want to help.'
Greater highlighting of the rewards (e.g. ability to help others)	43 (24)	'Show examples of how these people have helped others.' 'Showing that having that career would actually benefit someone else.' 'Have it talked about more as a rewarding career.'
Provision of opportunities for experience	17 (10)	'Work experience.' 'More placement opportunities.' 'More opportunities to gain experience.'
Developing clearer and more accessible career pathways	15 (8)	'Less financially draining (e.g. not having to pay for courses when getting almost no chance to work during them-doesn't leave opportunity for anyone not middle to upper class.)' 'Job and career opportunities.' 'Easier routes to the higher up jobs or at least more clear routes.'
Pay/benefits	10 (6)	'Higher wage brackets for roles such as nurses and social workers.' 'Like good wage, making the working place more attractive.' 'Higher pay. Greater team and managerial support. Better work-life balance.'