NCPS Annual Member Survey 2026 – Text-only version

Table of Contents

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 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.

Your Membership

Membership Grade Distribution

Respondent data showed that Accredited Registrants form the single largest group, accounting for 60.1% of members, followed by Accredited Professional Registrants at 22.4%, and Students at 10.0%. Senior Accredited Registrants account for 6.5%, while Organisational Membership represents a small proportion at 1.6%.

How Members First Heard About the Society

Nearly half of respondents (48.1%) first encountered us via their training provider. Just over one fifth (21.0%) discovered us through a colleague, while supervisors (9.8%), search engines (8.5%), social media (5.1%), and other sources (6.9%) introduced us to smaller proportions of members. Events accounted for a very small proportion (0.6%).

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

Recommendations from training providers or tutors were the most commonly cited factor attracting respondents to the Society (36.4%). This was closely followed by respondents resonating with the Society’s ethos (32.7%) and dissatisfaction with a previous membership body or professional association (32.6%). Recommendations from colleagues or friends also played an important role (24.7%), while cost was a factor for one fifth of respondents (20.1%). A further 8.1% selected “Other”.

Membership of professional bodies

Just over half of respondents (57.0%) reported that they are not a member of more than one professional body, while 43.0% indicated that they hold memberships with more than one professional body.

Readership of the Counselling Matters Magazine

The majority of respondents (72.0%) reported that they sometimes read Counselling Matters magazine. A smaller proportion (16.4%) said they always read it, while 11.6% indicated that they never do.

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.

Satisfaction with CPD opportunities signposted by the Society

The majority of respondents (71.7%) reported that they are happy with the range of CPD opportunities signposted by the Society. A further 17.7% selected “don’t know”, while 10.6% indicated that they are not satisfied.

Key membership benefits valued by respondents

Free or discounted CPD (70.9%), Good Practice Guidance (68.8%), and support with ethical issues (65.5%) were the most frequently valued membership benefits. Other commonly selected benefits included the NCPS Directory (57.3%) and private practice resources (51.3%), followed by discounts for insurance (39.0%), the Counselling Matters magazine (36.5%), and conferences and events (32.0%).

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.

Networking with Other Counsellors and Psychotherapists

A majority of members report some level of networking with peers, with 38.7% networking sometimes and 28.6% often. A further 21.1% do so infrequently, while 11.7% never network with other counsellors or psychotherapists. Overall, responses indicate that while peer connection is relatively common, there remains a significant proportion of members who engage less regularly or not at all.

Awareness of Regional Connections Events

Just under two-fifths (39.0%) are aware of them, while a slight majority (53.3%) are not. A small proportion (7.7%) reported that they were unsure. Overall, the results suggest there is an opportunity to further raise awareness and visibility of these events across the membership.

Awareness of Lunchtime Learning Sessions

Awareness of Lunchtime Learning events is high among members, with 72.1% reporting that they are aware of them. In comparison, 25.8% are not aware, and a small proportion (2.1%) are unsure. Overall, the findings suggest strong visibility of this offer, with some scope to further increase awareness among a quarter of the membership.

Recommendation of the Society

The vast majority of respondents would recommend the Society to friends or colleagues, with 90.7% answering “Yes” compared with 9.3% who said “No”, indicating strong overall satisfaction and positive sentiment towards the Society.

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

The vast majority of respondents indicate a positive intention to renew their membership, with most stating they are certain or very likely to do so. A further proportion report they are somewhat likely to renew, suggesting continued engagement with the organisation overall.

Only a very small minority indicate that they are unlikely or will not renew, showing limited levels of dissatisfaction or intent to leave. Overall, the responses reflect a strong tendency towards continued membership.

Perceptions of Being Heard by the Society

A majority of respondents feel that the Society listens, or would listen, to their concerns. A further proportion selected maybe or don't know, suggesting openness to the idea that member feedback is considered, with some uncertainty around visibility of the process. A small minority feel that the Society does not listen. Overall, the responses indicate a broadly positive perception of the Society's willingness to hear and engage with member concerns.

Membership Services Experience Ratings

Overall feedback for the Membership Services team is highly positive. The majority of respondents rate their experience as excellent, with a further significant proportion rating it as good. Only a small minority give neutral or lower ratings, indicating limited dissatisfaction. Overall, responses suggest a strong level of satisfaction with the quality, helpfulness and responsiveness of the Membership Services team. (1 being poor, 5 being excellent)

Awareness of the Complaints Process

Just under six in ten respondents (58.9%) report being familiar with the NCPS complaints process, while 41.1% are not aware of it. Overall, awareness is present for a majority of members, though a significant proportion indicate a lack of familiarity with the process.

How Clients Are Informed About the Complaints Process

The most common approach is including information within the client contract, reported by 69.7% of respondents. Just over a third (35.7%) also inform clients during the introductory session. Smaller proportions report not informing clients (7.8%) or that this is not applicable to their work (7.8%). A further 7.4% selected "other", with responses indicating a range of approaches including information on websites, verbal discussions, agency procedures, and signposting to the complaints process if issues arise.

How Well Members Feel Informed About Society Updates

Most respondents feel well informed about updates from the Society, with 41.5% reporting they are very well informed and 42.8% saying they are well informed. A smaller proportion (14.7%) feel neutral, while only a very small minority report feeling badly informed (0.9%), with no respondents selecting very badly.

How Well Members Feel Informed About Wider Professional Updates

Most respondents feel positively about how well they are kept informed about updates from the wider profession, with 24.3% stating they are very well informed and 42.4% saying they are well informed. A further 29.1% feel neither well nor badly informed, indicating a neutral experience. Only a small minority report feeling badly informed (3.7%) or very badly informed (0.6%).

How Well Members Feel Informed About the Wider World

Most respondents feel the Society keeps them informed about wider world developments relevant to the profession. Just over half give a positive rating, with 17.6% saying "very well" and 37.4% saying "well" (55% combined). A further 38.1% selected "neither well nor badly," suggesting a large neutral group who feel neither strongly informed nor uninformed. Only a small minority reported negative views, with 6.2% saying "badly" and 0.8% saying "very badly" (7% combined). Overall, the pattern

suggests generally positive or adequate communication, but with a substantial proportion of members remaining neutral.

Awareness of the Society's Campaign Work

Just over half of respondents (53.2%) are aware of the campaign work undertaken by the Society, while 46.8% report that they are not. Overall, awareness of the Society's campaigning activity is reasonably strong, though the results suggest there is still scope to increase visibility and engagement around this area of work.

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

Most respondents currently work in private practice (78.6%), making it by far the most common practice setting. Around 28.1% work for charities, while 15.5% work within Employee Assistance Programmes (EAPs). Smaller proportions work in private counselling services (8.6%), education settings (across primary, secondary, FE/HE and other education roles), and the NHS, where representation was relatively low. 15.3% selected “other”, suggesting a range of additional or mixed practice settings. Those that answered “other” were mainly students or trainees on placement, volunteers with charities or community organisations, or practitioners working through specialist routes such as insurance providers, EAPs, CICs, and online platforms. A smaller number were retired, not currently practising, or setting up private practice

Private practice wait times

Private practice wait times were generally short, with over half of respondents (52.5%) reporting wait times of one week or less, including 34.8% with availability in under a week. A further 20.6% reported waits of two to three weeks, while only 8.6% had wait times of four weeks or more. Additionally, 18.3% were not currently working in private practice.

Average waiting times in main organisations

When asked about the average waiting times for support in the main organisation they work for, 17.1% of respondents reported waiting times of less than one month, while 8.7% reported waits of one to two months and 6.6% reported two to three months. A notable 8.3% said waiting times were three months or longer.

Average private practice session fees

When asked about average hourly fees in private practice, most respondents reported charging between £40 and £60 per session. The largest group (29.4%) charged £50–£60, followed by 25.1% charging £40–£50. Smaller proportions charged £60–£70 (17.8%), £30–£40 (7.8%), or under £30 (6.1%). Higher fee ranges were less common, with 7.0%

charging £70–£80, 4.1% charging £80–£90, and only 2.7% charging more than £90 per session.

Session fees in EAPs, charities and other organisations

When asked about pay per session in EAPs, charities and other organisations, the most common fee reported was £30–£40 per session (12.4%), followed by less than £30 (9.4%). A notable 8.3% reported working on a voluntary basis. Smaller proportions reported earning £40–£50 (6.8%), £50–£60 (4.8%), or more than £60 (3.5%) per session.

Provision of voluntary and low-cost counselling

When asked whether they provide either voluntary or low-cost counselling, the majority of respondents reported offering some form of reduced-fee support. 85.9% provide low-cost or reduced-fee counselling, while 33.3% also offer voluntary counselling. The question was not applicable to a proportion of respondents, indicating that not all are in a position to offer these types of services.

Reasons for cancellation and non-attendance

When asked about the most common reasons clients give for cancelling or not attending therapy, the most frequently reported reason was feeling better and deciding therapy was no longer needed (47.7%), closely followed by scheduling conflicts or availability issues (44.1%) and cost (38.5%). Other commonly cited reasons included personal or family emergencies (28.0%), health issues (21.0%), and work or study commitments (20.8%).

Smaller proportions pointed to lack of childcare or dependent care (13.1%), emotional reluctance (8.0%), and low motivation or energy (8.5%), while very few respondents identified issues such as dissatisfaction with therapy (0.5%), concerns about confidentiality (0.3%), or difficulty accessing the therapy location (4.8%) as key factors.

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

When asked about the biggest barriers to providing therapy, the most commonly reported issue was limited referrals from other services such as GPs or the NHS (37.5%). This was closely followed by high premises costs (35.1%) and concerns about financial sustainability or income (34.2%).

Other frequently cited barriers included balancing therapy with other commitments (25.0%), difficulty finding suitable premises (20.8%), insufficient local client demand (19.9%), and client cancellations or non-attendance (19.3%).

Secondary barriers included cost of supervision (17.5%), lack of support from other services (16.7%), and administrative workload (15.2%), alongside smaller proportions reporting membership costs, emotional strain, training access issues, and online therapy challenges.

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

When asked about additional benefits from their main organisation, the most common were free supervision (21.8%) and free CPD (16.1%). Smaller proportions reported receiving a travel allowance (4.0% and 0.5%), free insurance (3.1%), and paid membership fees (1.5%).

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.

Private clients previously waiting for NHS support

When asked whether they have seen private clients who were originally trying to access NHS support, the majority (70.9%) said yes, reporting that clients had moved into private therapy due to NHS waiting times. A smaller proportion (18.6%) said no, while 10.6% were unsure.

Clients moving from NHS Talking Therapies to private support

When asked whether clients who accessed NHS Talking Therapies went on to seek private therapy, the majority (80.9%) said yes, reporting that clients often felt they needed additional support beyond the service provided. A smaller proportion (11.0%) said no, while 8.0% were unsure.

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

When asked about client age groups, respondents reported working across a wide range of ages. The most commonly seen groups were adults aged 30–50 and 18–30, followed closely by those aged 50–70. A smaller but still substantial proportion of practitioners also worked with clients aged 70+.

Working with multiple clients in sessions

When asked about working with more than one client in the room at a time, the majority of respondents (65.6%) reported that they work one-to-one only. Among those who do work with multiple clients, 27.5% work with couples or relationships, 11.3% with families, and 8.1% in group settings. A small proportion (3.7%) selected other arrangements.

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

When asked about the modalities that best describe their practice, the most commonly selected approach was integrative therapy (65.6%), followed by person-centred therapy (57.0%), humanistic (29.7%) and pluralistic (21.1%) practice.

Alongside this, many respondents reported using CBT (22.7%), psychodynamic therapy (22.0%), and solution-focused approaches (19.7%), with smaller but notable proportions working with Transactional Analysis (16.4%), mindfulness-based therapy (13.2%), Gestalt (12.1%), and Internal Family Systems (9.1%). Fewer respondents identified with existential (8.8%), systemic (5.8%), faith-based (2.9%), or Human Givens (1.2%) approaches.

Monthly client enquiries and referrals

When asked about the average number of client enquiries or referrals received per month, over half of respondents (54.8%) reported receiving 0–3 enquiries. Around a quarter (24.8%) received 3–5 enquiries, while smaller proportions reported higher volumes, with 7.7% receiving 5–7 enquiries and 12.7% receiving more than seven enquiries per month.

Sources of enquiries and referrals

When asked where enquiries and referrals come from, the most common source was word of mouth (55.3%), followed by other online directories (44.3%) and personal websites (35.4%). Referrals from other counsellors (29.4%) and charities (16.6%) were also frequently reported.

Smaller proportions of respondents received enquiries via EAPs (14.7%), social media (11.5%), online therapy platforms (9.7%), NCPS directory (8.7%), and GPs (8.5%). Fewer still reported referrals from private insurance (6.3%) or local advertising (6.5%).

Average number of clients seen per week

When asked about the average number of clients seen per week, the most common response was 5–10 clients (30.3%), followed by 0–4 clients (28.0%). Around a fifth (19.9%) reported seeing 11–15 clients, while smaller proportions saw 16–20 clients (13.3%) or more than 20 clients (8.4%) per week.

Average weekly client hours (private practice)

Over half report 0–10 client hours per week (51.9%), followed by 11–20 hours (35.7%). Smaller proportions see 21–30 hours (10.6%), with very few working 30+ hours (1.9%).

Additional weekly capacity for client hours

Most practitioners report limited spare capacity, with 54.1% able to offer an additional 0–5 client hours per week. Around 20.8% could take on 6–10 extra hours, while only a small minority have capacity for more than 10 additional hours. This suggests that, for many practitioners, current caseloads are already close to capacity.

Non-client work hours per week (admin, supervision, CPD)

Half of respondents spend 0–4 hours per week (50.2%) on non-client tasks such as admin, supervision, and CPD. A further 38.2% spend 5–10 hours, with smaller proportions reporting 11–15 hours (7.8%), 16–20 hours (1.5%), and 20+ hours (2.4%).

How practitioners work

Most work online (84.0%) and/or in-person in the room (82.8%). Telephone sessions are also common (36.9%), while a smaller proportion offer outdoor therapy (14.4%). Very few use text (3.3%) or email (2.9%) as part of their practice.

GDPR compliance

Respondents report high levels of compliance with data protection requirements overall. Nearly all (97.0%) say they comply with GDPR regulations, and 90.8% have a data protection or privacy policy in place. Registration with the ICO is lower in comparison, with 73.0% registered, while 19.1% are not and 7.8% are unsure.

Evaluation of practice effectiveness

Most practitioners actively evaluate their work, with 58.0% doing so routinely with most clients and a further 22.5% doing so occasionally. A smaller proportion report not currently evaluating but being interested in doing so (7.8%), while 6.9% have no plans to evaluate and 4.8% previously did so but no longer do.

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)

Most respondents use Routine Outcome Measures primarily to support direct clinical work with clients, with 67.9% reporting they use them to review progress in session. Around half use them to help identify when a different level of support or referral may be needed (49.2%), and 46.1% use the data for reflection in CPD or supervision. Over a third (37.7%) include the information in practice records or case notes, while 22.1% use it for reporting to employers, commissioners, or funders, and 19.9% for service-level evaluation. A small minority (4.9%) collect the data but do not actively use it.

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

Respondents were predominantly older, with the largest groups being 60+ (30.4%) and 55–60 (23.9%), followed by 50–54 (18.3%) and 45–49 (12.8%). Fewer respondents were aged 40–44 (9.0%), 35–39 (3.3%), and 25–34 (2.3%), with very few in the 18–24 group (0.1%).

Gender Identity Profile

Respondents are predominantly female (77.3%), with 18.2% male respondents. A small proportion identified as non-binary (2.1%), and 2.4% preferred not to say.

Sexual Orientation Profile

Most respondents identified as heterosexual (77.6%). Smaller proportions identified as bisexual (6.5%), gay (4.3%), lesbian (2.6%), and asexual (0.7%), while 8.4% preferred not to say.

Ethnic Background Profile

The majority of respondents identified as White British (70.7%), with a further 10.3% identifying as Other White and 3.4% as Irish. Smaller proportions identified across minority ethnic groups, including Asian backgrounds (2.7% total across categories), Black backgrounds (3.3% total), and Mixed or Multiple ethnic groups (3.7% total). A small proportion identified as Arab or other ethnic groups (1.2%), and 4.6% preferred not to say.

Religious Belief

No religion (46.6%) was the most common response, followed by Christianity (34.5%). A minority identified with other religions or beliefs, including Islam (1.1%), Hinduism (0.4%), Sikhism (0.2%), Judaism (1.3%), Buddhism (2.3%), and Atheism (3.1%). 10.5% preferred not to say.

Childhood Social Class (Self-Reported)

Nearly half of respondents reported growing up working class (45.4%), followed by middle class (24.0%) and lower middle class (14.9%). Smaller proportions identified as upper middle class (3.3%) or upper class (0.2%). 8.8% did not identify with any class category, and 3.4% preferred not to say.

Current Social Class (Self-Reported)

Most respondents now identify as middle class (37.1%), followed by lower middle class (22.2%) and working class (17.6%). Smaller proportions reported upper middle class (4.9%) or upper class (0.3%). 14.2% do not identify with any class category, and 3.7% preferred not to say.

Disability or Health Condition

59.9% respondents reported no disability or health condition. Around a third (32.6%) said they do, while 7.4% preferred not to say.

Highest Level of Education Completed

The most common qualification was a post-graduate diploma (32.0%), followed by a master's degree (25.1%) and a bachelor's degree (22.7%). Smaller proportions held A Levels (6.9%), doctorates (3.8%), GCSEs (1.3%), and 8.1% selected "other."

Main Household Earner's Occupation

The most common background was modern or traditional professional occupations (26.9%), followed by managers/administrators (16.1%) and routine or semi-routine manual/service occupations (14.1%). Other categories included technical and craft occupations (9.7%), small business owners (8.7%), clerical/intermediate roles (5.8%), and long-term unemployed (2.3%). 9.6% preferred not to say, and 6.7% selected "other."

Type of School Attended

Most respondents attended a state-run or state-funded school (75.4%). Smaller proportions attended independent or fee-paying schools (10.8%), schools outside the

UK (7.7%), or independent schools with significant bursary support (1.9%). 4.0% preferred not to say, and 0.3% did not know.

Eligibility for Free School Meals

Among respondents who finished school after 1980, 18.0% reported being eligible for free school meals at some point during their school years, while 44.0% were not eligible. 28.2% said the question was not applicable, 5.7% did not know, and 4.1% preferred not to say.

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?

Among members working in private practice, 42.1% reported wait times of less than one week, 21.9% reported a wait of one week, 20.6% reported two weeks, 4.3% reported three weeks, and 10.8% reported wait times of four weeks or more, indicating that most members have relatively short wait times.

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

In private practice, hourly session fees vary, with 2.3% charging under £30, 6.5% charging £30–£40, 26.3% charging £40–£50, 30.9% charging £50–£60, 19.0% charging

£60–£70, 7.6% charging £70–£80, 4.6% charging £80–£90, and 2.9% charging £90 or more, with the most common rate falling between £50 and £60 per hour.

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

The main barriers to providing therapy were limited referral opportunities from other services (41.5%) and concerns about personal financial sustainability (34.1%), followed by high costs of renting premises (33.2%) and balancing therapy work with other commitments (25.2%). Other commonly reported challenges included insufficient local client demand (21.6%), difficulty finding suitable premises (18.6%), client cancellations or non-attendance (17.2%), and lack of support from other services (17.1%). Smaller but still notable barriers included administrative workload (15.9%), cost of supervision (14.9%), mental or emotional strain of the work (14.3%), and professional membership costs (13.9%). Less frequently cited issues were challenges accessing training (8.5%), insurance costs (4.8%), online therapy challenges (5.1%), VAT pressures (3.0%), and lack of supervision (0.8%).

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

The main ways practitioners use Routine Outcome Measure data are to inform work with individual clients and review progress in session (71.1%), followed by reflection in CPD or supervision (47.3%), inclusion in practice records or case notes (41.2%), and identifying when a client may need a different level of support or referral (51.1%). Smaller proportions use the data for reporting to an employer, commissioner or funding body (18.9%) or for service-level reporting or evaluation (16.8%). A small minority report collecting it but not using it actively (5.0%), while 6.8% selected other uses.

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?

Over the past 12 months, practitioners most commonly reported increases in client distress related to loneliness or social isolation, followed by global conflict or war and political polarisation or societal tension. Housing insecurity and climate change or environmental concerns were also frequently reported, though with comparatively fewer significant increases. Across all issues, most respondents indicated either some increase or no change rather than decreases, suggesting a general upward trend in societally linked distress presentations, particularly around social isolation and global instability.

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

The most commonly observed impacts of social media among clients were comparison or self-esteem issues (72.4%) and self-diagnosis using online content (64.5%). Other frequently reported effects included sleep disruption (45.1%) and relationship difficulties (40.0%). Around a quarter of respondents also noted exposure to distressing content (28.2%) and unrealistic expectations of therapy (27.7%), while online harassment or bullying was reported by 22.7%. A small minority selected other impacts (8.9%), while very few reported none of the above (1.4%) or no impact of social media at all (5.6%).

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

Clients were most commonly reported to be using AI tools for emotional or mental health support occasionally (43.1%), followed by rarely (18.1%) and frequently (15.6%). A smaller proportion of respondents reported that clients never use such tools (16.5%), while 6.7% were not sure.

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?

Views on the impact of AI on clients' mental health were mixed. Most respondents reported either no clear impact or uncertainty, with 31.2% selecting "don't know" and 25.3% reporting a neutral impact. Among those who did identify an effect, somewhat negative impacts (18.1%) were more commonly reported than somewhat positive (8.9%) or significantly positive impacts (2.3%), while 6.5% reported a significant negative impact and 7.6% reported no impact.

2) People working for a charity

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

Among practitioners working for a charity, waiting times for support in their main organisation varied, with 27.0% reporting waits of less than one month. A further 19.1% reported waits of one to two months, 13.3% reported two to three months, and 18.1%

reported waits of over three months. Just under a quarter (22.5%) indicated that the question was not applicable.

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

Among practitioners working in charities, the most commonly reported barriers to providing therapy were high costs of renting premises (39.6%), concerns about personal financial sustainability (36.5%), and limited referral opportunities from other services (32.3%). Other frequently cited challenges included balancing therapy work with other commitments (28.4%), clients cancelling sessions or non-attendance (25.3%), and difficulty finding suitable premises or therapy spaces (24.2%). Additional barriers included cost of supervision (18.2%), administrative workload (16.1%), lack of support from other services (15.4%), and insufficient client demand (14.7%). Smaller proportions reported professional membership costs (11.6%), mental or emotional strain of the work (11.6%), and other issues (10.2%), while fewer highlighted insurance costs (6.3%), access to training (6.3%), online therapy challenges (7.0%), VAT pressures (2.5%), and lack of supervision (1.4%).

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

Routine Outcome Measure data is most commonly used to inform work with individual clients and review progress in session (66.8%). Many also use it to reflect on their practice in CPD or supervision (47.5%) and to identify when a client may need a different level of support or referral (46.3%). Over a third use the data for reporting to employers, commissioners, or funding bodies (36.3%) or to include in practice records or case notes (35.9%), while 28.6% use it for service-level reporting or evaluation. A small minority report collecting the data but not using it actively (5.4%), with 5.0% selecting other uses.

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?

Over the past 12 months, practitioners working in charities most commonly reported increases in client distress related to loneliness or social isolation, followed by global conflict or war and political polarisation or societal tension. Housing insecurity and climate change or environmental concerns were also frequently reported, though with comparatively fewer significant increases. Across all issues, respondents predominantly indicated either some increase or no change, with very few reporting decreases, suggesting a general upward trend in societally linked distress, particularly around social isolation and global instability.

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

The most commonly reported impacts of social media in clients were comparison or self-esteem issues (68.9%) and self-diagnosis using online content (59.5%). Other frequently observed effects included sleep disruption (44.3%) and relationship difficulties (43.6%). Around a third also reported exposure to distressing content (30.4%) and online harassment or bullying (28.4%), while 26.3% noted unrealistic expectations of therapy. A small minority selected other impacts (7.3%), while very few reported none of the above (1.7%) or no observed impact of social media (6.9%).

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

Clients were most commonly reported to be using AI tools for emotional or mental health support occasionally (45.4%), followed by rarely (16.4%) and frequently (10.2%). A further 19.5% of respondents reported that clients never use such tools, while 8.5% were not sure.

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?

Views on the impact of AI on clients' mental health were mixed, with the largest proportion of respondents reporting uncertainty (34.0%) or a neutral impact (25.0%). Among those identifying an effect, somewhat negative impacts (17.0%) were more commonly reported than somewhat positive (8.0%) or significantly positive (1.4%), while 4.5% reported a significant negative impact and 10.1% reported no impact.

3) People working in education

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

Waiting times for support in education settings varied, with 27.9% reporting waits of less than one month. A further 18.0% reported waits of one to two months, 9.0% reported two to three months, and 8.2% reported waits of over three months. Just over a third (36.9%) indicated that the question was not applicable.

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

The most commonly reported barriers to providing therapy in education settings were high costs of renting premises (35.0%), limited referral opportunities from other services (34.2%), and concerns about personal financial sustainability (32.5%). Other frequently cited challenges included balancing therapy work with other commitments

(23.9%), lack of relevant support from other services (23.1%), and difficulty finding suitable premises or therapy spaces (22.2%). Additional barriers included administrative workload (20.5%), insufficient client demand (17.9%), and client cancellations or non-attendance (17.9%). Smaller proportions reported cost of supervision (15.4%), mental or emotional strain of the work (17.1%), and professional membership costs (8.5%), while fewer highlighted insurance costs (5.1%), VAT pressures (5.1%), access to training (7.7%), online therapy challenges (6.8%), and lack of supervision (1.7%). Other issues were selected by 9.4% of respondents.

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

The most common use of Routine Outcome Measure data in education settings is to inform work with individual clients and review progress in session (76.2%). Many also use the data to identify when a client may need a different level of support or referral (54.3%), reflect on their practice in CPD or supervision (45.7%), and include it in practice records or case notes (40.0%). Around 30.5% use the data for service-level reporting or evaluation, and 28.6% report it to employers, commissioners, or funding bodies. A small minority report collecting the data but not using it actively (4.8%), while 3.8% selected other uses.

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?

Respondents most commonly reported increases in client distress related to climate change or environmental concerns and political polarisation or societal tension. Housing insecurity and loneliness or social isolation were also frequently reported, alongside global conflict or war, though with a more mixed pattern of responses. Across all issues, respondents generally indicated either some increase or no change rather than decreases, suggesting a broad trend of stable to rising societally linked distress across education-based practice.

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

The most commonly reported impacts of social media in clients were comparison or self-esteem issues (75.4%) and self-diagnosis using online content (61.0%). Other frequently observed effects included sleep disruption (56.8%), relationship difficulties (44.9%), online harassment or bullying (43.2%), and exposure to distressing content (41.5%). Around a quarter of respondents also reported unrealistic expectations of therapy (22.9%). A small minority selected other impacts (11.0%), while very few reported none of the above (1.7%) or no observed impact of social media (3.4%).

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

Clients were most commonly reported to be using AI tools for emotional or mental health support occasionally (48.3%), followed by frequently (19.5%) and rarely (15.3%). A smaller proportion reported that clients never use such tools (13.6%), while 3.4% were not sure.

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?

Views on the impact of AI on clients' mental health were mixed. The most common response was that AI has had a neutral impact (30.5%), followed by uncertainty (25.4%). Among those reporting an effect, somewhat negative impacts (20.3%) were more commonly identified than somewhat positive (5.9%) or significantly positive (2.5%), while 5.9% reported a significant negative impact and 9.3% reported no impact.