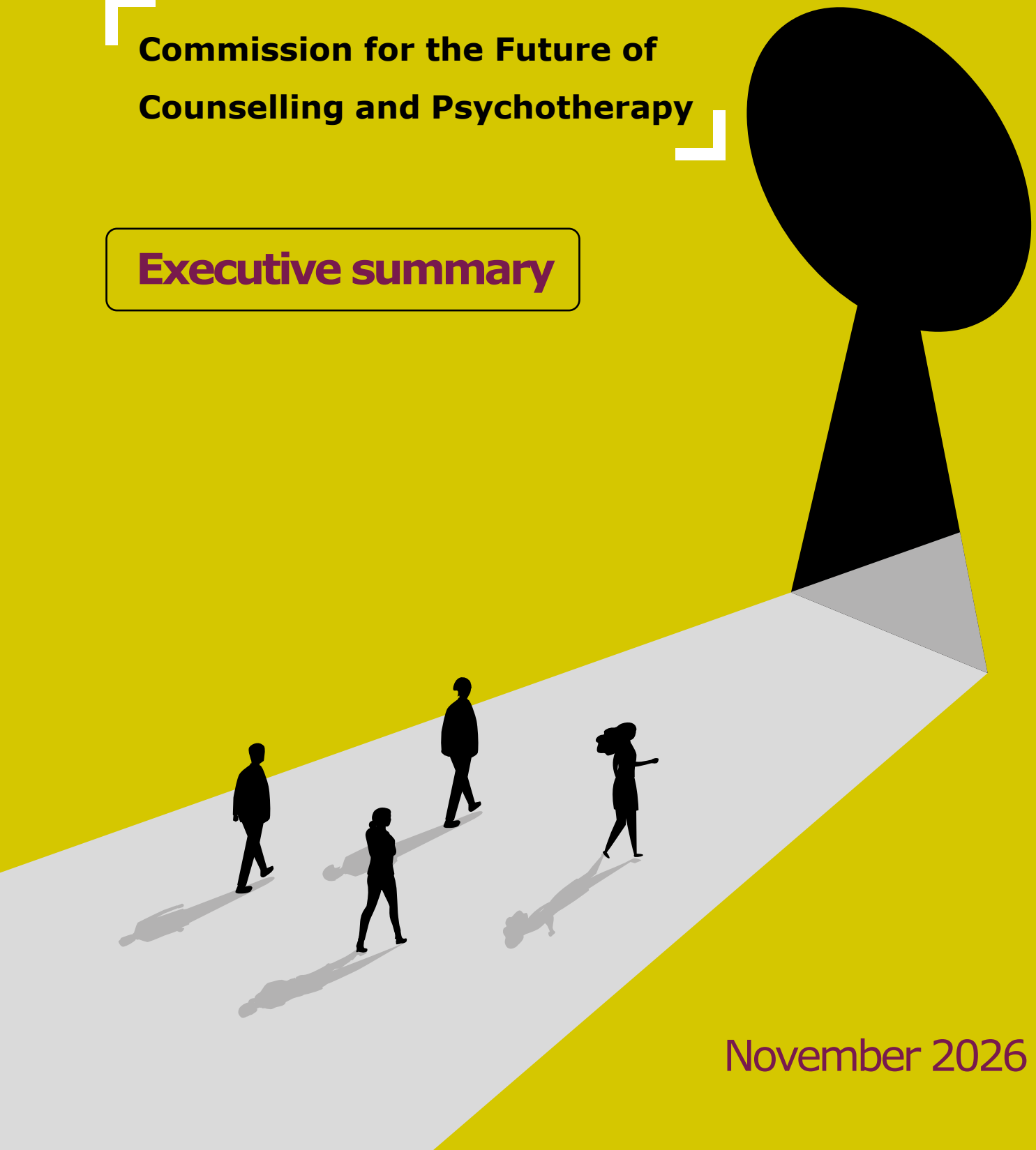
Unlocking Potential: Transforming Lives

Commission for the Future of Counselling and Psychotherapy

Executive summary



November 2026

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Commissioned by the Partnership of Counselling and Psychotherapy Bodies (PCPB)

Partnership of Counselling and Psychotherapy Bodies

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Introduction

Open letter from the Independent Co-Chairs of the Commission

Across England, Scotland, Wales and Northern Ireland, we are witnessing a profound shift in the scale and complexity of mental health need. Behind the statistics are people waiting too long for help, families struggling to cope, children whose education is disrupted, employees leaving work through ill health and communities carrying the consequences of unmet need. Mental health is no longer a challenge for individuals and health services alone; it is a challenge for our economy, our public services, our communities and our collective future.

The publication of the Independent Review into prevalence and support for mental health conditions, ADHD and autism, in October 2026, offered a candid assessment of a mental health service under immense pressure.[1] Prime Minister Andy Burnham expressed a similar view in August 2026 as he announced a £343m investment in NHS mental health centres across England.[2]

We know these pressures are felt in Scotland, Wales and Northern Ireland too. Wider social and economic challenges – including rising youth unemployment, discrimination, social injustice, health inequalities, forced migration, increasing recognition of neurodiversity, persistent physical ill health, loneliness, financial insecurity and the continuing cost-of-living pressures – reinforce the scale of the mental health challenge facing the four nations of the UK. NHS, social care and community services continue to operate beyond capacity, with growing demand placing increasing pressure on councils, schools, employers, charities and community organisations. Too often, people are offered treatment that does not meet their needs. Too often, they receive no treatment at all. The consequences can be profound, leading to limited life opportunities for many and, in the most tragic circumstances, loss of life for some.

Yet alongside these challenges lies a unique opportunity.

The United Kingdom already has a highly skilled and trained workforce of counsellors and psychotherapists whose expertise remains significantly underused. Together, the six organisations that came together to establish this Commission represent around 82,000 registered practitioners working across health, social care, local government, education, justice, children's services, higher education, workplaces, the voluntary and community sectors, and private practice.

Evidence gathered to inform the work of our Commission demonstrates that this workforce has considerable untapped capacity. More than half of therapists who responded to our Call for Evidence told us they could provide at least five additional hours of paid client work each week, while fewer than one quarter said they were unable or unwilling to take on further client hours.

Collectively, this represents hundreds of thousands of additional therapeutic appointments every week – capacity that already exists and could be mobilised to improve access to timely, effective mental health treatment across the UK. Counselling and psychotherapy can play a key role in narrowing the mental health treatment gap.

This is not simply a question of increasing capacity. It is also about recognising the unique contribution that counselling and psychotherapy make.

Therapists provide evidence-based treatment that adapts to the needs of the individual. Whether treating children and young people, adults experiencing common or more severe mental health difficulties, people living with trauma, those managing long-term physical conditions, or individuals navigating bereavement, relationships, identity or life's many transitions, counselling and psychotherapy offer interventions that are both clinically effective and deeply human.

At a time when people's mental health needs are becoming more complex, that flexibility has never been more valuable.

The profession itself has also reached an important point in its development. The introduction of the Scope of Practice and Education (SCoPEd) framework in 2022 marked significant progress towards greater consistency, professionalism and public confidence across counselling and psychotherapy. Building on that foundation, this Commission was established to examine the future of the profession, identify the barriers preventing it from making its fullest contribution, and recommend practical actions that will strengthen both the profession and the nation's mental health.

More than **4,000** individuals and organisations contributed through our Call for Evidence

Over the course of our work, we have examined some of the most significant questions facing counselling and psychotherapy today. We have considered how the workforce can be better integrated into mental health services and wider public policy. We have explored the future of professional regulation and how best to protect the public from unqualified and unregistered practitioners. We have examined how the evidence base should continue to evolve, how diversity and inclusion must be strengthened across the profession, and how emerging technologies – including artificial intelligence – may reshape both mental health and the delivery of therapeutic support. These are not challenges for the profession alone; they are questions that affect everyone who may one day need mental health treatment.

Our conclusions have been informed by an extraordinary range of evidence. We have heard from people with lived experience, practitioners, researchers, employers, commissioners, educators, regulators, policymakers and organisations from across all four nations. More than 4,000 individuals and organisations contributed through our Call for Evidence, while many others gave their time through written submissions, roundtables and witness sessions. We have also heard from many great services, delivering life-changing therapy, some of which have been included as case studies to illustrate the strong return on investment that counselling and psychotherapy can make in different sectors and settings throughout the UK.

Throughout this process, the voices of people with lived experience have remained central to our work. Their experiences have sharpened our thinking and reminded us that every recommendation contained within this report must ultimately be judged by one measure alone: whether it transforms people's lives.

We were particularly keen to ensure that our report informs change across each of the four nations of the UK. We were grateful to our Commissioners from Northern Ireland, Scotland, and Wales for hosting roundtables in the devolved nations to ensure that we fully considered the specific context and need for counselling and psychotherapy in each nation.

We are deeply grateful to every witness who gave evidence, every organisation that shared its expertise, every individual who completed our surveys, and every Commissioner who brought their experience, insight and commitment to what has often been thoughtful, challenging and constructive debate. We also extend our sincere thanks to the Commission Secretariat, whose dedication and professionalism made this work possible.

While the Partnership of Counselling and Psychotherapy Bodies (PCPB) has commissioned this report the findings and recommendations contained are those of the Independent Commission alone. They represent our collective judgment about what must change if the counselling and psychotherapy sector is to fulfil its potential in improving the nation's mental health.

This report is not intended to be the end of the conversation. It is intended to be the beginning of action.

The recommendations we make will require leadership from governments, regulators, employers, commissioners, educators, professional bodies and, crucially, practitioners themselves. No single organisation can deliver the change required in isolation. None can afford to leave this opportunity untaken. And all need to ensure that people with lived experience continue to shape the future.

The case for change is compelling. The workforce exists. The evidence continues to grow. The need has never been greater.

And whilst the challenge is significant, so too is the opportunity. If everyone is prepared to work together, we can see a future in which the current treatment gap narrows so many more people receive the timely, compassionate and effective mental health interventions they deserve – and in doing so, we can transform not only individual lives, but the health, resilience and prosperity of our communities across the UK.

That is the future this Commission believes is both possible and necessary. We commend this report to you.





Phil Hope **Andrea Sutcliffe CBE**

Independent Co-Chairs of the Commission for the Future of Counselling & Psychotherapy



Falkirk Wheel, Scotland,
United Kingdom

Foreword by Professor Adam Boddison OBE

Independent Chair, Partnership of Counselling and Psychotherapy Bodies

The Partnership of Counselling and Psychotherapy Bodies (PCPB) was established because six leading professional bodies recognised that the future of counselling and psychotherapy would increasingly depend on what we could achieve together rather than individually. While each organisation has its own identity and history, we share a common purpose: to promote high standards of professional practice, to protect the public, and ensure that people across the United Kingdom have access to safe, effective and compassionate psychological therapy. Our establishment of this independent Commission reflects that important, shared ambition.

Stepping up to the challenge

The Commission was not established because the profession is in decline. Quite the opposite. Demand for counselling and psychotherapy has never been greater. Mental health has rightly become one of the defining public policy challenges of our generation, and counsellors and psychotherapists are supporting people every day in our health and social care services, schools, universities, workplaces, communities, charities, justice settings and private practice. Yet demand alone is not enough to secure the future of any profession.

As the evidence presented by the Commission shows, public understanding of counselling and psychotherapy remains inconsistent. Too many people struggle to distinguish between safe, qualified, registered practitioners and those with little or no recognised training. The evidence base continues to evolve but must grow further to influence policy and commissioning. Financial barriers still prevent many talented people from entering the profession, while workforce shortages exist alongside qualified practitioners who are unable to use their full capacity. Advances in digital technology and artificial intelligence are creating exciting opportunities, but they also raise profound questions about ethics, public safety and the future relationship between technology and human connection.

Our endorsement

The real measure of this Commission's success will not be the publication of its report. It will be the collective action that follows.

As Independent Chair of the PCPB I am pleased to confirm the Partnership welcomes the ambitious recommendations presented by the Commission. Together they provide a vital strategic steer to inform our collective action to address many fundamental issues facing counselling and psychotherapy and to better use our collective influence to advocate for the profession, the practitioners we represent and their clients.

We will consider how best to further the wider recognition of the contribution counsellors and psychotherapists can make in helping to narrow the mental health treatment gap, while continuing to promote high standards of safety and quality. We recognise that this must include strengthening the evidence and economic case for our professions, improving diversity and access, exploring how training may need to evolve, responding thoughtfully to artificial intelligence and increasing public understanding of the value of professional psychological support.

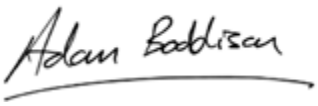
We welcome the opportunity to explore how the counselling and psychotherapy sector can work more effectively together in the future, including but not limited to the recommendation to explore the development of a Counselling and Psychotherapy Federation. This will include considering how the PCPB's existing partnership might support a more coordinated collective voice across all four nations, while working with people with lived experience and the wider sector to understand where there may be shared ambitions and opportunities for collaboration.

We will progress work to strengthen our engagement with governments on the future of regulation and public protection and contribute to a stronger national conversation about the role counselling and psychotherapy can play in the nation's mental health.

No single organisation can deliver this agenda alone. The PCPB commits to work with governments, commissioners, professional bodies, training providers, researchers, practitioners and people with lived experience to translate these recommendations into practical and lasting change.

On behalf of the Partnership of Counselling and Psychotherapy Bodies, I would like to pay tribute to our Commission Co-Chairs, Andrea Sutcliffe and Phil Hope and our Commissioners for the tremendous care, rigour and independence they have brought to their work and for leading on the development of such an authoritative report.

I would also like to acknowledge the important role played by the Commission Secretariat in helping to deliver the extensive programme of work which has informed this Report. My thanks additionally go to everyone who contributed evidence, shared their experiences and supported the work of the Commission.



Professor Adam Boddison OBE

Independent Chair of the Partnership of Counselling and Psychotherapy Bodies

Executive summary

Unlocking the UK's hidden mental health capacity

The future of counselling and psychotherapy and narrowing the treatment gap

The opportunity

The UK faces a growing mental health challenge. Demand for support is outstripping publicly-funded capacity across England, Scotland, Wales and Northern Ireland, contributing to long waiting lists, widening inequalities and growing pressure on public services, employers and communities. It is estimated that there are 1.8 million people on a waiting list for mental health services in England.[3] Whilst there isn't equivalent data published for Northern Ireland, Scotland and Wales, the Mental Health Foundation estimates the level of mental health need across the UK to be just short of 14,000,000 people.[4] The consequences extend well beyond healthcare, affecting employment and productivity, educational attainment, physical health, personal safety and community wellbeing.

The Commission for the Future of Counselling and Psychotherapy was established by the Partnership of Counselling and Psychotherapy Bodies (PCPB) to examine the future of the counselling and psychotherapy profession and how it could make a substantially greater contribution to tackling this challenge. It gathered evidence from more than 4,000 people and organisations, including practitioners, researchers, commissioners, employers, policymakers and people with lived experience.

Its central finding is potentially significant for policymakers: the UK already has much of the skilled workforce it needs to increase access to psychological support but is not making full use of it.

Around 82,000 qualified practitioners are registered on Professional Standards Authority-accredited registers operated by the six PCPB organisations. More than three-quarters of respondents to the Commission's Call for Evidence wanted additional paid client work, while more than half would undertake at least five additional hours of therapeutic practice each week. The Commission argues that this represents the potential for over 370,000 hours of additional therapy appointments every week – without training a single additional practitioner – to narrow the UK's mental health treatment gap. Our analysis shows that deploying 10% of this existing available capacity could support over 150,000 more people annually across the nations of the UK. The cost of delivering this would equate to less than 1% of the existing national mental health budgets.

For governments facing rising demand, workforce shortages and constrained public finances, this points to an important policy opportunity: before looking only to expand the workforce, much better use of the workforce that already exists could be made. Unlocking this potential will transform lives.

From a health issue to a government-wide economic and social priority

The Commission argues that counselling and psychotherapy should not be viewed simply as benefitting the nation's health alone. Effective psychological support can generate benefits across public services and the economy. The evidence points to a compelling economic case across a range of settings, including evidence that every £1 invested in counselling for children and young people could generate a £14 return,[5] while workplace counselling could generate £5 for every £1 invested.[6] This is comparable with the UK Government's evidence for evidence-based talking therapies delivered through NHS Talking Therapies, which includes Counselling for Depression. This delivers a return of approximately £5 to £6 in wider economic and social benefits, associated with people who have undergone treatment being more likely to work and less likely to require welfare benefits.[7]

The evidence cited by the Commission links preventative and early intervention services with improved educational outcomes, reduced sickness absence, improved employment retention and reduced demand on statutory services. It highlights economic returns from investment in school counselling, workplace mental health support and community-based psychological services.

This has an important implication for government policy. Mental health investment should be regarded as an investment across government, rather than solely as expenditure for the NHS or government departments for Health and Social Care. Poor mental health is closely associated with economic inactivity, lower workplace productivity, poorer educational outcomes, physical ill-health, social exclusion and involvement with the criminal justice system.

Counselling and psychotherapy are already being delivered across the NHS, schools, colleges, universities, workplaces, voluntary organisations, justice settings and private practice. However, provision remains fragmented and inconsistent, often dependent on short-term, local commissioning decisions. The result is significant variation in access.

Around **82,000** qualified practitioners are registered on Professional Standards Authority-accredited registers operated by the six PCPB organisations

Why is existing capacity not being used?

The Commission identifies a series of structural barriers preventing the profession from making its full contribution.

The most immediate is insufficient and unsustainable public commissioning and investment. This is compounded in some services by reliance on unpaid work and volunteering. The Commission also points to the limitations of the current voluntary regulatory framework and inconsistent understanding of professional standards, which can undermine confidence in the safety and quality of services.

Other barriers include:

- no formal workforce planning and development for the large and diverse counselling and psychotherapy workforce
- unnecessary barriers to entering the profession and limitations in workforce diversity
- a lack of statutory regulation which is holding the profession back, is not providing sufficient public protection and contributes to a lack of easily accessible information for the public
- insufficient use of evidence about cost-effectiveness in commissioning and policy decisions
- inadequate investment in clinical and economic research and service evaluation
- uncertainty about the opportunities and risks presented by digital mental health technologies and AI, and
- fragmentation within the profession, weakening its collective voice and influence on policy.

The Commission's argument is therefore not simply that more money should be spent on counselling and psychotherapy. It is that government needs a more coherent system for commissioning, regulating, developing, evaluating and deploying this existing workforce.

The profession also needs to embrace this opportunity positively by raising standards, widening diversity, demonstrating impact and providing a stronger collective voice.

It is estimated that there are **1.8 million people** on a waiting list for mental health services in England

A six-part roadmap for reform

The Commission proposes six strategic priorities:

1. Improve commissioning and funding.

Increase access to evidence-based counselling and psychotherapy across health, education, workplace and community settings.

2. Strengthen public protection.

Introduce statutory regulation and strengthen professional standards.

3. Build a sustainable and diverse workforce.

Improve education, training, workforce development and diversity.

4. Strengthen the evidence base.

Increase research and evaluation and ensure evidence is better reflected in commissioning and policymaking.

5. Raise public and political recognition.

Increase awareness of the contribution counselling and psychotherapy can make to mental health and wellbeing.

6. Give the profession a stronger collective voice.

Create a Counselling and Psychotherapy Federation to improve coordination and influence.

Alongside these UK-wide priorities, the Commission makes recommendations for each of the four nations, recognising their unique context and different policy, regulatory and commissioning arrangements.

What does this mean for policymakers?

The Commission presents a challenge to governments: narrowing the mental health treatment gap will require more than expanding existing medical services.

A broader psychological workforce, providing a wider range of interventions in different settings, is needed if governments are to reduce waiting times, improve outcomes and respond to rising demand. Counselling and psychotherapy already represent an established national resource that could contribute much more to prevention, early intervention, community mental health, education, workplace wellbeing and NHS services.

The policy proposition is relatively straightforward:

The question is no longer whether the UK has additional mental health capacity. It is whether government policy, commissioning and investment will enable the capacity that already exists to be used effectively.

Realising that opportunity requires coordinated action by governments, commissioners, NHS organisations, regulators, employers, educators and professional bodies. The profession itself also needs to strengthen standards, improve diversity, demonstrate impact and develop a stronger collective voice.



Infinity Bridge, Stockton-on-Tees,
England, United Kingdom

What does this mean for practitioners?

The Commission sets out a stronger future for the profession: greater recognition, better opportunities and a more sustainable workforce. Its recommendations would enable counsellors and psychotherapists to make fuller use of their skills across a wider range of settings and services, while strengthening professional standards and training, improving workforce diversity and supporting a stronger evidence base. The prize is clear and should be embraced positively: a valued and properly paid and utilised workforce, better able to meet growing demand and improve outcomes for people and communities.

What does this mean for people needing mental health treatment?

The Commission's recommendations are ultimately about better access to safe, effective and high-quality therapeutic support. They seek to reduce barriers to care, strengthen public confidence and protection, improve choice, and ensure services are better equipped to meet the needs of diverse communities. For the public, the ambition is straightforward: the right support, at the right time, from trusted and appropriately qualified professionals — with genuine choice over the help they receive.

A watershed moment

The Commission describes this as a watershed moment for counselling and psychotherapy – and for the people and communities who rely on mental health support. Its recommendations offer the opportunity to make better use of an established national workforce, expanding access to safe, effective and timely psychological support while strengthening the profession for the future. Unlocking this potential will transform lives.

For people, this means greater access to the right support at the right time, with more choice, stronger public protection and services better equipped to respond to diverse needs.

For practitioners, it means greater recognition of their skills, more opportunities to contribute across health, education, employment and community settings, and a more sustainable, diverse and properly valued workforce.

For policymakers, the reward is a stronger mental health system with greater capacity, earlier intervention, improved access and potentially better value for public investment. At a time of rising demand and pressure on public services, the Commission makes a clear case for treating counselling and psychotherapy as a core component of the UK's mental health infrastructure – backed by the funding, workforce planning, regulation and evidence needed to realise their full potential.

The opportunity is therefore not simply to expand the profession, but to unlock an existing national asset for the benefit of practitioners, the public and the wider health and economy of the UK.

A small investment, a big return: unlocking untapped capacity

Unmet mental health need

It is estimated that there are 1.8 million people on a waiting list for mental health services in England.[8] There isn't equivalent data published for Northern Ireland, Scotland and Wales but the Mental Health Foundation estimates the level of mental health need across the UK to be just short of 14,000,000 people.[9]

Unused treatment capacity

> Across the PCPB organisations we estimate that 92.3% of the 82,000 trained and qualified members have additional capacity to help address some of this demand.[10]

> Our analysis indicates that there is an estimated minimum of 15,333,635 additional hours capacity within the existing counselling workforce, and when converted to Whole Time Equivalent (WTE) posts, the capacity is equal to 18,210 additional practitioners.

> We calculate that this number of sessions annually would enable the delivery of courses of counselling and psychotherapy to 1,533,364 people across the UK, based on a 10-session average.

Cost and deployment

> Applying a conservative target of using just 10% of the existing available capacity we've identified above, would mean over 150,000 additional courses of therapy delivered annually; **over 150,000 more people helped**.

> When this is allocated proportionally based on population size of each devolved nation, we estimate annual costs as follows:

- **England** - £102.55m,
- **Northern Ireland** - £3.39m
- **Scotland** - £10.4m
- **Wales** - £5.74m.

> As demonstrated in table 1 below, across all nations, this investment represents **less than 1% of existing national mental health budgets**.

Table 1: Breakdown of therapy costs, coverage and staffing needs by UK nation					
	Population weighted share of 150,000 courses of therapy	**Cost per 10-session course of therapy**	**Total cost of delivering population weighted share of 150,000 courses of therapy**	**Cost as a proportion of mental health spend**	**FTE roles to deliver population weighted share of 150,000 courses of therapy**
England	126,917.21	£807.98	£102,546,905.30	0.54%	1,507.24
Northern Ireland	4,174.06	£811.59	£3,387,612.59	0.87%	51.67
Scotland	12,009.48	£867.07	£10,413,034.46	0.69%	144.27
Wales	6,899.24	£832.61	£5,744,371.39	0.52%	83.17
UK total ***cost per 10 sessions as a UK average**	150,000.00	£829.81	£122,091,923.75	0.56%	1,811.67

More detail on the methodology underpinning the calculations in this table is provided the main Commission report available at: www.pcpb.org.uk/resource/commission-report

Return on investment

Counselling and psychotherapy can generate extensive benefits across public services and the economy. Existing evaluation evidence demonstrates a compelling economic case across a range of settings, including evidence that every £1 invested in counselling for children and young people could generate a £14 return,[11] while workplace counselling could generate £5 for every £1 invested.[12] This is comparable with the UK Government's evidence for evidence-based talking therapies delivered through NHS Talking Therapies, which includes Counselling for Depression. This delivers a return of approximately £5 to £6 in wider economic and social benefits, associated with people who have undergone treatment being more likely to work and less likely to require welfare benefits.[13]

Recommendations for the United Kingdom

Improve commissioning and funding

1. Narrow the mental health treatment gap by deploying counsellors and psychotherapists: Governments across the UK should increase the availability of publicly funded counselling and psychotherapy to rapidly narrow the growing mental health treatment gap. Governments working with the PCPB should act to identify and remove barriers and create pathways to better use and mobilise the untapped resource of trained counsellors and psychotherapists within the mental health workforce, to benefit people of all ages who draw upon our health and social care, education, justice and welfare systems.

2. Create sustainable counselling and psychotherapy services: Commissioners of public sector services should protect the future of vital voluntary and private sector counselling and psychotherapy services by extending funding cycles to ensure better long-term financial stability, staff retention, continuity of care and the preservation of established community initiatives; and by embedding specialist counselling and psychotherapy services into statutory pathways and ending unfunded referrals.

Strengthen public protection

3. Ensure public safety: The UK Government should work with counselling and psychotherapy professional bodies and experts by experience to identify options for establishing a statutory regulated framework. This would be the next step toward the greater goal of establishing statutory regulation of counselling and psychotherapy to ensure the safety and quality of services for clients and practitioners.

Build a diverse workforce

4. Increase the diversity of the workforce: The PCPB should tackle the lack of diversity in the profession, to ensure it better reflects the communities it serves. There should be a review of the demographic data of members and registrants in the PCPB to explore barriers to accessing and thriving in the profession for people from marginalised groups, creating a multi-year strategy to improve the diversity of practitioners and improve cultural competency in counselling and psychotherapy provision across the UK. Improving the diversity of the workforce should help to strengthen confidence in the profession for those groups who are currently underrepresented as clients.

5. Review the place of volunteering: The PCPB should undertake an in-depth review into the extent and role of volunteering within the professions, understanding its impact on training and workforce development, diversity and access to the profession, pay, professional recognition and the sustainability of services.

6. Evolve the training landscape: Training providers and awarding bodies working in collaboration with accrediting organisations and the PCPB partnership should modernise and improve accessibility of counselling and psychotherapy training by updating the core curriculum, Continuing Professional Development (CPD) and post-qualification specialist training to further include key emerging client needs, such as neurodiversity, trauma, suicide, self-injury, severe mental illness and cultural competency; expanding flexible learning options; and introducing standardised reporting on placement availability and quality.

Strengthen the evidence base

7. Present the compelling economic case for counselling and psychotherapy: The PCPB should commission and secure funding for a large-scale cost-effectiveness study of counselling and psychotherapy services to demonstrate the significant health, social and economic return on investment they create for the UK.

8.Maximise the evidence-base: The PCPB should provide strategic leadership in strengthening the evidence-base for counselling and psychotherapy, setting clear priorities for research, investment and sector-wide collaboration. A more coordinated approach should make better use of real-world evidence, widen participation in research and service evaluation across the profession, support a stronger culture of evidence-informed practice, demonstrate clinical and cost-effectiveness and ensure that future research funding and development opportunities are targeted where they can make the greatest contribution.

9. Innovate and adapt to digital working and artificial intelligence: The PCPB should evaluate the opportunities and risks of the adoption of digital working and artificial intelligence as an innovation in counselling and psychotherapy practice, identifying where this can have positive benefits for increasing access to care and reducing administrative burdens, and producing shared guidance, standards and principles for the safe and ethical use of artificial intelligence (AI) in therapy. Proper and thorough consideration should be given to the ethical, environmental and socioeconomic implications of AI for professionals and clients, while recognising the fundamentally human foundations of counselling and psychotherapy. The PCPB should seek to play a leading role in shaping the future regulation of the use of AI in mental health as a whole.

Raise public and political recognition

10. Raising public awareness of counselling and psychotherapy: Supported by the Governments across the UK and the Professional Standards Authority, the PCPB should lead a national public awareness campaign to boost understanding of counselling and psychotherapy. This should cover the benefits of seeking professional psychological support for a range of mental health problems, the serious risks of accessing help from unregistered practitioners, and how members of the public can find qualified practitioners on a PSA accredited counselling and psychotherapy register until a statutory register is available.

Give the profession a stronger collective voice

11. Strengthening the voice of the sector: There should be greater collaboration across the counselling and psychotherapy sector to speak with a collective voice to improve the lives of those who draw upon and who provide those services. The PCPB should build upon its current structure to create a stronger federation of counselling and psychotherapy organisations that will take forward issues of shared and mutual interest, informed by people with lived experience, for the benefit of the professions and the people who seek their services. A strong counselling and psychotherapy federation should reflect the devolved nations in its representation and structure.

Recommendations for each UK nation

England

UK Government has a significant opportunity to strengthen counselling and psychotherapy as part of the ongoing reform of the mental health system in England. The Commission has identified several specific priorities for England which sit alongside the broader UK-wide changes we identify in our headline report recommendations.

12. Modernise the Talking Therapies Programme to strengthen delivery of neighbourhood health ambitions: The UK Government should increase access to counselling and psychotherapy through the expansion of relational therapies within the NHS Talking Therapies programme, and create local pathways to psychological therapies to help support the evolution of Community Mental Health Centres, Neighbourhood Health Services and 24/7 Neighbourhood Mental Health Centres as these are expanded across England. Integrated Care Boards should ensure that qualified counsellors and psychotherapists are recognised as core members of neighbourhood multidisciplinary teams.

13. Enhance Mental Health Support Teams in Schools (MHSTs) to maximise outcomes for Children and young people: The UK Government should ensure that school counselling provision in England is brought in line with the rest of the UK by funding and commissioning school-based counselling in every school. The rollout of Mental Health Support Teams across England provides an ideal vehicle to deliver this ambition.

14. Use and mobilise therapists to deliver the Government's core employability priorities: The UK Government should call upon the counselling and psychotherapy professions to help fulfil its policy priorities as indicated in Get Britain Working and the Milburn and Mayfield Reviews to address mental health barriers to employment and improve labour market participation for all ages, and ultimately strengthen economic activity and growth.

Scotland

Scotland has a significant opportunity to strengthen counselling and psychotherapy to help the Government achieve its mental health ambitions. The Commission has identified several specific priorities for Scotland which sit alongside the broader UK-wide changes we identify in our headline report recommendations.

15. Recognise counselling and psychotherapy within mental health workforce planning: The Scottish Government, working with NHS Education Scotland, professional bodies (the PCPB and COSCA) and training providers, should establish a clearer picture of the counselling and psychotherapy workforce in Scotland across all statutory and community settings. The important contribution of counsellors and psychotherapists should be explicitly recognised within the proposed Mental Health and Wellbeing Service Blueprint and future iterations of the mental health workforce plan as they are in the Mental Health Strategy – with clear targets for job growth to address demand.

16. Review the recognition of counselling within Scotland's Psychological Therapies Matrix: The Scottish Government and NHS Education Scotland should review how counselling and psychotherapy are represented within the Psychological Therapies Matrix to ensure that it reflects the reality of therapeutic practice in Scotland and helps narrow the treatment gap in psychological therapies.

17. Ensure counselling can continue to deliver great outcomes to children and young people in Scotland: The Department for Education should restore funding to counselling across Higher and Further Education settings, whilst committing to ensure a long-term funding commitment for school counselling, uprated to take account for inflation and rising service delivery costs.

Wales

Wales has a significant opportunity to strengthen counselling and psychotherapy to contribute to the delivery of its mental health objectives. The Commission has identified several specific priorities for Wales which sit alongside the broader UK-wide changes we identify in our headline report recommendations.

18. Reform the Mental Health Measure to expand counselling and psychotherapy in the NHS: The Welsh Government should reform Part 1 of the Mental Health (Wales) Measure 2010 to enable appropriately qualified, accredited and registered counsellors and psychotherapists to undertake Local Primary Mental Health Support Service (LPMHSS) assessments. Expanding the range of professionals able to undertake assessments would increase workforce capacity, improve responsiveness and reduce unnecessary waiting times, while ensuring that people are directed to the most appropriate form of support at the earliest opportunity.

19. Recognise counselling and psychotherapy as a core component of the psychological therapies workforce: NHS Wales, Local Health Boards and Health Education and Improvement Wales (HEIW) should formally recognise counsellors and psychotherapists as a core part of the psychological therapies workforce and ensure that they are consistently represented within workforce planning, service redesign and utilised within multidisciplinary teams.

20. Create sustainable commissioning for community counselling services across Wales which takes account of rising delivery costs: The Welsh Government should work with Local Health Boards and Regional Partnership Boards to establish longer-term commissioning arrangements for counselling and psychotherapy across community and education settings which is uprated to take account of the rising service costs resulting from the cost-of-living crisis. Moving towards multi-year commissioning with more realistic costings would improve outcomes for service users, improve workforce stability, strengthen collaboration between statutory and voluntary services and increase access to preventative mental health support within local communities.

Northern Ireland

Northern Ireland has a significant opportunity to strengthen counselling and psychotherapy as part of the future mental health system. The Commission has identified several priorities which sit alongside the broader UK-wide changes we identify in our headline report recommendations.

21. Narrow the funding gap within the Mental Health Strategy: The UK Government and Northern Ireland Executive need to urgently commit to fully funding the Mental Health Strategy. This should be addressed through a ringfenced multi-year budget in recognition that the unique challenges facing Northern Ireland are a shared responsibility due to the legacy of the Troubles. This urgently needs to facilitate investment in sustainable community counselling services, with funding proportionate to the scale of need.

22. Recognise the counselling and psychotherapy as a strategic workforce: The Department of Health should fully embed counselling and psychotherapy within future mental health workforce planning as core contributors to mental health provision. This should include therapists working across both the statutory and voluntary sectors. They should work closely with the PCPB to develop reliable workforce intelligence covering numbers, employment settings, skills, vacancies and future workforce requirements.

23. Create sustainable routes from training into employment: The PCPB should work closely with relevant departments, statutory services, universities, training providers and employers to address the various components which perpetuate a low pay and no pay culture in Northern Ireland. Investment should support placements, supervision and funded opportunities for newly qualified practitioners.

24. Expand access through primary care and community services: The current proposed model for neighbourhood health for Northern Ireland focuses too much on existing staff within Health and Social Care and is focused primarily on physical health. The Department of Health should fully embed counselling and psychotherapy within the proposed neighbourhood care model, utilising the expertise of the voluntary and community therapists to support earlier intervention, reduce pressure on secondary services and ensure communities get the help they urgently need.

About the Commission

The Commission for the Future of Counselling and Psychotherapy was launched in October 2025 to examine the current and future landscape of the professions and the key issues affecting the sector, professionals, services and clients, drawing on expert and lived experience, alongside input from the wider Partnership of Counselling and Psychotherapy Bodies (PCPB) memberships.

Independently chaired by Phil Hope, former Minister of State for Care Services and Andrea Sutcliffe, an influential leader and specialist in health service delivery and regulation, the commission brought together counselling and psychotherapy professional bodies, key providers and clinical experts, decision-makers and those with lived experience to explore and discuss four key topics. Each topic was explored in a session where expert witnesses gave evidence, followed by a wider discussion among Commissioners.

The four sessions were as follows:

> Counselling and psychotherapy, the state of the sector

> Counselling and psychotherapy, is there a case for statutory regulation?

> Counselling and psychotherapy, the evidence base

> Counselling and psychotherapy, the future of the professions.

To ensure we captured the unique contexts in Northern Ireland, Scotland and Wales we held dedicated panel meetings in each nation. These provided an important forum to hear from relevant experts and sector representatives.

Each PCPB partner nominated a representative to the Commission. They are:

> Dr Heather Churchill, Association of Christians in Counselling and Linked Professions (ACC)

> Professor Lynne Gabriel OBE, President, British Association for Counselling and Psychotherapy (BACP)

> Lee Smith, Chair, British Psychoanalytic Council (BPC)

> Graeme Layzell, Director, Human Givens Institute (HGI)

> Lindsay Cooper, National Counselling and Psychotherapy Society (NCPS)

> Pippa Donovan, Chair, United Kingdom Council for Psychotherapy (UKCP).

The appointed Commissioners are:

- Andy Bell – CEO, Centre for Mental Health
- Professor Divine Charura MBE – York St John University
- Kate Day – NCPS Children and Young People Ambassador
- Emma Davies – director, The Exchange
- Chris Frederick – expert by experience
- Julian Harrison – expert by experience
- Myira Khan – award-winning counsellor and author, Myira Khan Counselling
- Professor Alessandra Lemma – University College London
- Professor John McLeod – Abertay University
- Anjula Mutanda – broadcaster, author, columnist and relationship therapist
- Mat Pronger – Psychotherapy and Counselling Union
- Sebastian Rees – The Institute for Public Policy Research
- Professor Andrew Reeves – University of Chester
- Dr Alistair Ross – University of Oxford
- Mark Rowland – CEO, Mental Health Foundation
- Dr Caryl Sibbett – psychotherapist, supervisor, art psychotherapist and trainer, Kairos Counselling.

For clarity, the work of this Commission and its members is referred to with capitalisation to reflect their specific title, while the work of service commissioners (such as within the context of the NHS) is referred to in lowercase.

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Commissioned by the Partnership of Counselling and Psychotherapy Bodies (PCPB)



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