NCPS

NATIONAL COUNSELLING & PSYCHOTHERAPY SOCIETY

professional standards authority accredited register

NCPS ANNUAL MEMBER SURVEY 2026

Summary

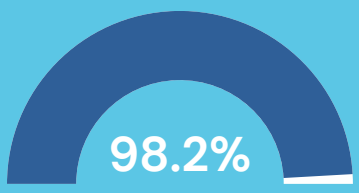
Earlier this year we invited our members to share how things are going, for themselves, for the profession, and for their clients. Building on the strong engagement we have seen in recent years, this year's Member Survey offers valuable insight into what is working well, where further support is needed, and how the counselling & psychotherapy landscape continues to evolve.

Many of the positive trends from previous years remain, with member satisfaction and loyalty continuing to be strong. 90.7% of respondents said they would recommend the Society to friends and colleagues, increased from 2025's 89%, and a clear reflection of the trust our members place in us. Renewal intent also remains consistently high, with 98.2% of members saying they are either very likely, somewhat likely, or certain to renew their membership.

Feedback on our Membership Services team continues to be particularly encouraging, with around 86% of members who contacted the team rating their experience positively. This reflects the high standard of support members continue to recieve. A huge thank you to our Membership Services team for their continued dedication and excellent service. We have also seen encouraging progress in members' awareness of our wider work. Awareness of our campaign and advocacy activity has risen to 53%, up from 45% in 2025. Communication remains an important theme. Encouragingly, around 84% of members said they feel well informed about Society updates, suggesting improvements in how we communicate organisational news and developments. However, as in previous years, fewer members felt adequately informed about wider developments affecting the profession, with only around 55% saying they feel well informed in this area. This remains an important area for further development. This year's survey also reinforced the growing pressures facing both practitioners and clients. The impact of NHS waiting times remains significant, with 70.9% of members reporting that they have supported clients who turned to private

90.7% of respondents would recommend the Society to friends and colleagues

98.2% of members are certain, very likely or somewhat likely to renew their membership



therapy due to delays in accessing NHS services. Many members also continue to report financial pressures within practice, including challenges around referrals, rising business costs, and income instability. At the same time, many continue to offer reduced-fee or voluntary work, reflecting the generosity and commitment that remains central to the profession despite increasing pressures.

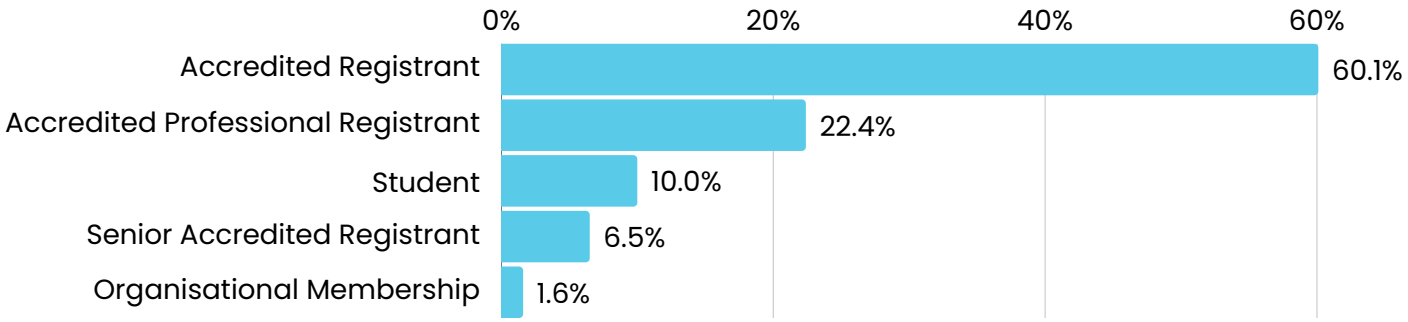
Technology and artificial intelligence emerged as an increasingly important theme in this year's survey. While awareness of AI continues to grow, 2026 suggests the conversation is beginning to shift from theory to practice. More members reported seeing clients engage with AI tools, and 53.1% believe AI is likely to affect their practice in some way. While some members see opportunities in emerging technologies, concerns remain around ethics, confidentiality, data security, and preserving the human connection at the heart of therapeutic work.

As ever, we are hugely grateful to every member who took the time to share their experiences and perspectives. Your insights continue to shape the future direction of the Society and strengthen our understanding of the realities facing both practitioners and clients across the profession.

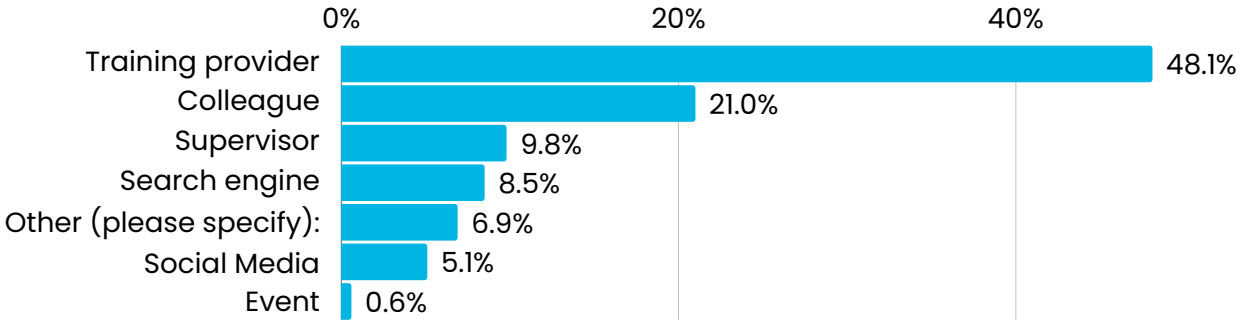
SUPPORTING COUNSELLORS, PSYCHOTHERAPISTS, THE PUBLIC AND OUR PROFESSION

Your Membership

Membership Grade Distribution

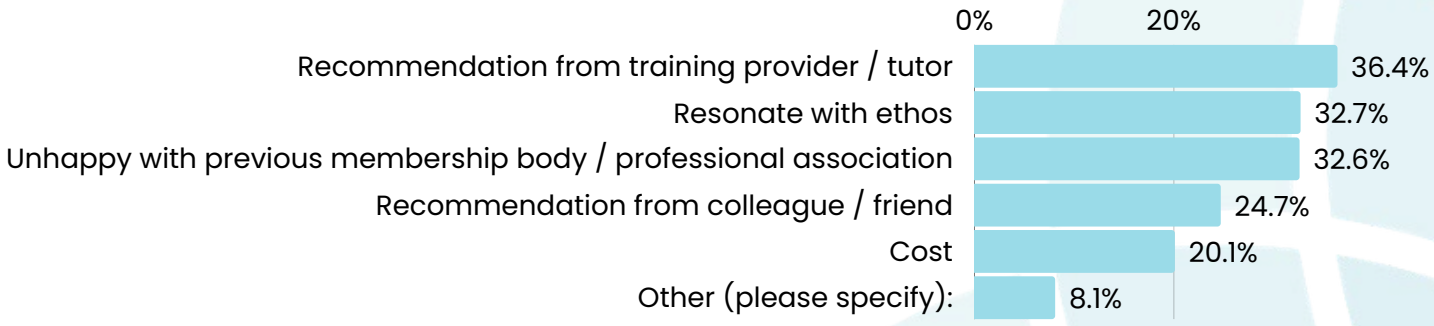


How Members First Heard About the Society



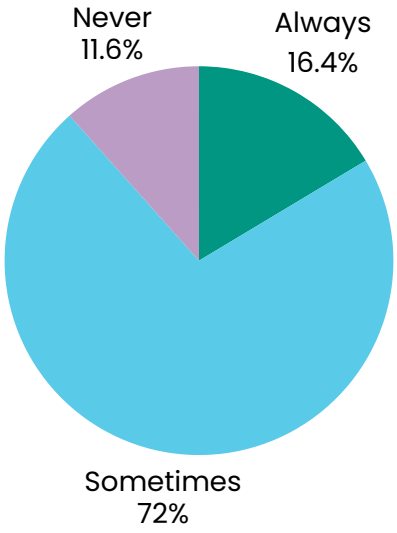
6.9% of respondents selected "Other" and provided additional information. Responses suggest that most of these respondents first became aware of the Society through longstanding professional awareness, professional networks, or training and education routes. Several also reported discovering the Society through independent research, often while exploring alternative professional bodies or regulatory options.

Motivations for Joining



Are you a member of more than one professional body?

Do you read our Counselling Matters magazine?



Changes in the Counselling Matters Magazine

When asked whether there is anything they would change about Counselling Matters magazine, many respondents indicated that no changes were needed and expressed general satisfaction with the publication. Among those who suggested improvements, the most common theme was a preference for a physical or printed version of the magazine. We are currently exploring the feasibility of offering a printed edition in the future, although no decisions have been made at this stage. Other suggestions included making content more concise and easier to read, increasing the proportion of research-based or more in-depth professional articles, and broadening the range of topics and perspectives covered.

Desired Magazine Topics

Many respondents felt the magazine already covers a strong and relevant range of topics, with some stating that no additional content was needed.

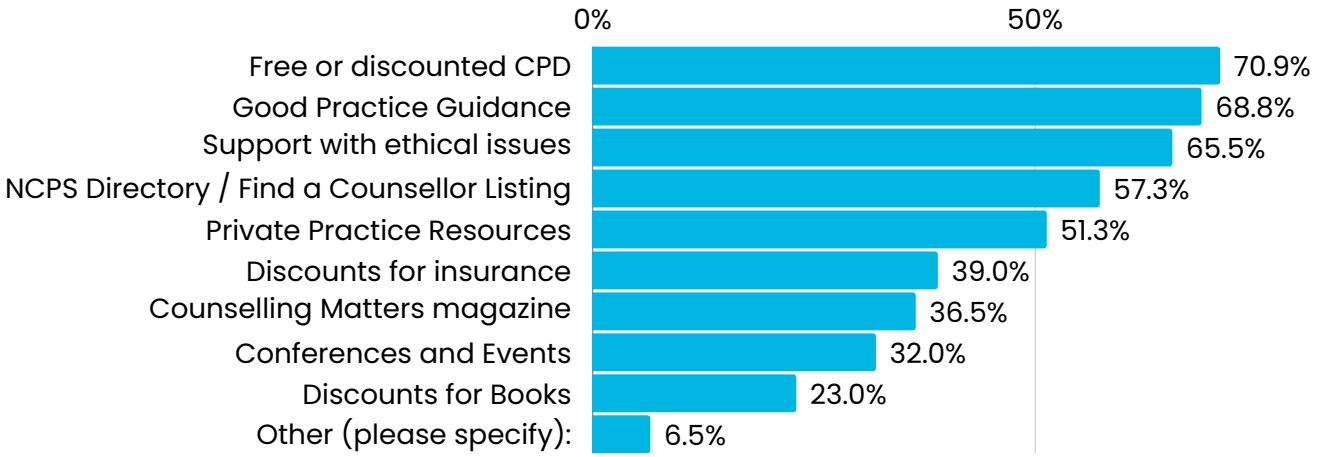
Where suggestions were made, key themes included private practice development, ethics, supervision, and safeguarding, alongside greater focus on clinical areas such as trauma, neurodiversity, grief and loss, and work with children and young people. Respondents also highlighted interest in emerging issues affecting the profession, including AI, social media, and wider societal influences, as well as more research-informed and applied content.

Awareness of Specialist Accredited Registers

60.5% of respondents reported being aware of the Specialist Accredited Registers, while 39.5% indicated that they were not aware of them.

Are you happy with the range of CPD opportunities signposted by the Society?

Key membership benefits valued by respondents

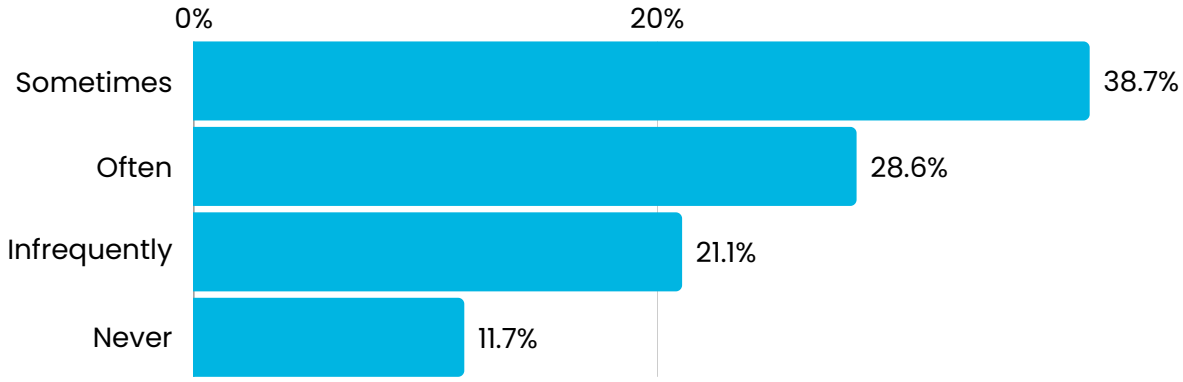


A smaller proportion of respondents selected "Other" (6.5%). Within these responses, themes included valuing membership for professional identity or accreditation status, using it primarily for insurance requirements, and limited engagement with benefits. Some respondents highlighted affordability concerns, while others mentioned ethical alignment with the organisation, access to CPD, or broader support for the profession.

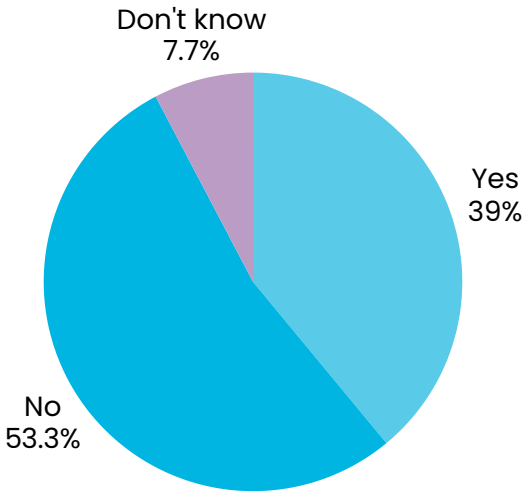
Ideas for Improving Membership Benefits

Feedback was generally constructive and focused on strengthening and expanding an already valued offer. Members most commonly suggested increasing the visibility and reach of the NCPS Directory, alongside ongoing efforts to enhance its impact in connecting clients with practitioners. Another key theme was interest in more accessible and affordable CPD, including a wider range of online, in-person, and flexible learning opportunities. Members also highlighted the value of clearer communication and improved signposting of existing benefits, ensuring they are easier to find and make full use of. Additional ideas included further development of local networking opportunities, private practice support, and professional visibility, reflecting a strong appetite for continued growth and engagement.

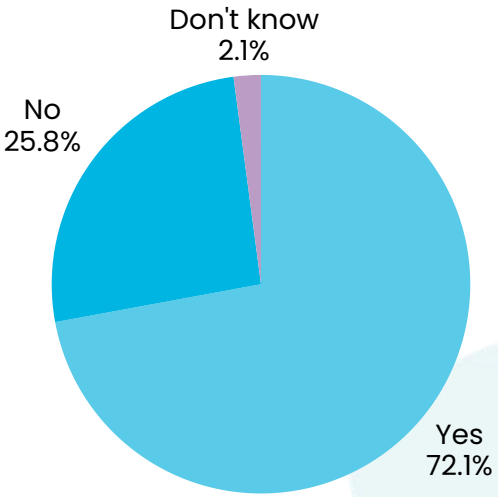
Do you currently network with other counsellors & psychotherapists?



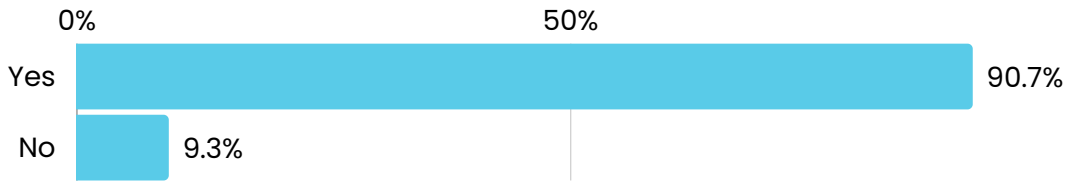
Are you aware of the Regional Connections events?



Are you aware of the Lunchtime Learning events?



Would you / do you recommend the Society to friends / colleagues?

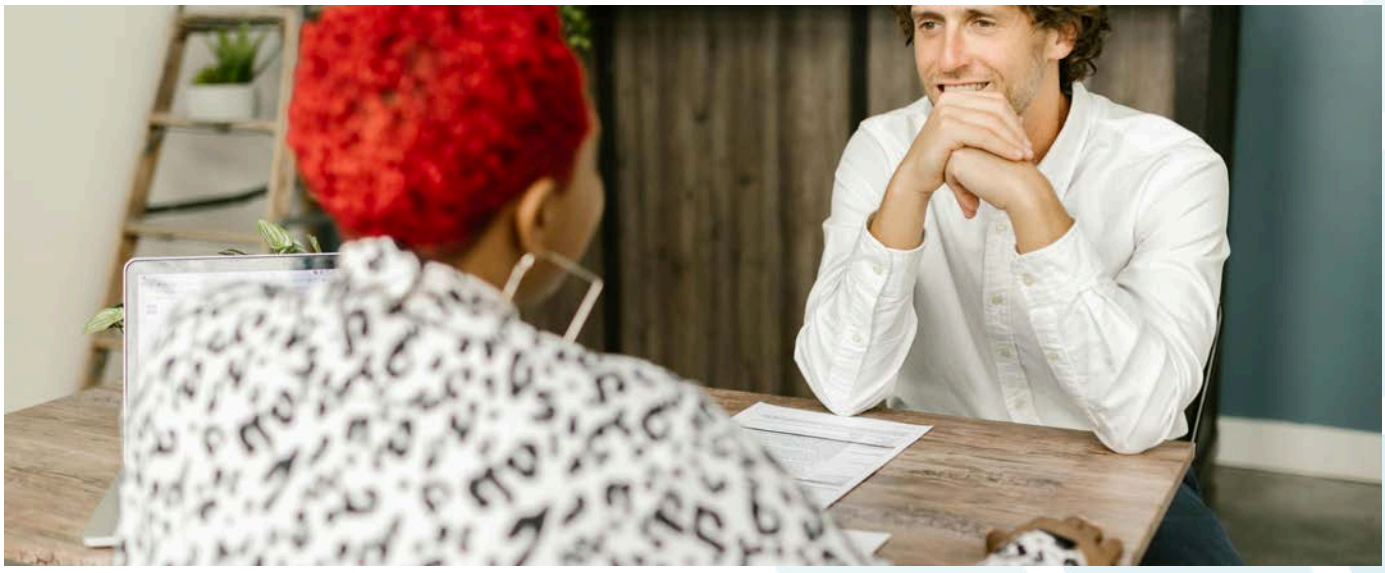


Members most commonly recommend the Society because it is seen as approachable, supportive and responsive, with helpful communication and ease of contact. A recurring theme is that the organisation feels member-focused, with a clear emphasis on being accessible and human in its ethos and day-to-day interactions.

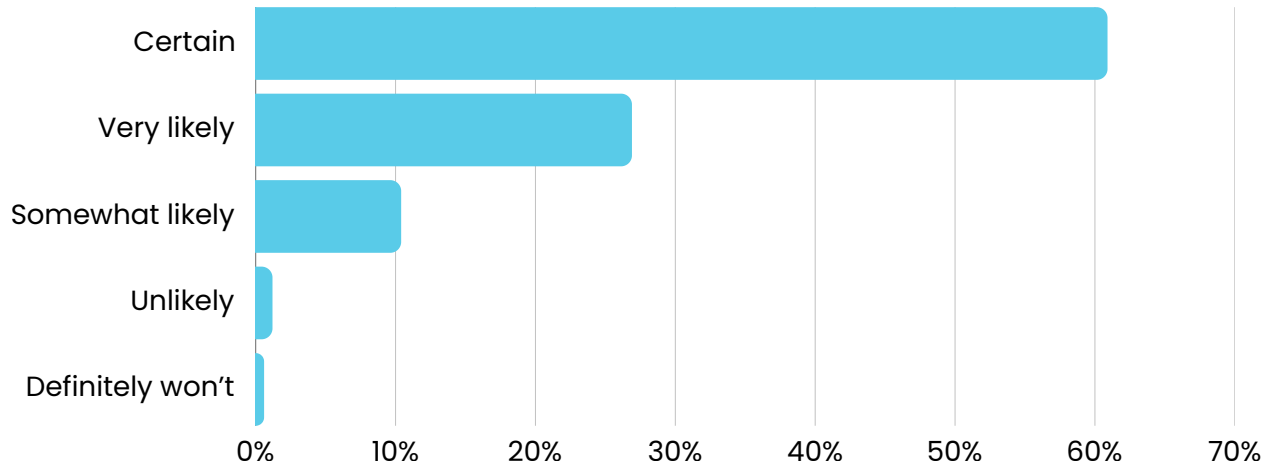
Affordability and value for money are also frequently highlighted, particularly for trainees and newly qualified practitioners. Members often refer to competitive pricing alongside access to CPD, resources and a straightforward membership process.

Many respondents describe the Society as inclusive, accessible and ethically grounded, with a culture that aligns well with practitioners' values and ways of working. The availability of support, responsiveness to queries, and a sense of being listened to are repeatedly mentioned as key strengths.

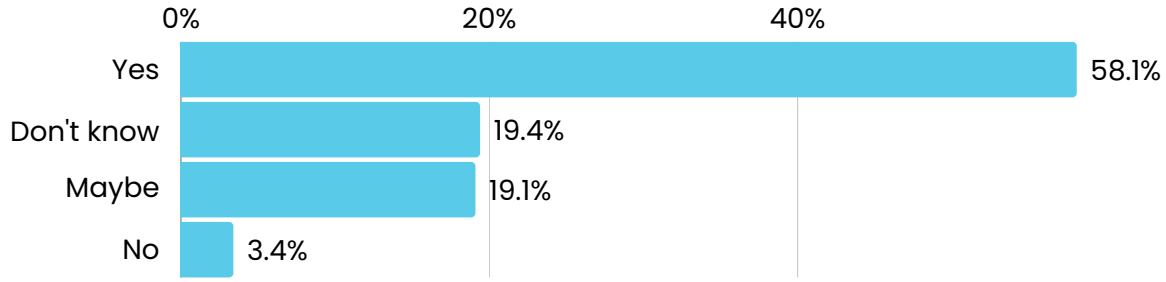
There is also a strong theme of active recommendation to peers, supervisees and students, with members often encouraging others to consider the Society as a credible and practical professional body option within the wider field.



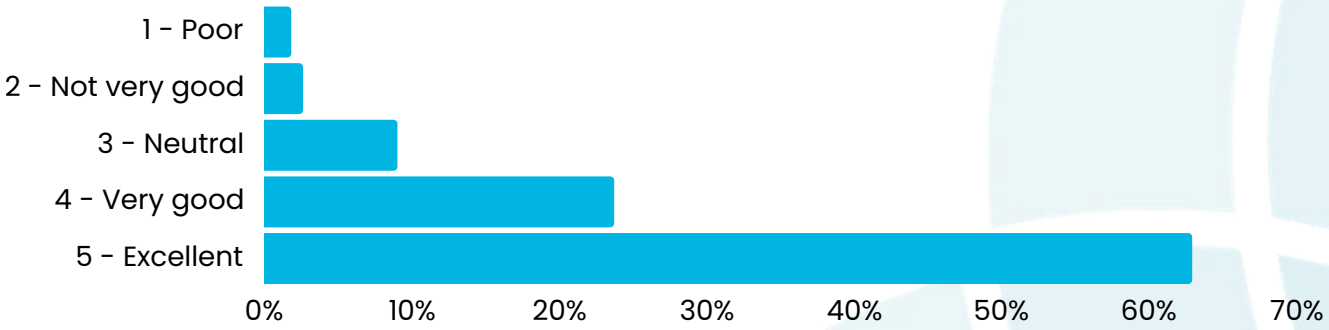
Likelihood of Membership Renewal



Do you feel like the Society listens or would listen to your concerns?

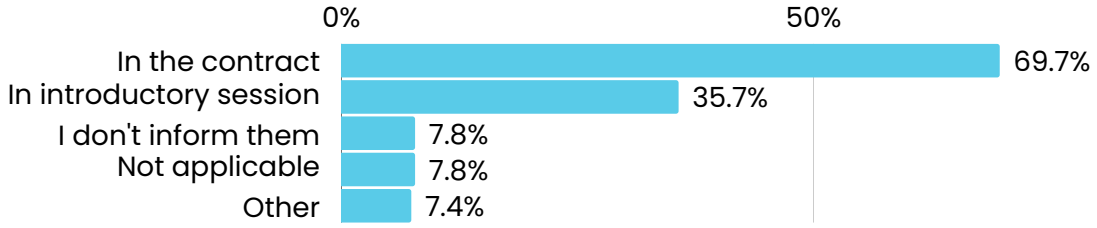


Membership Services Experience Ratings

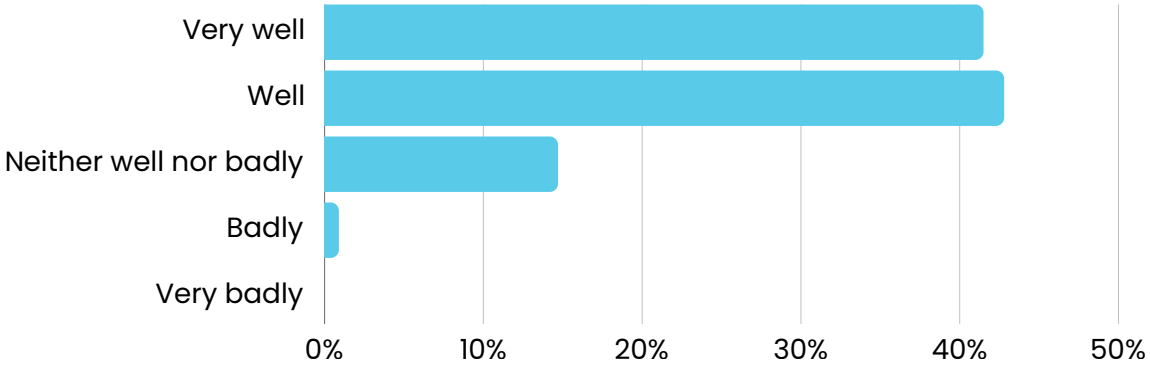


Are you familiar with the NCPS Complaints Process?

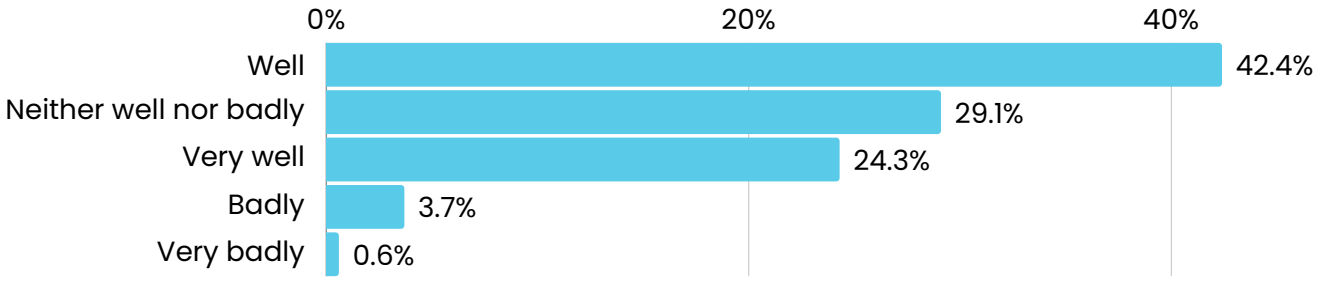
How Clients Are Informed About the Complaints Process



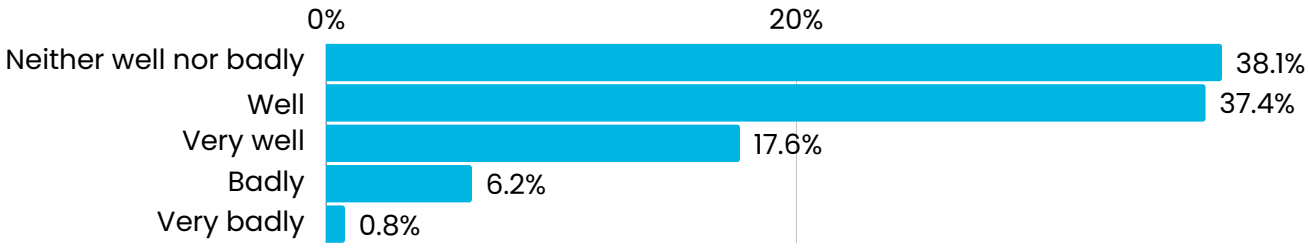
How Well Members Feel Informed About Society Updates



How Well Members Feel Informed About Wider Professional Updates



How Well Members Feel Informed About the Wider World



Are you aware of the campaign work that we do?

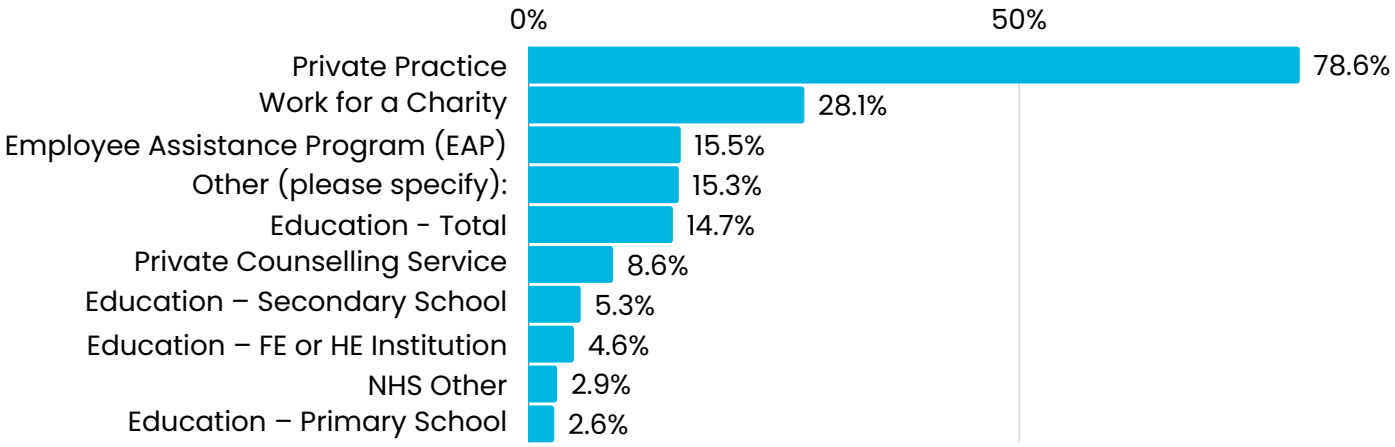
When asked "What else would you like to see us campaign on?", members highlighted several recurring priorities. The strongest themes were fair pay and improved working conditions for counsellors, greater professional recognition and regulation, and improved access to counselling beyond NHS pathways, including private practice and community services. Members also emphasised the importance of neurodivergence and inclusion, early intervention for children and young people, and addressing the growing impact of AI and digital therapy platforms. Additional priorities included support for older adults, LGBTQ+ communities, domestic abuse survivors, men's mental health, and other marginalised groups.

Desired areas for future research

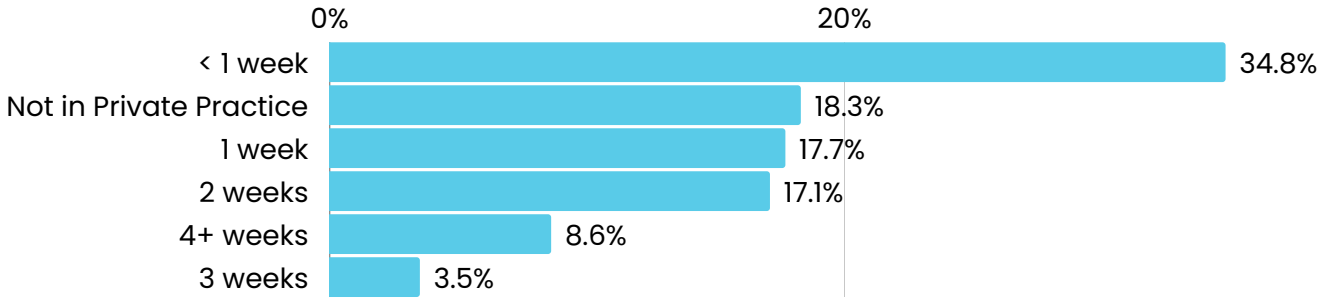
The most common area was neurodiversity, including autism and ADHD, and how counselling approaches, training and services meet neurodivergent needs. A second strong theme was AI and technology in counselling, with interest in both opportunities and risks, including ethical concerns and the impact of digital platforms. There was also significant focus on access and inequality, particularly barriers linked to cost, waiting times, disability, and differences between NHS, private and third-sector provision. Another key area was therapy effectiveness and outcomes, including what works best, the importance of the therapeutic relationship, long-term impact, and comparisons between approaches. Smaller but notable themes included trauma, children and young people, workforce wellbeing, and questions around training standards and professional regulation.

Practice

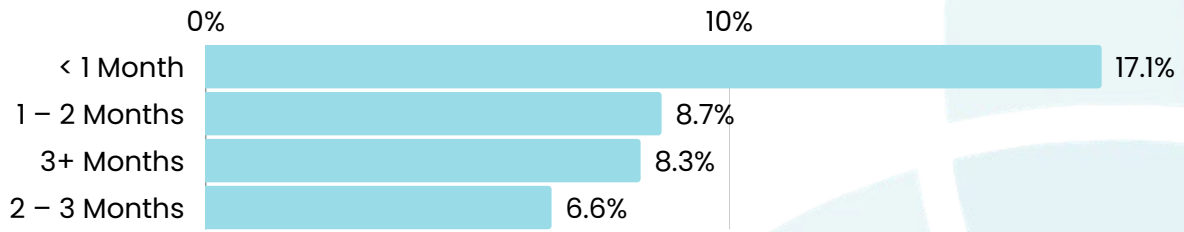
Current practice settings



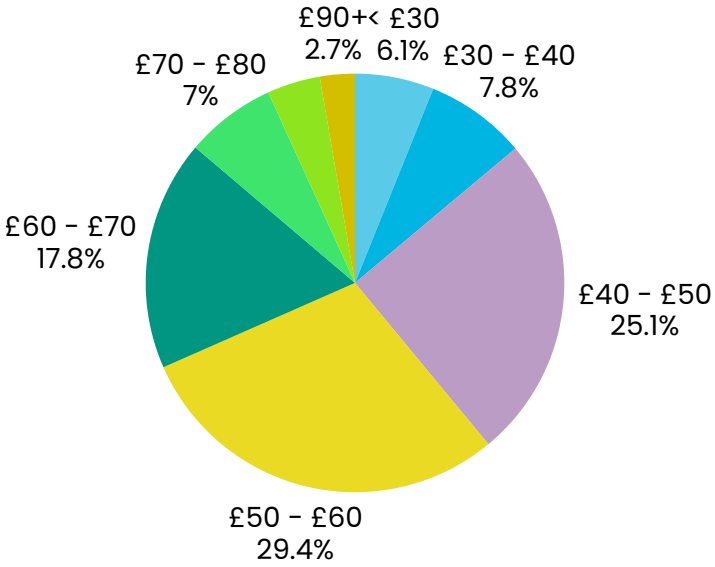
Private practice wait times



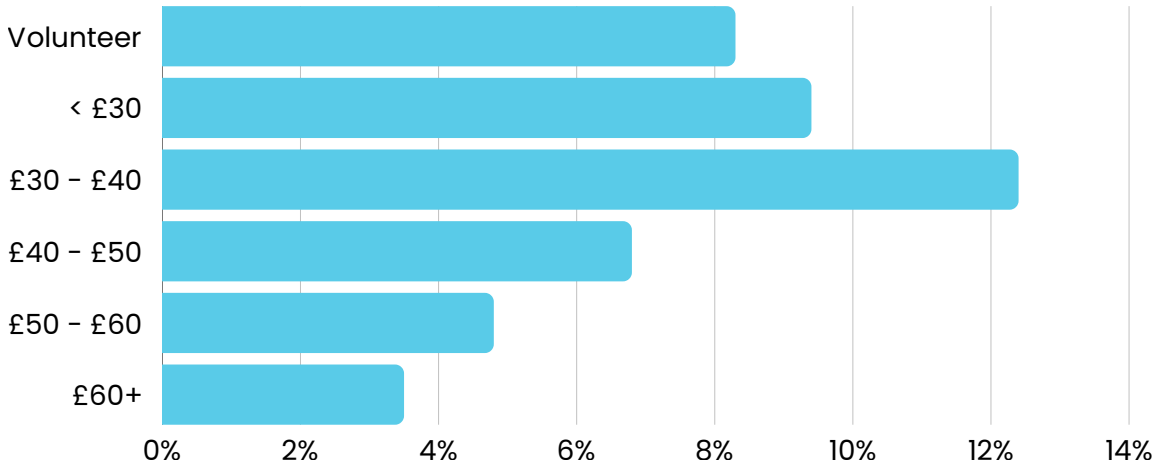
What are the current average waiting times for support in the main organisation you work for?



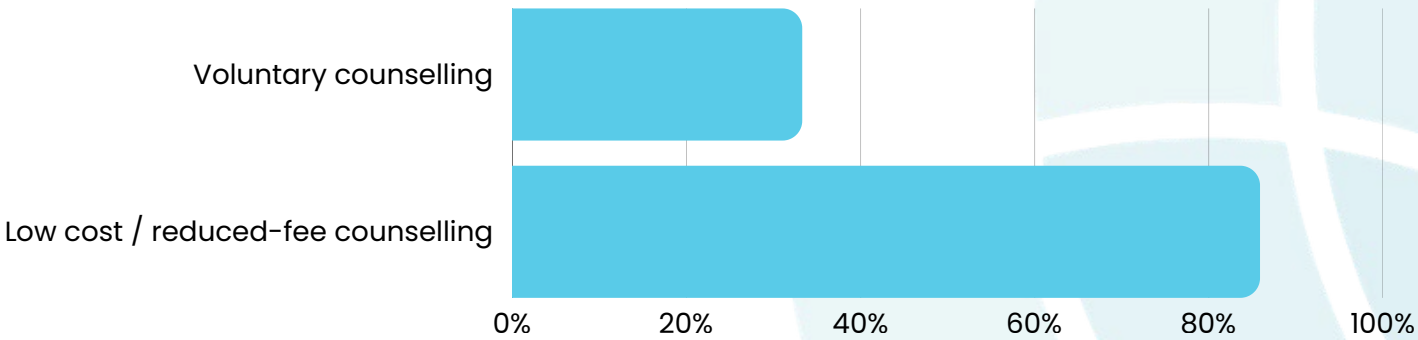
Average private practice session fees



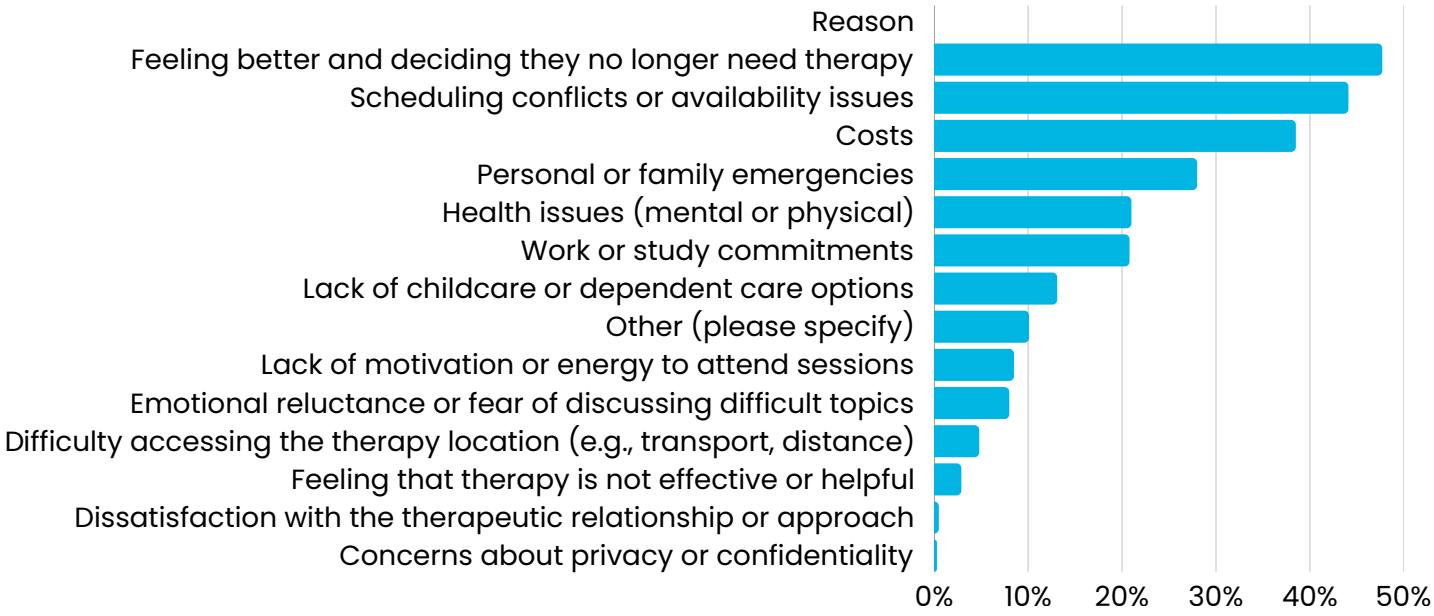
Session fees in EAPs, charities and other organisations



Do you provide either of the following?



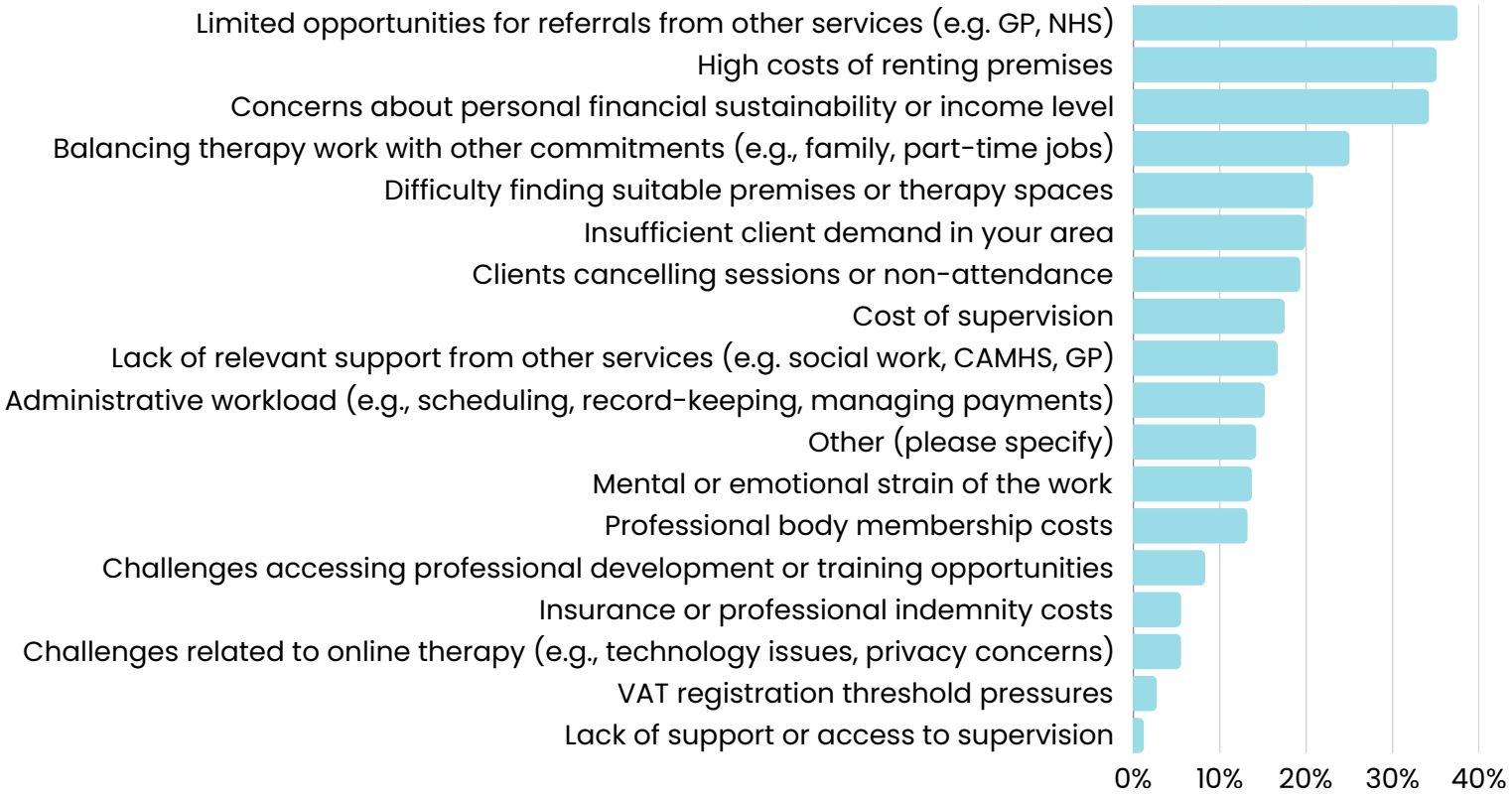
Reasons for cancellation and non-attendance



Responses in the "other" category were varied, but several clear themes emerged. The most common were clients dropping off without explanation ("ghosting"), forgetting or time-management difficulties (often linked to ADHD/time blindness), and illness or unforeseen emergencies.

Some respondents noted that cancellations often reflect planned endings or clients reaching their goals, while others highlighted cost, scheduling pressures, and accessibility issues. A smaller number referred to clients deciding therapy is not the right fit, or circumstances specific to certain settings such as asylum work, schools, or voluntary services.

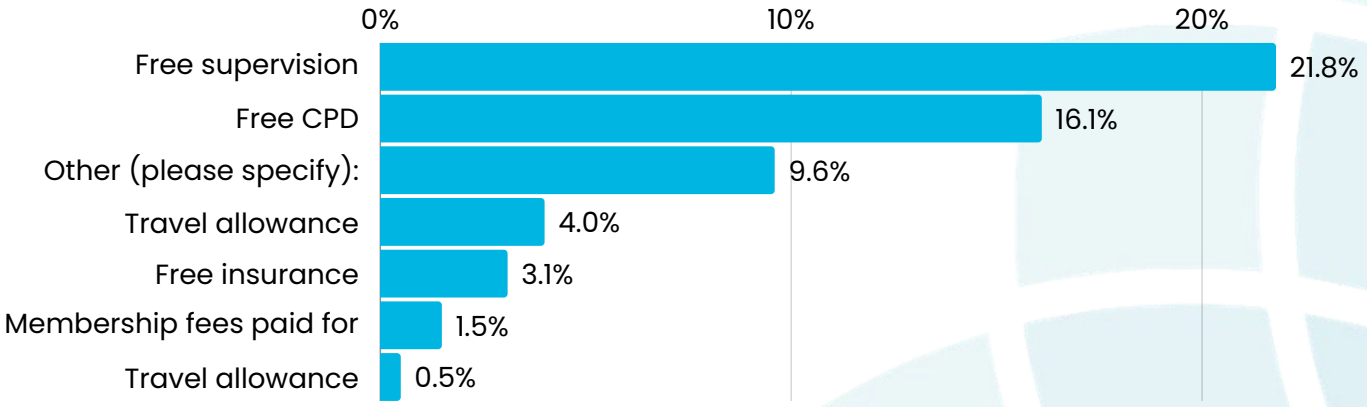
Barriers to providing therapy



Responses were mixed, with many reporting no barriers, but several key themes emerged. The most common were difficulty finding or retaining clients and a perceived saturated market, alongside challenges with marketing and referrals.

Other frequent issues included financial pressures and high running costs, as well as structural challenges within the sector, such as funding limitations and accreditation or training pathways. Some also highlighted personal circumstances, including health, disability, and work–life balance constraints.

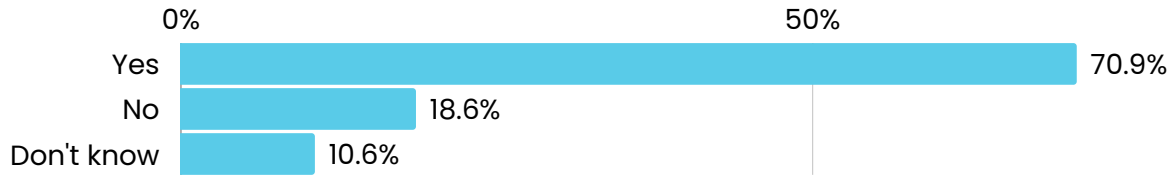
Additional benefits from main organisation



Many respondents reported no additional benefits beyond their core role. Where benefits were provided, the most common were peer and collegial support, including supervision, teamwork, and reduced isolation.

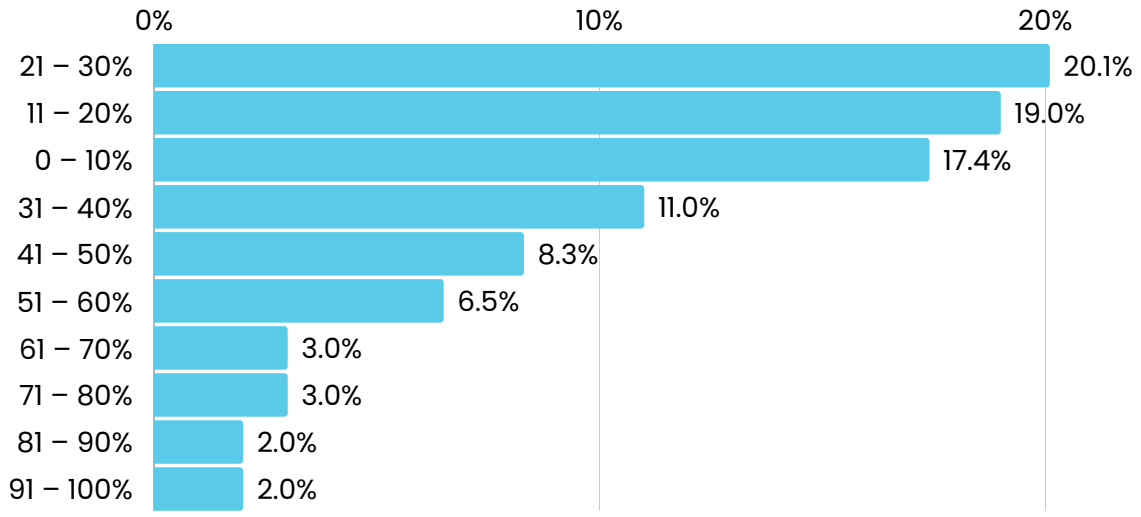
Other reported benefits included financial contributions (e.g. supervision, CPD or travel costs), and in some cases employment benefits such as sick pay, pensions, or holiday pay. A smaller number highlighted access to clients, organisational support systems, and professional development opportunities.

Have you seen private clients that were trying to access support via the NHS but ended up accessing private therapy due to NHS Wait times?

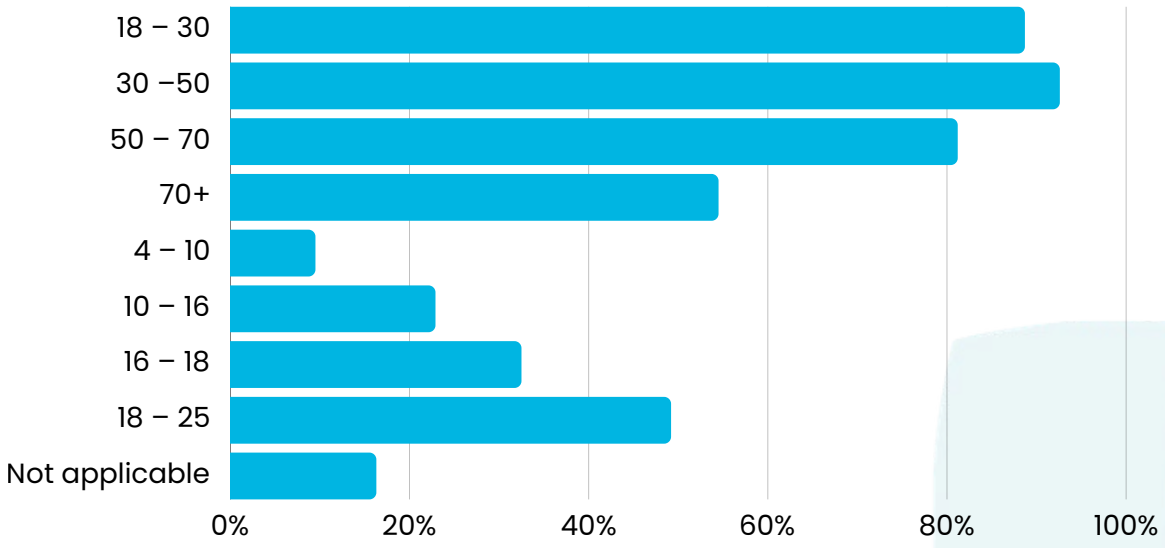


Have you seen clients who have accessed NHS Talking Therapies and attended therapy, but felt they needed further support from private therapy?

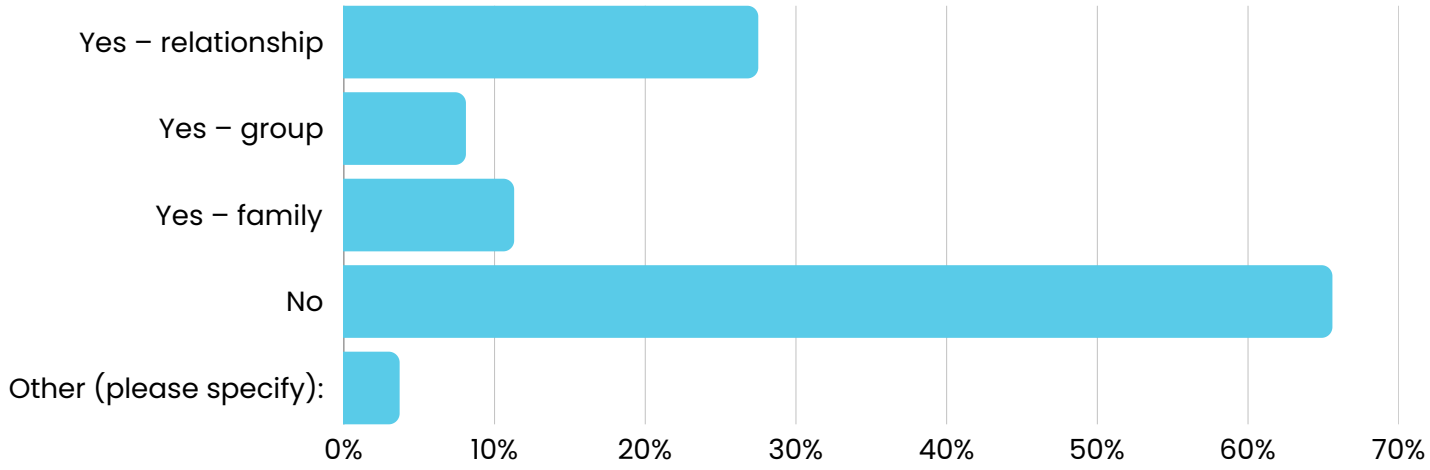
Among respondents who had experience of clients moving on from NHS Talking Therapies, the need for further private support was fairly widespread. The most common responses fell between 11% and 30% of clients, with 19.0% reporting 11–20%, and 20.1% reporting 21–30% of clients requiring additional support. Smaller proportions reported higher levels, including 31–40% (11.0%), 41–50% (8.3%), and progressively fewer above this level. At the lower end, 17.4% reported 0–10% of clients.



Client age groups seen in practice



Do you work with more than one client in the room at a time?

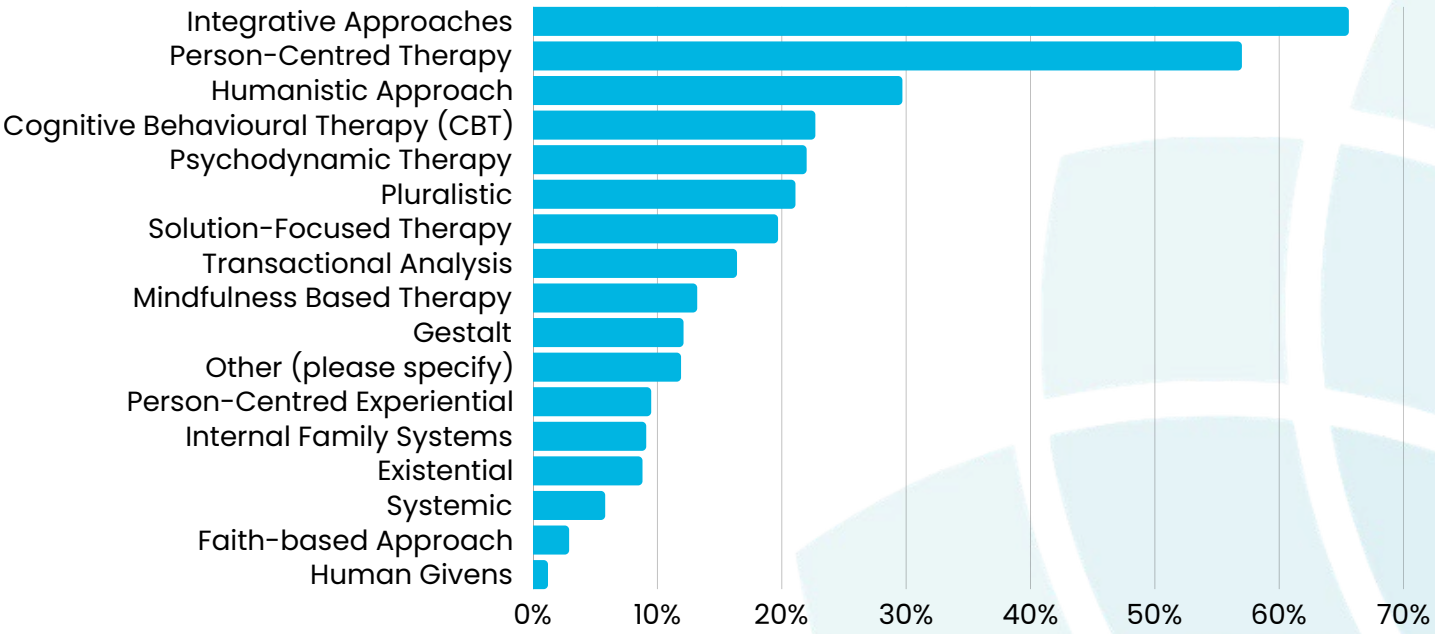


Areas of specialism

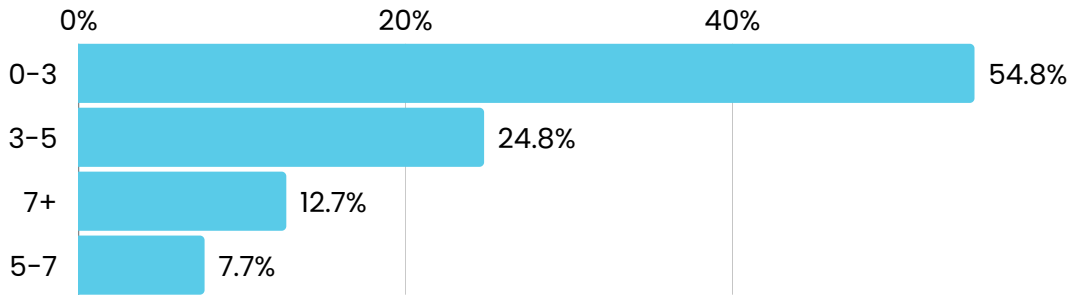
When asked about areas of specialism, responses showed a very wide range of practice areas. The most frequently cited was trauma-related work (including PTSD, complex and developmental trauma, and abuse), followed by bereavement and loss, neurodiversity (including autism and ADHD), and addiction.

Many also reported specialisms in relationships and couples work, GSRD/LGBTQ+ affirmative practice, and common presentations such as anxiety, depression, and low self-esteem. A smaller but notable number highlighted work with children and young people, as well as sexual violence, domestic abuse, perinatal mental health, and chronic illness.

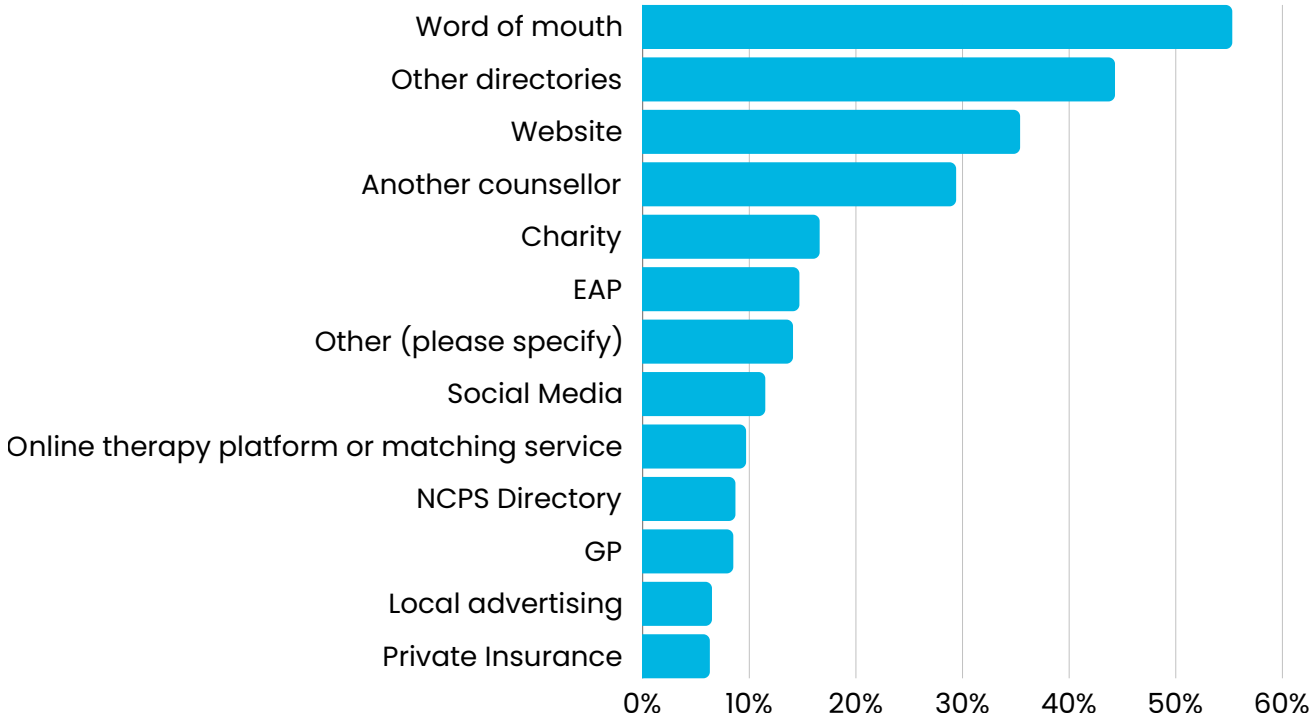
Therapeutic modalities used in practice



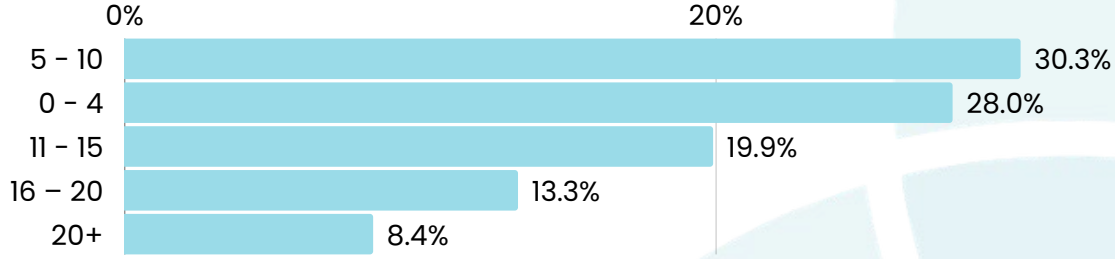
On average, how many client enquiries / referrals per month do you receive?



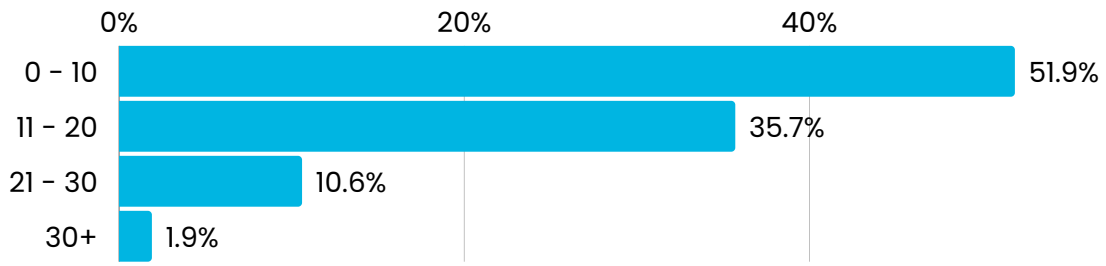
Sources of enquiries and referrals



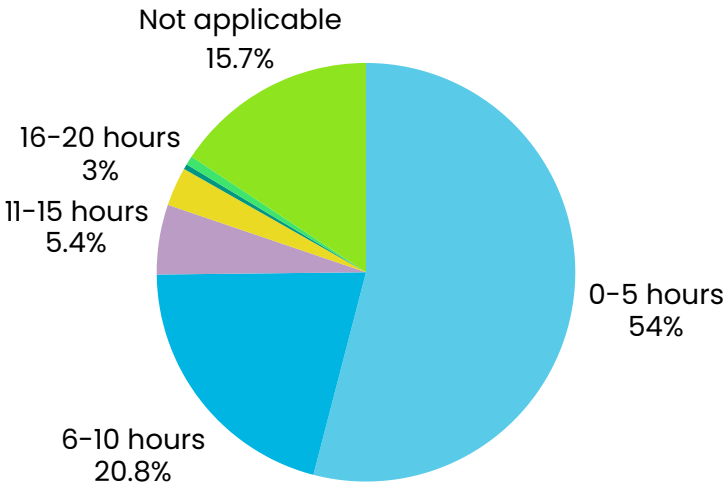
Average number of clients seen per week



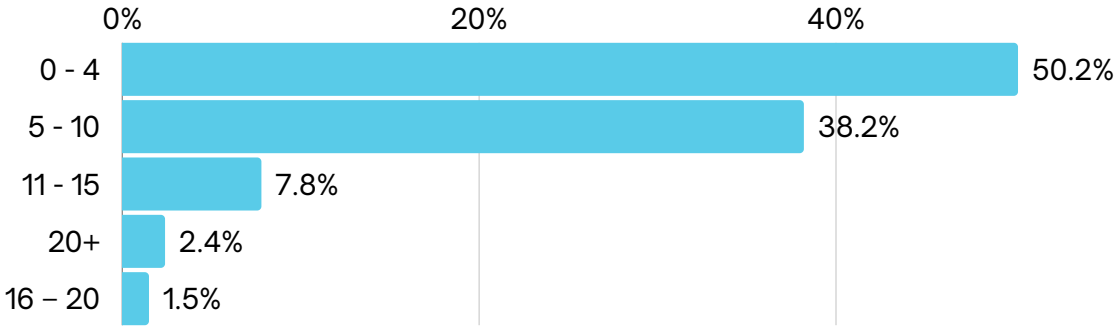
Average weekly client hours (private practice)



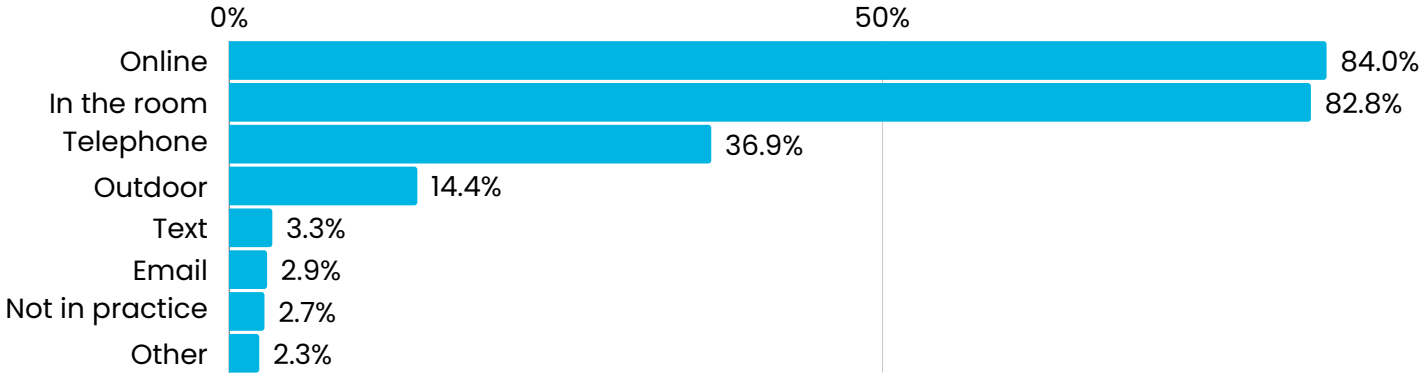
How many additional client hours do you have capacity to provide in an average week, on top of what you are currently providing?



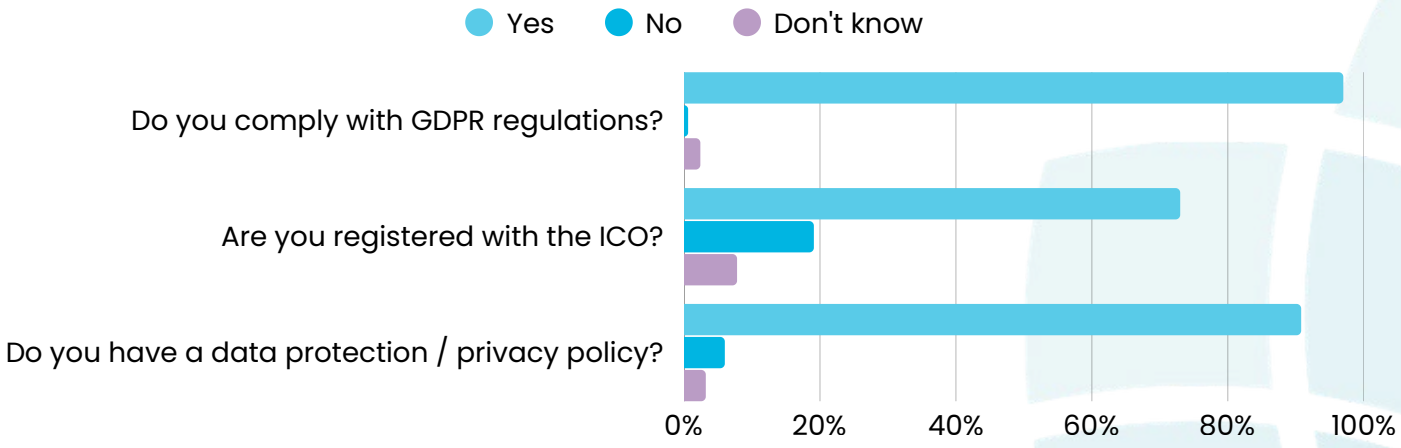
How many hours a week do you spend on everything else – e.g. admin, supervision, CPD?



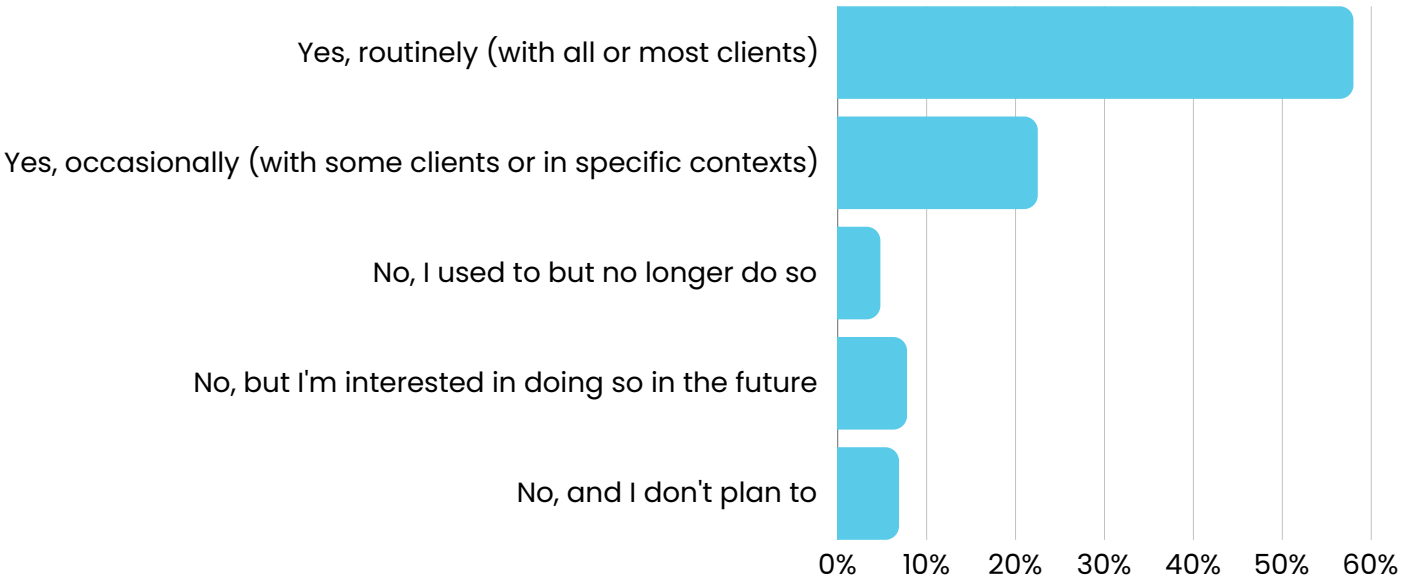
How practitioners work



GDPR compliance



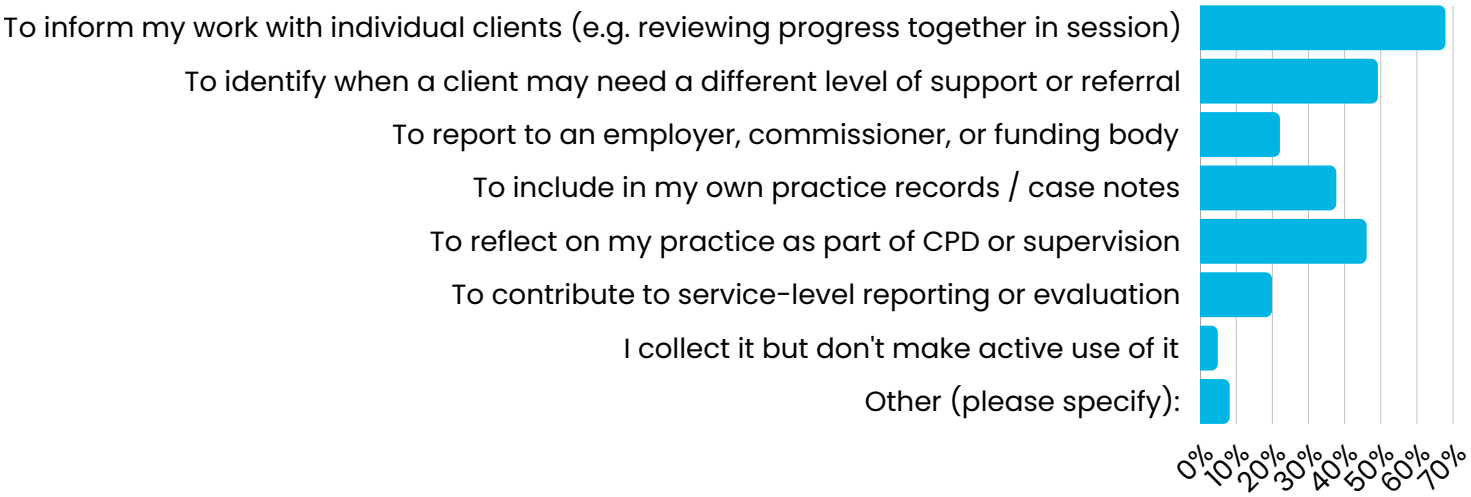
Do you currently evaluate the effectiveness of your practice in any way?



Evaluation tools used

Most respondents use standardised outcome measures, particularly PHQ-9 (37.4%) and GAD-7 (37.4%), followed by CORE-10 (29.8%). A notable proportion also report using other or bespoke approaches (27.5%), including informal discussion, client feedback, and self-designed tools. Around 20.2% report not using formal tools, with the remainder using a range of less common measures or employer-required systems.

How do you use the data you collect from Routine Outcome Measures? (Select all that apply)



The "other" responses (8.2%) highlight a more mixed picture of practice. Some respondents do not use Routine Outcome Measures at all or are unfamiliar with them, while others note they are required by organisations such as the NHS, EAPs, or charities. Additional uses include informal or qualitative feedback, bespoke evaluation tools, research purposes, supervision reflection, and administrative or funding requirements. Some also express scepticism about standardised measures, preferring qualitative approaches or questioning their relevance to therapeutic work.

Insights

External Factors Impacting Practice

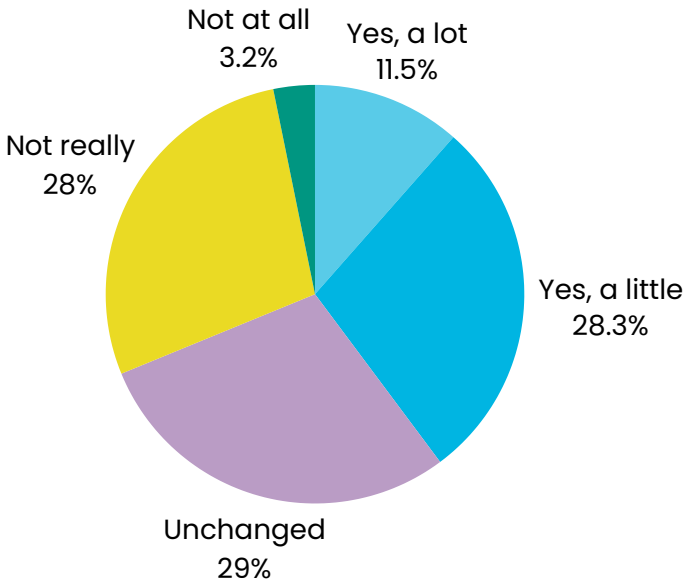
When asked what external factors are having the most impact on practice at the moment, the overwhelming theme was financial pressure, particularly the cost of living crisis, which was consistently reported as affecting both clients' ability to access therapy and practitioners' financial sustainability. Many respondents described reduced referrals, clients reducing session frequency or ending therapy early, and increased difficulty maintaining stable caseloads or fees. Alongside this, a significant proportion highlighted wider market and professional pressures, including increased competition from a growing number of practitioners, the influence of low-cost or corporate online therapy platforms, and emerging use of AI-based support tools. Broader contextual factors were also frequently mentioned, including global instability such as war, political uncertainty, climate anxiety, and wider social tensions, all of which were seen as contributing to increased client distress and complexity. In addition, some respondents noted practical and structural constraints such as room hire and operational costs, supervision and training expenses, workload pressures, and regulatory or systemic issues within services. Overall, the data indicates a profession currently shaped by intersecting financial, systemic, and socio-political pressures, with cost of living impacts being the most dominant and widely shared concern.

Main presenting issues reported by clients

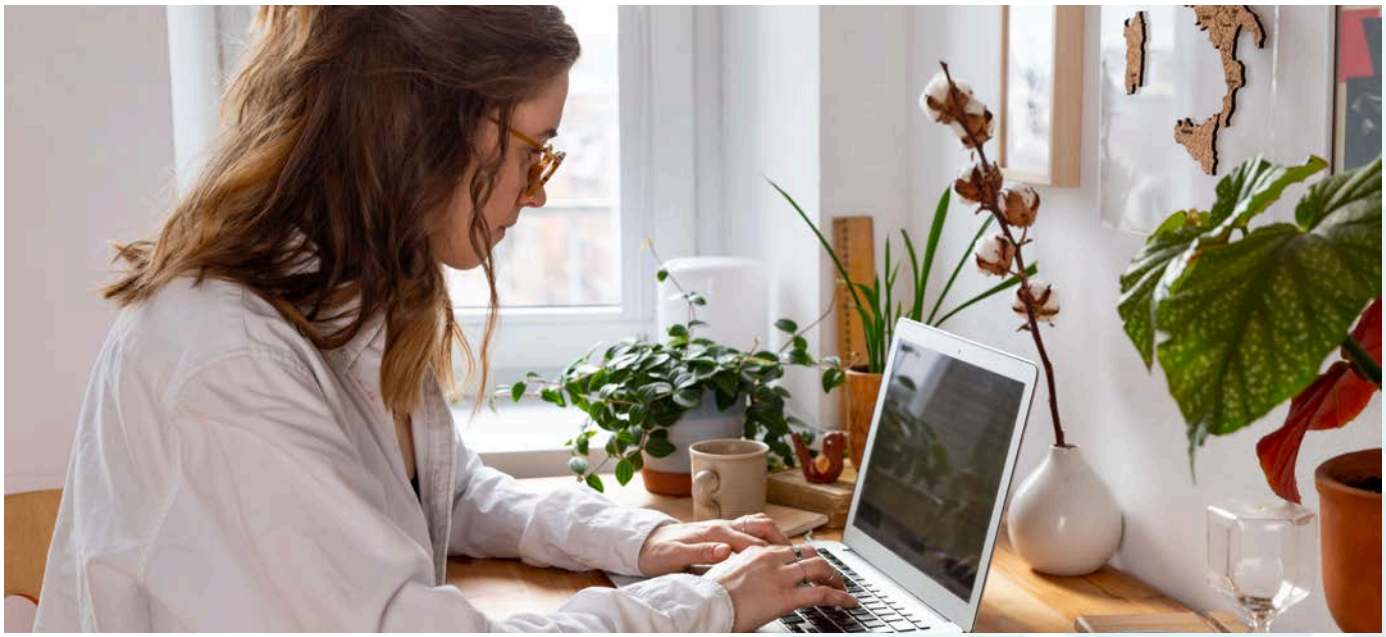
The most frequently reported presenting issues include anxiety, trauma, depression, bereavement, and relationship difficulties. Other commonly recurring themes are stress, grief, neurodivergence (including ADHD and autism), self-esteem, addiction, PTSD, loss, abuse, identity concerns, OCD, work-related issues, family dynamics, and burnout.

Perceived changes in client presenting issues over the past 12 months

Responses are fairly mixed, with no clear majority view of substantial change. Just under half of respondents (39.8%) report some level of change in presenting issues, with 11.5% indicating "a lot" of change and 28.3% reporting "a little". However, a similar proportion (29.0%) feel issues have remained unchanged, while 28.0% report "not really" any change and 3.2% say "not at all", suggesting that for many practitioners, client presenting concerns have remained relatively stable over the past year.

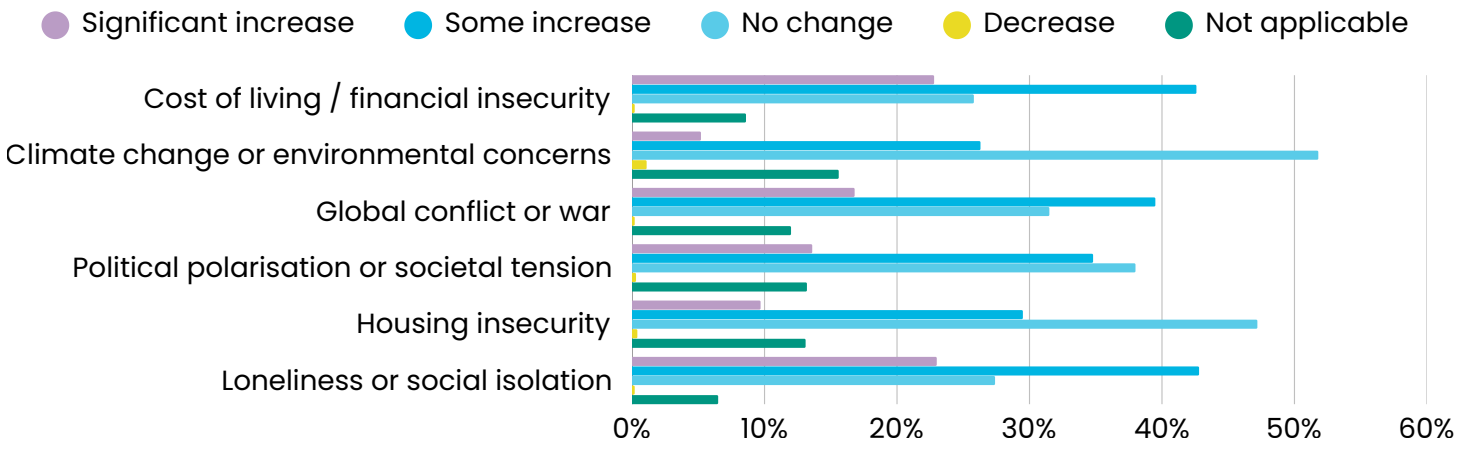


When asked how this had changed, responses included increased anxiety and complexity of presentations, greater financial and cost-of-living pressures, more neurodivergence-related referrals and self-diagnosis, and heightened distress linked to global uncertainty, social media, and political or environmental concerns. Many also noted more relationship difficulties, trauma presentations, and a general sense of overwhelm and reduced resilience among clients.



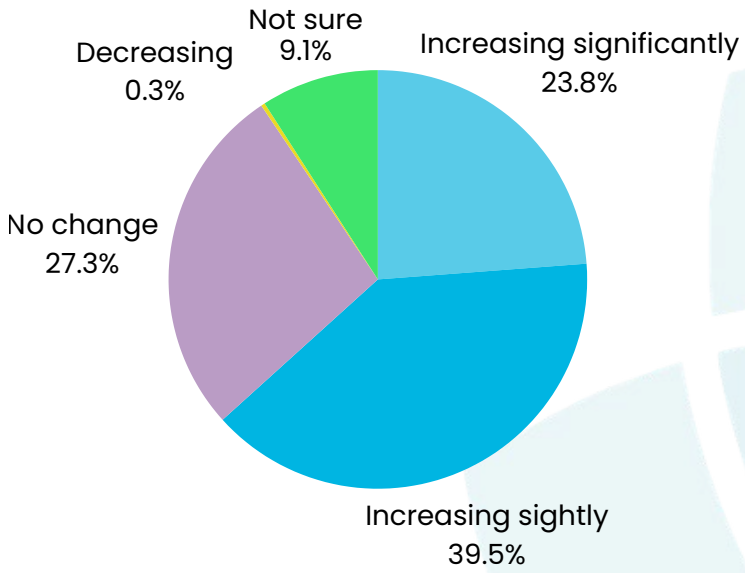
Increased client distress linked to societal issues over the past 12 months

Respondents reported an increase in clients presenting with distress related to a range of societal issues, most notably cost of living/financial insecurity and loneliness or social isolation, with the highest proportions reporting either a significant or some increase. In contrast, climate change or environmental concerns were most commonly reported as showing no change (51.8%), while other issues such as global conflict, political polarisation, and housing insecurity were more mixed, with many respondents reporting some increase but a substantial proportion reporting no change.



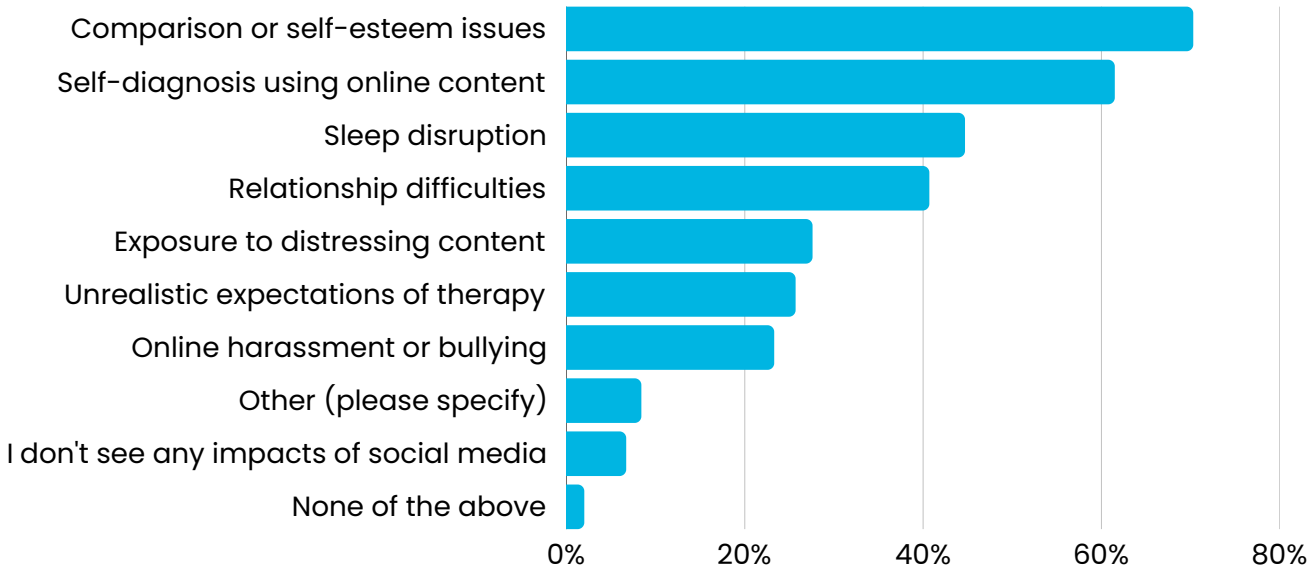
Social media influence on presenting issues over the past 12 months

When asked about the impact of social media on client presentations, the majority of respondents reported an increase, with most indicating either a slight or significant rise in influence. A smaller proportion reported no change, while very few noted any decrease. A minority were unsure. Overall, the results suggest a clear trend towards social media playing a growing role in shaping or influencing the issues clients bring to therapy.



Most commonly observed impacts of social media in clients

When asked which impacts of social media are most commonly seen in clients, respondents most frequently reported comparison and self-esteem issues, alongside self-diagnosis using online content. Sleep disruption and relationship difficulties were also commonly noted. Exposure to distressing content, online harassment or bullying, and unrealistic expectations of therapy were reported by a notable minority. Very few respondents indicated that they see no impact of social media in their clients, suggesting that social media is widely perceived as influencing client presentations in some form.

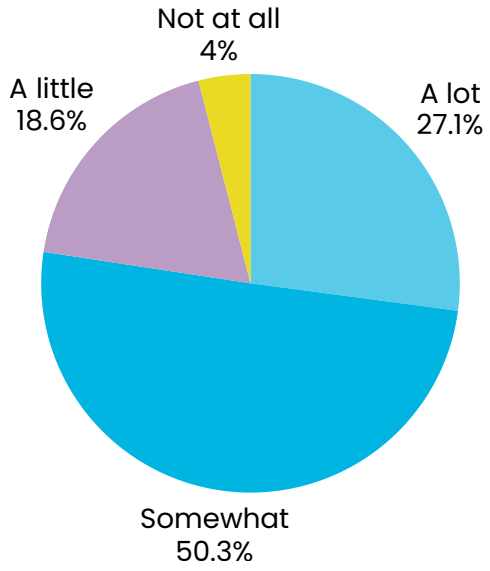


When asked to specify "other" impacts of social media, responses highlighted a wide and varied set of themes. These included compulsive or addictive use (including doomscrolling, screen addiction, and phone overuse), alongside concerns about misinformation, polarisation, and exposure to distressing global content. Many respondents noted impacts on self-esteem, identity, and comparison, as well as the reinforcement of anxiety through constant news exposure and algorithm-driven content.

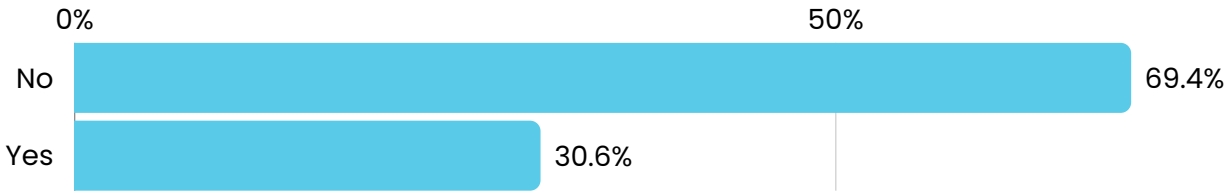
A number of responses also referenced emerging influences such as AI use (including reliance on chatbots for emotional support or self-diagnosis), alongside concerns about pornography use, dating apps, and online scams. Some noted both positive and negative effects, including connection for marginalised groups, but overall responses emphasised increased isolation, reduced real-world engagement, and a growing sense that social media is shaping beliefs, emotions, and behaviour in more complex and sometimes problematic ways.

Awareness of AI developments in counselling and psychotherapy

When asked about awareness of developments in artificial intelligence as they relate to counselling & psychotherapy, most respondents reported at least some awareness. Over half indicated they were somewhat aware, while just over a quarter reported a high level of awareness. A smaller proportion reported only limited awareness, and very few said they were not aware at all. Overall, the findings suggest that AI is becoming an increasingly recognised topic within the counselling & psychotherapy profession.



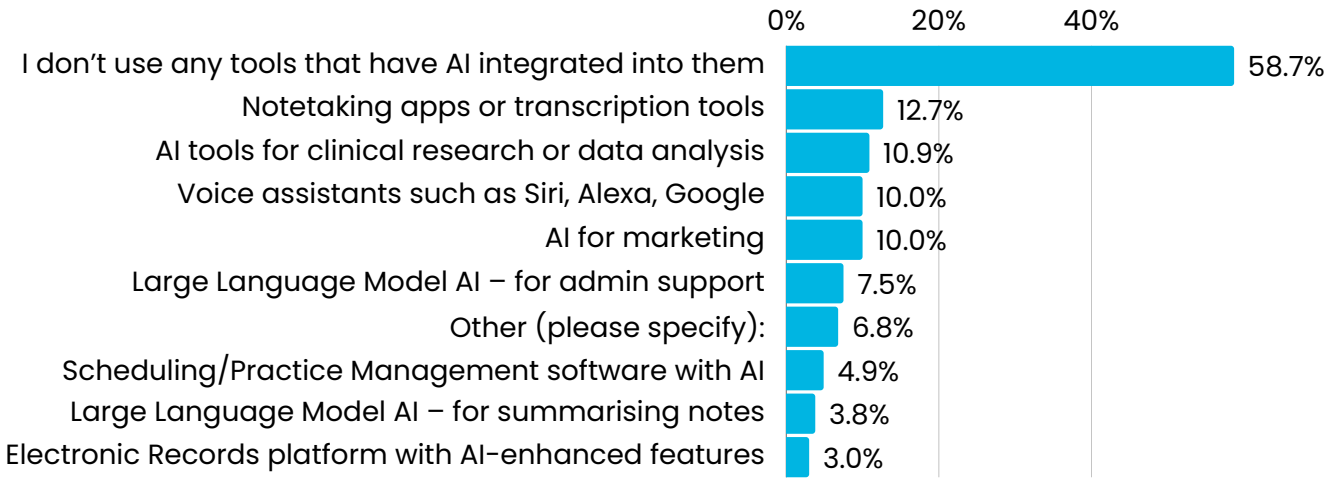
AI's Growing Influence on Therapeutic Practice



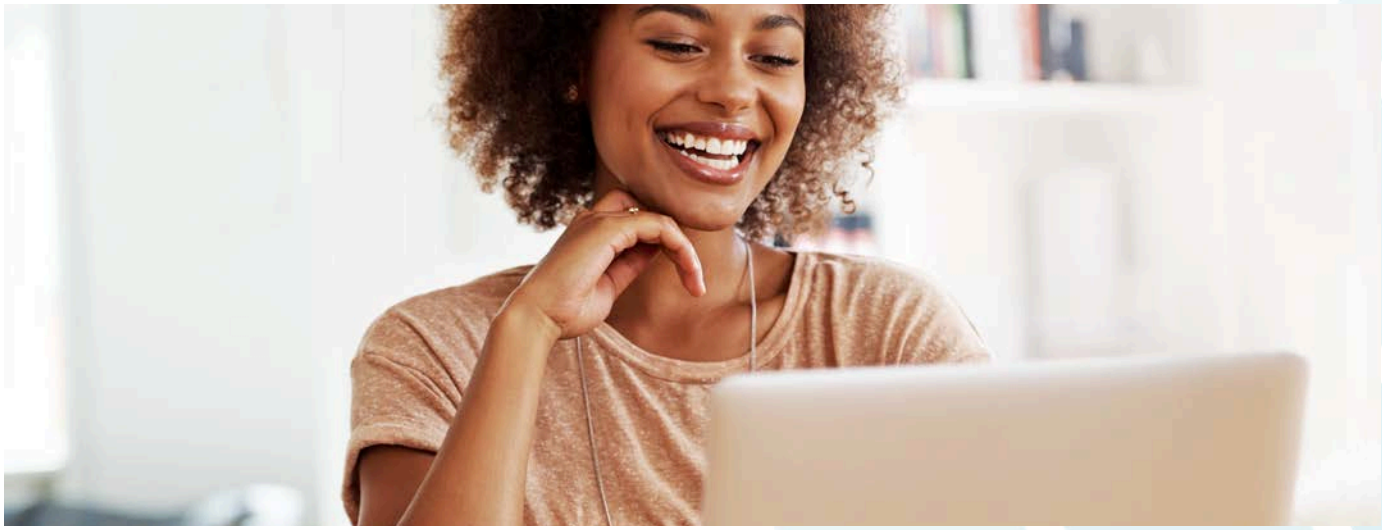
When asked 'Has this impacted your practice in any way?', 69.4% of respondents said yes, and 30.6% said no. Among those reporting an impact, responses highlighted both opportunities and concerns. Common themes included clients increasingly using AI tools such as ChatGPT for self-diagnosis, emotional support, journaling, and advice between sessions, often bringing AI-generated insights into therapy. Some practitioners reported AI as helpful for administrative tasks, note summarisation, marketing, research, and resource creation. However, many expressed concerns about misdiagnosis, overreliance on AI as a substitute for therapy, reduced referrals, unrealistic expectations of quick solutions, privacy risks, and AI becoming a "third voice" in the therapeutic relationship. Overall, responses suggest AI is becoming an increasingly significant influence on both client behaviour and practitioner workflows, while reinforcing the perceived value of human connection in therapy.

Use of AI-Integrated Tools in Practice

When asked which tools with AI integration they currently use, the majority of respondents (58.7%) reported not using any AI-enabled tools in their practice. Among those who do, the most commonly used were notetaking or transcription apps (12.7%), AI tools for clinical research/data analysis (10.9%), and voice assistants or AI-powered marketing tools (both 10.0%). Use of more direct clinical AI applications—such as AI-based therapy apps (0.9%), AI-assisted supervision (1.8%), and telehealth triage chatbots (1.5%)—remained relatively low, suggesting AI adoption is currently concentrated in administrative and support functions rather than core therapeutic work.

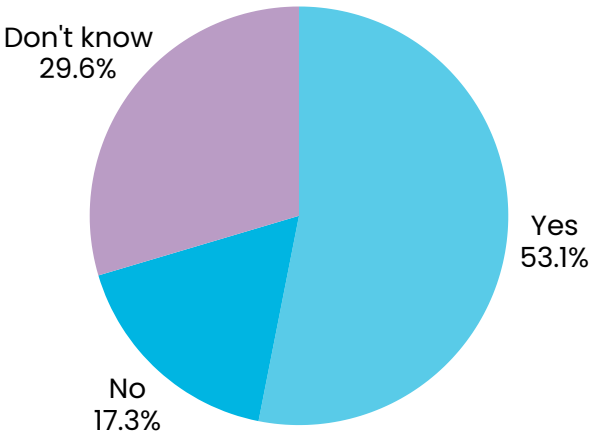


'Other' responses included a mix of indirect or incidental use of AI-enabled tools (such as Zoom, Google, email and Microsoft applications with built-in AI features), deliberate use of tools like ChatGPT or Copilot for admin, research, or writing support, and personal use of AI assistants (e.g. Siri or dictation). A notable number of respondents reported avoiding AI altogether due to ethical, professional, or GDPR concerns, or being unsure whether the tools they use contain AI.



Anticipated Impact of AI on Practice

When asked whether they envision AI having an impact on their practice in the future, just over half of respondents (53.1%) answered yes, while 29.6% were uncertain, and 17.3% did not expect any impact. Overall, responses suggest a broadly acknowledged likelihood of future influence from AI, alongside a significant level of ambivalence or uncertainty about the nature and extent of that impact.



When asked how they envisage the impact of AI on their practice, responses were mixed. Around 33.8% described the impact as neutral, while 15.1% viewed it as positive and 1.5% as very positive. In contrast, 24.9% anticipated a negative impact and 7.6% a very negative impact. A further 17.2% reported that the question was not applicable, as they did not foresee AI having an impact on their practice. Overall, responses indicate a broadly cautious or ambivalent stance, with more neutral or negative expectations than strongly positive ones.

Client Use of AI for Emotional or Mental Health Support

When asked whether clients are using AI tools such as chatbots for emotional or mental health support, 41.7% reported this occurs occasionally, and 14.4% said it happens frequently. A smaller proportion indicated it occurs rarely (18.2%) or never (17.0%), while 8.7% were not sure. Overall, responses suggest that many practitioners are already encountering some level of client use of AI for emotional support, though the frequency varies widely across practices.

Perceived Impact of Clients' AI Use on Therapy Sessions

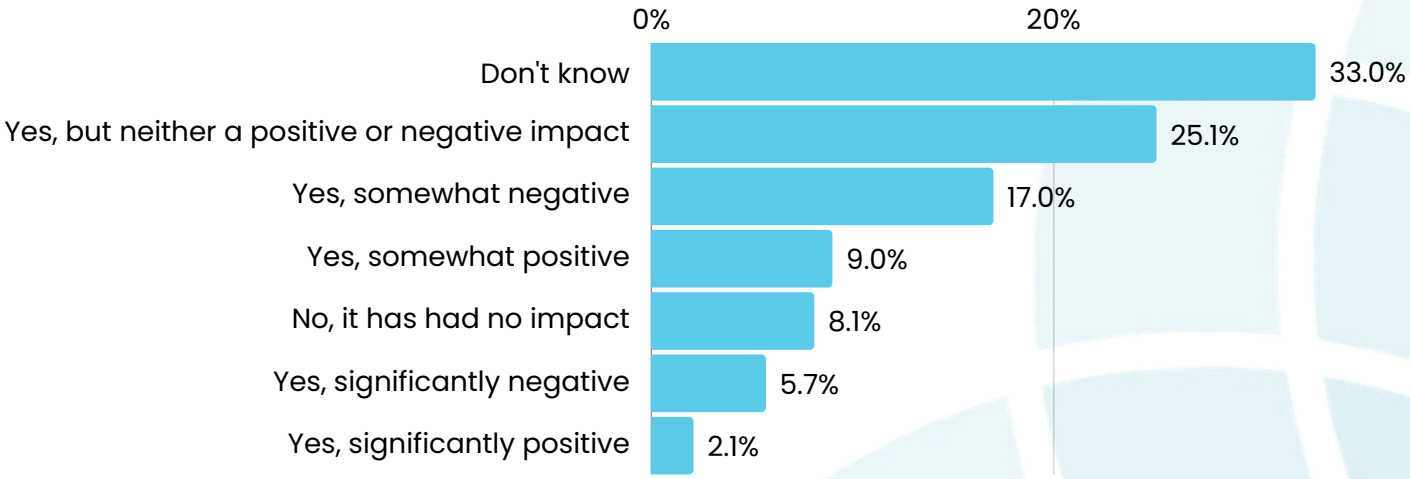
Responses show a mixed and emerging picture, with many practitioners reporting little or no clear impact so far. Where impact is noted, it most commonly relates to clients using AI for self-diagnosis, reassurance, or advice-seeking, often arriving in sessions with pre-formed interpretations or expectations of quick solutions. This can both support and hinder therapy by increasing insight and session focus, but also reinforcing misinformation or fixed beliefs.

A further theme is changing expectations of therapy, including comparisons with AI, reduced patience for slower relational work, and in some cases a perceived devaluing of the therapeutic relationship. Some clients use AI between sessions for reflection or coping, which is sometimes seen as helpful but can also raise concerns about over-reliance and reduced autonomy.

Perceived Impact of AI on Clients' Mental Health

Responses indicate a largely uncertain and mixed picture. The most common response is "don't know" (33.0%), followed by neutral impact (25.1%), suggesting many practitioners are either unable to assess or not yet seeing clear effects on clients' mental health.

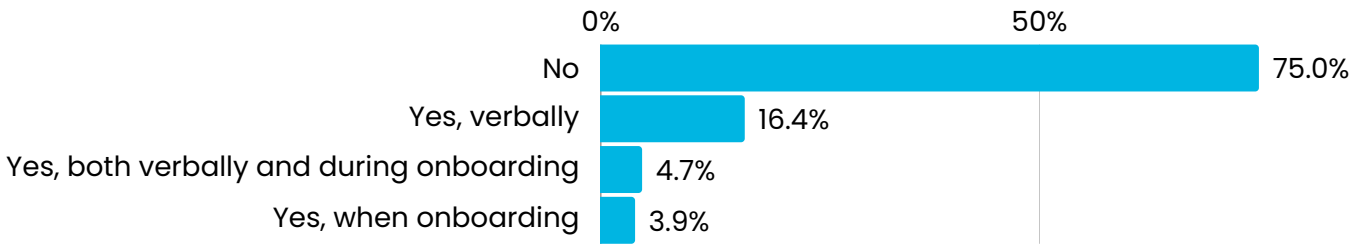
Where an impact is identified, 22.7% report a negative effect (17.0% somewhat negative, 5.7% significantly negative), often linked in qualitative comments to concerns such as misinformation, self-diagnosis, and increased anxiety or reliance on AI advice. In contrast, 11.1% report a positive impact (9.0% somewhat positive, 2.1% significantly positive), typically associated with increased access to support, reflection, or coping tools. A smaller group, 8.1%, report no impact.



Enquiring About Clients' AI Use

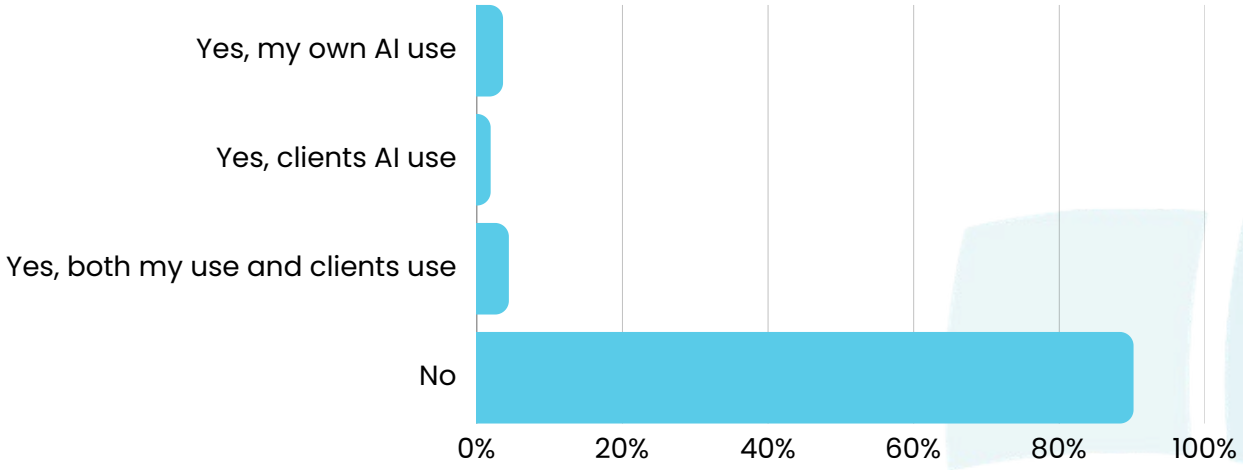
The majority of respondents report not asking clients about AI use (75.0%). A smaller proportion engage in some form of enquiry, either verbally (16.4%), during onboarding (3.9%), or both verbally and at intake (4.7%).

Overall, findings suggest that routine discussion of AI use in client work is still uncommon, with only about 1 in 4 practitioners (25.0%) actively asking about it in any form.



Inclusion of AI Use in Client Contracts

Most respondents report that AI use is not addressed in their contracts (90.2%). Only a small minority include it in some form: 4.4% cover both practitioner and client AI use, while 3.6% refer only to practitioner use and 1.9% refer only to client use.

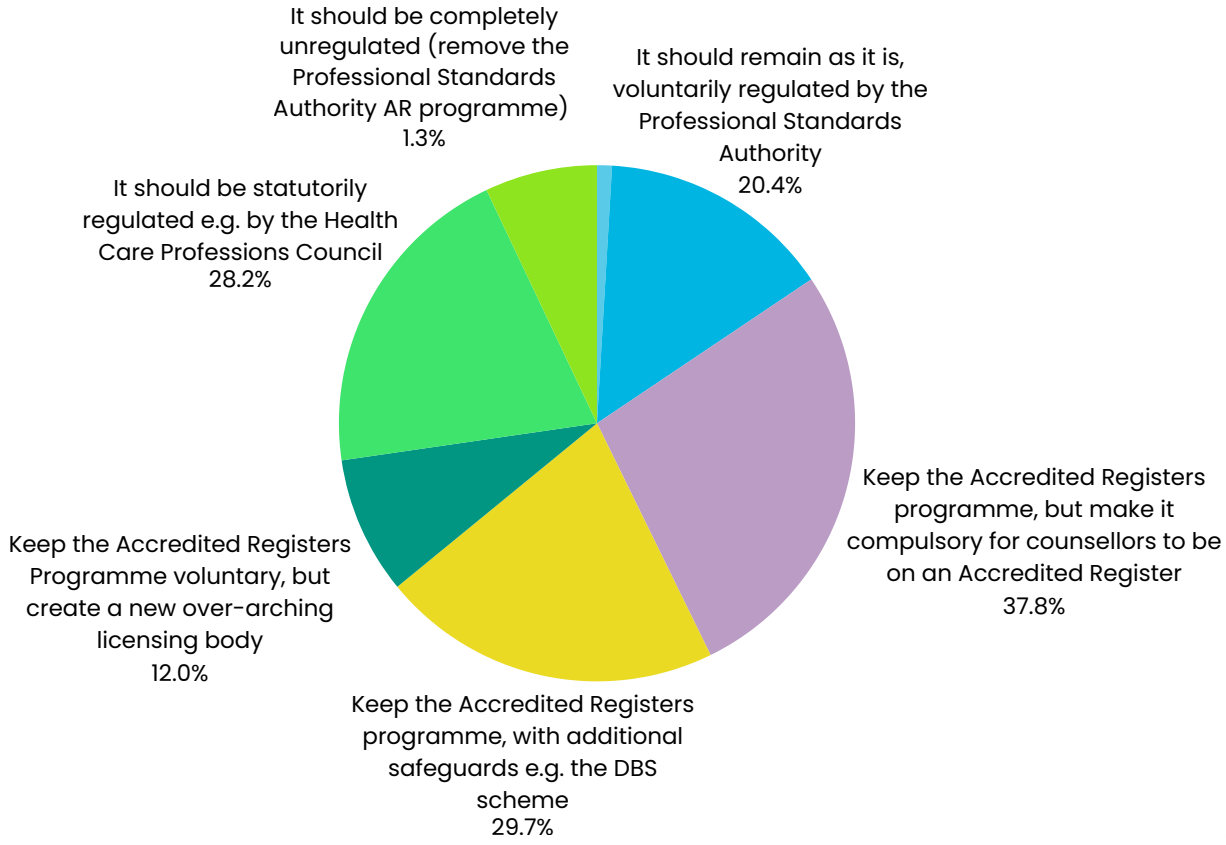


Views on Regulation of Counselling & Psychotherapy

Responses show a clear preference for strengthening regulation rather than removing it, with relatively low support for complete deregulation (1.3%).

The most selected option is to keep the Accredited Registers programme but make it compulsory for counsellors to be on an Accredited Register (37.8%), followed by support for keeping the programme with additional safeguards such as DBS checks (29.7%). A substantial proportion also support statutory regulation (28.2%), indicating strong interest in formalised oversight.

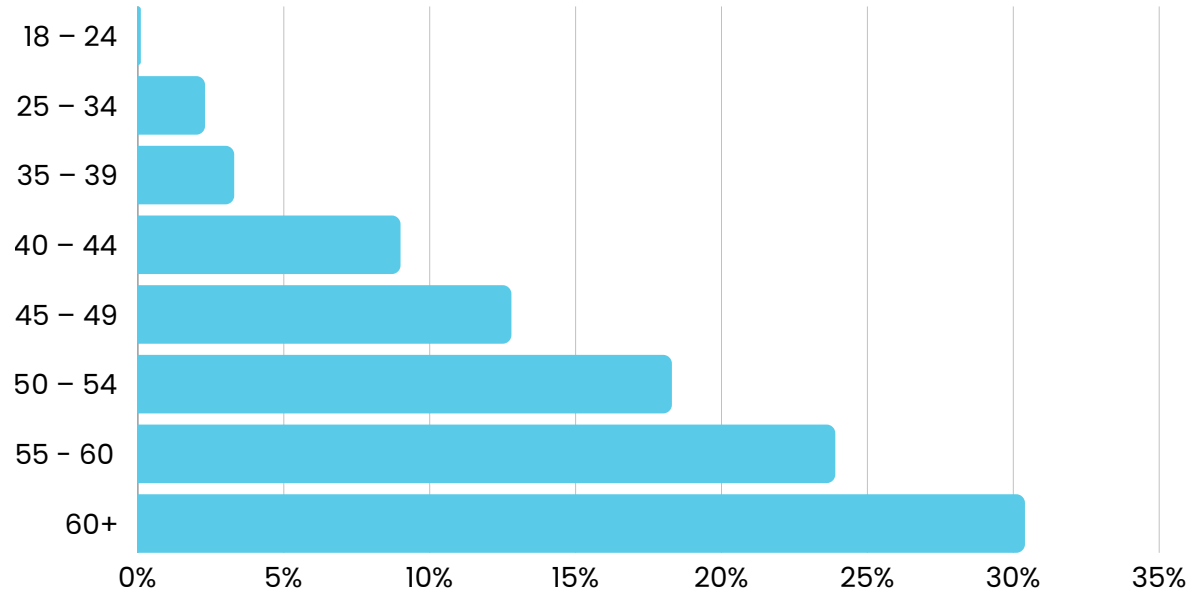
Fewer respondents prefer maintaining the current voluntary system as it is (20.4%) or introducing a new overarching licensing body (12.0%), while 9.8% selected other views.



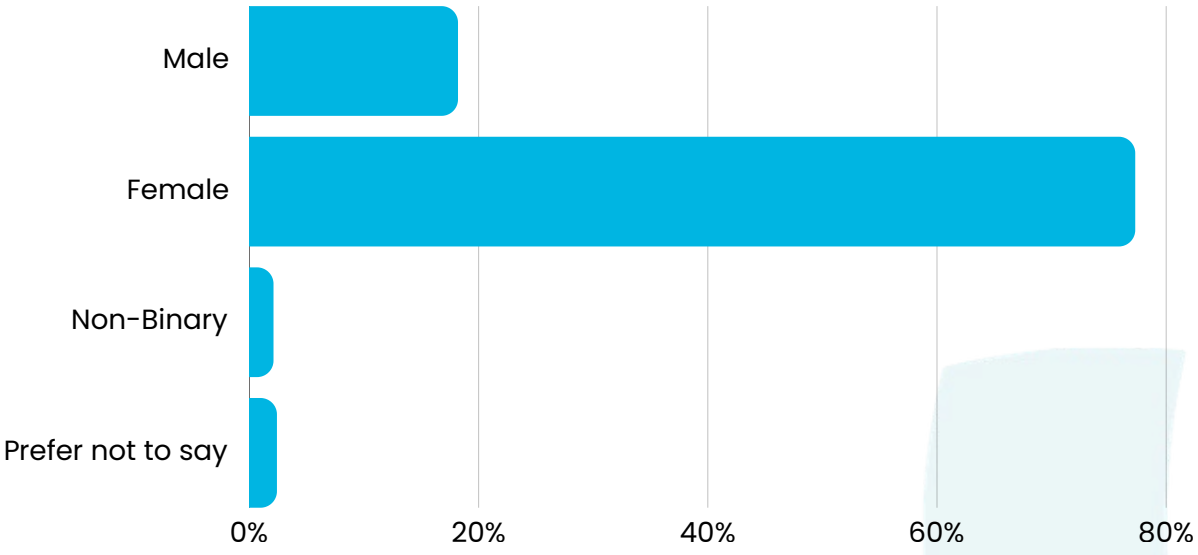
Other responses were mixed, with many expressing uncertainty. Common themes included support for some form of regulation or protected titles, alongside criticism that current systems (e.g. accreditation/SCoPEd) are seen as elitist, confusing, or overly bureaucratic. Others called for a new or reformed regulatory approach that better reflects experience, CPD, and real-world practice. A minority preferred little or no additional regulation, fearing over-medicalisation or reduced accessibility.

Demographics

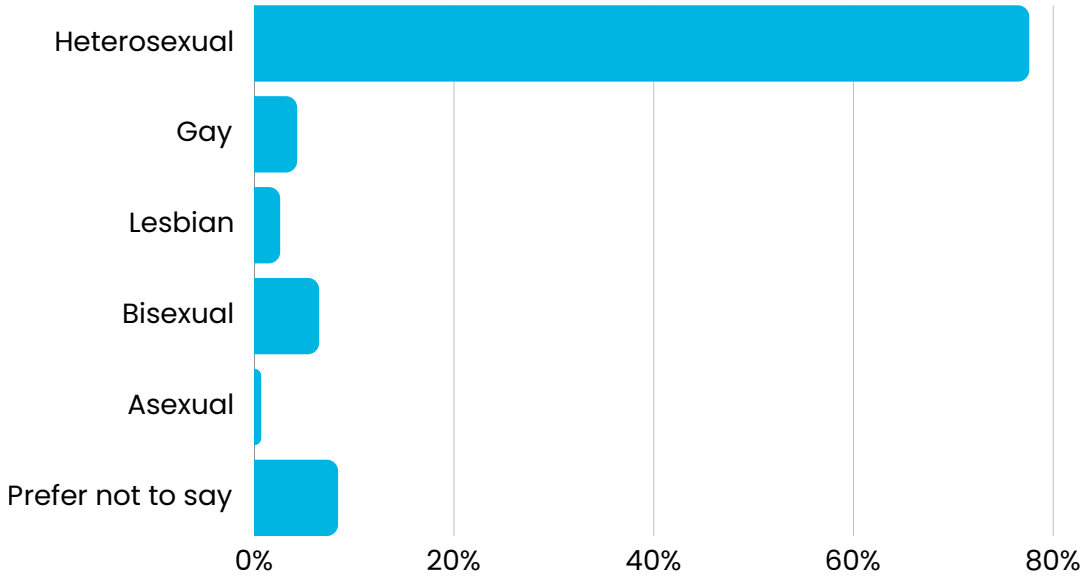
Respondent Age Profile



Gender Identity Profile

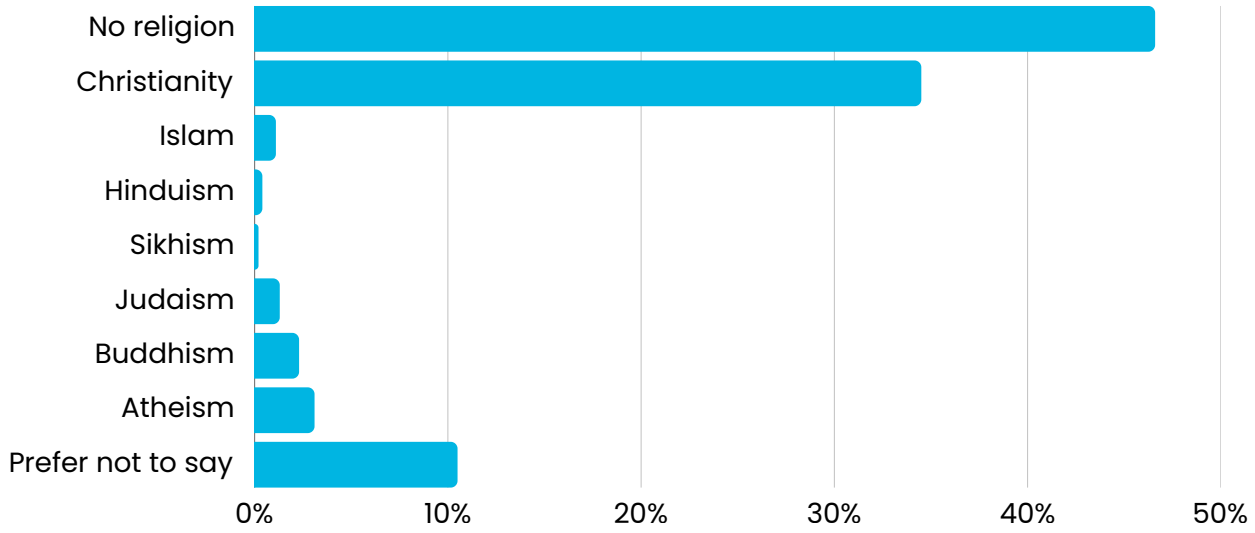


Sexual Orientation Profile

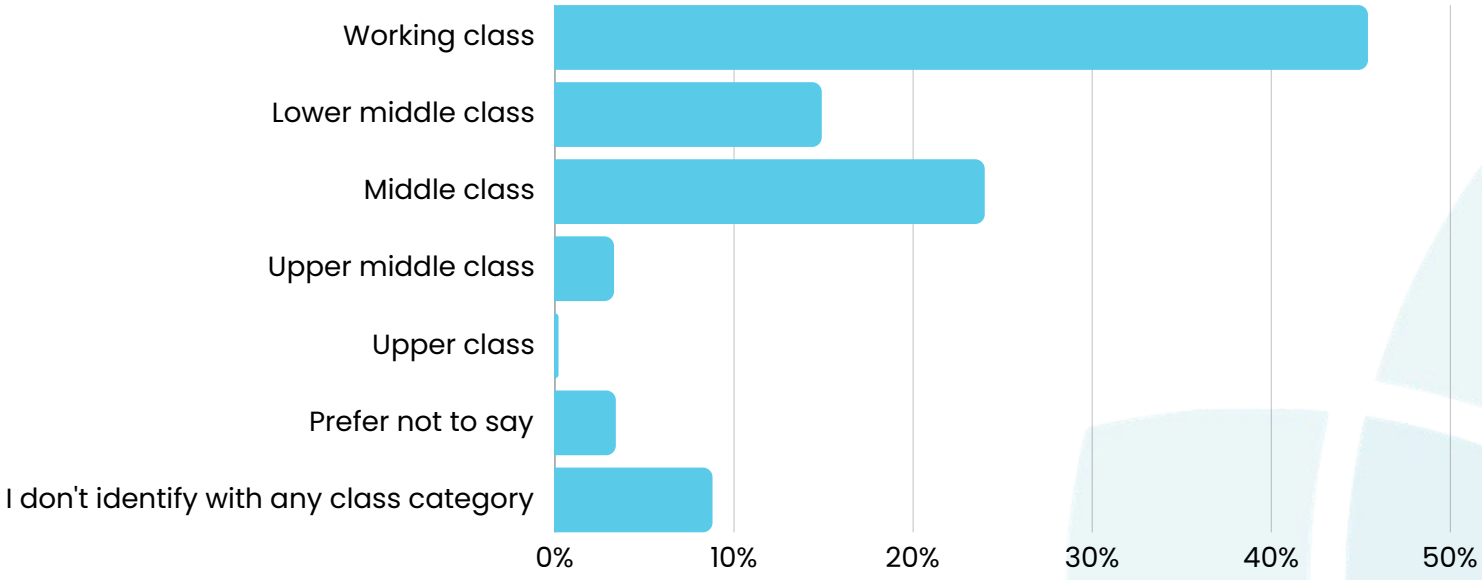


Ethnic Background Profile

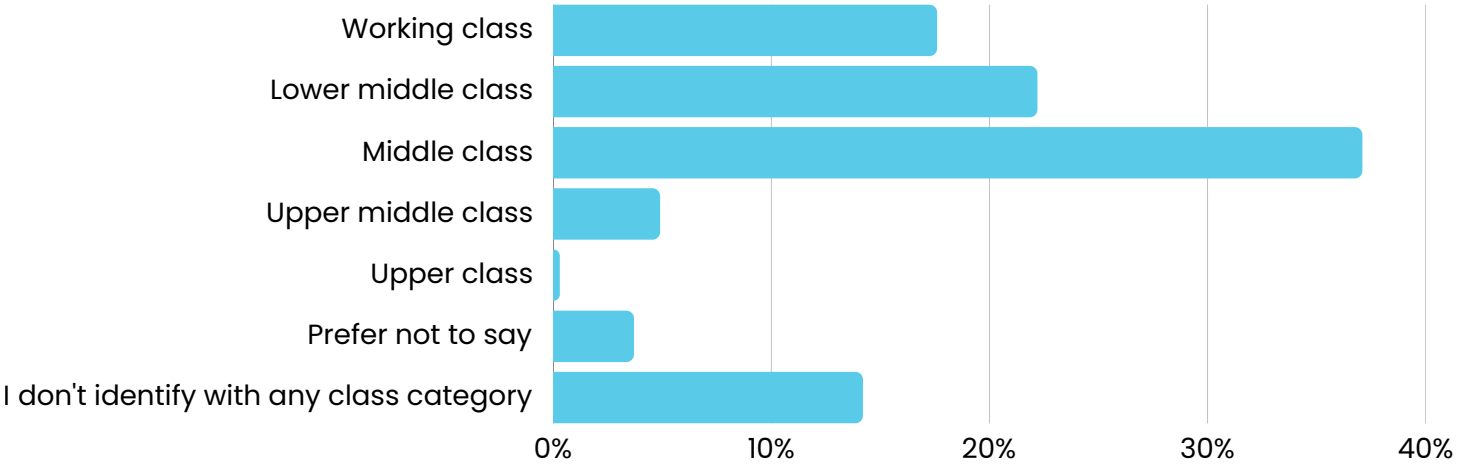
Religious Belief



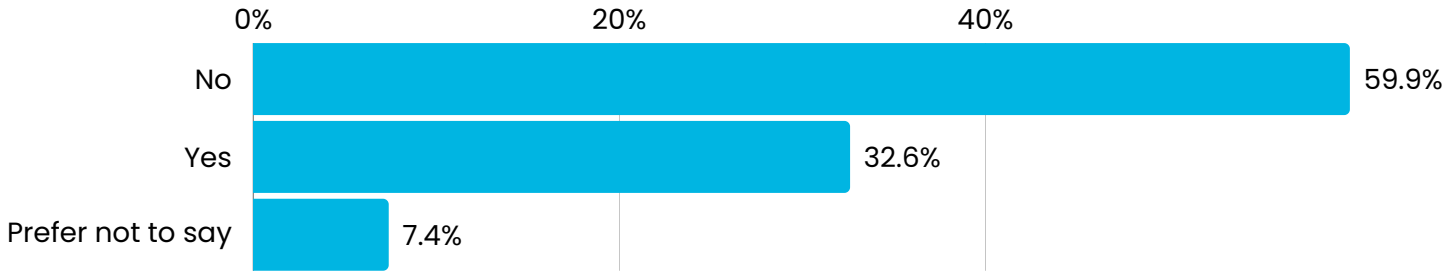
Childhood Social Class (Self-Reported)



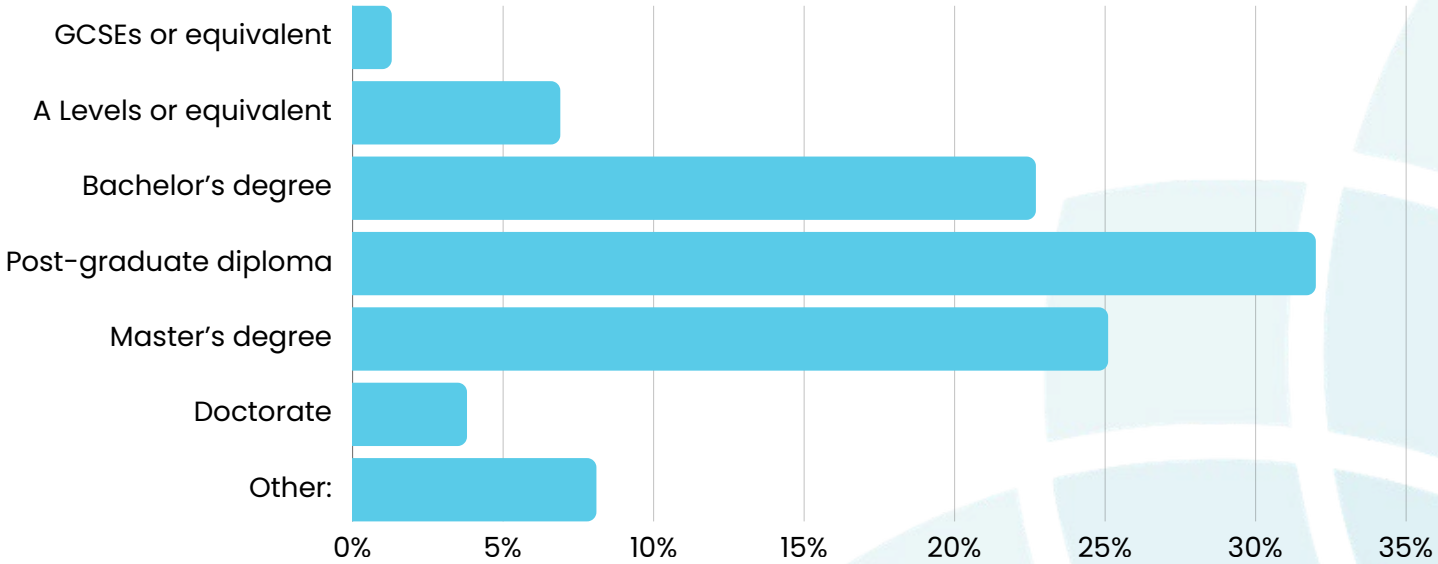
Current Social Class (Self-Reported)



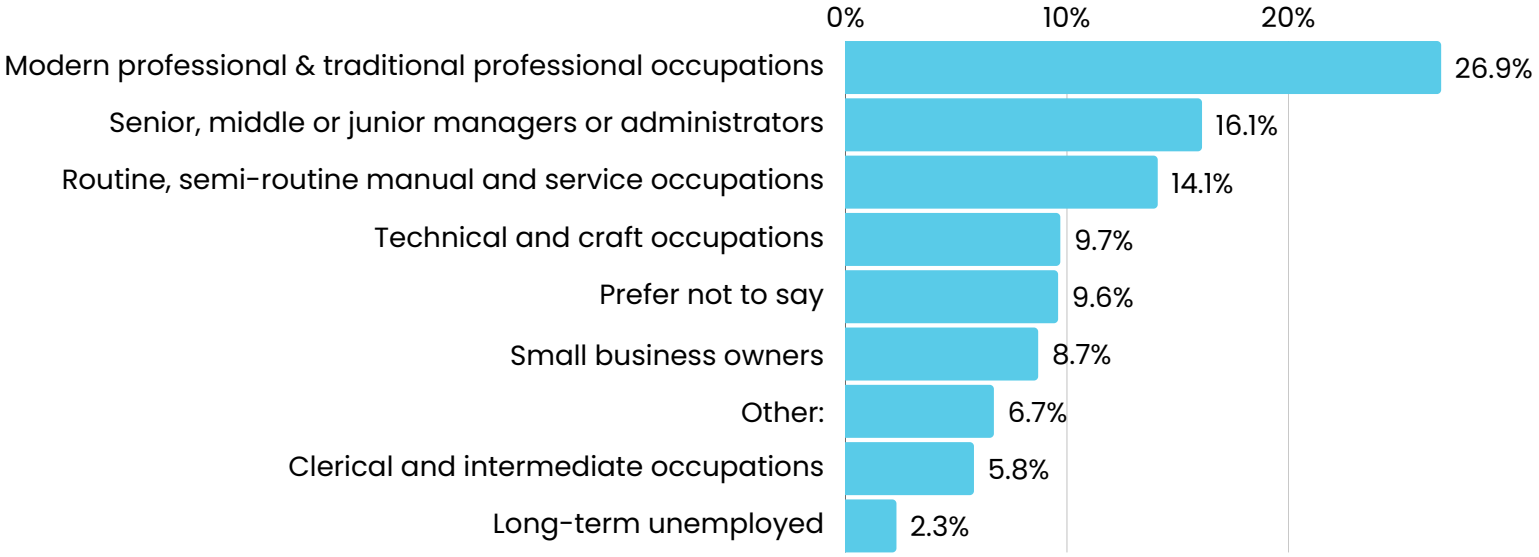
Disability or Health Condition



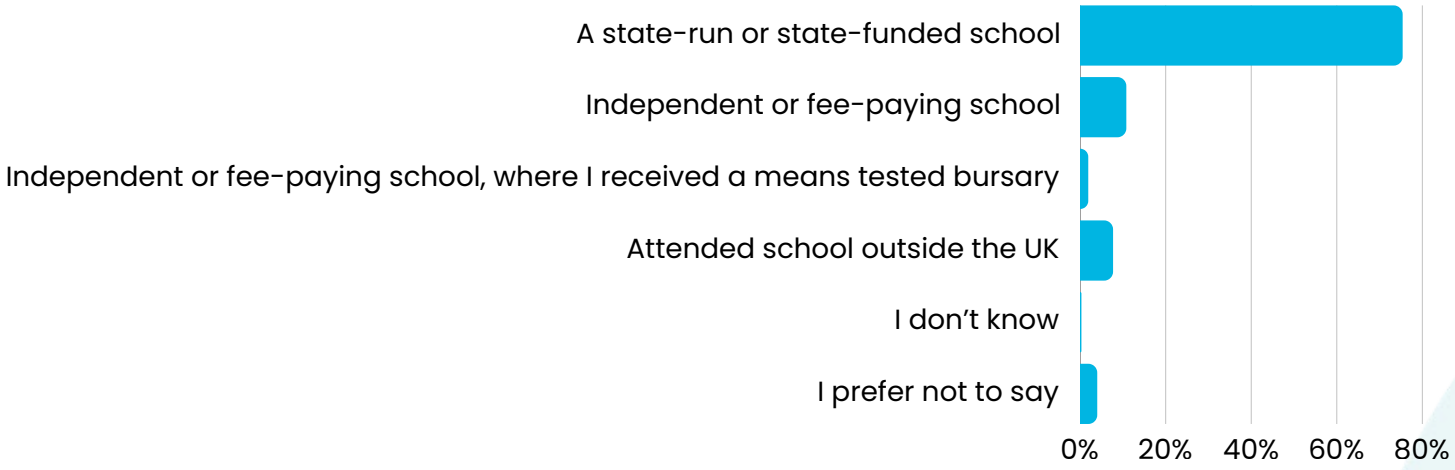
Highest Level of Education Completed



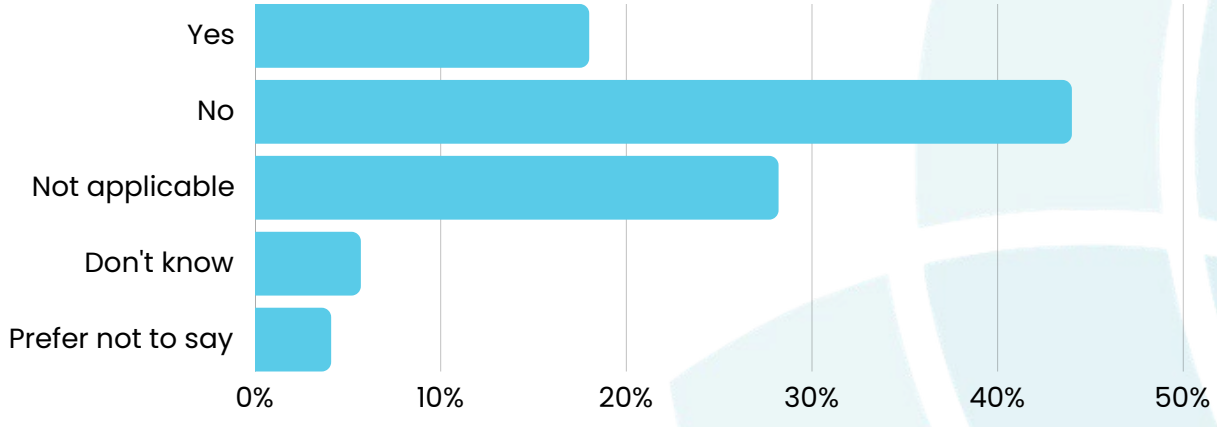
Main Household Earner's Occupation



Type of School Attended



Eligibility for Free School Meals



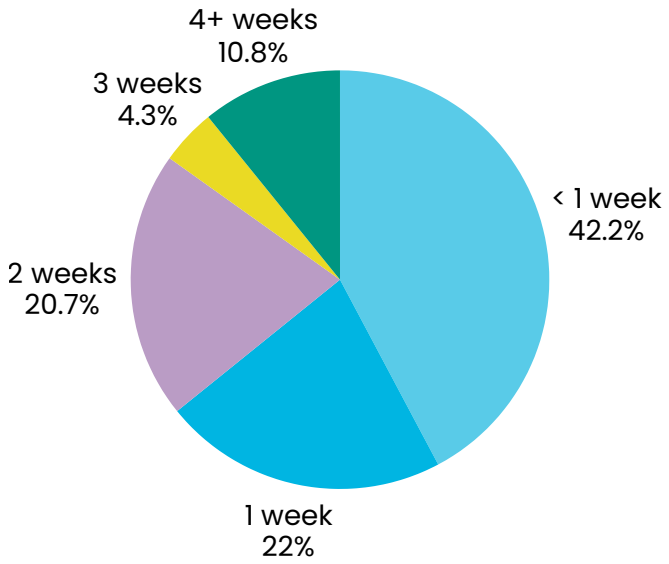
Subgroup Analysis: Role-Based Comparisons

To provide additional depth, we have conducted subgroup analysis across the three practitioner groups (Private Practice, Charity, and Education) for a selected subset of survey questions.

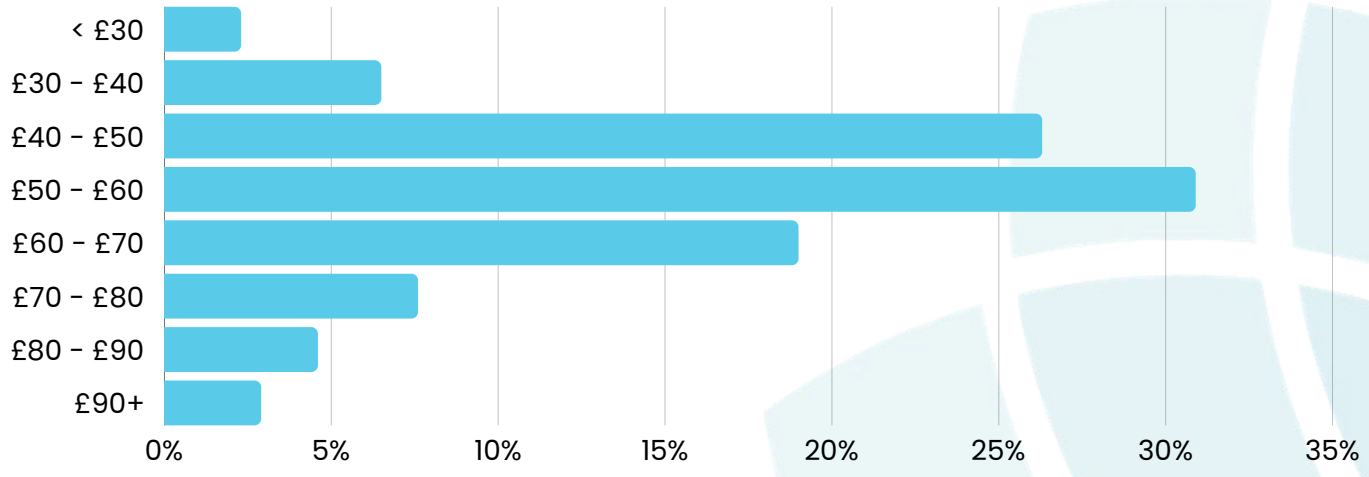
These questions were chosen based on their relevance and potential to show meaningful variation between sectors, rather than applying cross-tabulation to the full survey.

1) People in Private Practice

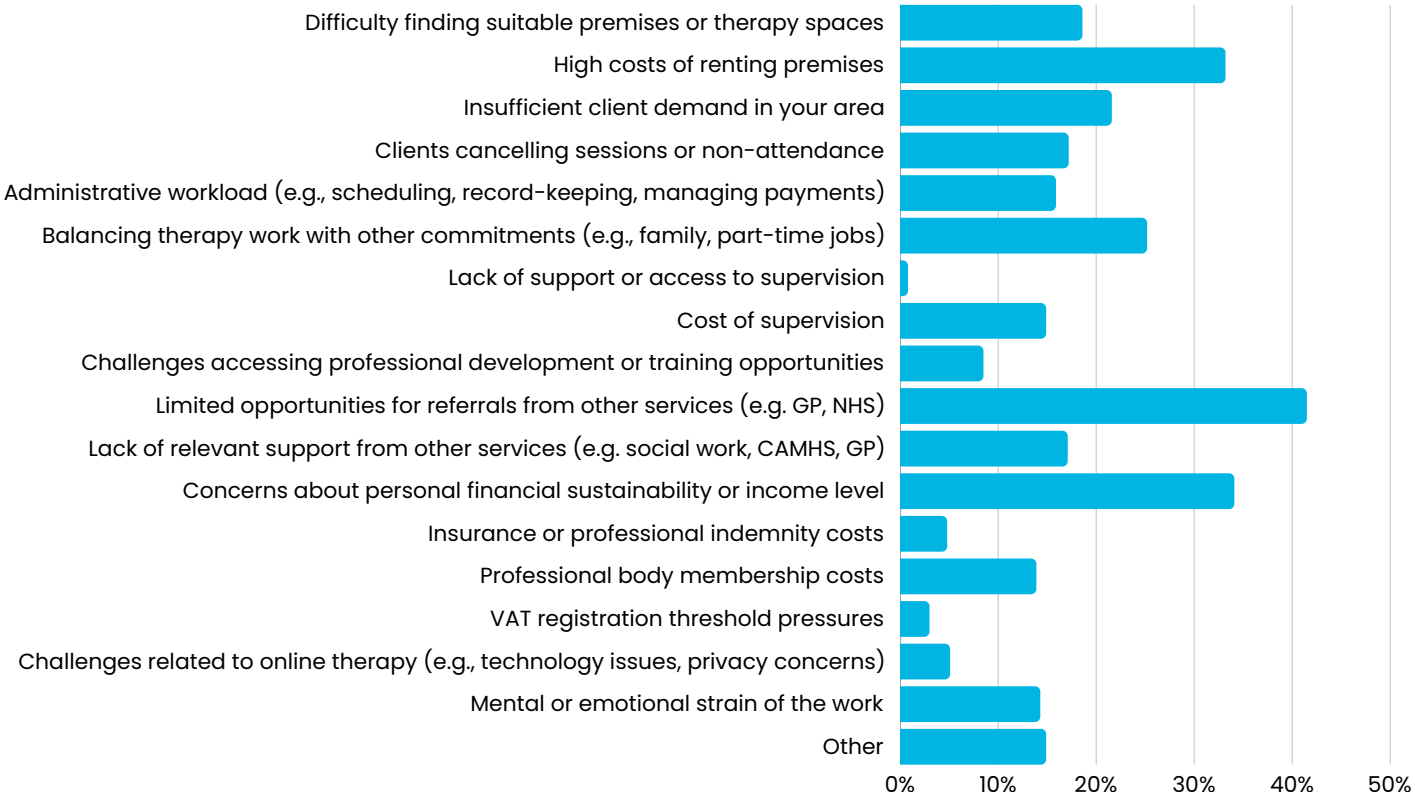
What are your current wait times for Private Practice Work?



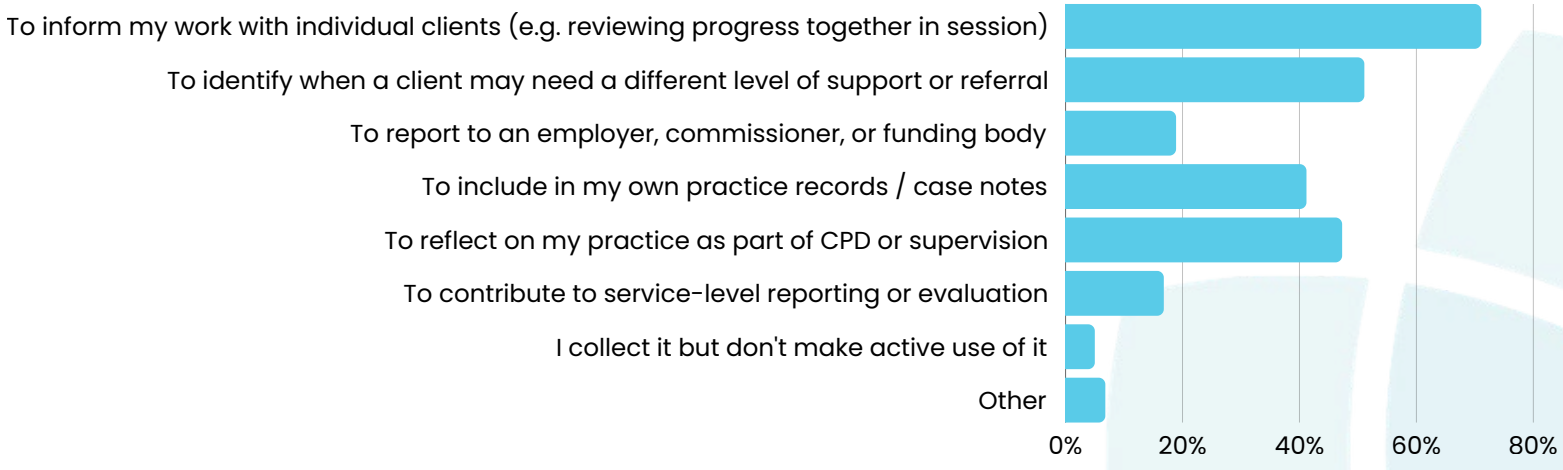
What do you charge, on average, per hour session in your Private Practice?



What do you feel are the biggest barriers to providing therapy as a practitioner? [Choose up to three]



How do you use the data you collect from Routine Outcome Measures? (Select all that apply)



What external factors do you feel are having the most impact on your practice at the moment?

The dominant factor is the cost of living crisis, which reduces clients' ability to afford therapy, often leading to fewer referrals and reduced session frequency. Many practitioners report clients moving to fortnightly sessions or disengaging altogether due to financial pressure.

Other key themes include increased competition and market saturation, alongside the growth of low-cost online therapy platforms, both of which are linked to reduced enquiries and income instability.

Respondents also highlight wider societal pressures such as political instability, war, and climate anxiety, which affect both client wellbeing and willingness to pay for therapy.

Finally, AI and digital alternatives are increasingly mentioned as emerging factors influencing client behaviour and reducing demand for traditional private practice.

What tend to be your clients' main presenting issues?

Responses indicate a highly consistent pattern in client presenting issues, with significant overlap across several core themes rather than distinct standalone categories.

The most frequently reported issues were anxiety and stress, which appeared across the vast majority of responses and often co-occurred with other difficulties. Closely following this were trauma-related experiences, including childhood trauma, relational trauma, and PTSD/C-PTSD presentations.

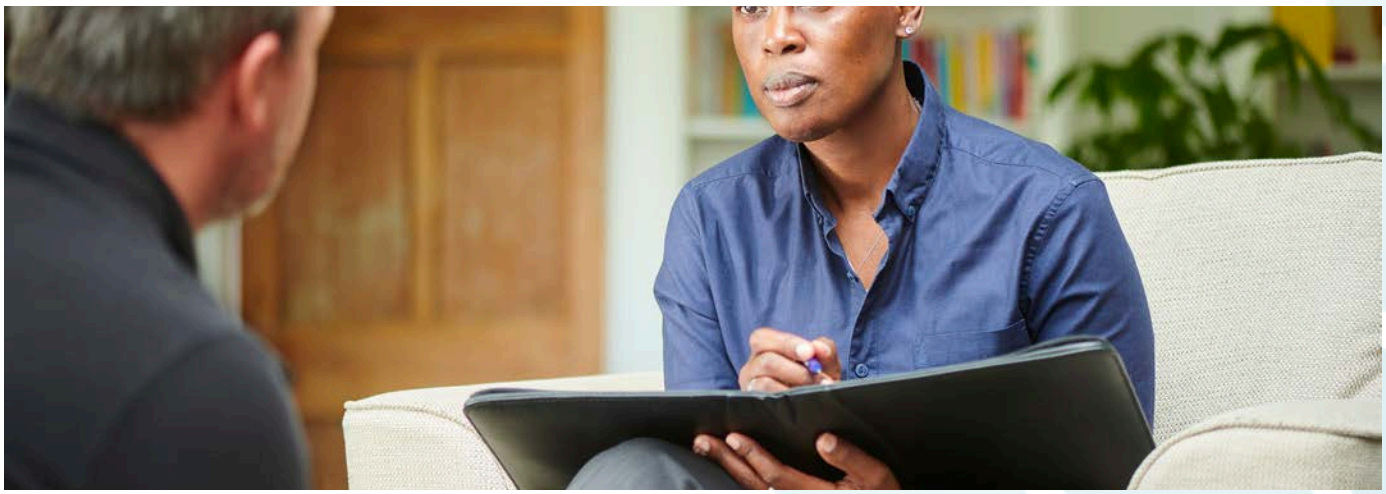
A second major cluster related to low mood and depression, often linked with anxiety, burnout, or life stressors. Alongside this, many practitioners reported bereavement and loss as a common presenting issue.

There was also a strong presence of relationship and interpersonal difficulties, including attachment issues, communication problems, family conflict, and relationship breakdowns.

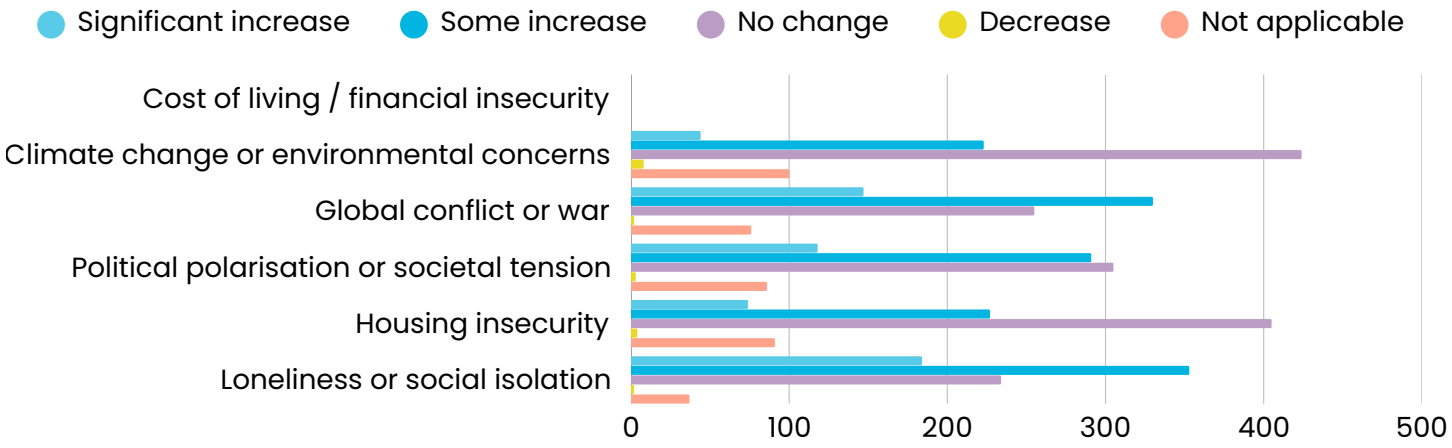
In addition, a substantial proportion of responses highlighted neurodiversity-related needs, particularly ADHD and autism, often alongside anxiety, burnout, identity exploration, or masking-related distress.

Other recurring themes included:

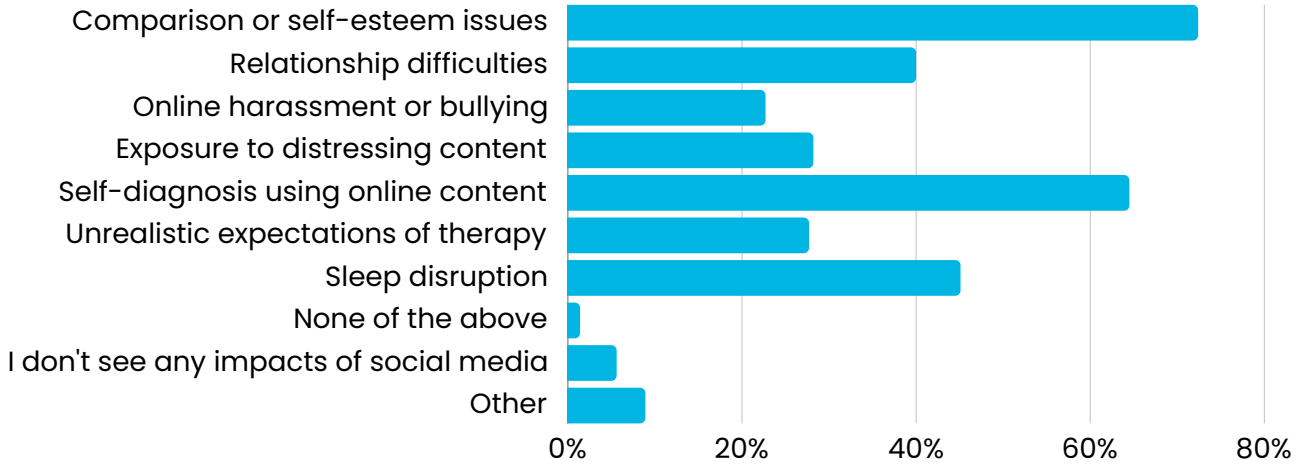
- Identity, self-esteem and self-worth issues
- Addiction and compulsive behaviours
- Work-related stress and burnout
- Sexuality and gender-related concerns



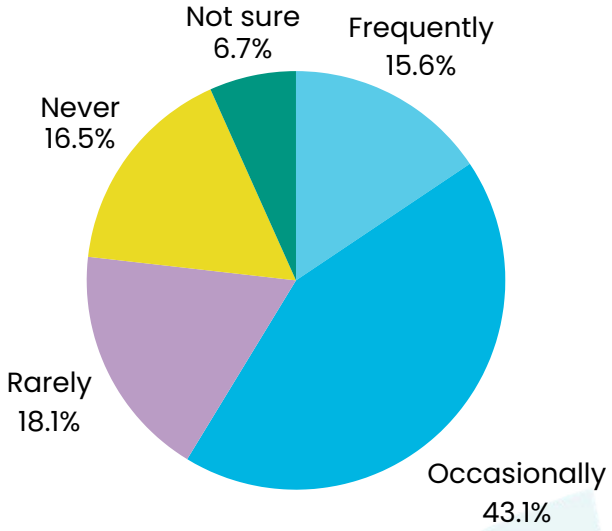
In your work over the past 12 months, have you noticed an increase in clients presenting with distress related to the following societal issues?



Which impacts of social media do you most commonly see in your clients?



Have clients told you, or do you strongly feel, they are using AI tools (such as chatbots) for emotional or mental health support?



What impact, if any, do you think your client's AI use is having on your therapy sessions?

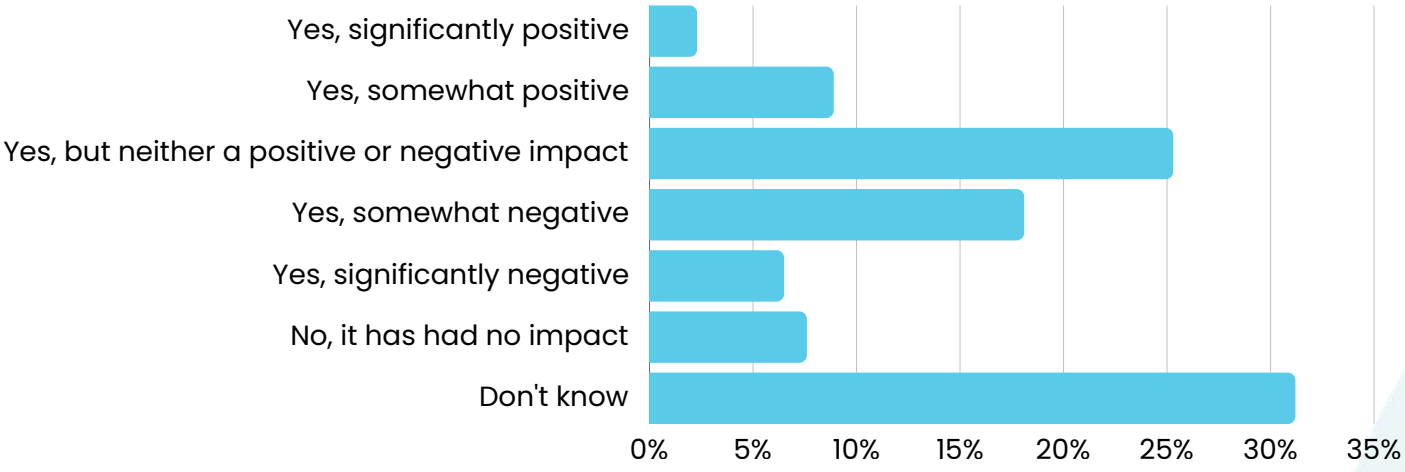
Overall, therapists report a mixed but mostly cautious impact of AI on therapy sessions. Common positives:

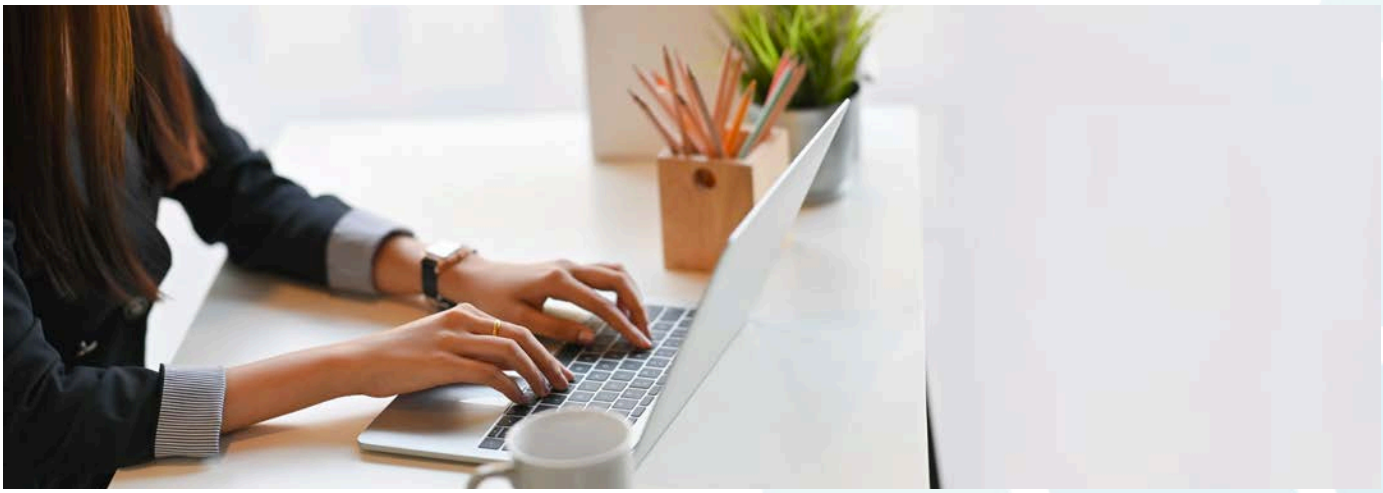
- Helps clients organise thoughts, journal, or reflect between sessions
- Provides psychoeducation or reassurance
- Gives clients language to describe experiences

Common concerns:

- Self-diagnosis and over-reliance on AI explanations
- Misinformation treated as fact
- Unrealistic expectations of therapy (wanting quick answers or advice)
- Reduced engagement with the therapeutic relationship
- Reinforcement of existing beliefs without challenge

Do you think AI has had an impact on your clients' mental health?

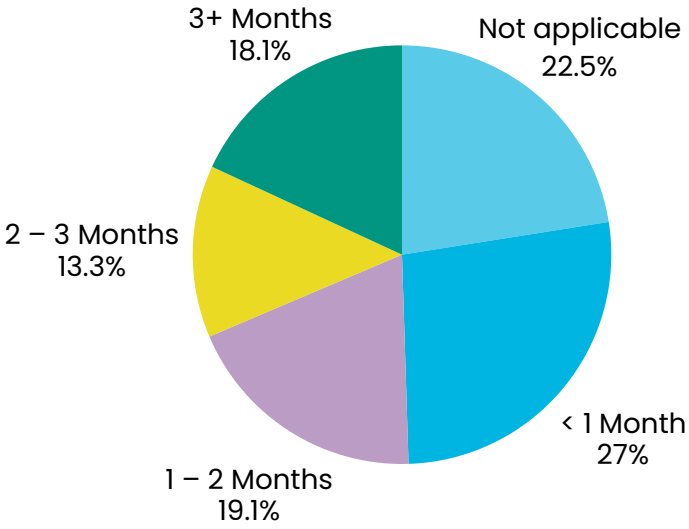




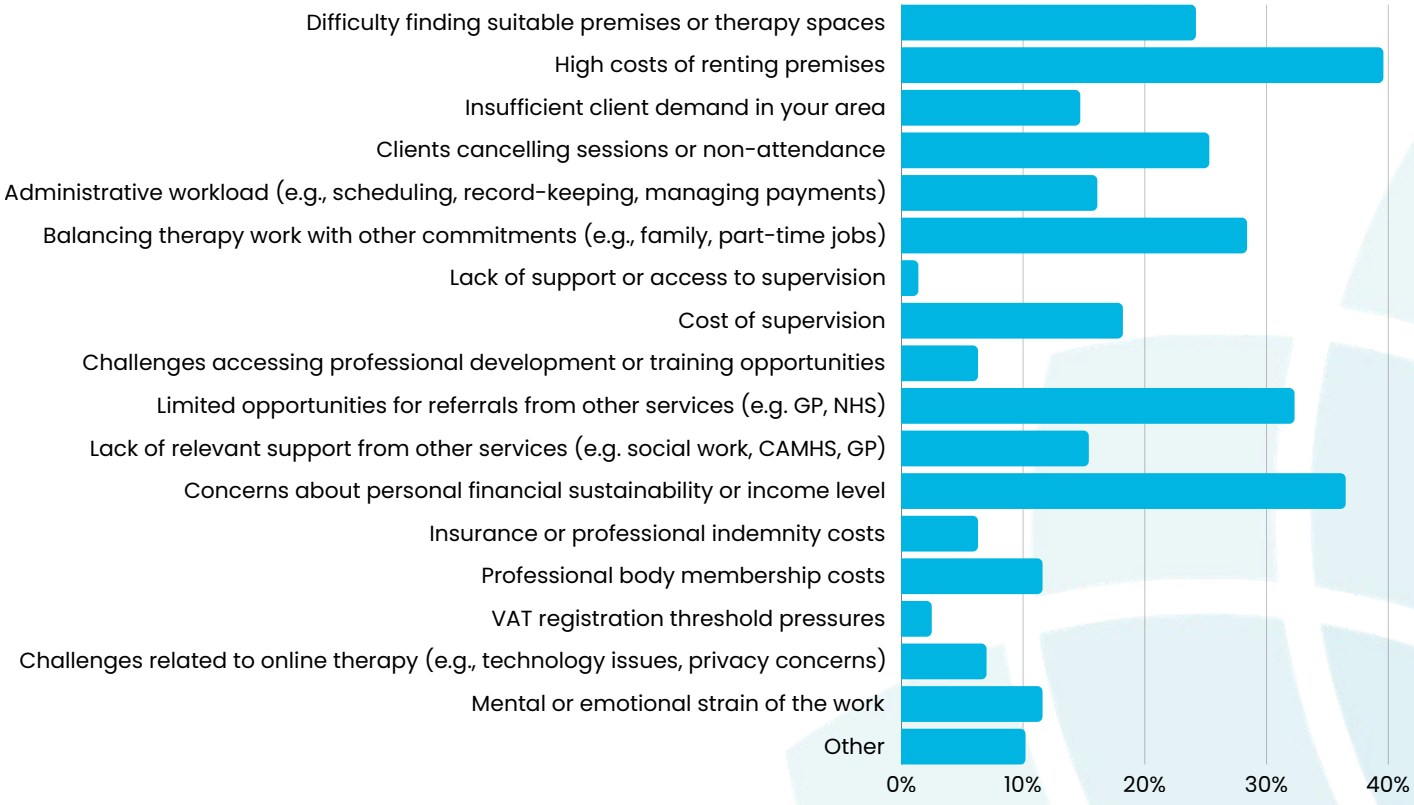
Subgroup Analysis: Role-Based Comparisons

2) People working for a charity

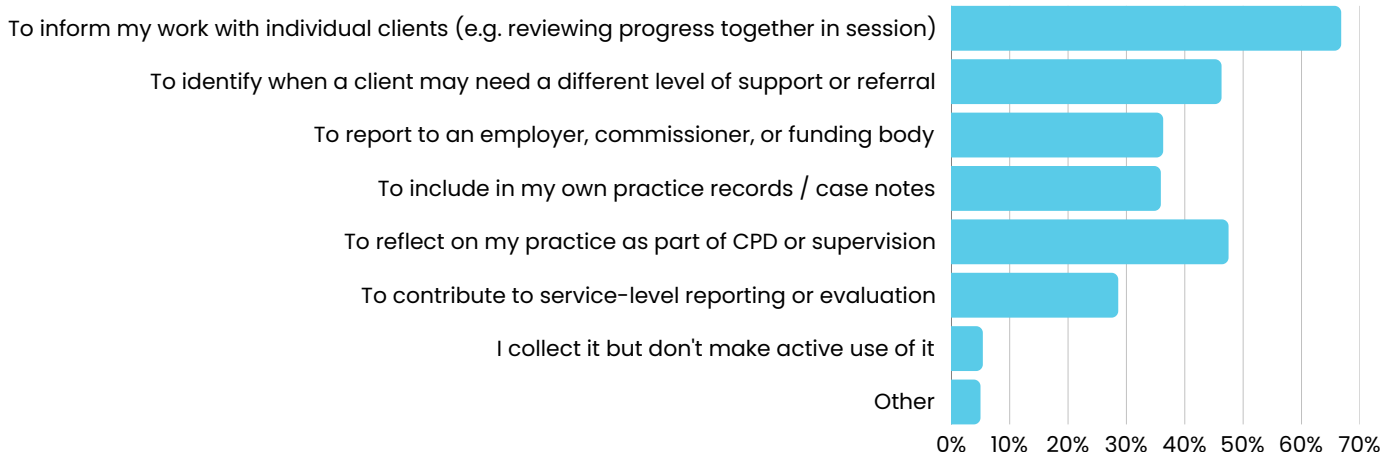
What are the current average waiting times for support in the main organisation you work for?



What do you feel are the biggest barriers to providing therapy as a practitioner? [Choose up to three]



How do you use the data you collect from Routine Outcome Measures? (Select all that apply)

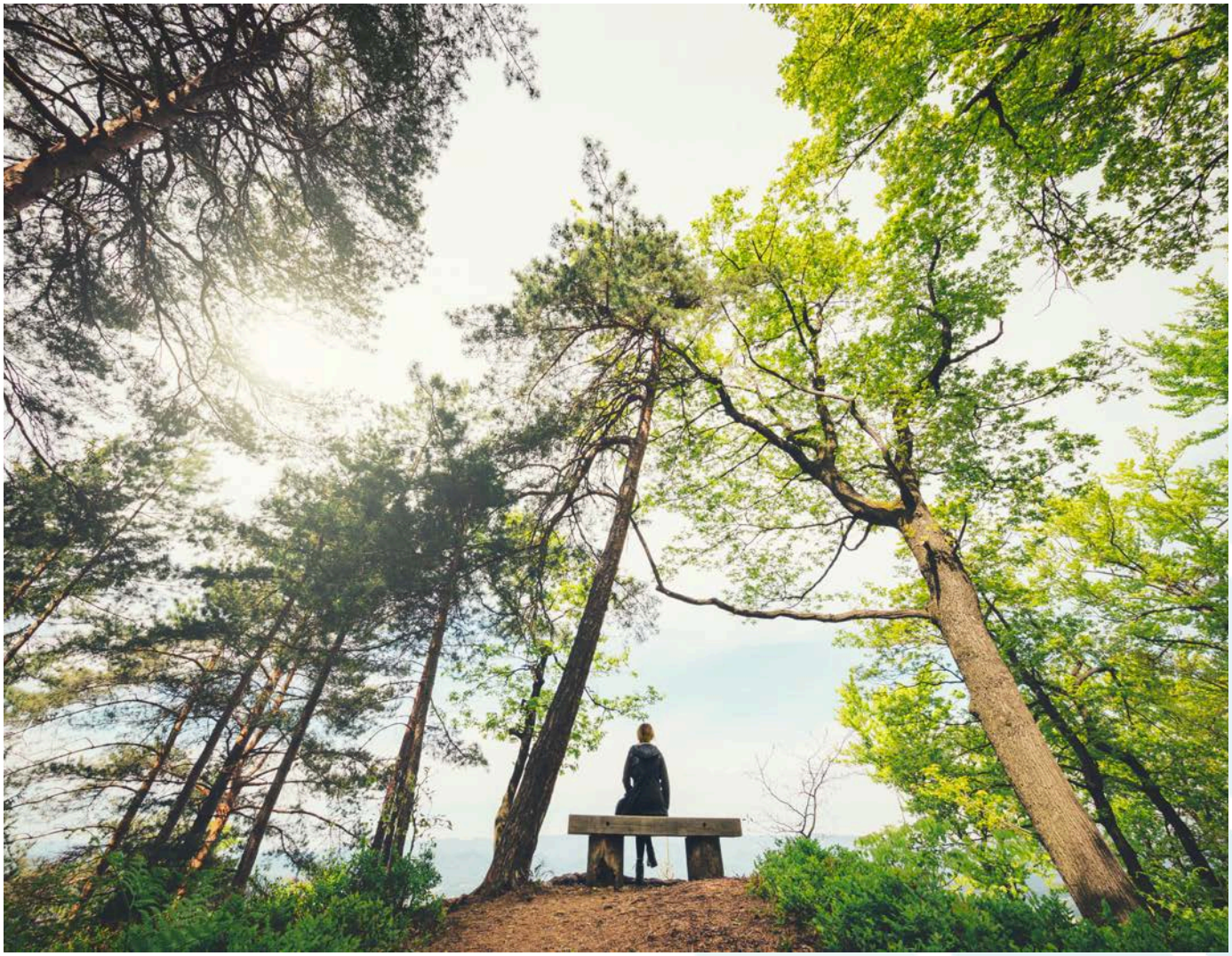


What external factors do you feel are having the most impact on your practice at the moment?

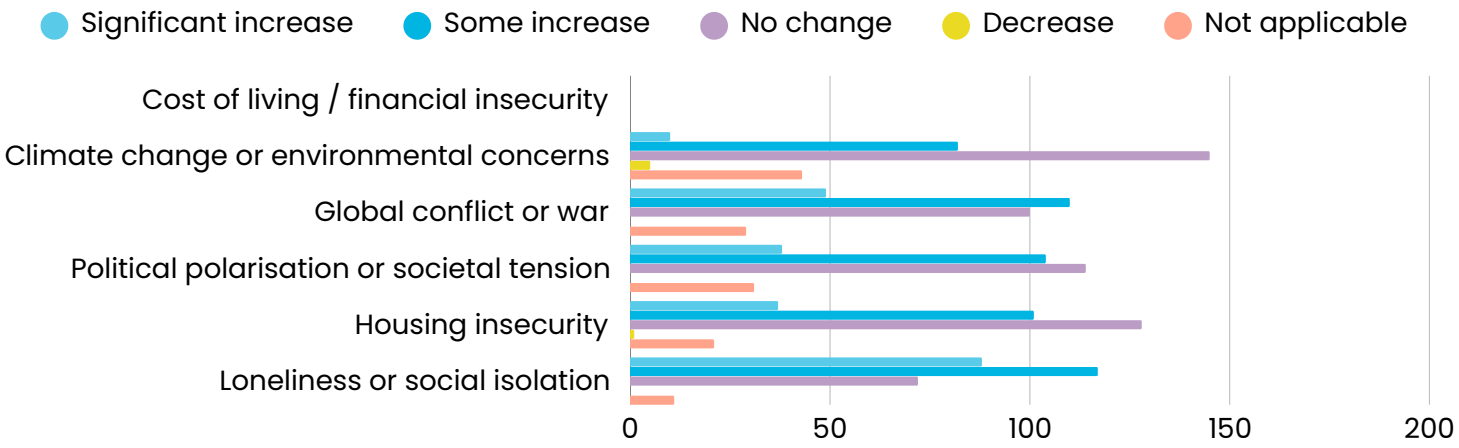
Respondents reported a mixed impact of clients' AI use on therapy, with many noting little or no current effect, while others highlighted emerging concerns. The most common issues were clients using AI for self-diagnosis, misinformation, and bringing AI-generated interpretations into sessions, which can shape expectations toward quick fixes, advice-giving, or "AI-like" certainty from the therapist. Some practitioners felt AI sometimes reinforces clients' beliefs rather than challenging them, potentially affecting therapeutic progress and increasing comparison between AI responses and human therapy. However, others saw benefits, with clients using AI between sessions to reflect, organise thoughts, summarise experiences, or gain coping support. Concerns also centred on reduced emphasis on human connection and relational depth, alongside uncertainty about longer-term effects. In contrast, the dominant external factor affecting practice was the cost of living crisis, which was reported to significantly reduce client affordability, session frequency, and overall demand. This was compounded by market saturation from increasing numbers of therapists, competition from low-cost platforms and EAP services, and wider systemic pressures such as underfunded NHS and mental health services, long waiting lists, and rising operational costs including rent, supervision, and training. Broader societal and political instability, alongside workload, time constraints, and marketing challenges, were also frequently mentioned, with only minor reference to AI as an external practice-level factor.

What tend to be your clients' main presenting issues?

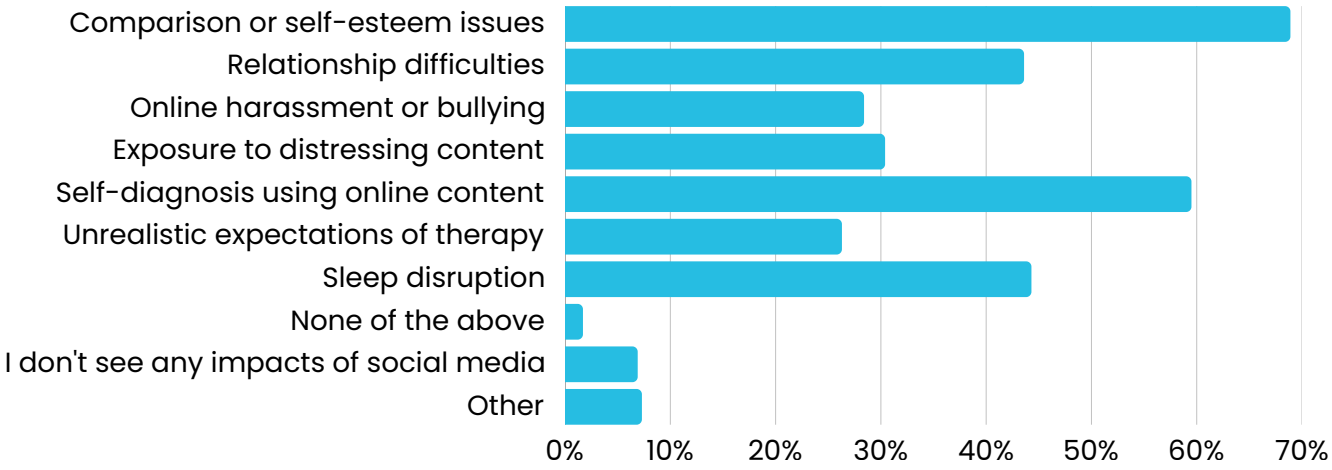
Overall, the main presenting issues were consistently clustered around a few dominant themes. Anxiety was by far the most frequently reported issue, often appearing alongside stress, panic, overwhelm, and low mood or depression. Trauma was another major theme, frequently including childhood trauma, abuse, domestic and sexual violence, PTSD, and complex trauma presentations. Bereavement and loss also featured heavily, including grief, ambiguous loss, and life transitions. Relationship difficulties were very common, including interpersonal conflict, attachment issues, family problems, and separation. A significant proportion of clients also presented with neurodiversity-related needs (particularly ADHD and autism), as well as identity-related concerns, including self-esteem, self-worth, sexuality, and gender identity. Additional but less dominant themes included addiction, burnout, work-related stress, chronic health issues, loneliness, and emotional regulation difficulties. Overall, the data reflects a highly complex client group with overlapping presentations, where anxiety, trauma, and relational or developmental difficulties form the core of most therapeutic work.



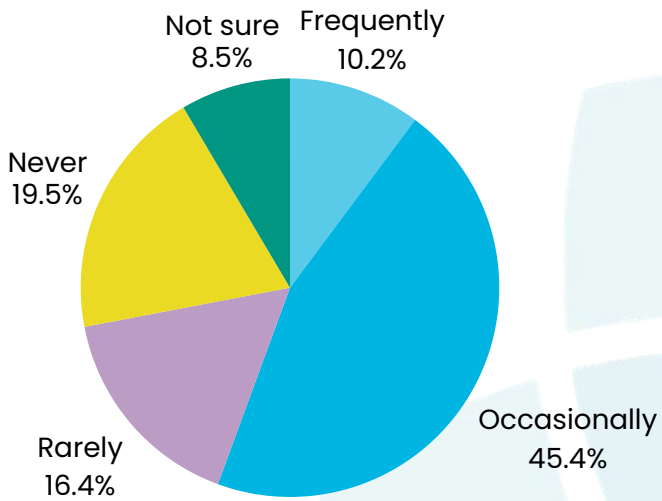
In your work over the past 12 months, have you noticed an increase in clients presenting with distress related to the following societal issues?



Which impacts of social media do you most commonly see in your clients?



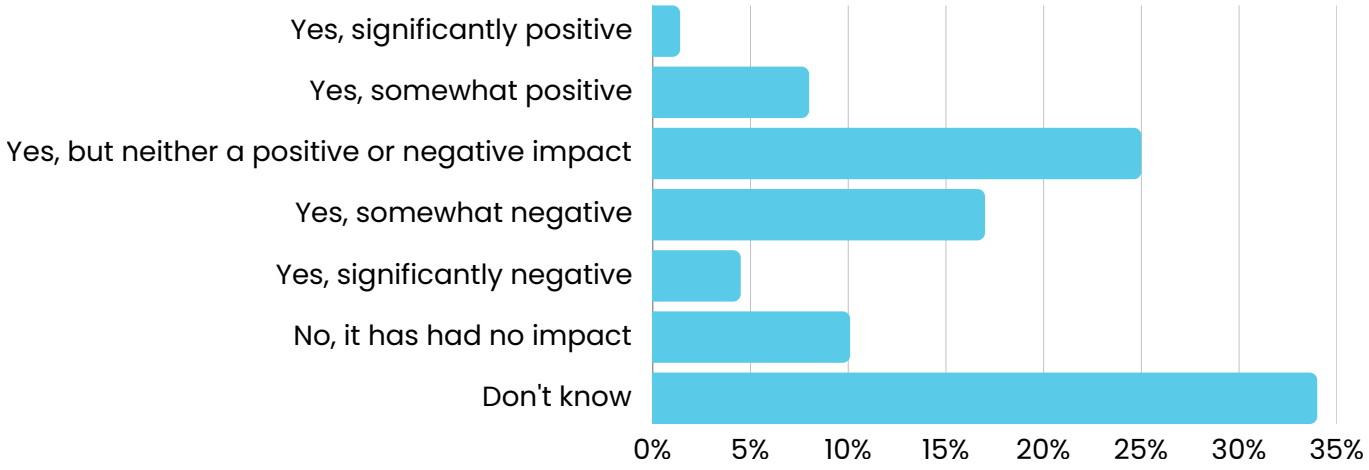
Have clients told you, or do you strongly feel, they are using AI tools (such as chatbots) for emotional or mental health support?



What impact, if any, do you think your client's AI use is having on your therapy sessions?

Clients' AI use is having a mixed impact on therapy sessions. Many clients use tools like ChatGPT for self-diagnosis, advice, or between-session support, which can sometimes help them organise thoughts, regulate emotions, or bring clearer material into sessions. In some cases it is used positively for journalling, reflection, or summarising issues. However, a frequent concern is that clients may over-rely on AI, accept inaccurate information, or develop fixed self-diagnoses and expectations that don't reflect the therapeutic process. Some therapists also report challenges with clients comparing AI responses to therapy, expecting "quick fixes," or reducing engagement in human relationships in favour of AI. Overall, the impact is seen as mixed, offering some practical support and accessibility benefits, but also risks around misinformation, dependency, and changes to expectations of therapy.

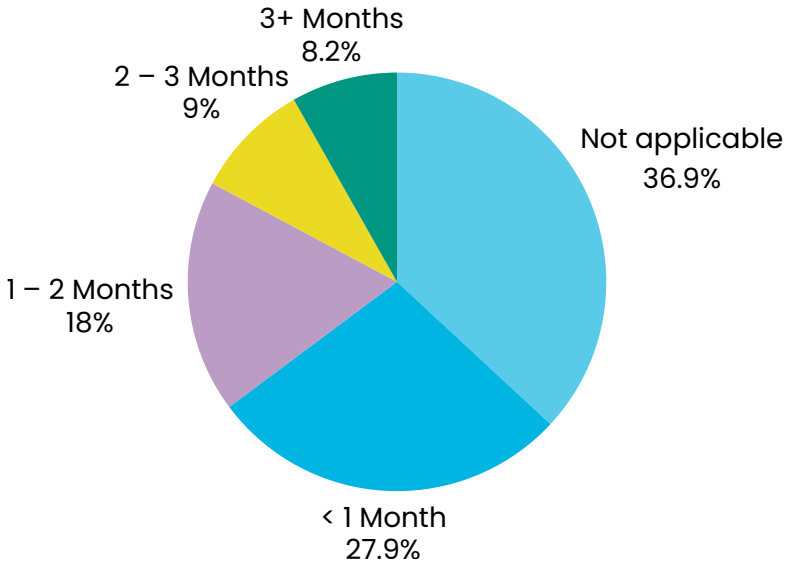
Do you think AI has had an impact on your clients' mental health?



Subgroup Analysis: Role-Based Comparisons

3) People working in education

What are the current average waiting times for support in the main organisation you work for?



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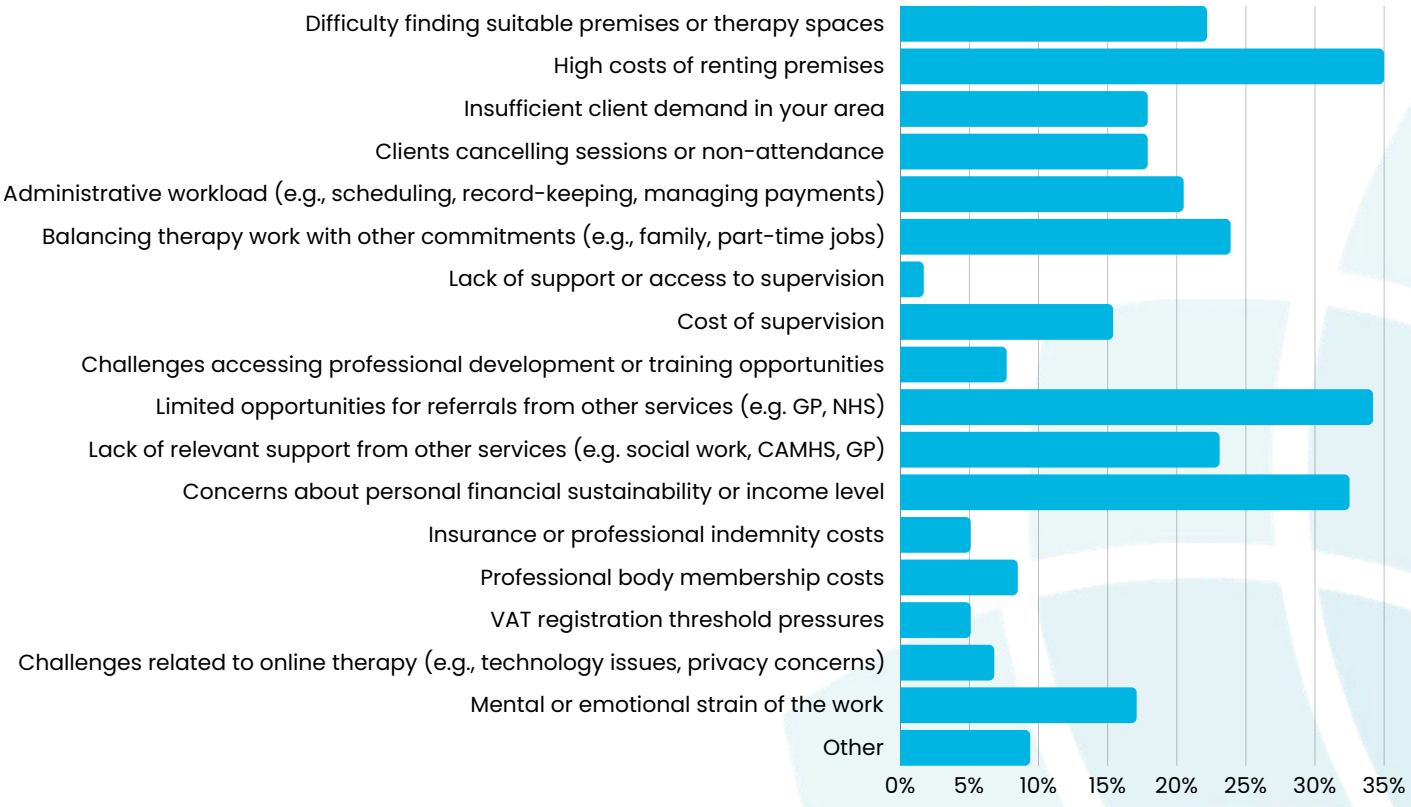

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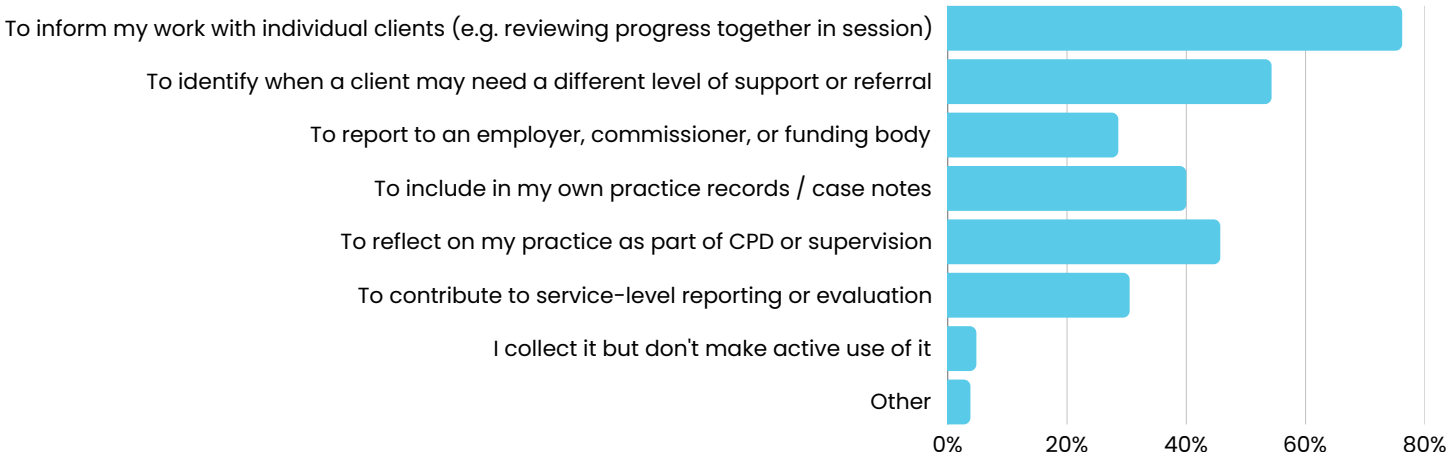


What external factors do you feel are having the most impact on your practice at the moment?

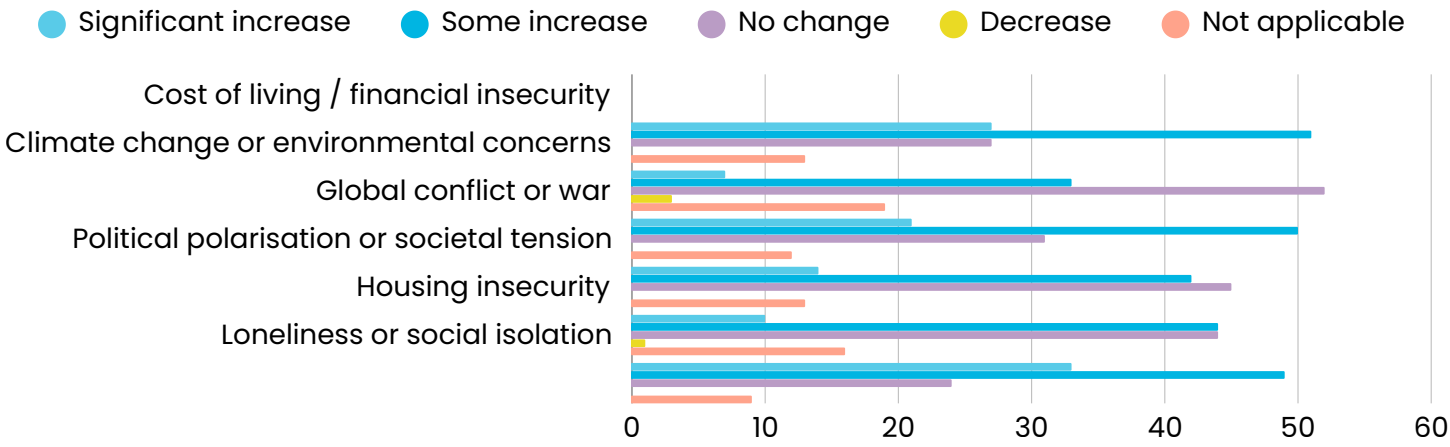
External factors impacting practice are dominated by economic pressures and the cost of living crisis, which affect both clients' ability to afford therapy and practitioners' financial sustainability. This includes reduced referrals, shorter-term work, increased cancellations, and greater reliance on lower-cost or free services. Wider systemic issues are also significant, such as austerity, underfunding of NHS, CAMHS and education services, and gaps in statutory mental health provision, which often lead to higher client complexity and longer waiting times before support is accessed.

In addition, practitioners report the influence of broader societal and global factors, including political instability, climate change, war, and social polarization, all of which filter into client anxiety and presenting issues. Workforce-related pressures also appear, such as competition in an increasingly saturated counselling market, rising costs of renting space and running a practice, and limited time for marketing or professional development. Overall, the data reflects a profession shaped by financial strain, systemic under-resourcing, and escalating client need within a wider context of uncertainty.

What tend to be your clients' main presenting issues?

Clients' main presenting issues are overwhelmingly centred around anxiety, trauma, and depression, with these often co-occurring alongside relationship difficulties, bereavement, and low self-esteem. Many clients also present with neurodivergence-related challenges (including ADHD and autism), emotional regulation difficulties, and issues linked to attachment, identity, and life transitions. Trauma appears frequently in multiple forms, including childhood trauma, abuse, and relational trauma, often intersecting with stress, shame, and coping difficulties such as self-harm or addiction. Alongside these core themes, practitioners also report a broad range of associated issues including grief and loss, family and parenting difficulties, school or work-related stress, eating difficulties, and psychosexual concerns. Overall, presentations tend to be complex and layered rather than single-issue, with many clients experiencing overlapping mental health, relational, and contextual stressors.

In your work over the past 12 months, have you noticed an increase in clients presenting with distress related to the following societal issues?



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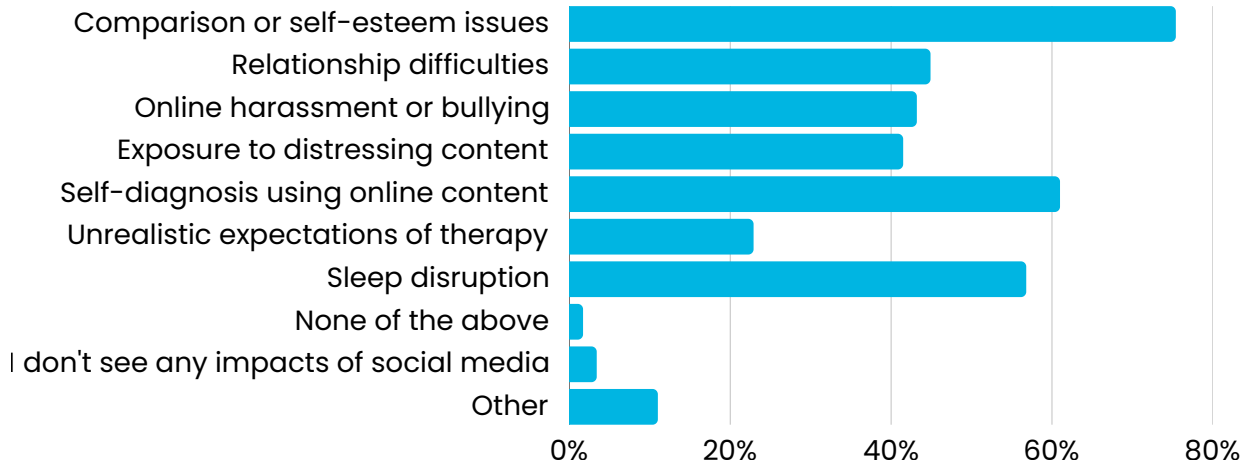

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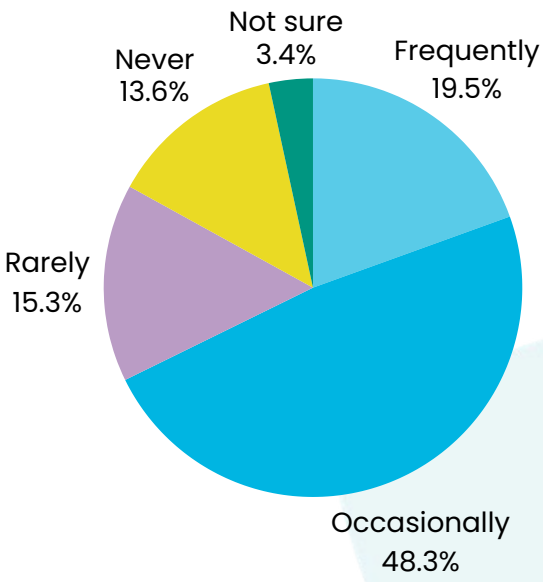

What impact, if any, do you think your client's AI use is having on your therapy sessions?

Responses suggest that clients' AI use is having a mixed but increasingly noticeable impact on therapy sessions. Many practitioners report that AI can be helpful between sessions by supporting reflection, psychoeducation, emotional regulation, and helping clients organise their thoughts before therapy. In some cases, this leads to greater focus, self-awareness, and the use of more therapeutic language during sessions.

However, concerns were more prominent. Practitioners frequently noted that AI can provide misinformation, oversimplified explanations, or overly validating responses that reinforce unhelpful beliefs. This has contributed to increased self-diagnosis (particularly around neurodivergence and mental health conditions), unrealistic expectations of therapy, and a greater desire for quick fixes or definitive answers. Some therapists also observed that reliance on AI may reduce trust in the therapeutic relationship, increase social isolation, or lead clients to engage less frequently in therapy. Overall, while AI is seen by some as a useful supplementary tool, most responses emphasise that it cannot replace the relational, nuanced, and human aspects of therapeutic work.

Do you think AI has had an impact on your clients' mental health?