



NATIONAL  
COUNSELLING &  
PSYCHOTHERAPY  
SOCIETY

## **NCPS Change.uk Consultation**

due Monday 2 December at 5pm

### **Q1. What does your organisation want to see included in the 10-Year Health Plan and why?**

#### Expanding direct access to counselling

The NCPS would like to see a commitment to expanding direct access to counselling to improve mental health outcomes in the NHS' 10-Year Health Plan. This will be achieved through better integration of the counselling and psychotherapy workforce within the NHS. Despite the critical role these professionals play, there has been insufficient incorporation of their services within the NHS framework. Enhancing this integration has the potential to fill significant gaps in mental health provision. NCPS-accredited counsellors and psychotherapists are well positioned to plug significant gaps in capacity through the provision of direct access to counselling:

- Data from [NCPS' 2024 Annual Member Survey](#) shows that 77.1% of respondents currently practice via Private Practice, whereas 3.3% practice via NHS Talking Therapies and 3.6% via other NHS methods. 69.7%, over two-thirds, of respondents had seen private clients who were trying to access support via the NHS but ended up accessing private therapy due to waiting times. The majority (80.1%) of respondents had seen clients who had accessed NHS Talking Therapies and attended, but felt they needed further support from private therapy.
- This creates a two-tier system where we are constructively enforcing privatisation of mental health support through ineffective provision caused by a lack of therapists, despite the 70,000+-strong workforce on Accredited Registers.
- Empowering patients to have greater control over their own therapy and therapist from an existing pool of thousands of highly trained and experienced practitioners is key. Direct access to counselling and psychotherapy via Accredited Registers will result in better engagement and motivation among patients to actively participate in their care, ultimately leading to better mental health outcomes.

Simplifying and streamlining the referral processes for accessing counselling and psychotherapy services can make it easier for individuals to receive timely support. Data from [NCPS' 2024 Annual Member Survey](#) shows that 44.8% of respondents received 0 – 3



client enquiries / referrals per month, followed by 28.5% of respondents who received 3 – 5 enquiries / referrals per month. When asked where enquiries / referrals came from, 62.4% of respondents stated word of mouth was one area for their referrals. Only 13.9% said they came a GP.

### Prioritising the value of human practitioners

The NCPS believes the 10-Year Health plan should prioritise human practitioners in delivering mental health care. The therapeutic relationship, characterised by empathy, warmth, and understanding, is fundamental to effective therapy and cannot be fully replicated by technology.

The NCPS commissioned [online research via YouGov](#) to determine how members of the public see counselling & psychotherapy, as well as how they view AI and digital services as a potential avenue for therapeutic support. The results show that 67% of the public have a clear preference for counselling over and above mental health apps and chatbots. 80.2% of people said they were not at all or not very likely to consider interacting with an AI generated Chatbot over a human being for their counselling/psychotherapy session. Prioritising human-provided therapeutic services will result in better engagement and motivation among patients to actively participate in their care, ultimately leading to better mental health outcomes.

Human relationships provide a space for clients to be vulnerable, the opportunity to be accepted, the chance to build trust, and to share their story through the broad spectrum of human modes of communication: things such as tone, body language, expression, gesture, humour, interjections, inarticulate sounds, implication and also silence.

Where digital and AI tools are used, the Government should establish clear guidelines, which should outline their limitations and ensure that they complement rather than replace human therapists. Transparency in the use of these tools should be mandated, empowering service users to make informed decisions about their care.

### Access to counselling for every child

The NHS 10-Year Health Plan should include provisions on enabling access to counselling for every child. Specifically, through:



- Early Support Hubs: Establishing Early Support Hubs in every local area can provide children and young people with access to mental health services before their issues escalate. These hubs should offer a range of services, including counselling, peer support, and family therapy.
- Expansion of the MHST model: Mental Health Support Teams (MHSTs) should be expanded to include counsellors and psychotherapists. The therapies that our members provide have the potential to address the 'missing middle' of children and young people who are presenting with issues too complex for low intensity interventions (such as Children's Wellbeing Practitioners (CWPs)) but who are not considered 'unwell enough' for Child and Adolescent Mental Health Services (CAMHS)).

**Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?**

n/a

**Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?**

The NCPS acknowledges that technology can provide efficiency, but in mental health care the relational aspect is paramount. There's a risk that over-reliance on digital tools could erode the therapeutic alliance, which is a key factor in successful outcomes. The use of AI-driven tools, chatbots, and data collection in mental health raises questions about privacy, accuracy, and accountability. Ensuring these tools meet professional standards and are transparent in their decision-making processes is critical.

**Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?**

We believe that counselling and psychotherapy workforce has the potential to play a crucial role in preventing the escalation of mental health issues, thereby reducing the long-term burden on the NHS and the wider economy.

We consider the biggest challenges to spotting mental health illnesses earlier to be:

1. Limited Integration of Counselling Services within the NHS
  - Despite the existence of a robust workforce of over 70,000 accredited counsellors and psychotherapists, these professionals are underutilised in

NHS services. This leads to long waiting times within the NHS, forcing many individuals to seek private therapy, creating a two-tiered system. For most people, private therapy is unaffordable, meaning their mental health issues often go unaddressed and worsen over time. Additionally, long waiting times within the NHS delay intervention, resulting in mental health issues being caught at a later stage when they are more severe and require more intensive and costly treatment.

## 2. Inadequate Early Support for Children and Young People

- Mental health services for young people are inconsistently available, with many falling between gaps in support thresholds (e.g., CAMHS). Early intervention opportunities are often missed, exacerbating long-term health outcomes.

## 3. Over-reliance on Digital and AI Tools

- While digital tools can be a complement to care, they cannot replace the efficacy of the human therapeutic relationship. The public strongly prefers counselling provided by human practitioners over AI-driven options.

## 4. Complex and Fragmented Referral Processes

- Many counsellors report low referral rates from GPs, suggesting that access pathways are unclear or underutilised. Simplified processes are essential to ensure timely support.

The NCPS considers the biggest enablers to spotting mental health illnesses earlier to be:

## 1. Integration of Counselling within NHS Services

- Incorporating accredited counsellors and psychotherapists directly into NHS frameworks (e.g., through NHS Talking Therapies or GP referrals) can address capacity gaps, reduce waiting times, and improve accessibility for those unable to afford private therapy.

## 2. Empowering Patients with Choice

- Allowing patients to choose their counsellor from a pool of accredited professionals can enhance therapeutic engagement, motivation, and outcomes.



### 3. Early Intervention through Schools and Community Hubs

- Expanding Mental Health Support Teams (MHSTs) and establishing Early Support Hubs for young people can provide timely, localised access to mental health services, preventing escalation.

### 4. Evidence-Based Approach to Human Interaction in Therapy

- Prioritising human-delivered counselling ensures adherence to best practices in mental health care, leveraging decades of evidence on the efficacy of therapeutic relationships.

**Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example: • Quick to do, that is in the next year or so • In the middle, that is in the next 2 to 5 years • Long term change, that will take more than 5 years**

#### **Quick to Do (Next Year):**

##### 1. Streamline Referral Pathways for Counselling Services

- Develop simplified referral processes for GPs to connect patients with accredited counsellors and psychotherapists.
- Increase awareness among healthcare providers of the availability of counselling services through Accredited Registers.

##### 2. Establish Guidelines for Digital and AI Tools

- Create policies to ensure digital mental health tools complement, not replace, human therapy. Include transparency and informed consent requirements for their use.

##### 3. Pilot Programmes for Early Support Hubs

- Begin pilots in key regions to provide mental health services, including counselling and family support, for young people through Early Support Hubs.

#### **In the Middle (2–5 Years):**



## 1. Integrate Accredited Counsellors into NHS Services

- Expand NHS Talking Therapies and other frameworks to include a broader range of accredited counsellors and psychotherapists, enabling direct access to their services.
- With a workforce of upwards of 70,000 qualified and experienced counsellors and psychotherapists on Accredited Registers across the UK, the Government must be able to call upon these highly trained professionals for recruitment in mental health roles across the NHS, Schools and Colleges. This would put significantly less pressure on the health service to recruit and train practitioners, not least because counsellors and psychotherapists fund their own training.

## 2. National Rollout of MHSTs +

- Scale Mental Health Support Teams so that every school has access to dedicated mental health support, including counselling.

### **Long Term (5+ Years):**

#### 1. Fully Integrate Counselling into the NHS Framework

- Embed counselling services as a core component of NHS mental health provision, ensuring equitable access for all patients regardless of socioeconomic status.

#### 2. Normalise Early Support Hubs Nationwide

- Establish Early Support Hubs in every local area as a standard feature of community mental health services.

#### 3. Promote the Role of Counselling in Tackling Ill Health

- Implement sustained public health campaigns to highlight the role of counselling in early intervention, prevention, and holistic care.

By prioritising these measures, the NHS can use the counselling and psychotherapist workforce to create a mental health care system that addresses gaps in provision, empowers individuals, and delivers long-term benefits to public health outcomes.

**ENDS.**