Received: 2 August 2022 | Revised: 16 February 2023 | Accepted: 8 March 2023

DOI: 10.1111/jpm.12922

ORIGINAL ARTICLE

WILEY

Analysis of changes in the national mental health nursing workforce in England, 2011–2021

Neil Brimblecombe

London South Bank University, London, UK

Correspondence
Neil Brimblecombe, London South Bank University, London, UK.
Email: brimblen@lsbu.ac.uk

Funding information
Health Education England

Accessible Summary

What is known on the subject?

- Nurses work in mental health services around the world, constituting the largest professional group.
- Nurses have been identified as being potentially able to carry out a much wider range of functions than are typically allowed in practice, when provided with suitable training.
- There are long-term concerns regarding shortages of mental health nurses in England and many other countries.
- Workforce data is rarely subject to analysis in peer-reviewed journals.

What the paper adds to existing knowledge?

- This paper provides a case study of the workforce patterns of a national mental health nurse (MHN) workforce overtime allowing comparison with other countries and specialities.
- MHN numbers reduced from 2011 to 2017, then increased to near the 2011 level by 2021, not meeting ambitious national plans for increasing numbers.
- The mental health nursing proportion of the total NHS nursing workforce decreased through this period.
- Advanced practice roles and skills are widely, but unevenly, distributed and are provided by a small proportion of nurses.
- The proportion of nurses working in community settings has increased to constitute more than half of all nurses for the first time.
- The ratio of support workers to nurses increased in inpatient settings and will continue to change.

What are the implications for practice?

- Historical challenges in recruiting MHNs suggest that future plans to expand the profession are overly optimistic.
- To support the development of advanced practice roles and new skill sets, clearer research evidence of impact is required and clearer national guidance regarding best practice models.
- Good workforce data are essential to inform good workforce planning.

Abstract

Introduction: Data regarding changes in characteristics of the MHN workforce is commonly cited in governmental publications, but is rarely analysed in peer-reviewed journals, despite ongoing concerns regarding high vacancy rates within mental health services.

Aim: The aim of the study was to characterize changes in the MHN workforce, implementation of new nursing roles/skills and alignment with national policy.

Method: Analysis of nationally published workforce data, peer-reviewed publications and governmental policy/planning documents.

Results: Nurse numbers declined from 2011 to 2017, subsequently returning to near 2011 levels, but remaining below national targets. Nurses in community settings increased to constitute more than half of all nurses, whilst inpatient numbers declined, although more slowly than bed numbers. The ratio between nurses and support workers changed due to more support workers in inpatient settings. New advanced skills and roles for nurses have increased, but are unevenly distributed, constituting a small proportion of the total workforce.

Implications for Practice: This paper provides a case study against which comparisons may be made with the nursing workforce in other countries and specialities. Even clear policy commitment to nursing growth may not deliver planned changes in numbers and introducing new roles may have uneven impact, especially in the absence of a robust evidence base.

KEYWORDS

health services delivery, management issues, nurse prescribing, service management and planning, staffing/resources

1 | INTRODUCTION

This paper provides an analysis based on a synthesis of workforce data, to provide an overview of changes within a national mental health nursing workforce over a 10-year period and thus provides a case study against which other countries and other specialities can compare their own related workforce developments.

The World Health Organization identifies nursing as an essential human resource for mental health, with nursing constituting 44% of the mental health workforce worldwide (World Health Organization, 2021). National studies describing the numbers and roles of the mental health nurse (MHN) workforce are sparse and, typically, cross-sectional or focused on a single role type (Clinton & Hazelton, 2000; Delaney, 2017). In the United Kingdom, there are a dearth of peer-reviewed papers that utilize workforce data to explore workforce changes, with this use largely limited to governmental/health service publications (NHS, 2017, 2019) or reports by think tanks (Kings Fund, 2019). However, the World Health Organization (WHO) does periodically source numerical data from a large sample of countries, whilst acknowledging the limitations of this form of self-reporting (World Health Organization, 2021).

WHO data demonstrates that the number of nurses working in mental health services per head of the population varies widely internationally, with, an average of 29 nurses working in mental health per 100,000 in high-income countries compared to 0.4 in low-income countries, 1.4 in lower-middle-income countries and 6.8 in upper-middle-income countries (World Health Organization, 2021).

The nature of clinical services in which MHNs work in each country depends on the range of services provided and whether nurses are expected/permitted to work within them. An international scoping review investigating perceptions of the MHN role (Hurley et al., 2022) concluded that MHNs have a wide scope of technical skills which they employ in clinical practice, although this conclusion was based only on data from high-income countries. Whilst all countries appear to have nurses employed in inpatient care settings (2021), where community-based services also exist, nurses are not always employed within them (Brimblecombe & Nolan, 2012). National legislation, resources, cultural expectations and interprofessional relationships, as well as social, political and professional initiatives and directives will affect the way in which MHNs practice across the world (Chambers, 2020), both in terms of how and where MHNs are employed and their clinical practices within those services, with wide variation, for example in approaches to physical restraint between

countries (Vergallo & Gulino, 2021). Advanced practice nursing roles and nurse prescribing roles are becoming more common in nursing services internationally (Heale & Rieck, 2015; Maier, 2019).

From 2013, nursing in England became an all-degree entry-level profession and continues to feature a specialist mental health nursing registration (NMC, 2018). The number of countries with a specific mental health nursing qualification training is now small, but includes the United Kingdom, Ireland, Malta (Nolan & Brimblecombe, 2007) and some provinces in Canada (Smith & Kanlou, 2013). The nurse training model in most countries now is that of a single general nurse training, with some countries, such as in Australia (Happell, 2009), having moved to this model relatively recently. Mandatory postgraduate training to practice in mental health settings appears to rarely be a requirement (Brimblecombe & Nolan, 2013).

1.1 | Mental health services in England

The National Health Service (NHS) in England provides a relatively comprehensive range of inpatient and community services, broadly in line with World Health Organization (WHO) guidance on service organization and coverage (World Health Organization, 2021) and is free to service users at the point of use. Community services include specialist teams such as 24-hour crisis, early intervention in psychosis and child and adolescent teams, although substance misuse services have increasingly been provided by non-NHS organizations in recent years. Non-NHS services account for only 19% of overall mental health provision (Lafond et al., 2014), and robust data are not yet available as to MHN numbers in these services (NHS Direct, 2022).

1.2 | Aim

To analyse patterns of MHN employment in the NHS from 2011 to 21 in the context of national policy and guidance.

To identify and analyse:

(i) Levels and clinical areas of employment of MHN roles,
(ii) Comparative changes in the mental health support worker and general NHS nursing workforces,
(iii) Distribution of four advanced practice or advanced skill roles within the MHN workforce

- Advanced clinical practitioners (ACPs)
- Nurse consultants
- Nurse prescribers
- Responsible clinicians

2 | METHOD

Two sources of information were reviewed for data relevant to the study aims

a. Published NHS and WHO workforce data, including regular and ad hoc reports from NHS Digital and guidance and planning documents from Health Education England and NHS England
b. Peer-reviewed literature, when published governmental or WHO workforce data did not provide adequate data relevant to study aims.

The four advanced practice/skill roles that were selected for analysis were included as each having a formal definition, either within the NHS or being designated by statute.

2.1 | Advanced clinical practitioner

Advanced Clinical Practice in England was first nationally defined in 2017 as '… a level of practice characterised by a high degree of autonomy and complex decision making'. (HEE, 2017). Stated prerequisites for the role are a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, as well as demonstration of core and area-specific clinical competencies (HEE, 2017). Employers are required to judge whether the ACP requirements are met by an individual practitioner. No national workforce data are currently available regarding this role in mental health services.

2.2 | Nurse consultant

Introduced in 2000, as a means of strengthening health services, particularly by working across professional and organizational boundaries (Department of Health, 2002), this role shares many of the same requirements as ACPs in terms of breadth of role and additional clinical academic requirements (Department of Health, 1999).

2.3 | Approved/Responsible clinician

In 2007, amendments were made to the Mental Health Act 1983, permitting non-medical professionals, including MHNs, to take on the legally defined role of 'responsible clinician' (RC) for the overall care and treatment of service users detained under the Act. Prior to this change such a role was restricted to the Responsible Medical Officer (i.e. a psychiatrist). No governmental national workforce data is currently published regarding this role.

2.4 | Nurse prescriber

Non-medical prescribing has grown significantly across the world in recent years (Maier, 2019). In England, MHNs are able, after completing a postgraduate level prescribing course, to register as

prescribers. The Nursing and Midwifery Council regulate and record nurse prescriber qualification.

2.5 | Analysis

Descriptive statistics were used to summarize and report data. Where possible data were plotted against time to identify trends coupled with comparative analysis of the trends.

3 | RESULTS

3.1 | Comparison with other countries

The World Health Organization has reported on number of MHNs per 100,000 population in a series of Mental Health Atlases. Comparative figures for nursing in England are not included in the most recent WHO data (WHO, 2019) but were reported at 83.23 per 100,000 in 2011 compared with an average of 29 per 100,000 in high-income countries (World Health Organization, 2011).

3.2 | Numbers and employment targets in the NHS 2011–2021

NHS Digital provide monthly data for whole-time equivalent MHNs (NHS Digital, 2022). From 2011, numbers decreased annually until 2018, whereafter there were increases, with the most recent figure from 2021 indicating 500 less posts than in 2011 (see Table 1 and Figure 1).

National planning targets were set for increased numbers of MHNs in 2017 and 2019, aiming for a growth of 8200 by 2021 and a further 4230 by 2023 (NHS, 2017, 2019). The clinical areas with the highest planned growth in numbers were child and adolescent mental health (n = 3310) and crisis services (n = 4710). The overall planned growth by 2021 has not been met based on NHS Digital figures (NHS Digital, 2022).

3.3 | Area of practice

Mental health nurses in community settings increased from 2016 to include more than half of all MHNs by 2021 (n = 19,509; 50.6%), whilst inpatient nursing numbers declined in overall numbers and as a proportion of all MHNs (2011: n = 23,758, 60.9% of all MHNs to 2021: n = 19,031; 49.4% of all MHNs). (See Table 1).

3.4 | Comparison with all NHS nursing

The overall nursing workforce across all specialities in the NHS increased between 2011 and 2020, whilst MHNs, as a proportion

TABLE 1 NHS Mental Health Nurse (MHN) numbers (fte) September 2011–September 2021 (Data source: NHS Digital, 2022).

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
All MHNs (n)	39,024	38,135	37,397	36,581	35,671	35,488	35,390	35,835	36,572	38,067	38,540
Inpatient MHNs (n)	23,758	22,749	22,105	21,615	20,333	19,269	18,719	18,452	18,722	19,392	19,031
Community MHNs (n)	15,266	15,386	15,292	14,966	15,338	16,218	16,672	17,383	17,850	18,675	19,509
Community MHNs (% of all)	39.1%	40.3%	40.9%	40.9%	43.0%	45.7%	47.1%	48.5%	48.8%	49.1%	50.6%
Support workers (n)	20,634	20,246	20,067	20,328	20,802	20,857	20,804	20,835	21,285	22,864	23,326
Ratio MHN to support worker	1:0.53	1:0.53	1:0.54	1:0.56	1:0.58	1:0.59	1:0.59	1:0.58	1:0.58	1:0.60	1:0.61

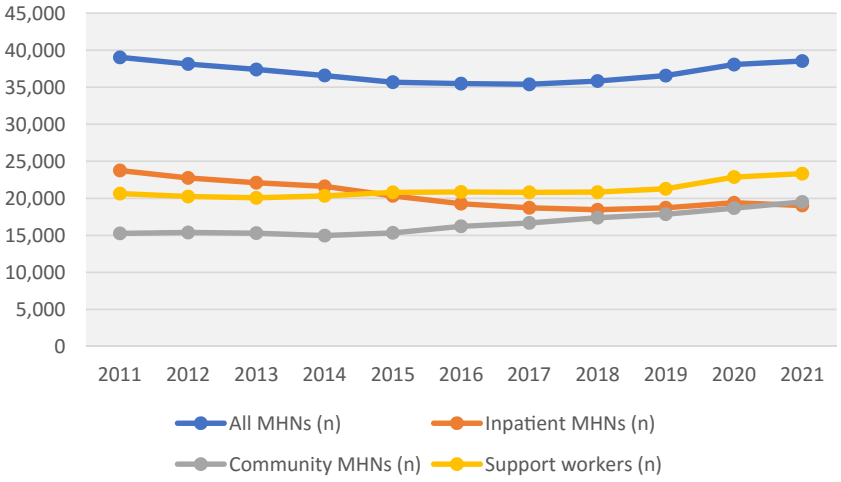

FIGURE 1 NHS Mental Health Nurses (MHN) and Support workers (fte) September 2011–2021 (Data source: NHS Digital, 2022).

of this total, decreased from 14.1% (39,163 of 277,729) in 2011 to 12.3% in 2021 (38,540 of 313,836) (NHS Digital, 2022).

3.5 | Support workers

NHS Digital (2022) categorize clinical support workers (CSWs) as 'nursing support staff', comprised of assistant practitioners, support workers, nursing assistant/auxiliary/healthcare assistants and nursing associates, the latter role was introduced in 2016 and has a qualification registered with the NMC (Nursing and Midwifery Council, 2022). Nursing associate numbers are relatively small to date (n = 359 in 2021). Overall support worker numbers increased by 13% from 2011 (n = 20,634) to 2021 (n = 23,326). Most support workers work in inpatient settings (90.8%, n = 21,108 in 2021), which is the area in which all the growth in support worker numbers occurred. The ratio of MHNs to support workers changed from 1:0.53 in 2011 to 1:0.61 in 2021.

3.6 | Vacancy rates

Nursing vacancy rates have been noted as being particularly high for mental health trusts (16%) (National Audit Office, 2020), with 22% of staffing costs within mental health trust inpatient settings being spent on bank/agency staff (NHS Benchmarking Network, 2019).

NHS Digital report vacancy rates but caveat that data are derived from job adverts, a method that may conceal vacancies (NHS Digital, 2022). Major differences exist between vacancy numbers reported in 2017/18 versus 2018/19, whereas subsequently changes have been less dramatic (NHS Digital, 2022). Only data from 2018 to 2021 are reported here, as a more consistent methodology for gathering data appears to have been adopted over this period. Wide differences are reported between geographical areas, with London, East England and Southern England having the highest levels of vacancies (See Figure 2). Vacancy rates were higher in 2021 than in 2018 in six of seven regions after a period of decreased rates in 2020. As of June 2021, the lowest level was in the North-East as 11.4% and the highest in the South-East at 24.3%.

3.7 | Student enrolment

Data regarding recent major increases in applicants for nursing courses overall, may reduce vacancies in the future (Health Education England, 2022a; UCAS, 2021), although this can be strongly affected by course dropouts, likely levels of early retirement and early leavers from the profession.

3.8 | Nurse prescribers

NHS Digital does not report data on nurse (or other non-medical) prescribers. Qualification as a nurse prescriber is recorded by the Nursing and Midwifery Council (NMC), however, the NMC is unable to provide a breakdown by field of practice (NMC personal communication, 2019). Therefore, there is no national data published specifically regarding NPs in mental health (or other fields of practice) in England.

Surveys have provided some cross-sectional data regarding aspects of the employment and working of nurse prescribers. In 2011, 5.5% of mental health inpatient wards/units and 47.7% of community mental health units were reported as having a nurse prescriber (Latter et al., 2011). A national survey of mental health nurse consultants in England identified 35.7% of respondents as prescribers (Brimblecombe et al., 2019). A repeated survey of all trusts providing mental health services in 2014 (Dobel-Ober & Brimblecombe, 2016) and 2019 (Brimblecombe & Dobel-Ober, 2022) provides information as to the distribution of nurse prescribers and the models of prescribing in use. In 2019, there were an estimated 1583 MHN NPs in the NHS (Brimblecombe & Dobel-Ober, 2022), extrapolated from responses from 79% (42/53) of Trusts matched against the total number of MHNs in England as reported by NHS Digital (2022). The estimated proportion of prescribers amongst all mental health

nurses was 4.3% in 2019 compared to 4.0% in 2014, in the context of reduced numbers of MHNs nationally. Nurse prescribers were reported as working in diverse clinical areas, with higher numbers typically being found in community-based roles. Community Mental Health Teams were consistently the clinical practice area with most nurse prescribers (Brimblecombe & Dobel-Ober, 2022). There was considerable variation between trusts as to numbers of nurse prescribers (0–105 in 2019), such variation not being attributable simply to trust size (Brimblecombe & Dobel-Ober, 2022).

3.9 | Advanced clinical practitioners

The distribution of Advanced Clinical practice roles, as defined by Health Education England (2017) are not recorded by NHS Direct for mental health services to date. A national survey of ACPs commissioned by Health Education England has not yet reported on numbers by speciality. There is limited qualitative evidence that plans to develop ACP roles in mental health services may lag behind other nursing specialities, although senior staff generally see the role as being advantageous to both improving clinical care and offering new clinically focused career pathways for nurses (Brimblecombe & Nolan, 2021).

3.10 | Nurse consultants

Nurse consultant numbers are reported in NHS Digital data. Data show a fall of nurse consultant numbers from 2011 ($n = 148$) to 2014 and then growth to 2021 ($n = 213$) (Table 2), an increase over the whole time period of 43.9% (NHS Digital, 2022). A survey of nurse consultants in 2019 ($n = 138$) identified that their most common area of practice was in adult mental health/psychosis services ($n = 48$), with others including physical health care/well-being ($n = 18$) and Child and Adolescent Mental Health ($n = 18$) (National Mental Health Nurse Directors Forum, 2019).

3.11 | Responsible clinicians

NHS Digital do not report workforce data on responsible clinicians. Limited data are available from other sources. Health Education England reported a total of 23 nurses with this role as of 2018, with numbers ranging from 0 to 10 between regions (Health Education England, 2019) and indicated that only 0.1% percent of RCs in England were non-medical, and these were employed by very few NHS trusts (Health Education England, 2020). Oates et al. (2018) identified only 49 non-medics (otherwise profession not specified)

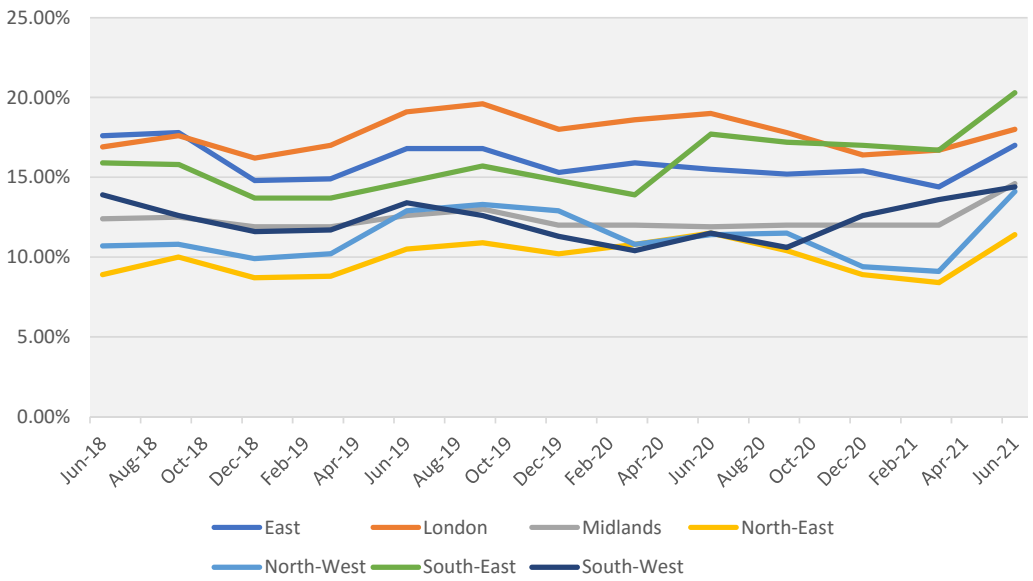

FIGURE 2 NHS Vacancy Statistics England. April 2015–June 2021 (NHS Digital, 2022).

TABLE 2 Mental health nurse (MHN) consultants: 2011–2020.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Nurse consultant—community (*n*)	37	40	40	35	45	58	64	68	71	78	84
Nurse consultant—other (*n*)	111	119	95	87	88	98	99	104	108	126	129
All nurse consultants (*n*)	148	159	135	122	133	155	163	172	179	203	213
Ratio nurse consultant to all MHNs	265	241	279	301	272	233	225	212	208	190	181

who became RCs between 2007 and 2017, compared to several thousand consultant psychiatrists (Oates et al., 2018).

4 | DISCUSSION

This study reports and discusses evidence of changes in the nursing workforce in a national mental health service over the last 10 years and provides a national case study against which future changes can be compared in country and against which other countries can make comparisons with their own nursing workforces. The study provides information and examines data that is rarely examined in peer-reviewed papers and is unique, to the knowledge of author, in considering, both, overall changes in MHN numbers alongside those in specific roles within the profession and in the context of changes in the relative contribution of support staff. Notable findings are that national growth targets for the MHN workforce have not been achieved, vacancies remain high, there has been highly variable levels of development of new roles and advanced skills and there has been an increase in support workers in the inpatient workforce wherein MHN numbers have fallen. For the first time over 50% of the MHN workforce is now employed in community settings, following a very slow, long-term transition from inpatient focused to more comprehensive, community-focused services.

4.1 | Numerical changes

England has historically had higher level of MHNs per head of population than many other countries, including those in Europe (World Health Organization, 2014). The number of MHNs in England fell from 2011 to 2017, followed by a rise to near the original level by 2021. These changes need to be understood in the context of the growth that was planned to take place incrementally between 2017 and 2023 (NHS, 2017, 2019), with the ultimate aim to have added an additional 12,430 nurses (NHS Digital, 2022). The Nuffield Trust (2021) note that MHN numbers remain below target, although recent increases in students on MHN training courses do show a significant rise compared to historic levels (Health Education England, 2022a), which is a positive change is positive but will take several years to fully impact on the workforce.

It is also notable that during the 10-year period, the proportion of all NHS nurses who are MHNs declined, despite governmental policy support for the principle of 'parity of esteem' by which mental health must be given equal priority to physical health (NHS England, 2016).

Two general factors contribute to ongoing difficulties in meeting MHN workforce targets. First, significant service growth, most notably of child and adolescent mental health services (NHS England, 2022), and secondly, an inability to recruit sufficient new staff, whilst retaining existing staff. An international systematic review (Adams et al., 2021) identified a range of factors that negatively affect MHN retention, including poor job satisfaction, service stigma, conflict of personal vs organizational values, fear of assault, lack of post-basic education, negative team dynamics and lack of supervisory support (Adams et al., 2021). More generally, England's MHN workforce is ageing, with 20% of MHNs in the NHS aged 55 years or over in 2020 compared to 13% in 2010 (NHS Digital, 2020). The risk of losing staff due to retirement is aggravated by those MHNs qualified before 1995 having had an opportunity to join an NHS pension scheme that can allow retirement on a full pension aged 55 (British Medical Association, 2020).

Overall, the feasibility of the planned long-term increases in MHN numbers may be doubtful based on the progress to date, with the long lead in time to allow for nurse training and a perceived danger that under staffing is self-perpetuating and cyclical (Baker et al., 2019). Recent national guidance (Health Education England, 2022a) emphasizes the need to improve recruitment and retention but gives little new advice as to how this can be achieved. Concern has been expressed by a range of organizations as to the risk to providing high-quality care because of ongoing shortages (Care Quality Commission, 2017).

4.2 | Support workers and MHNs

Support workers have grown as a proportion of all staff in inpatient settings and this trend seems likely to continue. A new associate nurse role has been introduced although has made a relatively small contribution to this change to date. Understanding staffing arrangements in inpatient settings is complex. The increase in inpatient support workers coincides with a reduction in MHNs by 20% and these changes have occurred in the context of a reduction in 25% of mental health beds between 2011 and 2021 (NHS England, 2022). These changes overall suggest a rise in staffing levels per bed and may reflect that, as the number of beds reduce, the average level of need of those in remaining beds becomes greater, thus requiring higher staffing ratios.

4.3 | Area of clinical practice

Worldwide, over two-thirds of all available mental health staff work in psychiatric hospitals, which serve only a small proportion of all mental health patients (Lora et al., 2020). In England, the proportion of MHNs working in community, rather than inpatient settings, exceeded 50% for the first time in 2021. This is an important milestone in the history of mental health services, with deinstitutionalisation of services, with varying levels of determination, having commenced as long ago as the 1950s. Such changes have provided expanded career choice for MHNs, but such choice can also have the potential to draw staff away from less popular areas of practice, such as acute inpatient care, and thus increase local staffing challenges.

4.4 | Advanced roles and skills

Data availability regarding advanced skills and roles is variable, but where available the evidence is of uneven implementation of a range of advanced nursing roles and skills. The proportion of MHNs in such roles constitutes a small proportion of the workforce; nurse consultant numbers have markedly increased, a 43.9% increase from 2011 to 2021, but still constitute just one in 180 MHN posts.

The ACP role was included in this analysis as there had been national encouragement for the role (Health Education England, 2022b), with some funding available from national sources for training courses and ACP roles are rapidly growing in number internationally (Schober, 2018). However, to the author's knowledge there has been no data available broken down by clinical specialism available to date. A qualitative study (Brimblecombe & Nolan, 2021) identified no established mental health ACP posts across one English region in 2019, although enthusiasm existed amongst senior local NHS staff for such roles in the future. Despite the current lack of clear evidence to date regarding the development of ACP roles, the significant increase in the proportion of nurse consultant roles, who share many of the same role requirements as ACPs, since 2011, does demonstrate an interest for supporting higher skilled roles, even if the proportion of MHNs in such roles remains small at 1 to 190.

Nurse prescribing was the most widely spread of the four roles/skill sets considered in this paper and overlaps with nurse consultant and future ACP roles where prescribing is likely to be a skill set required within many such roles. Changes over time have taken place in the method of utilizing nurse prescribing, although it remains predominantly in use in community settings. Early rapid growth in nurse prescribing appears to have plateaued from 2014 to 2019, with the number of active prescribers remaining approximately stable (Brimblecombe & Dobel-Ober, 2022). Marked, and yet, unexplained, differences in numbers of nurse prescribers between trusts have remained a constant feature of the distribution of nurse prescribing. Although the limited evidence available from randomized control trials suggests that nurse prescribing is safe and can provide beneficial clinical outcomes (Noblet et al., 2018), the lack of mental health specific controlled trials is argued to have contributed to wide variation in usage (Brimblecombe & Dobel-Ober, 2022).

The limited information regarding nurses in Responsible Clinician roles shows very low uptake nationally. This is despite some governmental support for the role demonstrated by an Implementation Guide being produced seeking to expand the multi-professional RC workforce (Health Education England, 2022a) and a commitment in the NHS People Plan to increase non-medical responsible clinician numbers (NHS England, 2020). Oates et al. (2021) argue that if this role is to be extended to more NHS trusts, then role-specific support and supervision arrangements should be in place as part of an overall workforce strategy.

The introduction of the Responsible Clinician role was historically and symbolically important in that it allowed, for the first time, nursing and other professional staff to take the lead clinical role for patients detained under mental health law. A study based on interviews with non-medical RCs has suggested that consultant nurses and psychologists who do take on this role may use this an opportunity to influence service developments more widely (Oates et al., 2020). However, since consultant psychiatrists can all act as responsible clinicians and all mental health wards have consultant psychiatrist input, then this almost invariably results in the default position of a psychiatrist becoming the responsible clinician on each ward, as demonstrated by the low level of non-medical responsible clinicians identified in surveys.

Although there appears to be strong support at national and in many localities for new role implementation the continued shortages of MHNs creates a tension between the wish to develop more advanced practice skills and create advanced roles for nurses that could be integrated into and strengthen daily clinical practice, in terms of the amount of time taken to train such staff and additional costs. For instance, to train as an Advanced Clinical Practitioner currently is likely to take at least 2 years and the salary upon appointment will be higher than that of most nurses.

The dilemma of having sufficient nursing related skills available whilst simultaneously supporting advanced practice has been partially responded to governmentally by the creation of Nurse Associate, a role that is registered with the Nursing and Midwifery Council and requires formal, clinical and academic, training for approximately 2 years. To date, the numbers of such roles are relatively small and early protestations by nurse leaders that Nursing Associates would not replace registered nursing roles seems to have been more reassuring than practical, in that having an additional role adds to service expense and will not reduce the number of registered nurses being sought.

Having good data to understand workforce trends and aid the planning and delivery of future services is, both, essential and difficult to achieve (Addicott et al., 2015). Evidence regarding the distribution of MHNs is reported monthly by NHS Digital and constitutes a total sample of MHNs, whereas vacancy data is reliant on advertisements for posts and therefore may not be a full reflection of actual total vacancies. Information regarding the clinical area of practice of MHNs is very sparse. NHS Digital data regarding nurse consultant and support worker numbers is informative, whereas other roles have been reported largely through surveys.

Local workforce planning may lack sufficient resources to carry out the required detail of work in small organizations or long term agreed strategies with service with commissioners that predict service growth and how it will be paid for may be absent. HEE have set higher recruitment targets nationally than suggested by locally defined needs, which does seem to better reflect the changing need of services overall, but then achieving such numbers has proven, and will doubtless continue to prove, challenging. Rising student numbers offer hope but produce major challenges in finding sufficient training placements in busy clinical services.

Generally, studies examining past trends are needed to improve future nurse workforce modelling (Squires et al., 2017). Internationally and nationally, current methods for nurse workforce planning are inconsistent and do not take socioeconomic and

political factors sufficiently into account (Squires et al., 2017) and do not typically recognize that causes of nursing shortages are multifaceted (Marć et al., 2019).

Hurley et al. (2022) perceive mental health nursing as an adaptable and underutilized component of the mental health workforce in a context of escalating unmet needs for expert mental health care. For nursing to meet its potential in this regard requires adequate numbers, a commitment to developing new roles and skills and, if lacking, a legal framework to enable nurses to make a full contribution to care. This study has noted that, even in a country, England, with relatively well-developed mental health services and with a range of new roles and skills available to nurses professionally and legally, ongoing issues with employing adequate numbers of nurses and variation between local organizations as to how new workforce developments are carried out remain significant issues. As noted, the limited availability of robust research into outcomes from specific mental health nursing skills and roles is likely to continue to handicap future developments.

4.5 | Limitations

This paper relies heavily on nationally published data. NHS Digital data report to be the total sample of MHNs in the NHS, and as data collected monthly it can be observed for unusual variation and seems more likely to accurately effect trends. Data regarding vacancies are methodologically less sound. The surveys which provide data about roles not described by national data all have some limitations in methods, for example not being total samples, and should be treated as approximations.

Although most clinical services in England are provided by the NHS, there are some independent providers (largely funded by the NHS) who employ nurses. However, there was insufficient data to include herein. Lack of information regarding staffing in non-governmental provided services is an international issue (World Health Organization, 2021).

The roles selected for inclusion in this paper do not fully reflect the wide range of roles carried out by MHNs in practice. Other advanced skills are common, such as psychological treatment skills, but are not reported in national workforce reports and do not appear to have been subject to national surveys as to distribution and frequency.

The time scale of the data was limited to 10 years, limiting longer term contextualisation. Personal demographic characteristics of the nursing workforce were also not explored; however, they are important in understanding the nature of and trends in the workforce and require further study.

4.6 | Implications for practice

This review indicates the ongoing need for good workforce data to understand the distribution and roles of the existing workforce and plan for future change. Past differences between national and local estimations of future need illustrate the importance of having a single integrated and well-resourced planning system. Generally, studies examining past trends are needed to improve future nurse workforce modelling (Squires et al., 2017). Internationally and nationally, current methods for nurse workforce planning are inconsistent and do not take socioeconomic and political factors sufficiently into account (Squires et al., 2017) and do not typically recognize that causes of nursing shortages are multifaceted (Marć et al., 2019).

The ongoing challenge of increasing MHN numbers and advanced skills and roles has been characterized by marked variation between regions and localities. This seems to be, at least partially, due to a lack of high-quality research evidence as to the impact and cost of speciality specific skills and roles and a long-term tendency to expect mental health nursing to cover every aspect of mental health services, without any evidence of comparative effectiveness or of alternative staffing models.

The long-term nature of MHN nursing shortages in England suggests that current plans for large scale growth are probably overly optimistic. High vacancy figures demonstrate the challenges still faced. Ongoing challenges in recruiting to growing services should encourage greater discussion as to whether the resource of mental health nursing should be more selectively applied to areas where its skills will make most difference. The uneven distribution of advanced practice roles suggests the need for long-term planning based on robust evidence regarding outcomes from such roles.

The possibility of using Nursing Associate roles more effectively within the workforce may require a shift from their current generic training model to one which focuses on core mental health skills, as defined by service area.

England is relatively well provided by nationally collated data but is still reliant on ad hoc surveys for a range of roles. Better information is needed as to which clinical area staff are working in and what additional qualifications are in place. All countries should review their current data position to assess how planning needs can best be met in the future, with attempts made to make data comparable between countries.

5 | RELEVANCE STATEMENT

This paper is of direct relevance to mental health nursing practice, in that it describes and analyses national trends in the mental health nursing workforce. It provides insights into important issues, including the growth in community-based nursing, recruitment and retention, the development of advanced practice roles and skills and the numerical balance between registered nurses and support workers.

ACKNOWLEDGEMENTS

Early work included in this paper was carried out for an unpublished report by the author funded by Health Education England. Further

analysis, discussion and data have been added subsequently. The views expressed in this paper are solely those of the author and not those of Health Education England.

DATA AVAILABILITY STATEMENT

Data derived from public domain resources.

ETHICS STATEMENT

This study is based on previously published materials and requires no ethical clearance.

ORCID

Neil Brimblecombe https://orcid.org/0000-0001-9873-777X

REFERENCES

Adams, R., Ryan, T., & Wood, E. (2021). Understanding the factors that affect retention within the mental health nursing workforce: A systematic review and thematic synthesis. *International Journal of Mental Health Nursing*, *30*(6), 1476–1497.

Addicott, R., Maguire, D., Honeyman, M., & Jabbal, J. (2015). *Workforce planning in the NHS*. King's Fund.

Baker, J. A., Canvin, K., & Berzins, K. (2019). The relationship between workforce characteristics and perception of quality of care in mental health: A qualitative study. *International Journal of Nursing Studies*, *100*, 103412.

Brimblecombe, N., & Dobel-Ober, D. (2022). The development of nurse prescribing in mental health services: Outcomes from five national surveys 2004–19. *Journal of Nursing Management*, *30*, 1018–1026.

Brimblecombe, N., & Nolan, F. (2021). A qualitative study of perceptions of senior health service staff as to factors influencing the development of advanced clinical practice roles in mental health services. *Journal of Psychiatric and Mental Health Nursing*, *28*, 829–837. https://doi.org/10.1111/JPM.12792

Brimblecombe, N., Nolan, F., Khoo, M. E., Culloty, L., O'Connor, K., & McGregor-Johnson, L. (2019). The nurse consultant in mental health services: A national, mixed methods study of an advanced practice role. *Journal of Psychiatric and Mental Health Nursing*, *26*, 117–130. https://doi.org/10.1111/jpm.12533

Brimblecombe, N., & Nolan, P. (2012). *Mental health services in Europe: Provision and practice*. Routledge.

Brimblecombe, N., & Nolan, P. (2013). *Mental health services in Europe: Provision and practice*. Routledge.

British Medical Association. (2020). *1995 section mental health officer status*. bma.org.uk. https://www.bma.org.uk/pay-and-contracts/pensions/additional-pensions-advice/1995-section-mental-health-officer-status#:~:text=Mental%20health%20officer%20(MHO)%20status,patients%20suffering%20from%20mental%20disorders

Care Quality Commission. (2017). *The state of care in mental health services 2014 to 2017*. https://www.cqc.org.uk/sites/default/files/20170720_stateofmh_report.pdf

Chambers, M. (2020). Mental health nursing: What a difference twenty years can make. In C. Brooker & E. White (Eds.), *Mental health nursing: From the outside, looking in*. Research monograph (pp. 116–120). White Winstanley Ltd.

Clinton, M., & Hazelton, M. (2000). Scoping the Australian mental health nursing workforce. *The Australian and New Zealand Journal of Mental Health Nursing*, *9*(2), 56–64.

Delaney, K. R. (2017). Psychiatric mental health nursing advanced practice workforce: Capacity to address shortages of mental health professionals. *Psychiatric Services*, *68*(9), 952–954.

Department of Health. (1999). *Strengthening the nursing, midwifery and health visiting contribution to health and healthcare*. Department of Health.

Department of Health. (2002). *Liberating the talents: Helping primary*. Department of Health.

Dobel-Ober, D., & Brimblecombe, N. (2016). National survey of nurse prescribing in mental health services; a follow-up 6 years on. *Journal of Psychiatric and Mental Health Nursing*, *23*(6–7), 378–386.

Happell, B. (2009). Appreciating history: The Australian experience of direct-entry mental health nursing education in universities. *International Journal of Mental Health Nursing*, *18*(1), 35–41. https://doi.org/10.1111/j.1447-0349.2008.00565.x

Heale, R., & Rieck, B. C. (2015). An international perspective of advanced practice nursing regulation. *International Nursing Review*, *62*, 421–429.

Health Education England. (2017). Advanced clinical practice. *Multi-professional framework for England*. https://hee.nhs.uk/our-work/advanced-clinical-practice

Health Education England. (2019). *The new roles in mental health Nursing Task & Finish Group final report March 2019*. https://www.hee.nhs.uk/sites/default/files/documents/Nursing%20Report%20March%202019.pdf

Health Education England. (2020). *Multi-professional approved/responsible clinician: Implementation guide*. https://www.hee.nhs.uk/sites/default/files/documents/Multi%20Professional%20Approved%20Responsible%20Clinician%20Implementation%20Guide.pdf

Health Education England. (2022a). Commitment and growth: Advancing mental health nursing now and for the future. *Baroness Watkins of Tavistock review of mental health nursing in England*. https://www.hee.nhs.uk/sites/default/files/documents/Commitment%20and%20Growth%20Advancing%20Mental%20Health%20Nursing%20Now%20and%20for%20the%20Future.pdf

Health Education England. (2022b). *Advanced practice toolkit*. https://www.hee.nhs.uk/our-work/advanced-clinical-practice/advanced-clinical-practice-toolkit

Hurley, J., Lakeman, R., Linsley, P., Ramsay, M., & Mckenna-Lawson, S. (2022). Utilizing the mental health nursing workforce: A scoping review of mental health nursing clinical roles and identities. *International Journal of Mental Health Nursing*, *31*, 796–822. https://doi.org/10.1111/inm.12983

Kings Fund. (2019). *Mental health: Our position*. https://www.kingsfund.org.uk/projects/positions/mental-health

Lafond, S., Arora, S., Charlesworth, A., & McKeon, A. (2014). *Into the red? The state of the NHS' finances: An analysis of NHS expenditure between 2010 and 2014*. Nuffield Trust www.nuffieldtrust.org.uk/publications/red-state-nhs-finances

Latter, S., Blenkinsopp, A., Smith, A., Chapman, S., Tinelli, M., Gerard, K., Paul, L., Nicola, C., Trudy, G., Peter, N., & Dorer, G. (2011). *Evaluation of nurse and pharmacist independent prescribing. Department of Health Policy Research Programme Project 016 0108* from ENPIPfullreport.pdf. www.soton.ac.uk

Lora, A., Hanna, F., & Chisholm, D. (2020). Mental health service availability and delivery at the global level: An analysis by countries' income level from WHO's mental health atlas 2014. *Epidemiology and Psychiatric Sciences*, *29*, E2–E12. https://doi.org/10.1017/S2045796017000075

Maier, C. B. (2019). Nurse prescribing of medicines in 13 European countries. *Human Resources for Health*, *17*(1), 95. https://doi.org/10.1186/s12960-019-0429-6

Marć, M., Bartosiewicz, A., Burzyńska, J., Chmiel, Z., & Januszewicz, P. (2019). A nursing shortage–A prospect of global and local policies. *International Nursing Review*, *66*(1), 9–16.

National Audit Office. (2020). The NHS Nursing Workforce. www.nao.org.uk/reports/nhs-nursing-workforce/

National Mental Health Nurse Directors Forum. (2019). *Nurse consultant census 2019*. https://static1.squarespace.com/static/5bbb8206af4683ee4fa3c43f/t/5cbe181c118299000018053f6/1555961885590/Nurse+Consultants+2019+v007.pdf

NHS. (2017). *Stepping forward to 2020/21*: *The mental health workforce plan for England July 2017*. https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%20202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf

NHS Benchmarking Network. (2019). International mental health comparisons 2019 child and adolescent, adult, older adult services. https://s3.eu-west-2.amazonaws.com/nhsbn-static/Other/2019/International-MH-report-31-October-2019.pdf

NHS Digital. (2020). Nurse and support staff by care setting, level gender and age, June 20 *AH3530*. https://digital.nhs.uk/supplementary-information/2020/nurse-and-support-staff-by-care-setting-level-gender-and-age-june-20-ah3530

NHS Digital. (2022). *Health and Community Health Service monthly workforce statistics 2021 staff group and level*. NHS Workforce Statistics, September 2021 Staff Group, Care Setting and Level. xlsx (live.com). https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Ffiles.digital.nhs.uk%2F76%2F51BEC0%2FNHS%2520Workforce%2520Statistics%252C%2520September%25202021%2520Staff%2520Group%252C%2520Care%2520Setting%2520and%2520Level.xlsx&wdOrigin=BROWSELINK

NHS England. (2016). *The five year forward view for mental health*. *A report from the independent mental health taskforce to the NHS in England*. https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

NHS England. (2022). *Bed availability and occupancy data – Overnight*. https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/

NHS England. (2020). NHS People Plan. www.england.nhs.uk/ournhspeople/

NHS. (2019). *NHS mental health implementation plan* 2019/20 – 2023/24. longtermplan.nhs.uk

NMC. (2018). *Part 3*: *Standards for pre-registration nursing programmes*. programme-standards-nursing.pdf. nmc.org.uk

Noblet, T., Marriott, J., Graham-Clarke, E., Shirley, D., & Rushton, A. (2018). Clinical and cost-effectiveness of non-medical prescribing: A systematic review of randomised controlled trials. *PloS One*, *13*(3). https://doi.org/10.1371/JOURNAL.PONE.0193286

Nolan, P., & Brimblecombe, N. (2007). A survey of the education of nurses working in mental health settings in twelve European countries. *International Journal of Nursing Studies*, *444*, 407–414.

Nuffield Trust. (2021). *NHS Staffing Tracker*.

Nursing and Midwifery Council. (2022). We regulate nursing associates. www.nmc.org.uk/about-us/our-role/who-we-regulate/nursing-associates/

Oates, J., Brandon, T., Burrell, C., Ebrahim, S., Taylor, T., & Veitch, P. (2018). Non-medical approved clinicians: Results of a first national survey in England and Wales. *International Journal of Law and Psychiatry*, *60*, 51–56. https://doi.org/10.1016/j.ijlp.2018.07.005

Oates, J., Burrell, C., Ebrahim, S., Taylor, J., Veitch, P., & Brandon, T. (2021). Implications for mental health workforce strategy, professional training and supervision of more widespread adoption of the multi-professional Responsible Clinician role: results of a qualitative inquiry. *International Journal of Law and Psychiatry*, *76*, 101696.

Oates, J., Burrell, C., Taylor, J., Veitch, P., & Brandon, T. (2020). 'Becoming a responsible clinician' Findings from an interview study. *International Journal of Law and Psychiatry*, *71*, 101575.

Schober, M. (2018). Global emergence of nurse practitioner/advanced practice nursing roles. *Journal of the American Association of Nurse Practitioners*, *30*(4), 182–184.

Smith & Kanlou. (2013). *An analysis of Canadian mental health nursing through the junctures of history, gender, nursing education and work-life in Ontario, Manitoba, Alberta and Saskatchewan*. International Scholarly Research Notices.

Squires, A., Jylhä, V., Jun, J., Ensio, A., & Kinnunen, J. (2017). A scoping review of nursing workforce planning and forecasting research. *Journal of Nursing Management*, *25*(8), 587–596.

UCAS. (2021). *Nursing applications soar as UCAS publishes latest undergraduate applicant analysis*. Nursing applications soar as UCAS publishes latest undergraduate applicant analysis | Undergraduate | UCAS.

Vergallo, G. M., & Gulino, M. (2021). Physical restraint in psychiatric care: Soon to fall out of use? *Psychiatry and Clinical Psychopharmacology*, *31*(4), 468–473.

WHO. (2019). Global Health Observatory data repository. Mental health workers data by country. https://apps.who.int/gho/data/node.main.HWF11?lang=en

World Health Organization. (2011). *Mental health atlas 2011*. In t https://www.who.int/mental_health/evidence/atlas/profiles/eng_mh_profile.pdf?ua=1

World Health Organization. (2021). *Mental health atlas 2020*. World Health Organization 9789240036703-eng.pdf. who.int

World Health Organization. (2014). Mental Health Atlas. www.who.int/publications/i/item/mental-health-atlas-2014

How to cite this article: Brimblecombe, N. (2023). Analysis of changes in the national mental health nursing workforce in England, 2011–2021. *Journal of Psychiatric and Mental Health Nursing*, *30*, 994–1004. https://doi.org/10.1111/jpm.12922