



Insights Benchmarking Report

Mental Health Salary Benchmarking Report





Nurses

Salaries across nursing and management roles have remained mostly stable, with gradual increases for senior positions due to rising competition; key factors influencing pay include role complexity, NHS competition, and ownership type, with private equity-backed organisations offering higher and more flexible salaries than privately owned ones.

Senior nurse salaries have remained relatively stable overall, with variations largely influenced by a number of key factors.

Despite this stability, competition for senior nursing talent has intensified significantly. As a result, candidates are increasingly commanding higher salaries and more attractive benefits packages.

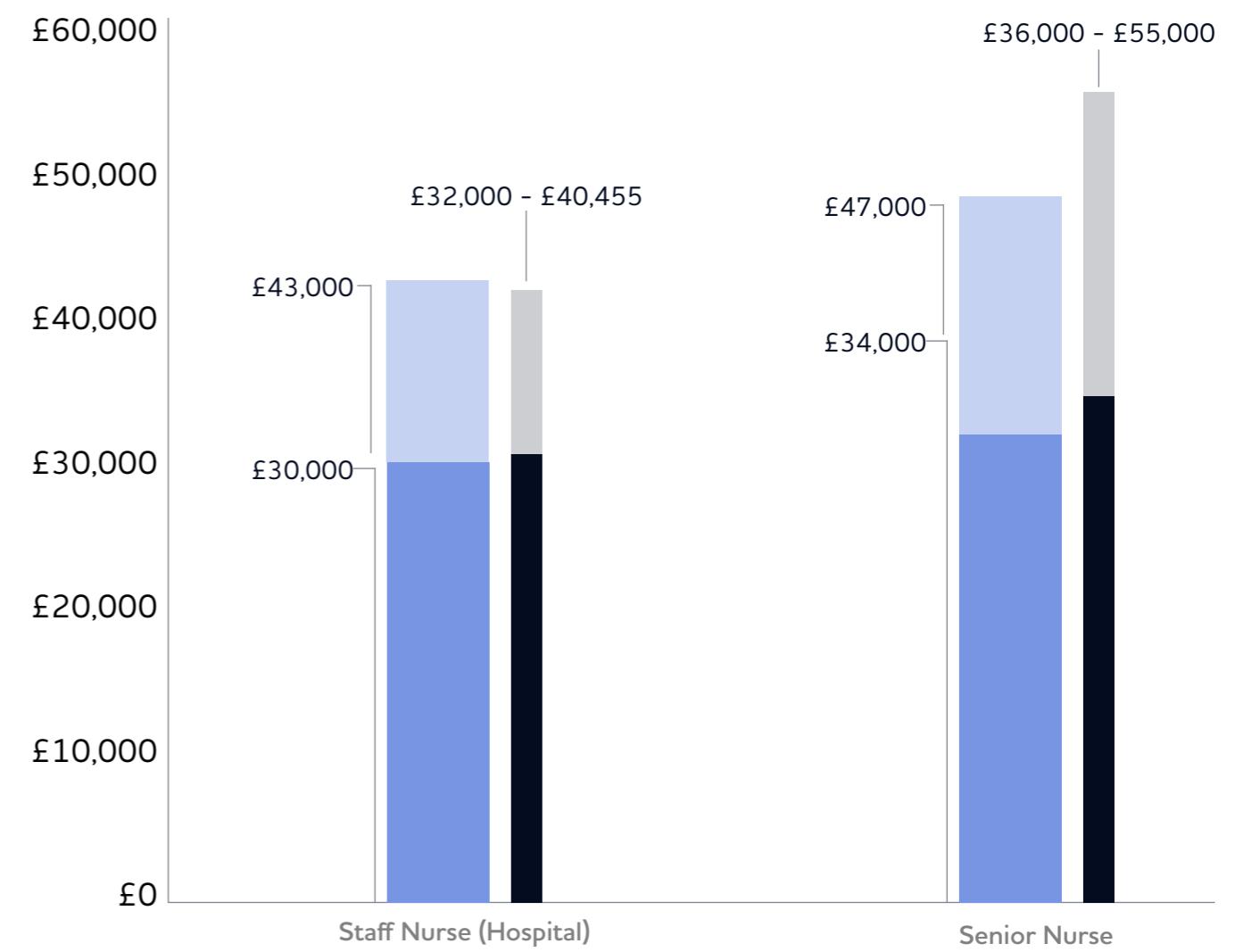
By way of example, three of the four largest hospital groups are now more regularly offering joining bonuses, typically staggered over a six- to

twelve-month period. These are often combined with enhanced bonus schemes to secure best-in-class Hospital Managers from private sector competitors or the NHS, where pension contributions remain a strong draw.

While salary levels are primarily driven by the complexity of the appointment, the needs of the individuals supported within the service, and overall scale, there are a number of additional contributing factors, outlined in this report.

Average Salary

● London ● UK Wide





Factors which impact Salary

Location of Service

Southern based services generally offer higher salaries, perhaps aligned to housing costs / general costs of living. £43,000 was the highest observed for senior staff nurses.

Service Size

The lowest salaries observed were noted for generally smaller services.

Complexity of Clients

Services with lower complexities again will translate to lower salaries.

CQC Ratings

Services with ratings at the end of each scale will often pay more as they either demand a higher calibre of candidate in leadership roles or must incentivise candidates to look past ratings.



Position in the Market

Organisations operating at the private end of the market will often pay more to secure staff who are both polished and hold strong commercial acumen.

Local Competition

Areas with high numbers of services, both independent and NHS, will often have to pay more to attract staff.

Owner Status

Organisations which are privately owned are generally seen to offer lower salaries compared to those that are private equity backed. This is probably due to availability of funds and cash flow.

Director / Management



Ward Manager

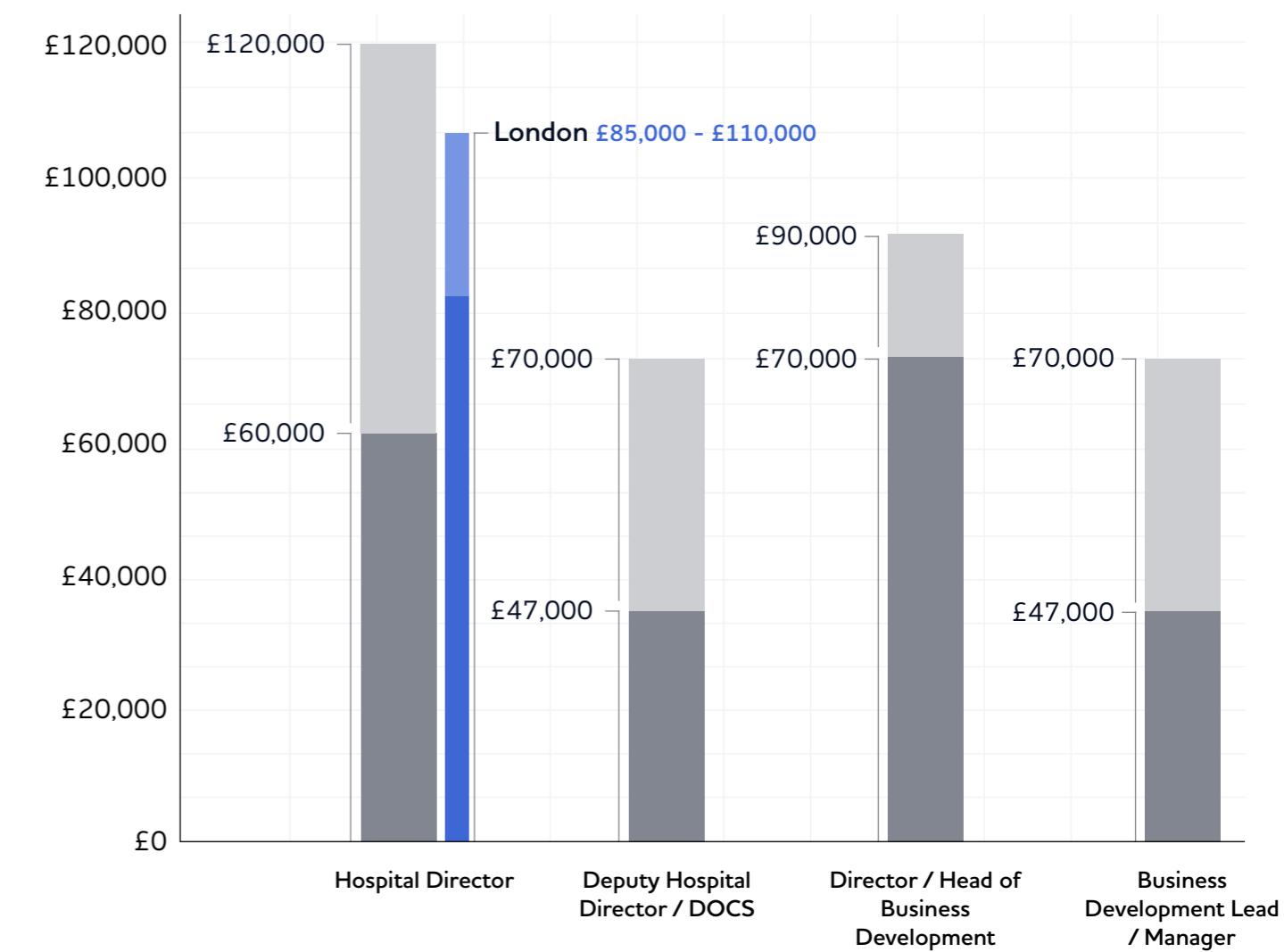
UK Wide: £42,000 - £50,000
London: £45,000 - £60,000



Lead / Head of Therapy

UK Wide: £51,000 - £65,000

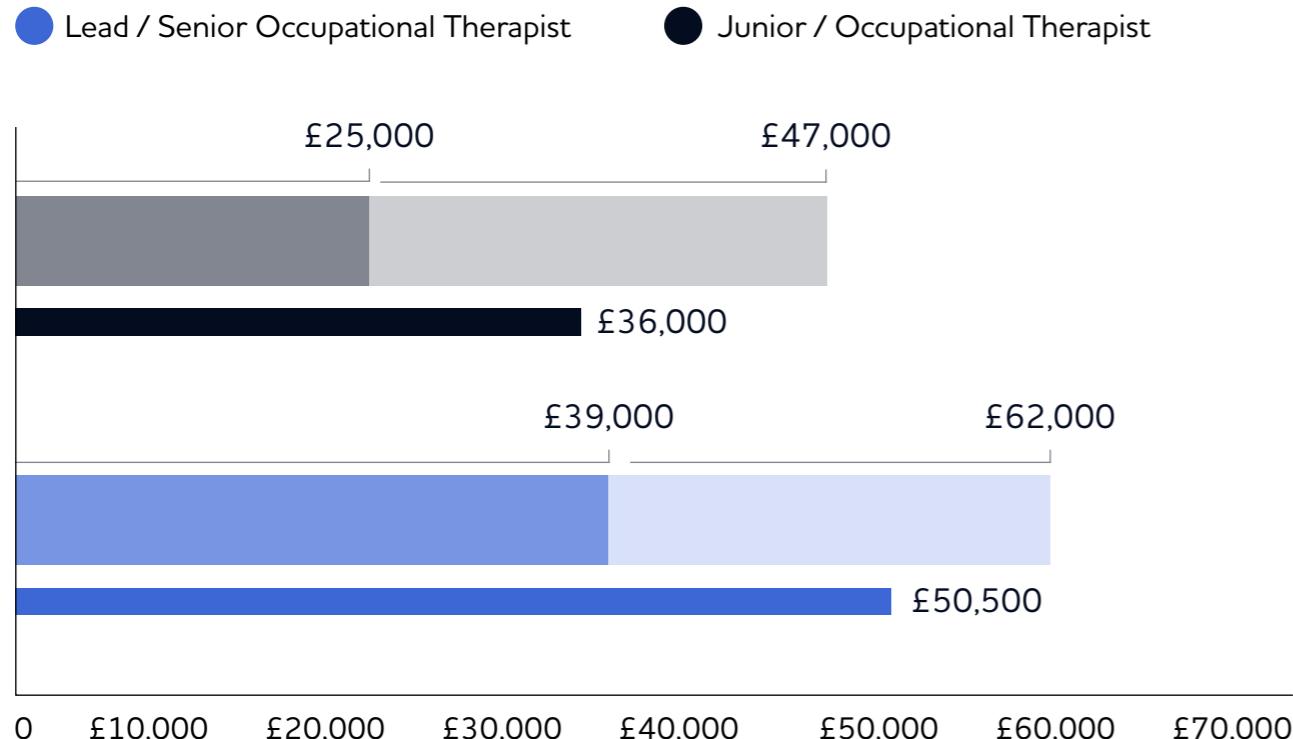
● Low ● High



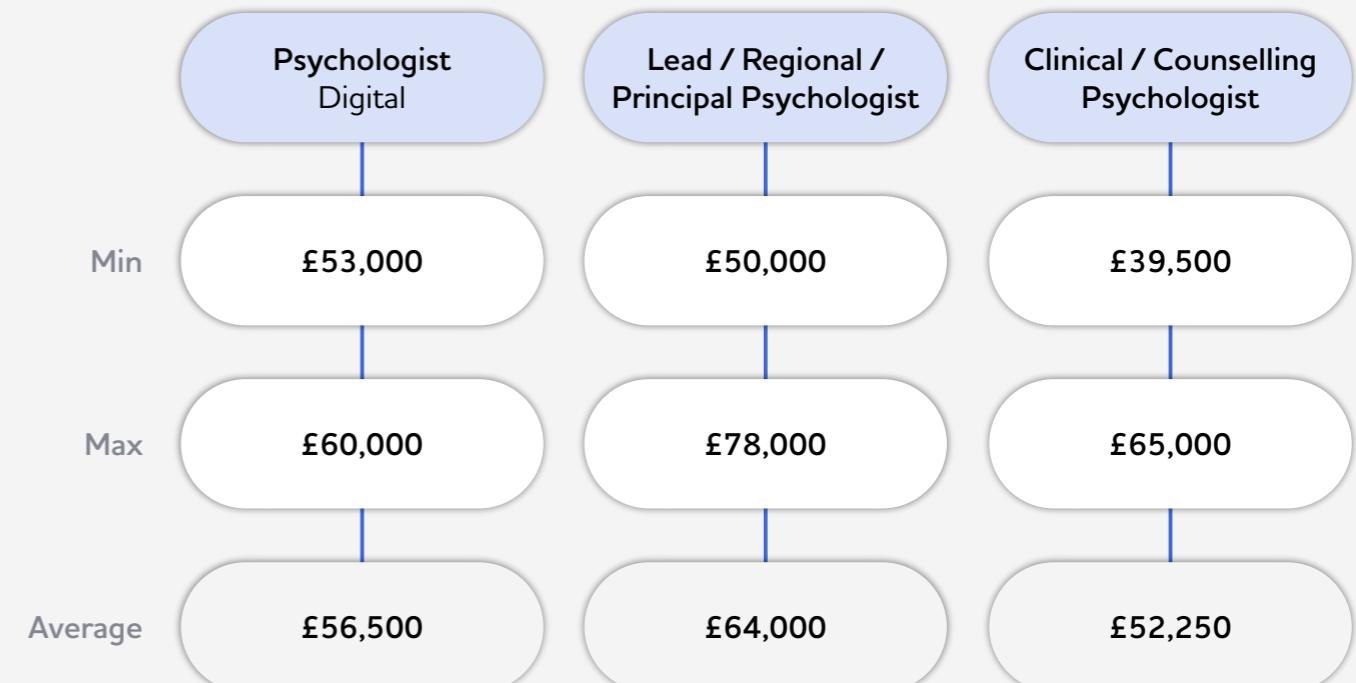


Occupational Therapist

Average



Psychologists





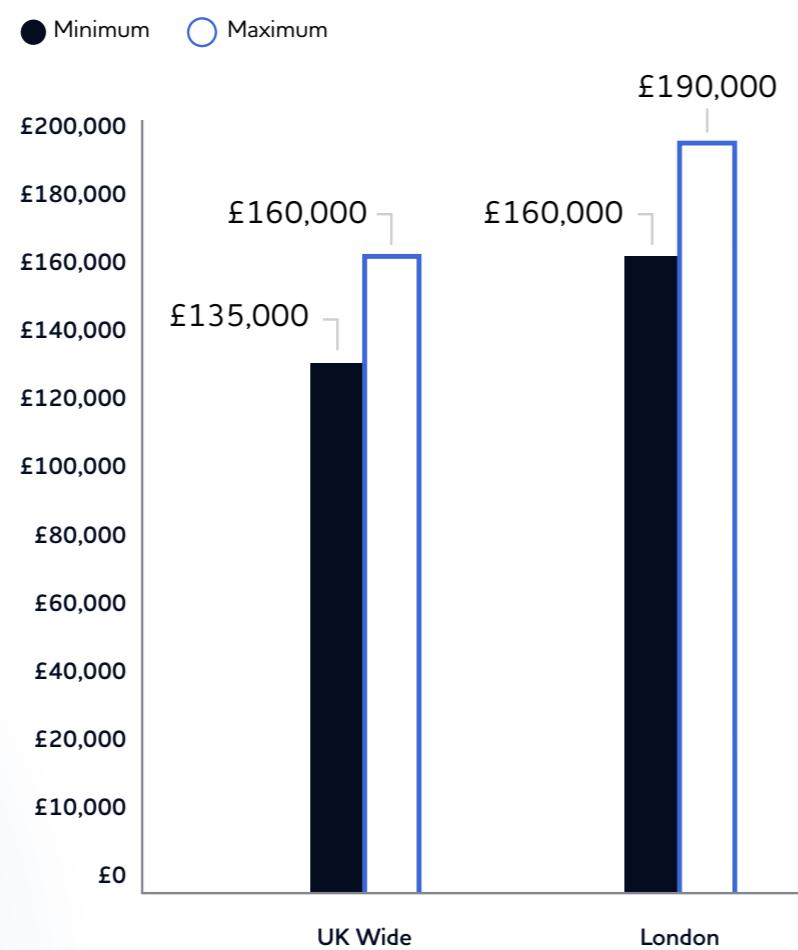
Additional Positions

Bid Writer / Bid Manager

UK Wide Average
£41,500



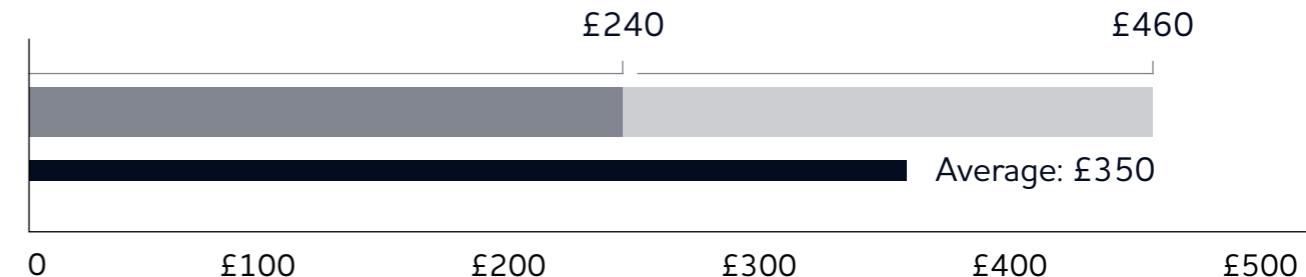
Consultant Psychiatrist (+ Medical Director)



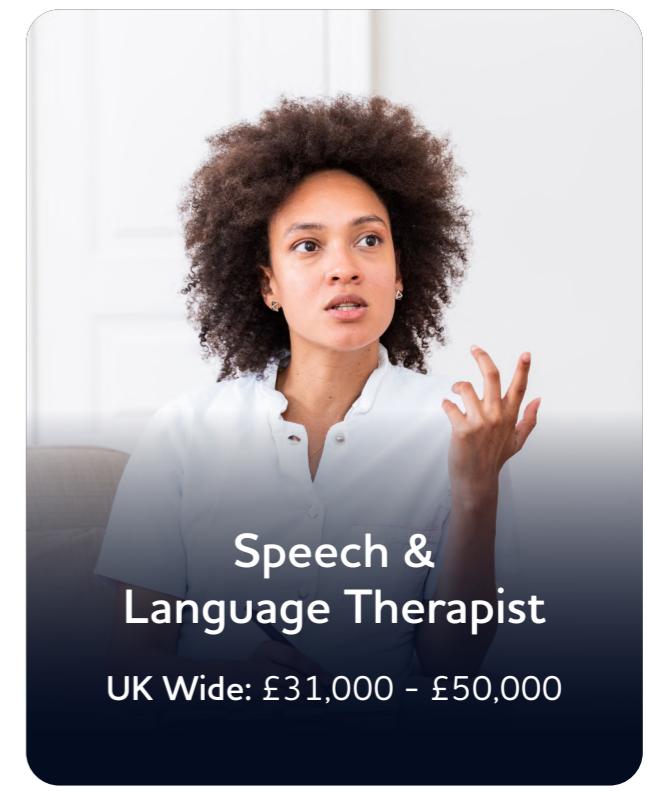
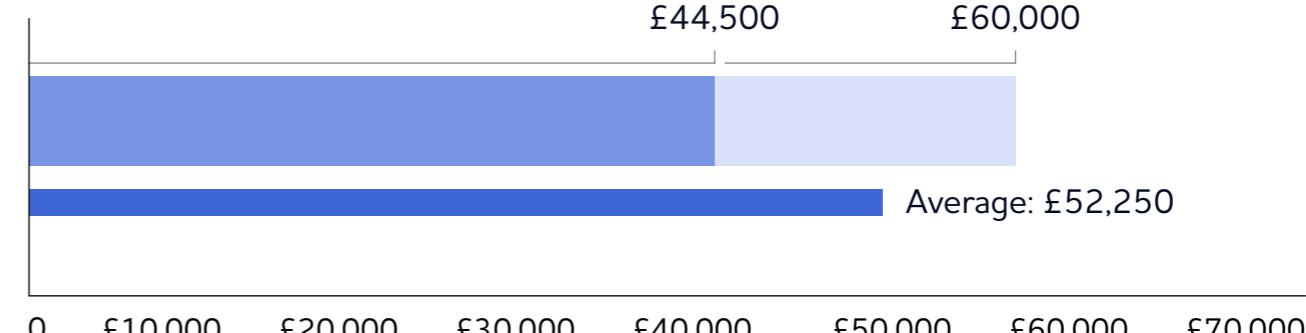
Clinical Assessors (ADI-R, Autism, ADOS)

Digital

Day Rate



UK Wide





CBT Therapists

Hiring fully BABCP-accredited CBT Therapists is challenging due to high qualification costs, low salaries, and limited incentives most prefer private practice.

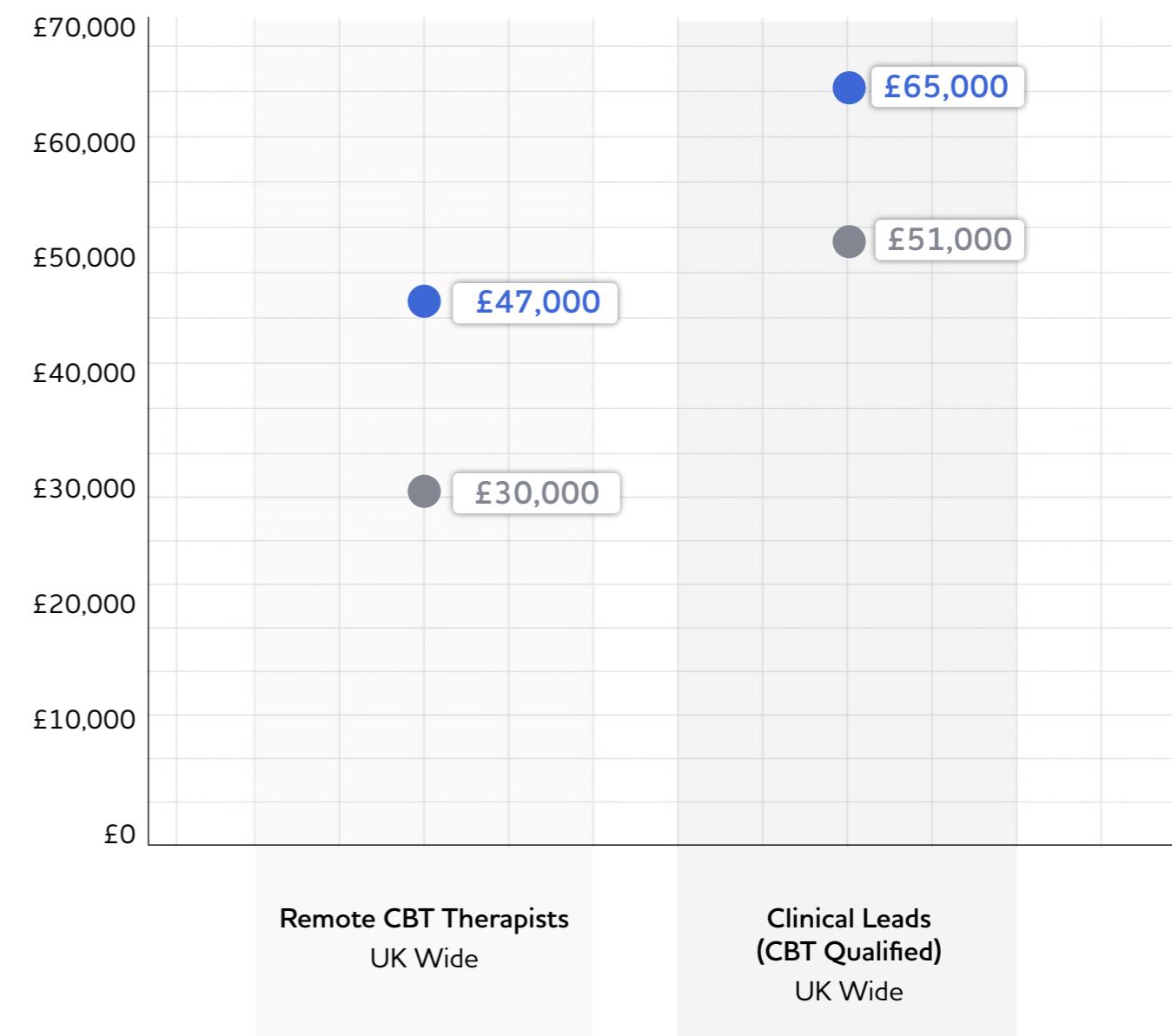
The CBT therapist market has become increasingly competitive, driven by a significant shift in essential hiring criteria.

Historically, providers were prepared to appoint candidates holding BACP accreditation alone. Recent market trends, however, indicate a marked change, with providers now increasingly insisting on full accreditation. This additional accreditation can require a further three to four years of training and represents a considerable financial outlay for candidates. Many CBT therapists continue to develop their own

private practices, charging an hourly rate and accessing consistent, reliable work that can be undertaken without full accreditation. This has further reduced the available candidate pool for employed roles. As a result, employers are facing growing recruitment challenges alongside a sharp increase in salary expectations. Fully accredited CBT therapists are now commonly seeking salaries of £50,000 or above.

While salary remains the primary consideration, candidates are also placing greater scrutiny on caseload expectations, specifically the number of assessments required per day and the time allocated to complete each assessment.

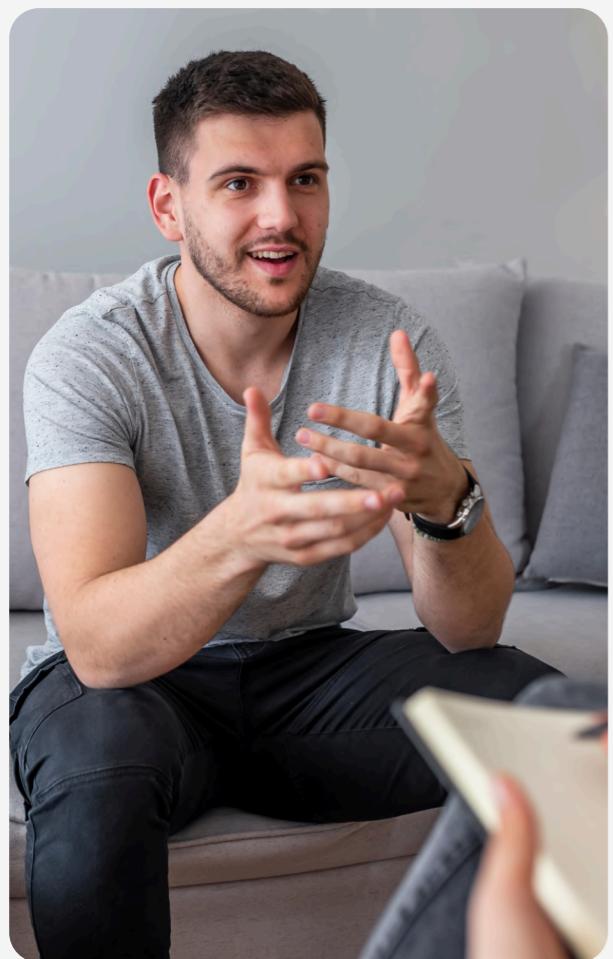
● Low ● High



Common reasons for leaving typically fall into two areas: candidates seeking full-time employment for greater financial stability, or those wanting to work within organisations where care remains genuinely patient-centred. Candidates frequently report negative perceptions of overly corporate environments, particularly where expectations are placed on therapists to deliver more sessions per day than they feel is clinically appropriate.

We have also seen minimal movement in salaries for remote psychology roles, largely due to these positions continuing to align closely with NHS bandings. One notable trend is increasing demand from more senior psychologists, particularly those with ADOS and ADI-R experience, who are seeking fully remote roles and greater time working from home.

Clinical Assessor roles are typically paid on a sessional, assessment or day-rate basis, generally ranging from £200 to £400+. It is common for these roles to be



undertaken for no more than one to two days per week, as some candidates perceive the work to be repetitive when completing consecutive assessments. While rate remains an important factor, the number of assessments per day and the time allocated for each assessment are consistently cited as the key considerations.

Clinical Lead salaries, despite carrying greater leadership responsibility, remain only marginally higher than those of CBT therapists and psychologists. Clinical Leads act as a point of contact and escalation for crises and emergencies, often without additional remuneration. As with CBT therapist roles, full BABCP accreditation is required, resulting in a limited candidate pool and similar challenges around offering salaries that are sufficient to attract candidates away from private practice while taking on increased responsibility.

For those who do choose to leave, key motivations include the desire for substantive, secure employment compared to the variability of private practice. A recurring concern remains provider expectations around session volumes, particularly where these exceed what therapists consider to be clinically appropriate.



Analysis



Benefits

Benefits packages have evolved significantly over the past two to three years, with more organisations than ever introducing “Golden Hello” or “Welcome Bonus” incentives. These are primarily designed to attract candidates from the NHS and offset benefits such as strong pension contributions.

We have observed welcome bonuses of up to £10,000 for Clinical Manager (Deputy Manager) roles in Yorkshire, alongside alternative models offering £5,000 paid over the first two years to mitigate the risk of candidates accepting incentives and leaving early. This approach has also filtered into more junior roles, with £2,000 welcome bonuses now commonplace in services facing well-documented geographical recruitment challenges.

Sick pay, flexible working, car allowances and wider employee benefits have also increased notably, reflecting a broader focus on attraction and retention. One of the most effective initiatives we have seen is the introduction of salary sacrifice electric car schemes. Organisations that have been slower to adapt their benefits offering are finding it increasingly difficult to secure top talent, with candidates favouring employers that demonstrate a clear commitment to employee wellbeing.

Annual leave allowances have similarly become an important lever for both recruitment and retention. Twenty-five days plus bank holidays is now widely regarded as an industry standard, although we have seen allowances as low as 20 days and as high as 34 days. Notably, the latter was observed within a not-for-profit provider, where salary levels were also positioned below broader market averages.

Reasons for Leaving

Commonly observed reasons for leaving include the pursuit of personal development, promotion, or a salary increase. The structure of many hospital organisations can make progression challenging, as opportunities often only arise when an individual leaves or a new service or ward is created. As a result, staff can begin to feel stagnant and look externally for progression. This is particularly evident at Hospital Director level. With many providers operating leaner management structures, opportunities for advancement are limited, creating a perceived “shelf life” for ambitious Hospital Managers.

Another frequently cited challenge is organisational restructure, which can leave staff feeling confused and disengaged. This is especially prevalent following mergers or acquisitions, where limited communication and significant differences in business culture and operating models can exacerbate uncertainty.

More simply, being approached by another organisation or recruiter remains a regular occurrence and is difficult to prevent entirely. To support retention, we consistently recommend competitive salaries and benefits, alongside well-structured bonus schemes. These are particularly effective at middle to senior management level, where bonus conditions can discourage movement due to the risk of forfeiting rewards tied to performance. Longer-term incentives, including equity and LTIPs, can also be highly effective over extended timeframes.



Conclusion

Over the past three to five years, the hospital landscape has shifted considerably. The number of hospitals has reduced as a result of the transforming care agenda, with commissioners increasingly favouring community-based services, often supporting individuals with higher levels of complexity. Acute and forensic services now dominate the hospital market.

From a financial perspective, regional variance remains relatively modest, with an incremental salary difference of approximately 5–10% between the North and South. In most cases, salaries continue to be driven by service complexity, size and scale, and to a lesser extent, reputation and organisational circumstances.

With fewer hospitals in operation, competition for Hospital Directors has intensified. In response, some providers are seeking to retain talent through substantial bonus schemes, in some cases up to 50%. Others are increasing base salaries where possible, or broadening hiring criteria by placing greater reliance on deputy roles for clinical input, while prioritising operational leaders from adjacent sectors rather than clinicians, who often command a premium.



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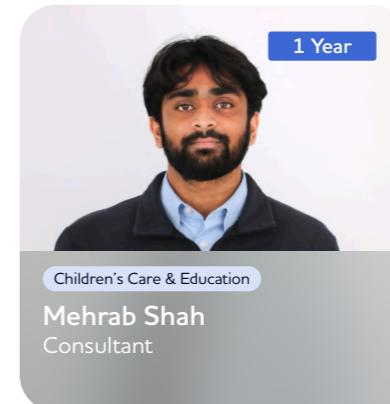
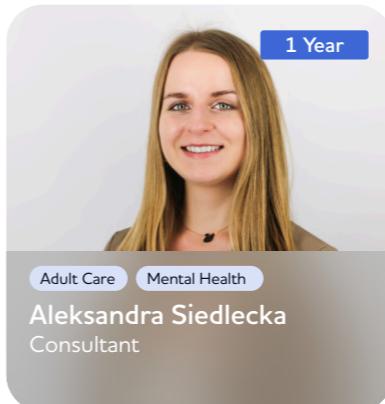
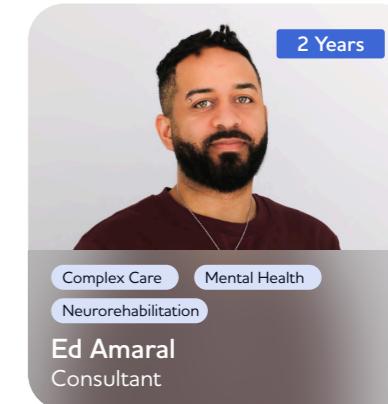
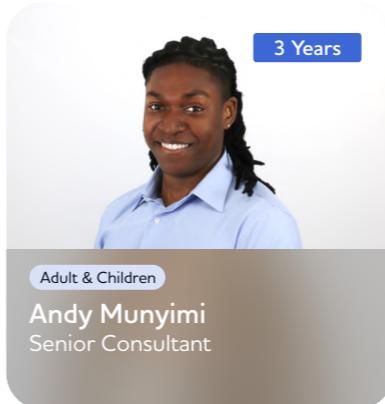
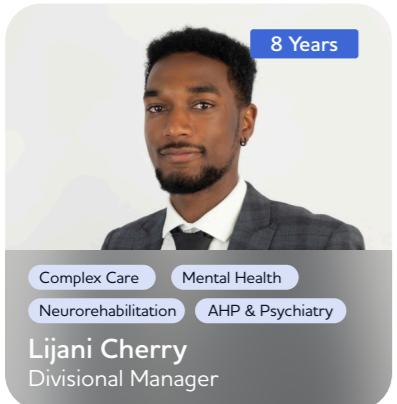
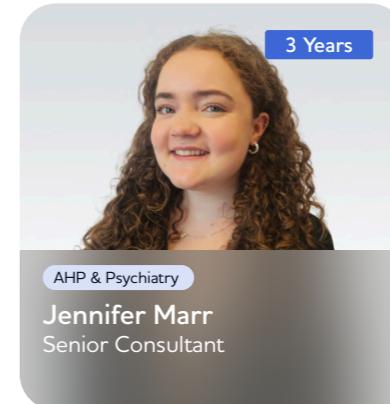
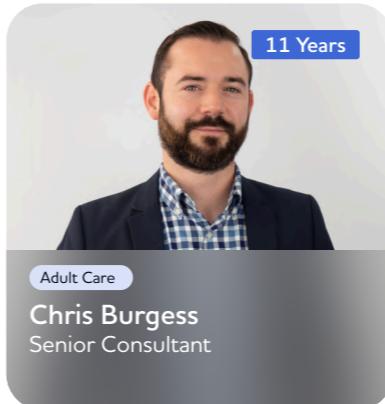
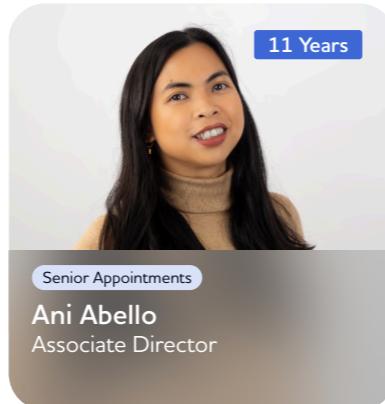
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