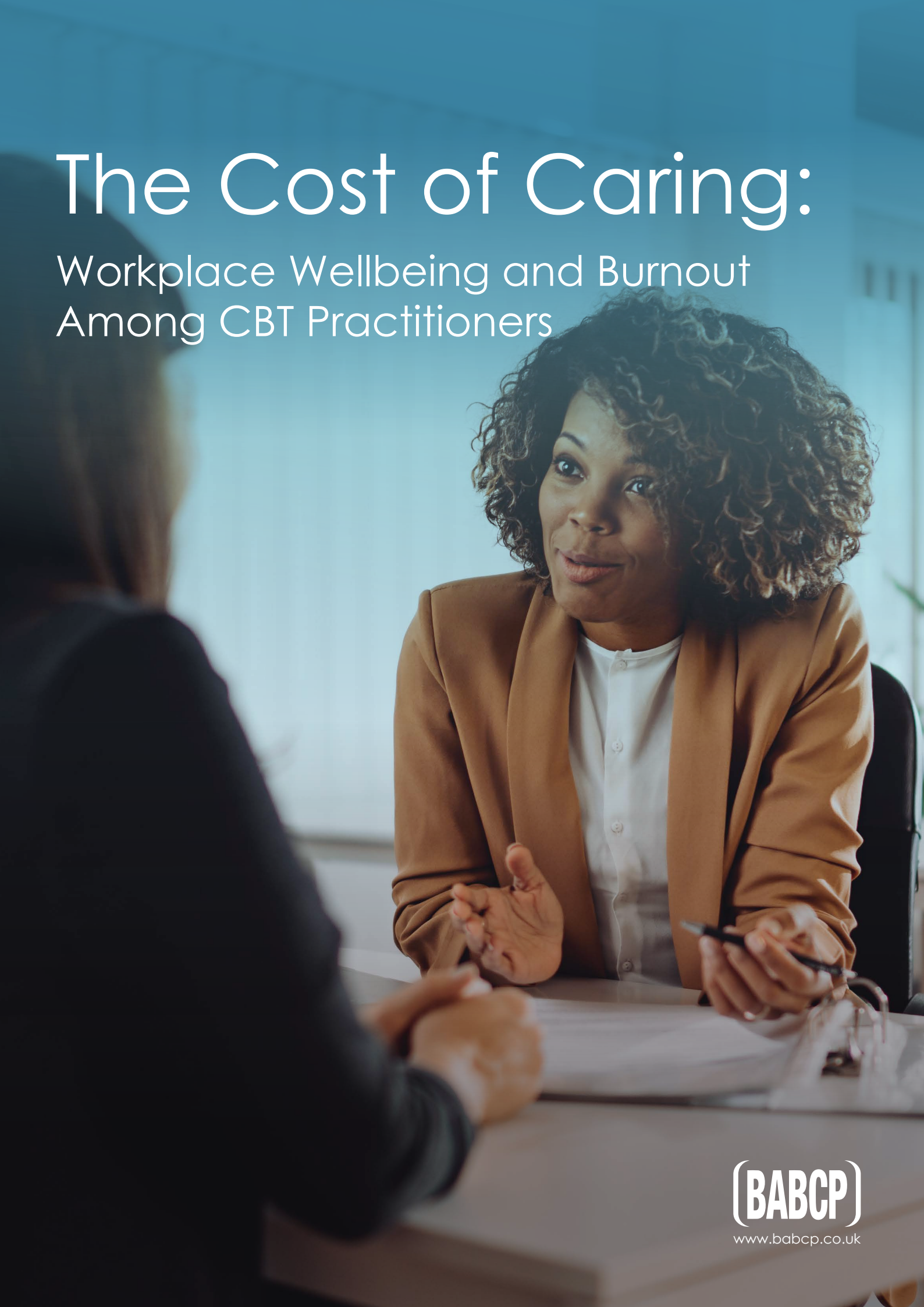
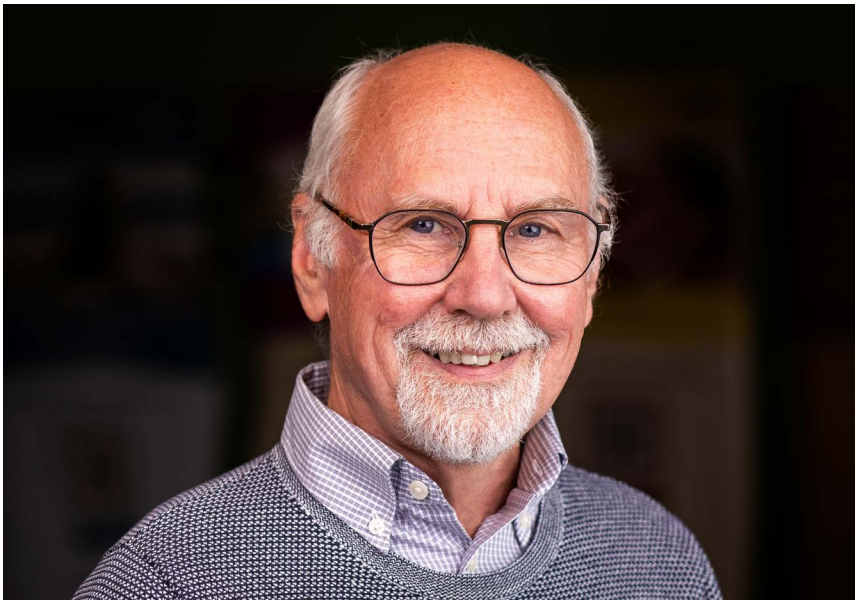
# The Cost of Caring:

## Workplace Wellbeing and Burnout Among CBT Practitioners



BABCP

www.babcp.co.uk



# Foreword

## The cost of caring

**The Cost of Caring was the subtitle of Christina Maslach's groundbreaking 1982 book on burnout.** As the leading organisation for CBT in the UK and Ireland, the British Association for Behavioural and Cognitive Psychotherapies (BABCP) has grown to a membership of 27,000 in the last few years. This is largely through the recognition by the NHS and other service providers of the substantial evidence base behind this psychological therapy. With the expansion of services and the recognition of increasing mental health needs there are more CBT therapists than ever before and we are able to help more people than ever before. But trying to meet increasing demands can come at a cost. Who helps the helpers? It has been estimated that between 21% and 67% of mental health workers experience occupational burnout[1]. This can have an effect on general health and work performance[2].

Our members have been telling us for some time that the demands they face both within the NHS, in services outside and as independent practitioners can sometimes feel overwhelming.

We decided to carry out a survey of our members to take the emotional temperature of CBT therapists. We received 1,473 responses, a record for any of our consultations. These were mainly from NHS therapists in Talking Therapies services but it also tapped into the whole range of places where therapists work. It demonstrated a considerable interest in promoting their own and others wellness in the workplace. The results show that although our workforce is resilient it is also under considerable stress. As well as providing resources to help therapists cope with that stress it is incumbent on us to look at what support the system as a whole can give to ease the cost of caring.

Dr Stirling Moorey
BABCP President

# Views from our members

Between May and July 2026, we surveyed BABCP members to better understand the impact work is having on their wellbeing.[3] Amongst other things, members told us:

## 38%

More than 1 in 3 (38%) CBT practitioners[4] consider leaving the profession for reasons of personal wellbeing.

## 40%

Nearly 40% of respondents rated their wellbeing as poor or very poor.

## 50%

50% are not satisfied with their work/life balance.

## 60%

60% often or always experience emotional exhaustion.

## 2 in 3

**(65%)** often or always start the day feeling tired.

## 9 in 10

Over 9 in 10 **(93%)** respondents say they are able to connect with patients or clients.


**References**

[1]Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. Administration and Policy in Mental Health and Mental Health Services Research, 39, 341-352.

[2]Acker, G. M. (2010). The challenges in providing services to clients with mental illness: Managed care, burnout and somatic symptoms among social workers. Community Mental Health Journal, 46, 591-600.

[3]UK and Ireland survey of 1,473 BABCP members conducted between May and July 2026.

[4]CBT practitioners is the term we are using throughout the survey as an umbrella term including all respondents to the survey which were Accredited Cognitive Behavioural Psychotherapists, Registered Wellbeing Practitioners and general members including Honorary Fellows.

# What is workplace wellbeing?

Workplace wellbeing refers to the overall physical, mental, emotional, and social health of employees at work. It is about creating an environment where people can be healthy, feel valued, perform effectively, and maintain a positive balance between their work and personal lives. Strong workplace wellbeing can lead to:

- ☑ Higher employee engagement and productivity
- ☑ Improved retention and reduced turnover
- ☑ Lower absenteeism and presenteeism
- ☑ Better employee morale and job satisfaction
- ☑ Enhanced employer reputation

Furthermore, poor workplace wellbeing increases the risk of burnout, while organisations that support employee wellbeing help build resilience, engagement, and performance, reducing the likelihood of burnout and improving outcomes for both staff and patients.

## Burnout

Christina Maslach, Professor Emerita of Psychology at the University of California at Berkeley, and pioneer of burnout research defines burnout as a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job[5].

The World Health Organisation (WHO) includes burnout in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon; not as a medical condition. It defines it as "a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed". It is characterized by three areas:

- feelings of energy depletion or characterised;
- detachment from one's job, or feelings of cynicism related to one's job;
- a sense of ineffectiveness and lack of accomplishment[6]

Burnout is distinct from depression, although it may be associated with or contribute to depression[7]. It is a problem that is specific to the work context, in contrast to depression, which tends to pervade every domain of a person's life.

While all professions can suffer burnout, it is most common for professions that work with people with heavy workloads, emotional demands and high responsibility such as healthcare workers, teachers and educators, social workers, emergency services or legal workers[8] [9].

## Workplace wellbeing, outcomes of therapy and patient safety

Poor psychological wellbeing of CBT practitioners is associated with poorer outcomes for the people they treat.
In NHS Talking Therapies, low job satisfaction and emotional disengagement reduce the effectiveness of CBT for anxiety and depression[10]. Burnout also reduces the effectiveness of the treatment of post-traumatic stress disorder[11].

Positive workplace wellbeing has a direct impact on patient safety. A systematic review of 46 studies found that poorer staff wellbeing and higher levels of burnout were associated with worse patient safety outcomes, including increased medical errors and safety incidents. The authors concluded that healthcare organisations should consider staff mental health and wellbeing as part of their patient safety strategy[12].


**References**

[5] Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. World Psychiatry, 15(2), 103-111. https://doi.org/10.1002/wps.20311

[6] World Health Organization. (2019, May 28). Burn-out an "occupational phenomenon": International Classification of Diseases. https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

[7] Schonfeld, I.S. and Bianchi, R. (2021) 'From burnout to occupational depression: Recent developments in research on job-related distress and occupational health', Frontiers in Public Health, 9, p. 796401. Available at: https://doi.org/10.3389/fpubh.2021.796401.

[8] Amiri, S., Mahmood, N., Mustafa, H., Javaid, S. F., & Khan, M. A. B. (2024). Occupational risk factors for burnout syndrome among healthcare professionals: A global systematic review and meta-analysis. International Journal of Environmental Research and Public Health, 21(12), 1583. https://doi.org/10.3390/ijerph21121583

[9] Williams, N., Le, H., Hodges, T. S., Oler, J., & Dever, B. V. (2022). Stress, burnout, anxiety and depression among teachers: A scoping review. Psychology in the Schools, 59(12), 2465-2491. https://doi.org/10.1002/pits.22702

[10] Delgadillo J, Saxon D, Barkham M. Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. Depress Anxiety. 2018 Sep;35(9):844-850. doi: 10.1002/da.22766. Epub 2018 May 2. PMID: 29719089.

[11] Sayer, N. A., Kaplan, A., Nelson, D. B., et al. (2024). Clinician burnout and effectiveness of guideline-recommended psychotherapies.JAMA Network Open, 7(4), e246858.

[12] Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. PLOS ONE, 11(7), e0159015. https://doi.org/10.1371/journal.pone.0159015

Other studies have also found correlation between staff burnout, stress and fatigue and higher rates of adverse events; while better teamwork and positive staff experience were associated with higher patient satisfaction and patient outcomes.[13]

In the case of CBT practitioners in general this is particularly important as the therapeutic session involves the CBT practitioner being able to maintain attention and concentration, assess risk, exercise clinical judgement, build trust, communicate effectively and empathetically and to keep accurate records while following safeguarding procedures.

When CBT practitioners experience stress, poor wellbeing, fatigue, or burnout, these capabilities could be impaired, increasing the risk of errors and potentially reducing the quality and safety of care. Burnout can lead to emotional exhaustion and depersonalisation, which may reduce a CBT practitioners' engagement, empathy, and effectiveness. Burnout can also lead to fitness to practice concerns if CBT practitioners are not able to meet the required standards as a result.

Conversely, when CBT practitioners are physically and psychologically well, they are able to communicate more effectively, collaborate better, provide an overall better patient or client experience and be more resilient during periods of high demand; so to deliver better and safer care.

### Recognising and preventing burnout

Maslach suggests assessing six areas in the work environment that could be contributing to burnout – the Areas of Worklife Survey (AWS). These areas are:

**1. Workload:** the amount of work to be done in a given time. Workload captures the extent to which work demands spill into personal life, the social pressures, and the physical and intellectual burden of job demands.

**2. Control:** it focuses on the individuals' participation in important decisions about their work and their range of professional autonomy – e.g. opportunities to make choices, decisions, solve problems and complete work responsibilities.

**3. Reward:** financial and social recognition that individuals receive for their contribution at work. It includes remuneration, praise, awards, or perks.

**4. Community:** quality of the social context in which individuals work. It includes relationships with managers, between colleagues, direct reports, and clients or patients.

**5. Fairness:** it focuses on whether the organisation individuals work for has consistent and equitable rules for everyone, or the quality of justice and respect at work.

**6. Values:** what matters to people in their work. It focuses on consistency between the personal values that the employee brings to the profession and the values in the organisation where they work.

The challenges that can be found within the six areas identified by Maslach were also clearly identified in our members' responses to the survey[14].

- Moral injury
- Presenteeism
- Organisational trust

### Workload

High workload without sufficient time to rest and recover will have a direct impact on exhaustion and it is one of the predisposing factors for burnout[15].

Our survey revealed that half of CBT practitioners (50%) are only able to take one break (at least 10 minutes) once a day or less than once a day, and more than one in four (28%) of respondents feel unable to take a break during the working day to eat or drink. There is a clear link between patient safety and failure to meet physiological needs (food, water, sleep, rest)[16].

The survey also revealed that 50% of CBT practitioners were dissatisfied with their work/life balance and almost two in three (62.7%) feel like they are often or always on a treadmill.

Research has been clear that when healthcare professionals have higher wellbeing and lower burnout, patient safety, quality of care, and staff retention improve[17].

Furthermore, when asking specifically about targets - which will have a direct impact on both workload and stress - 62% of respondents believe their targets are not realistic and more than two in three (70%) believe that their workload and targets don't allow them to perform at their best. This data suggests that respondents are experiencing demand levels that exceed available resources; thus making their workload unmanageable and increasing the likelihood of burnout.

However, despite the reported lack of wellbeing, respondents still report an ability to connect with patients and clients, with more than nine in 10 (93%) saying they are able to do so.

Healthcare settings are often demanding and stressful by nature but for CBT practitioners to be able to cope with the daily demands of the job, organisations must make it a priority to cover their basic needs and create a system and a culture in which breaks and rest are the norm, not the exception; and targets are realistic. The UK Working Time Regulations specify the right to a minimum of 20 minutes' break in a shift longer than six hours[18].


**References**

[13] Bragge, P., Delafosse, V., Kellner, P., Cong-Lem, N., Tsering, D., Giummarra, M. J., Lannin, N. A., Andrew, N., & Reeder, S. (2025). Relationship between staff experience and patient outcomes in hospital settings: An overview of reviews. BMJ Open, 15(1), e091942. https://doi.org/10.1136/bmjopen-2024-091942

[14] The survey was conducted by BABCP between May and July 2026 and it recieved 1,473 responses.

[15] Westwood S, Morison L, Allt J, Holmes N. Predictors of emotional exhaustion, disengagement and burnout among improving access to psychological therapies (IAPT) practitioners. J Ment Health. 2017 Apr;26(2):172-179. doi: 10.1080/09638237.2016.1276540. Epub 2017 Jan 13. PMID: 28084121.

[16] AHRQ Patient Safety Network (PSNet). Fatigue, Sleep Deprivation, and Patient Safety. 2019, updated 2024.

[17] Bragge, P., Delafosse, V., Kellner, P., Cong-Lem, N., Tsering, D., Giummarra, M. J., Lannin, N. A., Andrew, N., & Reeder, S. (2025). Relationship between staff experience and patient outcomes in hospital settings: An overview of reviews. BMJ Open, 15(1), e091942. https://doi.org/10.1136/bmjopen-2024-091942

[18] Great Britain. (1998). The Working Time Regulations 1998 (SI 1998/1833). The Stationery Office.

### Control

Control refers to the level of autonomy and influence that we are able to exercise in our jobs. In order to feel satisfied with our jobs, we all need to have a sense of being in control of our tasks and the outcomes of what we do. Conversely, low levels of autonomy or the lack of control can make us feel as if we are in a job which is not in line with our values.

Our survey showed that generally, respondents feel empowered to make decisions about their clients or patients with over half of respondents (58%) agreeing to this statement. However, one in four (23%) do not feel empowered to make such decisions, seeing their autonomy compromised. When looking only at Wellbeing Practitioners, 27% of respondents said they do not feel empowered to make decisions and 54% feel empowered to make decisions about their clients or patients.

While respondents seem to indicate some level of clinical autonomy, they also seem to be limited to an extent by the organisation with one in three (31%) respondents not feeling able to practice to the standard they are capable of. While we cannot draw absolute conclusions from this statistic, respondents to the survey have mentioned the demands of working with excessively complex and risky presentations, the absence of services to refer to, and the heavy workload above the recommended number of clients per week as key areas for their dissatisfaction.

Organisations are responsible for setting targets and ensuring there is an effective and efficient environment for CBT practitioners and patients alike. An efficient system would allow CBT practitioners to have control over their day to ensure they can perform at their best and give the best possible care to patients and clients. However, when targets are not realistic, systems are not efficient, CBT practitioners see their control and autonomy compromised, and in some cases their ethical standards, which will compromise patient satisfaction as well as CBT practitioners' satisfaction.

### Reward

Reward encompasses more than financial benefits. When we think about reward in the context of the workplace, it can often involve anything that contributes to making work more satisfying. Financial reward - high pay or benefits - is one of those measures but it can also refer to personal satisfaction - the feeling that you are doing a good job - and social reward and recognition – from peers, managers, or patients. A person who is happy in their job is often satisfied in more than one of these areas.

Our survey revealed that less than half of respondents (42%) feel valued for the work they do and only one in three (31%) feel appreciated by their organisation. This is extremely worrying given the crucial work that CBT practitioners do caring for others. This is possibly unsurprising, unsurprising, given the high level of concerns with organisational targets and culture.

> Only one in four (27%) would recommend working for their organisation to a friend or relative.

These figures clearly highlight the need for organisations to improve and install a culture of appreciation which should cascade from leadership.

### Community

Community refers to the support that CBT practitioners may have from those around them. This includes colleagues and peers, as well as managers and senior staff, including management and organisational leadership. Being part of a supportive team is fundamental to the effective functioning of a workplace and to a CBT practitioner's wellbeing, as it can foster a positive and safe environment. Supportive teams can make periods of stress and high demand more manageable and enable CBT practitioners to ask for help when needed and raise any issues that may concern them.

Our survey reveals that CBT practitioners feel greatly supported by supervisors and peers as well as family and friends, but less so by other members of the team. More than three in four (77%) of respondents feel supported or very supported by supervisors and almost three in four (73%) feel supported by peers. However, less than one in four (23%) respondents feel supported or very supported by organisational management and just over half (54%) feel supported by their line management.

Similarly, almost three in four respondents (71%) feel able to discuss their wellbeing with their supervisor and more than half (58%) feel able to discuss it with their manager; however, only one in three (35%) feel that their personal wellbeing is a priority for their line manager.

It is clear that respondents trust supervisors and peers much more than they trust organisations, so more has to be done from a system perspective to foster a culture of trust, reward and recognition.

### Fairness

Fairness focuses on whether organisations have consistent and equitable rules for all employees. A lack of fairness in organisations will lead to employees feeling powerless, disrespected and undervalued.

Our survey revealed that over one in four (27%) respondents believe that there is no fair and equal approach to work/life balance policies such as flexible working in their teams, and 45% don't believe that the workload in their organisation is equally distributed amongst colleagues.

In the context of Equality, Diversity and Inclusion, it is extremely reassuring to read the results of our survey which reveal that most discrimination measures are low. When asking respondents to tell us how often they witness discrimination towards themselves or colleagues on different bases; the majority of respondents said they never or rarely witness this in the areas of marriage and civil partnerships (97%), sexual orientation (96%) gender reassignment (95%), religion or belief (92%). The areas where discrimination is most frequently witnessed is the area of disability with 8% of respondents saying they often or always witness it, followed by age (5%), sex (4%), and race (4%).

While these figures are encouraging, some respondents to our survey felt that CBT practitioners that had requested reasonable adjustments due to any protected characteristics had seen delays in seeing these granted or had experienced discrimination in terms of career progression. This shows the need for organisations to continue investing in EDI policies for all employees. There is also evidence that investing in EDI can lead to better patient outcomes[19].

**References**

[19]Gomez, L.E. and Bernet, P. (2019) 'Diversity improves performance and outcomes', Journal of the National Medical Association, 111(4), pp. 383–392. doi:10.1016/j.jnma.2019.01.006.

### Values

Values reflect the correlation between an employee's personal values and the organisation's values and goals. When these are misaligned, ethical tensions and a disconnect occurs that could cause moral distress and potentially moral injury.

Our survey revealed that a startling 41% of respondents said they often or always feel disillusioned in their work. When asked how frequently systemic factors such as workload and time pressures challenge their ethical standards, 35% report they are being challenged often or almost always and a further 28% report this happening sometimes. When asked if they believe the system did enough to address this, 74% believe services do not do enough to address systemic factors.

These survey results indicate that there is a high level of moral distress and potentially moral injury where CBT practitioners are not able to provide the standard of care they want, and they are capable of, due to organisational constraints preventing them from doing so, which causes a significant mismatch of values.

Maslach suggests that a conflict in values cannot be solved primarily through individual resilience techniques[20]. It will often require aligning values between the organisation and the individual either by aiming to reconnect with the shared purpose or changing roles or work environment altogether. In this case, many respondents work for the biggest employer of healthcare professionals, the NHS, so a cultural change and a reassessment of organisational values is paramount.

### Moral Injury

The high level of moral distress and the disparity reported between respondents' values and the way they wish to practice, and the system they work in, places them at risk of both burnout and moral injury.

Moral injury is the psychological distress experienced following an event which violates one's moral beliefs or expectations[21]. It encompasses three areas:

- ☑ **Commission:** Negligence or mistreatment of others
- ☑ **Omission:** Failing to intervene when witnessing unethical behaviour
- ☑ **Betrayal:** Not receiving adequate support from the system, or being expected to work in circumstances that conflict with, or violate their ethical beliefs and values.

While burnout is often driven by high workload and chronic stress, which can lead to exhaustion and disengagement; moral injury is characterised by being asked to do something that feels wrong – or not aligned with - someone's values. This can lead to feelings of guilt, shame, betrayal, or anger. Unlike burnout, moral injury may not improve with rest or workload changes, but rather it requires the ethical conflict to be addressed. Examples of this for our members was being asked to offer treatment in a form which was not consistent with evidence-based practice and NICE recommendations, such as being expected to deliver treatment to someone with severe and complex post-traumatic stress disorder (PTSD) in six one- hour sessions, when the research shows that an adequate dose of treatment is expected to be at least twice that amount[22].

While organisational systems are key to preventing burnout and enhancing workplace wellbeing, it can also help to practice different resilience strategies, including mindfulness or self-compassion. Self-compassion is our ability to acknowledge that suffering, failures and inadequacies are part of the common human experience and that everyone, including ourselves, deserves compassion. Research has shown that healthcare workers who score high in self-compassion have a 93% lower likelihood of experiencing moral injury[23].

However, it is clear that without a system change, resilience-building strategies such as self-compassion alone, will not solve the problem.

### Presenteeism

Presenteeism can be defined as going to work even when employees are too unwell, fatigued or stressed to be productive. Presenteeism can affect anyone but it is a major issue in healthcare and in many professions where people are caring for others. Generally, healthcare workers are less likely to take time off when they are sick, even if this results in not being able to work as efficiently as if they were well. Presenteeism can increase the risk of long-term illness as well as burnout.

Studies of healthcare professionals have found that presenteeism is associated with lower productivity, cognitive impairment, fatigue, and decline in work quality, all of which are recognised contributors to medical error. A review of healthcare worker presenteeism during COVID-19 stated that presenteeism can negatively affect quality of care and medical errors, as well as contribute to staff burnout[24].

Our survey revealed that 68% of respondents come to work even when unwell and more than half (52%) often or always experience guilt when taking time off. This suggests a professional culture where self-sacrifice and perfectionism are normalised, which is not uncommon in healthcare, as professionals may believe that their duty to help patients or clients is more important than their own health[25]. The culture of healthcare has been described as one that encourages exceptionally high standards and perfectionism, which are associated with burnout and reluctance to prioritise personal wellbeing.

The survey also revealed that while CBT practitioners do feel guilty when taking time off, colleagues and managers tend not to make them feel guilty, which is encouraging. Only 5% of respondents said colleagues make them feel guilty when taking time off, and 12% of respondents said managers made them feel guilty when taking time off.

Everyone in healthcare, including CBT practitioners, colleagues and managers, has an active role to play in actively challenging the unhealthy culture of presenteeism in healthcare.

## Organisational Trust

Creating organisational trust and a culture of respect is essential in ensuring that an organisation is considered safe and reliable. Our survey showed a great trust gap between supervisors, peers and colleagues on the one hand; and employers, organisational leadership and systems, on the other.

While more than three in four (77%) of respondents feel supported or very supported by supervisors and almost three in four (73%) feel supported by peers; less than one in four (23%) respondents feel supported or very supported by organisational management and just over half (54%) feel supported by their line management.

> Furthermore, only one in four (24%) of respondents believe their employer or Trust gives them the support they need to do their job well, and 62% of respondents believe their organisation is not effective at addressing burnout.

This data suggests that there is a big gap between the relationships and the trust that CBT practitioners have in their colleagues and peers, potentially representing the profession itself, versus the organisation they work in and the system, which is far less trusted by them.

These mismatches can negatively affect employees' perceptions of their organisation, reducing engagement and increasing cynicism, which may in turn make employees less likely to regard the organisation as a good workplace or recommend it to others[26]. This may explain why almost half of respondents (47%) would not recommend a friend or relative to work in their organisation.

## The role of BABCP

BABCP is extremely concerned to see the number of members struggling with their wellbeing and potentially suffering from burnout. While we are not a trade union, we are still a membership organisation which would like to play a part in supporting our members as best as we can by advocating for better systems for them to work in, and develop training and continuing professional development (CPD) that suits their needs while continuing to protect the public and advance CBT.

BABCP has a 'Best Practice Guide for Services offering CBT'[27] which supports good practice in the workplace. Following this survey, we are aiming to create a workplace wellbeing good practice guide, to complement this. We are also hoping to continue providing CPD on areas that could help to build resilience, in addition to CPD opportunities already provided to members on our website. **Webinars – BABCP**.

We will also use the findings of this survey and this report to advocate for changes in healthcare organisations and ensure that policymakers, commissioners and managers take workplace wellbeing seriously, or risk losing a great proportion of the profession.

### References


[20] Maslach, C., & Leiter, M. P. (1997). The Truth About Burnout: How Organizations Cause Personal Stress and What to Do About It. San Francisco, CA: Jossey-Bass.

[21] Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. BMJ. 2020;368:m1211.

[22] National Institute for Health and Care Excellence (NICE) (2018) Post-traumatic stress disorder: Recommendations. NICE Guideline NG116. Available at: https://www.nice.org.uk/guidance/ng116/chapter/Recommendations (Accessed: 2 September 2026).

[23] Gilbert-Ouimet, M., Zahiriharsini, A., Lam, L. Y., & Truchon, M. (2024). Associations between self-compassion and moral injury among healthcare workers: A cross-sectional study. Nursing Ethics. Advance online publication. https://doi.org/10.1177/09697330241299536

[24] White-Means, S. I., Warren, C. L., & Osmani, A. R. (2022). The organizational impact of presenteeism among key healthcare workers due to the COVID-19 pandemic. The Review of Black Political Economy, 49(1), 20-40. https://doi.org/10.1177/00346446211065175

[25] Martin, S.R., Fortier, M.A., Heyming, T.W., Ahn, K., Nichols, W., Golden, C., Saadat, H. and Kain, Z.N. (2022) 'Perfectionism as a predictor of physician burnout', BMC Health Services Research, 22, 1425. Available at: https://doi.org/10.1186/s12913-022-08785-7 (Accessed: 2 September 2026).

[26] Leiter, M.P. and Maslach, C. (1999) 'Six Areas of Worklife: A Model of the Organizational Context of Burnout', Journal of Health and Human Services Administration, 21(4), pp. 472-489. Available at: https://www.jstor.org/stable/25780925 (Accessed: 2 September 2026).

[27] British Association for Behavioural and Cognitive Psychotherapies (BABCP) (2026) BABCP Best Practice Guidance. Available at: https://babcp.com/guidelines-and-policies/babcp-best-practice-guidance/ (Accessed: 4 September 2026).

# Recommendations

### For healthcare organisations and employers

- NHS and other organisations should be aware of the link between workload and burnout. Our survey showed that CBT practitioners are burdened and stressed by targets and KPIs that feel unrealistic. Organisations need to consider appropriate levels of workload to ensure wellbeing and staff retention.
- Commissioners would benefit from training on the implementation of NICE guidelines, with particular reference to the recommended dose of treatment, including the number of sessions appropriate for different conditions[28].
- All healthcare organisations and employers should have clear policies and procedures in place to ensure CBT practitioners feel able to take breaks and to take time off when ill.
- All staff, including managers, to be educated on the importance of putting policies and procedures in place to prevent burnout. Wellbeing of individuals and teams must be seen as a priority.
- Organisations and managers must make it compulsory for CBT practitioners to have at least one uninterrupted break while at work of at least 20 minutes, in line with current UK legislation[29].
- Healthcare organisations should make psychological safety in the workplace a priority, for example by involving occupational health teams and other professionals to proactively manage wellbeing and prevent burnout.

### For managers

- Managers – irrespective of their level of seniority - should create an open and supportive working environment, and if working as part of a team, actively support team building opportunities.
- Managers should actively discuss CBT practitioners' wellbeing as part of their one-to-one meetings.
- All managers should ensure that any wellbeing concerns that CBT practitioners raised are escalated to organisational management, including suggestions for change.
- Managers should routinely notice and celebrate the team's achievements and encourage this within their teams.

### For CBT Practitioners

BABCP will continue to provide support to CBT practitioners by tailoring some of our CPD offer to areas that could help to promote wellbeing and prevent burnout. However, the focus cannot be solely on interventions that help individuals cope with their work environment, but rather on instigating a system change. A move towards prevention is needed with much more emphasis placed on the improvement of underlying working conditions that impact on the wellbeing of CBT practitioners.

Some of the individual recommendations to members include:

- Practice techniques such as mindfulness or self-compassion – while this alone will not solve systemic issues it could prevent developing moral injury.
- Continue to discuss your wellbeing concerns with your supervisor or your peers, as having a strong community could go some way in improving wellbeing.
- Consider referring to appendix A which includes a list of resources for CBT Practitioners to look after their wellbeing.


**References**

[28] National Institute for Health and Care Excellence. (2026, April 22). Mental health guidelines. NICE. https://www.nice.org.uk/guidance/indevelopment/gid-hub10005

[29] GOV.UK. (n.d.). Rest breaks at work: Overview. https://www.gov.uk/rest-breaks-work

[30] We use the term managers to refer to team managers, service level managers and senior leaders of the organisations.

**Appendix A – Useful resources for CBT practitioners**

- BABCP Webinar by Andrew Beck Using supervision to support culturally responsive CBT: Bringing cultural humility to your work and theirs – BABCP
- BABCP Best Practice Guidance for services offering CBT - BABCP-Best-Practice-Guide.pdf
- BABCP Supervision Guidance for Accredited Therapists and Qualified therapists practising prior to accreditation - Supervision Guidance – BABCP
- BABCP podcast - How do you manage when your workload leaves no space to breathe? - How do you manage when your workload leaves no space to breathe? – BABCP
- BABCP Podcast - "The engine of mindfulness is exploration" … discovering Mindfulness-Based Cognitive Therapy with Professor Zindel Segal - "The engine of mindfulness is exploration" … discovering Mindfulness-Based Cognitive Therapy with Professor Zindel Segal – BABCP
- BABCP If a patient dies by suicide – A resource for Mental Health Professionals - If a patient dies by suicide – A resource for Mental Health Professionals – BABCP
- BABCP IAPT BAME Positive Practice Guide - IAPT BAME Positive Practice Guide – BABCP
- BABCP CBT values and ethics webinars - CBT: Values and Ethics – BABCP
- BABCP Branches and Special Interest Groups – which can enhance peer support- including the Workplace Wellbeing SIG - Special Interest Groups – BABCP
- BABCP CPD events - CPD Events & Conferences – BABCP
- BABCP Therapist resources - Therapist Resources – BABCP
- NICE Guideline NG212: Mental Wellbeing at Work - Overview | Mental wellbeing at work | Guidance | NICE
- BPS - Managing therapist burnout with self-care - Managing therapist burnout with self-care | BPS
- Royal College of Psychiatrists, Looking after yourself : a survival guide - Looking after yourself - a survival guide
- NHSE - Looking after your team's health and wellbeing guide - NHS England » Looking after your team's health and wellbeing guide
- Mindfulness-based CBT - Home - MBCT.com
- Maslach, C., & Leiter, M. P. (2016). Burnout. In G. Fink (Ed.), Stress: Concepts, Cognition, Emotion, and Behavior (pp. 351-357). Academic Press.
- Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during COVID-19 pandemic. BMJ, 368, m1211 - Managing mental health challenges faced by healthcare workers during covid-19 pandemic | The BMJ
- Skovholt, T. M., & Trotter-Mathison, M. (2016). The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions (3rd ed.). Routledge.

BABCP

www.babcp.co.uk