



What Private Practice Counsellor Websites Get Wrong

A research report on common mistakes, what the evidence says about anxious visitors specifically, and what the best sites in the sector actually do differently — sourced throughout, not opinion dressed up as data.

What this report is, and isn't

This report is built from a structured review of publicly available UK private-practice counselling and psychotherapy websites — solo practitioners, small group practices, and directory profiles — cross-referenced against the largest research that already exists on the underlying issues: web accessibility, website tracking on health-related sites, UK advertising enforcement, and published fee data from the sector's own professional body.

We're being precise about what that does and doesn't support. Where a report cites a firm statistic, it comes from a named, dated, sourced study — not from our own sample. Our own review of individual sites is real and repeated the same patterns often enough to be confident they're common, but a sample of individual websites reviewed by one team isn't a scientific survey of the whole UK sector, and we haven't presented it as one. Where we say something is common, we mean we saw it repeatedly, not that we measured its exact prevalence.

The short version: every statistic in this report is a real, dated, named source. Every pattern that isn't a cited statistic is described as a pattern, not given a fake percentage to sound more rigorous than it is.

Sources drawn on throughout

- WebAIM's Million — an annual automated accessibility scan of the top 1,000,000 website homepages, the largest accessibility dataset that exists
- A 2026 academic study analysing Meta Pixel tracking configurations across 18,000 health-related websites against a control group
- The Observer/Guardian's 2023 investigation into NHS trust and mental-health-charity websites sharing visitor data with Meta
- The Munich Regional Court's 2022 ruling on Google Fonts and GDPR (Case Az. 3 O 17493/20)
- Advertising Standards Authority rulings against UK counselling practices
- BACP's own published data on directory-wide fee ranges
- A structured review of individual UK private-practice counselling and psychotherapy websites

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Five mistakes that show up again and again

These aren't ranked by how common each one is in absolute terms — we don't have a clean number for that — but by how consistently they showed up across the sites we reviewed and the practitioner-facing industry writing about the sector.

No clear next step

A site can have good information and still fail if a visitor can't tell what to do with it. Vague link text — "Learn more," "Find out" — leaves the decision to click undefined. The better pattern is a specific action with the friction named up front: not "Get in touch" but "Book a free 15-minute call."

Trying to be the right fit for everyone

A homepage listing a dozen specialisms — anxiety, trauma, couples, teens, grief, life transitions, self-esteem, parenting — doesn't reassure a visitor searching for a specific kind of help. It reads as generic. Naming fewer things clearly outperforms naming everything vaguely.

Fees left off the site entirely

The most-cited reason practitioners give for not publishing a fee is not wanting to put someone off before a conversation. The counter-argument, made repeatedly in the practitioner-facing sources we reviewed: a person who can't afford a fee finding that out after describing something painful in an email is a worse experience than finding out before they write anything at all.

Clinical, credential-first language

Leading with modality names and qualifications ("integrative, trauma-informed, attachment-based") before addressing what a visitor is actually feeling is a repeated pattern in sites that struggle to convert a visit into an enquiry. The credentials still matter — they just work better lower down, once someone has already decided the practice understands their situation.

A site that hasn't been touched since it was built

Outdated claims left live — an old accreditation status, a membership number that's no longer current — are not just a stale-content problem. One of the real regulatory cases cited later in this report happened for exactly this reason: a practitioner told a regulator she intended to remove a claim but "could not access the website to do so."

Why "calm" isn't a style choice

This is the finding that should change how a counselling site gets designed, not just what it says.

Multiple independent practitioner-facing and agency sources, reviewed separately, converge on the same point without citing each other: a visitor arriving at a therapy website is frequently already anxious, and visual busyness — competing colours, movement, dense layouts, cluttered navigation — measurably amplifies that state rather than sitting neutral to it. This isn't framed as an aesthetic preference in the sources; it's framed as a design requirement specific to this sector, sometimes explicitly under the banner of "trauma-informed design."

What the sources converge on, specifically

- Generous whitespace isn't empty space being wasted — it gives an overwhelmed visitor's attention somewhere to rest between ideas
- Muted, natural colour palettes (soft greens, warm neutrals) read as safe; high-contrast, saturated colour reads as urgent, even when that isn't the intent
- A visitor should be able to find how to book within roughly ten seconds of landing — not because attention spans are short, but because uncertainty itself is the stressor
- Short navigation — five items or fewer is the figure that recurs — reduces the number of decisions a visitor has to make before they've found what they came for
- A confused user and an anxious user are, functionally, the same user on this kind of site

Worth sitting with: a site can be technically well-built, fast, accessible, and still work against a visitor if the interface itself feels busy. Motion, glass effects, layered visual richness — all legitimately "modern" — can read as impressive in a design review and as noisy to someone who is not in a state to enjoy noise. The two audiences are not the same, and this sector's actual audience is the second one.

The privacy problem: tracking on mental health sites

This is the best-documented and most serious issue in this report, because it isn't industry opinion — it's confirmed by investigative journalism, a peer-reviewed technical study, and a court ruling.

The Observer's NHS investigation

An Observer investigation, reported in the Guardian in 2023, found that 20 NHS trusts had Meta Pixel tracking code installed on their websites, sharing visitor data — including interactions with pages about crisis mental health support and under-18 users seeking mental health services — with Meta. The ICO was made aware of the findings.

The scale of the problem, quantified

A 2026 academic study analysed Meta Pixel configurations across 18,000 health-related websites using the Internet Archive's Wayback Machine, comparing them against a control group of the web's top 10,000 sites generally. It found activity-tracking features — which capture button clicks and page interactions by default — present on up to 98.4% of the health sites studied, and found the Pixel tracking interactions tied to specific sensitive topics. Tracking-restriction features were configured on only up to 34.3% of the health sites, versus 8.7% of the control group — meaning health sites were more likely to have some restriction in place, but still overwhelmingly shipped tracking switched on by default.

Fonts are not exempt

Loading fonts from Google's CDN sends every visitor's IP address to Google with no consent step. In January 2022, the Munich Regional Court ruled this a GDPR violation and awarded a visitor EUR 100 in damages (Case Az. 3 O 17493/20), rejecting the website operator's argument that this served a legitimate interest — the court noted self-hosting the font was available and simply hadn't been used. The amount was small; the legal reasoning was not, and has been cited repeatedly since.

Why this matters more here than on an ordinary business site: the specific concern in the NHS investigation wasn't tracking in the abstract — it was that a person's interest in mental health support, potentially linked back to their identity, ended up in an advertising company's systems without them ever agreeing to it. A private counselling site sending the same signals carries the same risk, just at a smaller scale.

The compliance risk: claims that get sites in trouble

A counselling website is advertising in the eyes of the Advertising Standards Authority, and enforcement against individual practitioners is real, not theoretical.

A real, named ruling

In a 2024 case, the ASA banned an advert for Stockport Counselling Services after it was challenged by BACP itself for falsely claiming the practitioner, Dawn Hazeldine, was BACP accredited. Her response to the regulator was that she had intended to remove the claim but could not access the website to do so. The ad was ordered not to appear again in its existing form.

The specific claim doesn't have to be dramatic to cause a problem. The pattern that recurs in enforcement cases across the sector is ordinary and easy to end up making by accident: describing a status (accredited, not just registered), a qualification, or a specialism in terms stronger than what's actually current and true.

Testimonials are a separate, sector-specific risk

Our review found individual UK counselling sites displaying direct client testimonials — initialed quotes praising the outcome of therapy — despite this being ethically fraught for most professional bodies' codes of conduct. This is worth naming clearly: a genuine, enthusiastic client quote is still a testimonial about a therapeutic outcome, and publishing one is a code-of-conduct question a practitioner needs to check against their own professional body before doing it, not something to copy from another site because it looked fine there.

A site that never gets updated is not a one-off cost. It's a standing liability that compounds the longer a claim, a number, or a status sits there unreviewed.

The accessibility gap

WebAIM's Million — an automated scan of the top one million website homepages, run annually and the largest dataset of its kind — found in its 2026 report that 95.9% of homepages had at least one detectable WCAG 2 failure, averaging 56.1 errors per page. That figure had been improving slowly for six straight years and reversed in 2026. Low colour contrast remained the single most common issue, present on 79.1% of homepages in the prior year's data.

This isn't a web-wide problem the counselling sector happens to share — it's arguably worse where it matters most. A study specifically examining Canadian university mental health service webpages for WCAG 2.1 AA compliance found that while the information on those pages was generally easy to read, very few of the pages were actually compliant, and most performed poorly on technical accessibility measures.

Finding	Source
95.9% of homepages have a detectable WCAG failure	WebAIM Million, 2026
56.1 errors per homepage, on average	WebAIM Million, 2026
Low contrast text present on 79.1% of homepages	WebAIM Million, 2025
Mental-health-specific webpages: few WCAG 2.1 AA compliant despite readable text	Canadian university MH webpage study, 2025

The visitors most affected by this — people using a screen reader, reading at low contrast at 1am, navigating by keyboard, or simply reading while exhausted — are not an edge case for a counselling site. They are a meaningful share of the actual audience.

Fees: what publishing (or not) actually does

BACP's own published guidance on fees notes that more than half of the therapist listings on their directory advertise costs of between £40 and £60 per session, with many offering a free introductory session and reduced rates for people on a low income. That figure comes directly from the professional body most UK counsellors are registered with, not from a marketing survey.

The practitioner-facing case against publishing fees is consistent and sympathetic: not wanting to put someone off, not wanting money to be the first thing a vulnerable person encounters. The case for publishing them, made just as consistently in the sources we reviewed, doesn't dispute that concern — it argues the alternative is worse: a person who has already written something personal in an enquiry, only to discover afterwards that the fee was never going to work for them.

This is echoed by research outside the sector entirely: usability research on business websites generally has found pricing to be among the first things a visitor looks for, and the reasoning transfers directly to an individual paying out of their own pocket, arguably more so than to a business making a purchasing decision on someone else's budget.

Publishing a fee is not the same as publishing a rigid, take-it-or-leave-it number. Every site in our review that handled this well paired the published fee with a plain-English concessionary policy — what a lower-cost place looks like, and how to ask for one without having to justify it.

What the better sites do differently

Set against everything above, a small number of things recur on the sites that read as genuinely well-built, not just well-decorated.

- **The fee is on the page**, in plain figures, with a stated concessionary policy
- **The homepage names a small number of things clearly** rather than a long list vaguely
- **The first sentence addresses the reader's experience**, not the practitioner's method or qualifications
- **Navigation stays short** — most commonly five items or fewer
- **One clear, specific next step** is visible without scrolling, described concretely ("a free 15-minute call"), not vaguely ("get in touch")
- **The design is calm, not impressive** — muted colour, real whitespace, minimal motion
- **No client testimonials**, with trust built instead through verifiable registration, a stated supervision arrangement, and transparent fees
- **Fonts and any tracking are self-hosted or absent**, so a visitor's interest in the site never leaves the practice's own server
- **The site is treated as something to maintain**, not something built once and left — because an out-of-date claim is a live liability, not just stale content

A one-page checklist

Run your own site against this. Every item traces back to a finding earlier in this report.

Is the fee published, in full, on the page — not behind a contact form?

Is there a stated concessionary or reduced-fee policy, not just silence on the topic?

Does the homepage name a small number of things you help with, clearly, rather than a long generic list?

Does the first sentence a visitor reads address their experience, not your qualifications?

Is there one specific, visible next step above the fold — not a vague "contact us"?

Is the main navigation five items or fewer?

Does the design feel calm — muted colour, real whitespace — rather than busy or attention-grabbing?

Are fonts self-hosted, not loaded from a third-party CDN?

Is there any analytics, ad pixel, or tracking script running? If yes, is that a decision you actually made, or a default nobody removed?

Are all claims about registration, accreditation, and qualifications current — checked in the last twelve months, not since the site was first built?

Are there any client testimonials on the site? If yes, has that been checked against your professional body's current guidance?

Has the site been checked for basic accessibility — text contrast, keyboard navigation, alt text on images — in the last year?

If you'd rather we ran this

{{STUDIO_NAME}} runs an eighteen-point version of this check on existing counselling websites, free, whether or not you ever work with us. We also build sites to the standard described in this report from the outset — published fees, no tracking, calm design, WCAG 2.2 AA — rather than retrofitting it later.

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This report is provided for general information and reflects publicly available sources at the time of writing. It is not legal, regulatory, or clinical advice. Rules referenced here (ASA/CAP, GDPR, WCAG, BACP guidance) can change — check the primary source before relying on them.