



MINDFUL NATION UK

Report by the Mindfulness All-Party
Parliamentary Group (MAPPG)

October 2015



**The Mindfulness All-Party Parliamentary Group
was set up to:**

- review the scientific evidence and current best practice in mindfulness training
- develop policy recommendations for government, based on these findings
- provide a forum for discussion in Parliament for the role of mindfulness and its implementation in public policy.



The Mindfulness Initiative
provides the secretariat to the group
(www.themindfulnessinitiative.org.uk)

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Preface

This report is the culmination of over a year of research and inquiry including eight hearings in Parliament when members of the Mindfulness All-Party Parliamentary Group were able to hear first-hand and question some of those who have experienced the transformational impacts of mindfulness.

We have been impressed by the quality and range of evidence for the benefits of mindfulness and believe it has the potential to help many people to better health and flourishing. On a number of issues ranging from improving mental health and boosting productivity and creativity in the economy through to helping people with long-term conditions such as diabetes and obesity, mindfulness appears to have an impact. This is a reason for government to take notice and we urge serious consideration of our report.

This work originated with an initiative led by Lord Richard Layard and Chris Ruane, the former Labour MP who lost his seat in 2015. They established a programme of mindfulness classes in Parliament attended to date by 115 Parliamentarians and 80 of their staff. We want to pay particular tribute to Chris's energetic advocacy of mindfulness and warmth of heart which won him friends across Parliament and beyond. His enthusiasm and commitment were vital to the work of this inquiry along with the leadership of his co-chairs Tracey Crouch MP and former MP Lorely Burt. We are delighted to take their work forward.

We are also deeply appreciative of the work of the Mindfulness Initiative which provides the secretariat to the Mindfulness All-Party Parliamentary Group.

Tim Loughton

Co-chair of the Mindfulness All-Party Parliamentary Group and Conservative MP for Worthing East and Shoreham

Jess Morden

Co-chair of the Mindfulness All-Party Parliamentary Group and Labour MP for Newport East

Executive summary

In recent years, there has been an explosion of interest in mindfulness with widespread media coverage, bestselling books and a remarkable uptake of online resources¹. Mindfulness means paying attention to what's happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness. There has been a huge increase in academic research on the subject with more than 500 peer-reviewed scientific journal papers now being published every year. Meanwhile developments in neuroscience and psychology are illuminating the mechanisms of mindfulness. The Mindfulness All-Party Parliamentary Group (MAPPG) was impressed by the levels of both popular and scientific interest, and launched an inquiry to consider the potential relevance of mindfulness to a range of urgent policy challenges facing government. Many members of the MAPPG have been further impressed by the potential of mindfulness after personally experiencing the benefits on courses held in Westminster².

There is still much research to be done on how mindfulness training can be offered at scale in different settings and with different population groups, but what is already clear is that it is an important innovation in mental health which warrants serious attention from politicians, policymakers, public services in health, education and criminal justice as well as employers, professional bodies, and the researchers, universities and donor foundations who can develop the evidence base further. We particularly urge research into its potential to be cost effective, with savings in key areas of government expenditure. We are aware that the current popularity of mindfulness is running ahead of the research evidence in some areas, and have tried to steer a balanced course amidst the claims and counterclaims reported in the media. While it is not a panacea, it does appear to offer benefit in a wide range of contexts.

Mindfulness has a role to play in tackling our mental health crisis in which roughly one in three families include someone who is mentally ill³. Up to 10% of the UK adult population will experience symptoms of depression in any given week⁴. This crisis is largely going untreated with only one in three of those with mental illness receiving treatment. Physical ill health conditions absorb the bulk of the health budget; parity of esteem between mental and physical health is an urgent priority. As the Chief Medical Officer noted in her 2013 annual report, citing the World Health Organisation's 2010 Global Burden of Disease Study, there is a "striking and growing challenge that [mental] disorders pose for the health systems". This burden of mental ill health is distressing not only to those directly affected but to all those who care for them. It is also immensely costly to the nation as it particularly affects people of working age: nearly half of all absenteeism and claims for incapacity benefits are due to mental illness. No single therapy works for everyone: we need availability of a wide range of evidence-based treatments which should include Mindfulness-Based Interventions (MBIs) such as Mindfulness-Based Cognitive Therapy (MBCT), which has been recommended for the treatment of recurrent depression by the National Institute for Health and Care Excellence (NICE)⁵ since 2004. We have been disappointed by the lack of provision across the country of this cost-effective treatment.

Equally importantly, we need to take prevention strategies seriously if we are to reduce the burden of mental ill health, and encourage the flourishing and wellbeing of a healthy nation. Mindfulness is one of the most promising prevention strategies and is regarded as popular and non-stigmatising, unlike some other mental health interventions.

Jon Kabat-Zinn, the molecular biologist and Professor of Medicine Emeritus University of Massachusetts Medical School (see Foreword) first introduced Mindfulness-Based Interventions (MBIs) into mainstream medical settings, and has compared mindfulness to jogging. Back in the seventies, the latter was regarded as an unusual form of exercise practised by a few people; now it is recognised and promoted as an easy and effective exercise used by millions across the world with great benefits to personal health. There is a widespread consensus around the benefits of active physical exercise, but as yet no comparable understanding of how to maintain one's mental health. Mindfulness could play that role as a popular, effective way for people to keep their mind healthy. Kabat-Zinn believes that mindfulness is on an even steeper adoption trajectory than jogging.

The importance of mental health both to human wellbeing and the prosperity of the country has been well established in a number of recent reports (including the report of the Wellbeing Economics APPG published last year), and it has prompted the government's initiative to set up the What Works Centre for Wellbeing (established in 2015), hosted by Public Health England.

The government's Foresight⁶ report developed the concept of mental capital, by which it meant the cognitive and emotional resources that ensured resilience in the face of stress, and the flexibility of mind and learning skills to adapt to a fast-changing employment market and longer working lives. It argued that developing the mental capital of the nation will be "crucial to our future prosperity and wellbeing". Qualitative research shows that mindfulness develops exactly these aspects of mental capital, encouraging a curious, responsive and creative engagement to experience⁷. This should be of real interest to policymakers given the importance of improving productivity, and nurturing creativity and innovation in the UK economy. It is also an argument for why mindfulness has a role to play in the education system.

We have considered four distinct areas where mindfulness could play a major role, and have reviewed the existing research and heard evidence at inquiry hearings in Westminster from pioneering and inspiring projects. The testimony of individuals describing the transformational impact of mindfulness has been powerful (as illustrated in the report's case studies). At present, the work is fragmented, with small mindfulness projects scattered across the country, driven by enthusiastic and dedicated grassroots advocates, but the funding has been scarce in the public sector for provision that reaches groups and communities at the highest risk of mental health problems. We make recommendations on how to further develop this exciting new field.

Our intention is that this inquiry report will widen interest in this innovation, deepen understanding of its relevance and potential, and stimulate developments for better access. Our long-term vision is of the UK as a group of mindful nations, an international pioneer of a National Mental Health Service which has, at its heart, a deep understanding of how best to support human flourishing and thereby the prosperity of the country. We urge government, research institutions and other bodies to adopt our specific recommendations for the next five years.

We therefore make the following key recommendations:

Health

We recommend that:

1. MBCT (Mindfulness-Based Cognitive Therapy) should be commissioned in the NHS in line with NICE guidelines so that it is available to the 580,000 adults⁸ each year who will be at risk of recurrent depression. As a first step, MBCT should be available to 15%⁹ of this group by 2020, a total of 87,000 each year. This should be conditional on standard outcome monitoring of the progress of those receiving help.
2. Funding should be made available through the Improving Access to Psychological Therapies training programme (IAPT) to train 100 MBCT teachers a year for the next five years to supply a total of 1,200¹⁰ MBCT teachers in the NHS by 2020 in order to fulfil recommendation one.
3. Those living with both a long-term physical health condition and a history of recurrent depression should be given access to MBCT, especially those people who do not want to take antidepressant medication. This will require assessment of mental health needs within physical health care services, and appropriate referral pathways being in place.
4. NICE should review the evidence for Mindfulness-Based Interventions (MBIs) in the treatment of irritable bowel syndrome, cancer and chronic pain when revising their treatment guidelines.

Education

We recommend that:

1. The Department for Education (DfE) should designate, as a first step, three teaching schools¹¹ to pioneer mindfulness teaching, co-ordinate and develop innovation, test models of replicability and scalability and disseminate best practice.
2. Given the DfE's interest in character and resilience (Character Education Grant programme), we propose a comparable Challenge Fund of £1 million a year to which schools can bid for the costs of training teachers in mindfulness.

Workplace

We recommend that:

1. The Department for Business, Innovation and Skills (BIS) should demonstrate leadership in working with employers to promote the use of mindfulness and develop an understanding of good practice.
2. We welcome the government's What Works Centre for Wellbeing, and urge it to commission, as a priority, pilot research studies on the role of mindfulness in the workplace, and to work with employers and university research centres to collaborate on high-quality studies to close the research gap.
3. Government departments should encourage the development of mindfulness programmes for staff in the public sector – in particular in health, education and criminal justice - to combat stress and improve organisational effectiveness. One initiative could be seed-funding for a pilot project in policing where we have encountered considerable interest.
4. The National Institute of Health Research should invite bids to research the use of mindfulness as an occupational health intervention and its effectiveness in addressing occupational mental health issues such as stress, work-related rumination, fatigue and disrupted sleep.

Criminal Justice System

We recommend that:

1. The NHS and the National Offender Management Service (NOMS) should work together to ensure the urgent implementation of NICE's recommended Mindfulness-Based Cognitive Therapy (MBCT) for recurrent depression within offender populations.
2. The Ministry of Justice (MOJ) and NOMS should fund a definitive randomised controlled trial of Mindfulness-Based Interventions (MBIs) amongst the UK's offender populations.

Foreword

I am deeply honoured to have been invited to contribute to this All-Party Parliamentary Report. I extend my personal thanks and that of the wider mindfulness community to the Parliamentarians and all those whose hard work has brought it to this stage in an ongoing process that carries so much vision and promise for the United Kingdom and for the world.

Mindfulness is a way of being in wise and purposeful relationship with one's experience, both inwardly and outwardly. It is cultivated by systematically exercising one's capacity for paying attention, on purpose, in the present moment, and non-judgmentally, and by learning to inhabit and make use of the clarity, discernment, ethical understanding, and awareness that arise from tapping into one's own deep and innate interior resources for learning, growing, healing, and transformation, available to us across the lifespan by virtue of being human. It usually involves cultivating familiarity and intimacy with aspects of everyday experience that we often are unaware of, take for granted, or discount in terms of importance. These would include our experience of the present moment, our own bodies, our thoughts and emotions, and above all, our tacit and constraining assumptions and our highly conditioned habits of mind and behaviour. Mindfulness practices in various forms can be found in all the meditative wisdom traditions of humanity. In essence, mindfulness - being about attention, awareness, relationality, and caring - is a universal human capacity, akin to our capacity for language acquisition. While the most systematic and comprehensive articulation of mindfulness and its related attributes stems from the Buddhist tradition, mindfulness is not a catechism, an ideology, a belief system, a technique or set of techniques, a religion, or a philosophy. It is best described as "a way of being". There are many different ways to cultivate it wisely and effectively through practice.

Basically, when we are talking about mindfulness, we are talking about awareness – pure awareness. It is an innate human capacity that is different from thinking but wholly complementary to it. It is also "bigger" than thinking, because any thought, no matter how momentous or profound, illuminating or destructive, can be held in awareness, and thus looked at, known, and understood in a multiplicity of ways which may provide new degrees of insight and fresh perspectives for dealing with old problems and emergent challenges, whether individual, societal, or global. Awareness in its purest form, or mindfulness, thus has the potential to add value and new degrees of freedom to living life fully and wisely and, thus, to making wiser and healthier, more compassionate and altruistic choices – in the only moment that any of us ever has for tapping our deep interior resources for imagination and creativity, for learning, growing, and healing, and in the end, for transformation, going beyond the limitations of our presently understood models of who we are as human beings and individual citizens, as communities and societies, as nations, and as a species.

In the past 40 years, mindfulness in various forms has found its way into the mainstream of medicine, health care and psychology, where it has been broadly applied and continues to be evermore extensively studied through clinical research and neuroscience. More recently, it has also entered the mainstream of education, business, the legal profession, government (witness this very report and the mindfulness programme in Parliament that gave rise to it), military training (in the USA), the criminal justice system, etc. Interest in mindfulness within the mainstream of society and its institutions is rapidly becoming a global phenomenon, supported by increasingly rigorous scientific research, and driven in part by a longing for new models and practices that might help us individually and collectively to apprehend and solve the challenges threatening our health as societies and as a species, optimizing the preconditions for happiness and wellbeing, and minimizing the causes and preconditions for unhappiness and suffering.

As a consequence of these varied and complex developments over the past 40 years, this report may be a singular and defining document, suggesting as it does that mindfulness has the capacity to address some of the larger challenges and opportunities to be found in the domains of health, education, the workplace, and the criminal justice system by tapping into interior resources we all possess but that are mostly undeveloped or underdeveloped in our education system and in our society more broadly, at least up to this point in time. If the unique genesis of this document as a collaborative effort across all parties in Parliament is recognized and its forward-looking recommendations for further research and implementation followed and actualized by government and other agencies, there is no question in my mind that the repercussions and ramifications of this report in the United Kingdom will be profoundly beneficial. Indeed, they will be addressing some of the most pressing problems of society at their very root - at the level of the human mind and heart. By the same token, it is hard to imagine that this document will not also serve as an inspiration and model for other nations and governments to look toward and to take up its recommendations in their own distinctive ways.

I look forward to following with great interest the outcomes of this unique undertaking. Once again, I extend a deep expression of gratitude to all those whose hard work and engagement with mindfulness in their own lives and in their communities has brought us to this point.

Jon Kabat-Zinn
Professor Emeritus of Medicine at the University of Massachusetts Medical School
Lexington, Massachusetts

July, 2015



Chapter 1

What is Mindfulness?

What is mindfulness?

Mindfulness means paying attention to what's happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness. It is typically cultivated by a range of simple meditation practices, which aim to bring a greater awareness of thinking, feeling and behaviour patterns, and to develop the capacity to manage these with greater skill and compassion. This is found to lead to an expansion of choice and capacity in how to meet and respond to life's challenges, and therefore live with greater wellbeing, mental clarity and care for yourself and others.

Typically mindfulness practice involves sitting with your feet planted on the floor and the spine upright. The eyes can be closed or rest a few feet in front while the hands are in the lap or on the knees. The attention is gently brought to rest on the sensations of the body - the feet on the floor, the pressure on the seat and the air passing through the nostrils. As the thoughts continue, you return again and again to these physical sensations, gently encouraging the mind not to get caught up in the thought processes but to observe their passage. The development of curiosity, acceptance and compassion in the process of patiently bringing the mind back is what differentiates mindfulness from simple attention training¹². This practice can be held for a few moments as a breathing pause in the middle of a busy day, or for half an hour in a quiet place first thing in the morning.

Where does mindfulness come from?

Methods for training mindfulness have long been central to the contemplative traditions of Asia, especially Buddhism. Using these methods, but freeing them from any religious or dogmatic content, Jon Kabat-Zinn began teaching his Mindfulness-Based Stress Reduction course (MBSR) to patients at the University of Massachusetts Medical Center in the late 1970s. Participants were introduced to a range of core mindfulness practices – sitting meditation, body-scanning¹³, and mindful movement exercises – as a way to help them manage the pain and stress of their medical conditions. They were also asked to commit to a daily practice using audio guides at home. The class-based MBSR curriculum, of eight two-hour weekly sessions, remains at the core of several programmes that have been specifically adapted to deal with different clinical conditions and contexts.

Most significant of these adaptations has been the Mindfulness-Based Cognitive Therapy (MBCT) course which was developed by three scientists¹⁴ in the 1990s, as a way to help patients prone to depression by building resilience. MBCT includes basic education about depression and a number of exercises derived from cognitive therapy that demonstrate the links between thinking and feeling, and how best participants can care for themselves when they notice their mood changing or a crisis threatening to overwhelm them.

How does it work?

Both MBSR and MBCT are based on the premise that participants can train themselves, through the meditation practices and supporting psycho-educational training, to be more aware of, and less reactive and judgmental towards their thoughts, emotions and body sensations. Key elements of this include seeing thoughts as mental events rather than facts, learning how to work skilfully with automatic patterns of reacting to stress, developing capacity to notice and enjoy pleasant events in life, and cultivating a more unconditional kindness towards yourself and others.

This allows people to develop healthier, more compassionate responses to their own experience, as well as to events in their lives and the people around them. Regular meditation practice is considered helpful as a way of cultivating mindfulness.

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Mindfulness is thus presented through such courses as a skill to be trained in, rather like learning a new language.

Mindfulness-Based Interventions (MBIs) have been shown to improve health outcomes in a wide range of clinical and non-clinical populations¹⁵. MBCT reduces relapse rates amongst patients who have had multiple episodes of depression¹⁶. Other research includes a recent meta-analysis of 209 studies with a total of 12,145 participants. It concluded that MBIs showed “large and clinically significant effects in treating anxiety and depression, and the gains were maintained at follow-up”¹⁷. MBIs have also consistently been found to reduce self-reported measures of perceived stress, anger, rumination, and physiological symptoms, while improving positive outlook, empathy, sense of cohesion, self-compassion and overall quality of life¹⁸. Mindfulness training is associated with reduced reactivity to emotional stimuli¹⁹, as well as improvements in attention and cognitive capacities²⁰. These may be some of the mechanisms by which health and wellbeing gains are made – by relating to thoughts, emotions, body sensations and events in life more skilfully, practitioners may be less drawn into unhelpful habitual reactions and more able to make good choices about how to relate to their circumstances.

Practitioners may be less drawn into unhelpful habitual reactions and more able to make good choices about how to relate to their circumstances.

Neuroscientific studies into the effects of mindfulness indicate that it is associated with brain changes that seem to reflect improvements in attention and emotion regulation skills²¹. The benefits of mindfulness appear to extend to relationships so that practitioners are more likely to respond compassionately to someone in need²², and enjoy more satisfying personal relationships²³. There is also some evidence that they take more environmentally responsible decisions²⁴. As with any new field of enquiry, there is much more research to be done to understand its effects.

Comments from Parliamentarians who attended mindfulness classes in Westminster

“Although initially sceptical...having completed the course, and attended every session, I am a convert. It’s just logical that we could all do with simple techniques to help us remember to live in and appreciate the present moment. I’ll be recommending it to all those who work with young people in my constituency.”

“I found the ethos, thinking and practice totally compelling and, additionally, free of ‘psycho-babble’, religion and spiritual allusions. A very, very enriching experience.”

“The mindfulness course has been of great benefit to me both personally and professionally. The mindfulness breathing techniques and practical exercises have helped me to cope much better with the stresses and strains of a highly demanding job and gain a better work-life balance.”

“I found the course extremely helpful in focusing my mind, reducing stress and improving concentration.”

“For anyone looking to find a way of balancing the often competing demands of home, work, and not least, ourselves, it’s worth their checking out an introduction to mindfulness. Too often we overlook the basics in our lives and need to find a way of connecting with what really matters.”

“In today’s mad whirl, a few well-earthed, indeed profoundly commonsense, contemplative insights are truly invaluable.”

“Mindfulness need not be thought of only as a ‘cure’ for those in need, it also helps one to know how to...enjoy living a life of service. I have found the mindfulness course amazingly helpful.”



Chapter 2

The Role of Mindfulness in Health

Summary

Mindfulness-Based interventions (MBIs) have a unique role to play in addressing the health challenges facing the country. The NHS is under unprecedented demand and a new approach to health care is sought by all with a greater focus on prevention of illness, early intervention and the promotion of health. The strongest evidence for MBIs is in the prevention of recurrent depression. Up to 10% of the UK adult population will experience symptoms of depression in any given week²⁵ and the rate of recurrence is high - following one episode of depression 50% of people will go on to have a second episode, and 80% of these will go on to have three or more episodes²⁶. Depression can have tragic consequences for the affected person, with a significantly elevated risk of suicide, and adverse impact on families, friends and wider society. It also has a steep economic cost in lost productivity, lost earnings and benefit dependence; it has been estimated that in the next decade the cost of depression will rise to £9.19 billion a year in lost earnings alone, with an additional £2.96 billion in annual service costs²⁷.

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Depression is two to three times more common in people with a long-term physical health problem than in the general population²⁸. There are now more than 15 million people living with a long-term health condition which accounts for 70% of all our health and care spend²⁹. We urgently need effective interventions for the combination of poor mental and physical health.

For people with both physical and mental health problems, recovery from each is delayed and the effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year³⁰. Through its mandated Parity of Esteem programme, NHS England has recognised that mental health and physical health need to be equally valued and innovative models of care integrating physical and mental health approaches have been called for as a priority. Mindfulness offers a particular opportunity here given its integrated mind-body approach and the evidence of its benefits across a range of physical and mental health conditions, as well as supporting wellbeing and resilience across the population as a prevention strategy to keep people well.

The effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year³⁰.

MBIs are inherently participative, inviting an interest in the experience of the body and mind, and promoting a different relationship to them. This engaged participation is in keeping with self-management approaches to health which have emerged as important models in health care; mindfulness invites a fundamental transformation of the patient-caregiver relationship into a collaborative inquiring partnership. Mindfulness-based approaches offer great potential for positively transforming cultures of care.

The evidence

A meta-analysis of six randomised controlled trials for people who were currently well and who had a history of three or more episodes of depression found that Mindfulness-Based Cognitive Therapy (MBCT) reduced the risk of relapse by almost half (43%) in comparison to control groups³¹. Since 2004 NICE has recommended MBCT for this group of people. In addition to preventing relapse, MBCT has also been found to reduce the severity of depressive symptoms in people currently experiencing an episode of depression³².

There is also emerging evidence from randomised controlled trials supporting the use of MBCT for health anxiety³³ and for adults on the autistic spectrum³⁴ as well as promising evidence for MBIs for psychosis³⁵ and that Mindfulness-Based Stress Reduction (MBSR) can be helpful in alleviating distress for young people experiencing depression and anxiety³⁶. However there are still significant gaps in the evidence base for these conditions and they should be the focus of future research³⁷.

One of the most important areas of research has been MBIs and the treatment of long-term physical health conditions³⁸. A recent review of 114 studies³⁹ found consistent improvements in mental health and wellbeing, notably reduced stress, anxiety and depression, in the context of poor physical health. In terms of specific physical health conditions, the strongest evidence presented is for the psychological impact of living with cancer, where 43 studies including nine randomised controlled trials are described; evidence is also presented from randomised controlled trials for the benefits of MBSR for lower back pain, fibromyalgia, arthritis, HIV and irritable bowel syndrome. There is also promising evidence which suggests the potential benefits of MBIs in a broader range of other physical health conditions (see list⁴⁰) including conditions which are of pressing concern to policymakers, such as diabetes and obesity. Whilst most research in this area is with adults, there is also interest in the potential of MBIs for children and young people living with long-term physical health conditions. Finally, there is growing interest in the potential of MBIs in palliative care to support those who are dying and their relatives and health care staff, potentially improving the quality of end-of-life care⁴¹.

While most research has been on MBCT and MBSR face-to-face courses, there is evidence from a recent meta-analysis that self-help mindfulness-based resources such as books and online courses also lead to lower levels of depression and anxiety⁴². This evidence applies in the main to people in non-clinical settings and so findings cannot be assumed to extend to people experiencing diagnosable mental health difficulties. However it does suggest potential for a stepped model of care which could extend reach and be cost effective⁴³ as an important prevention strategy alleviating sub-clinical depression and anxiety in the wider population, which in turn has the potential to reduce the need for health service use. The take-up of privately provided mindfulness courses indicates its popularity for this purpose: a YouGov Poll for the Mental Health Foundation in 2015 showed 65% of people interested in a stress-relieving activity they could undertake daily, and a third of them were interested in learning more about mindfulness. Whilst moderate levels of stress can enhance our performance, excessive or prolonged levels of stress can increase the risk of a range of physical and mental health conditions. A meta-analysis of studies in non-clinical populations indicated that MBSR can significantly reduce stress in comparison to control conditions⁴⁴. Such prevention strategies could be critical to managing demand on health care.

The challenges of implementation in the NHS⁴⁵

There is great interest in mindfulness among health care stakeholders with 72% of GPs wanting to refer patients to mindfulness courses on the NHS⁴⁶. Yet only one in five GPs report having access to mindfulness courses in their area⁴⁷.

Only one in five GPs report having access to mindfulness courses in their area⁴⁷.

Some pioneering NHS trusts have developed small-scale programmes offering MBIs including Berkshire Talking Therapies, Lancashire Care NHS Foundation Trust, North Wales Cancer Service, Nottinghamshire Healthcare NHS Foundation Trust, Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Sussex Partnership NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

One such programme has been developed by the Sussex Mindfulness Centre, a collaboration between Sussex Partnership NHS Foundation Trust (a mental health trust) and the University of Sussex. The centre conducts mindfulness research, offers MBCT courses to patients and staff, as well as an MBCT teacher training programme. In their adult primary care service in East Sussex (Health in Mind) they offer nine MBCT courses, catering for around 100 patients each year, with a dedicated MBCT teacher in post to support this provision and ensure its integrity. They are also extending provision into their secondary care adult mental health services and into their children and young people's services.

Another model is Breathworks, a social enterprise founded in 2001 that is based in the north-west of England and works nationally, and which offers eight-week courses, adapted from the MBSR programme, for people living with chronic pain and other long-term physical health conditions. Their courses are not generally available on the NHS and cost £200 (with some partial bursaries for those who cannot afford to pay). They have also established a programme of courses and teacher training.

There are also some excellent examples of courses in NHS physical health services. Three MBCT for cancer (MBCT-Ca) courses are run each year in the oncology department at the Alaw Day Unit, Betsi Cadwaladr University Health Board, for people living in north and north-west Wales. Courses are offered to people with all types and stages of cancer. People with very different prognoses, including those with terminal and advanced disease, are welcome.

However, despite such programmes, access to MBCT as recommended by NICE is still extremely limited³⁸. One barrier to implementation is that MBCT is recommended as a prevention intervention for recurrent depression rather than as a treatment for current depression. That requires an NHS which prioritises prevention; the importance of this is well understood in the debate about future health care.

Another barrier to implementation of MBCT is that mental health and physical health are almost always treated by separate NHS trusts leaving patients and their care teams to negotiate separate systems. Despite the Parity of Esteem principle, availability of psychological interventions within physical health settings is still very limited and this is true for MBIs, despite the wealth of evidence that they can alleviate symptoms of depression, anxiety and stress across a broad range of physical health conditions.

The lack of provision within the NHS contrasts with the flourishing and rapidly expanding private provision of mindfulness courses. This restricts access to those who can afford an eight-week course which typically starts from around £200 or an online subscription from around £8 per month⁴⁸. The danger is of increasing health inequality with those who perhaps have the most to gain from MBIs being the least able to access them.

In addition, there are another set of challenges around implementation which go to the heart of the effectiveness of those teaching mindfulness. Questions of teacher training integrity and quality are considered in chapter six (please see page 61).

How much would it cost?

The ground-breaking Improving Access to Psychological Therapies (IAPT) programme aims to treat 15% of all those with depression and anxiety. Similarly, as a first step, our recommendation would be to get 15% of those at risk of depressive relapse and who meet the criteria of the NICE guidelines into MBCT courses by 2020; according to our indicative estimate, this would cost just under £10 million per annum⁴⁹.

Using figures on the cost of depression from The Kings Fund report, "Paying the Price: the cost of mental health care in England to 2026"⁵⁰, this could mean savings of £15 for every £1 spent⁵¹, with further savings in related health care costs such as antidepressant prescriptions. In line with other mental health treatments, the savings in lost earnings far outweigh the costs.

Health recommendations

Given the tight financial climate, we have given careful consideration to credible targets as a first stage.

Implementation recommendations

We recommend that:

1. MBCT (Mindfulness-Based Cognitive Therapy) should be commissioned in the NHS in line with NICE guidelines so that it is available to the 580,000 adults⁵² each year who will be at risk of recurrent depression. As a first step, MBCT should be available to 15%⁵³ of this group by 2020, a total of 87,000 each year. This should be conditional on standard outcome monitoring of the progress of those receiving help.
2. Funding should be made available through the Improving Access to Psychological Therapies (IAPT) training programme to train 100 MBCT teachers a year for the next five years, to supply a total of 1,200⁵⁴ MBCT teachers in the NHS by 2020 in order to fulfil recommendation one.
3. Those living with both a long-term physical health condition and a history of recurrent depression should be given access to MBCT, especially those people who do not want to take antidepressant medication. This will require assessment of mental health needs within physical health care services, and appropriate referral pathways being in place.
4. NICE should review the evidence for MBIs in the treatment of irritable bowel syndrome, cancer and chronic pain when revising their treatment guidelines.

Research recommendations

We recommend that:

1. The National Institute of Health Research (NIHR) should invite research bids to evaluate the effectiveness (including maintenance of effects) of MBIs in the following areas:
 - A definitive randomised controlled trial of adapted MBCT as a relapse prevention intervention for young people with a history of depression to see if the relapse prevention findings from studies with adults generalise to younger people.
 - A definitive randomised controlled trial with full health economic evaluation of MBSR for people living with a range of long-term physical health conditions⁵⁵.
 - A programme of research exploring the effectiveness of lower intensity MBIs as a public health preventative intervention for groups and communities at higher risk of mental ill health or indicating preclinical levels of mental health problems. This should include measuring wellbeing and physical health outcomes, as well as costing health care use.

This is an exciting opportunity to develop an innovative treatment to reduce the burden of mental ill health and the added suffering it brings to those facing physical pain and disease. The rate of commissioning within the NHS appears to be slow since the NICE guidelines came out in 2004.

Also disappointing has been the inadequate investment in the high-quality research needed to strengthen the evidence. We urge health care commissioners and the national research-funding bodies to move forward on these recommendations.

Tamsin Bishton, Brighton

Case study

In 2008 I was doing a job that I loved in digital communications and working with people I counted as friends. But there was a culture of overworking, pressure and burn out. I kept going by taking anti-depressants, but I stopped them because of the side effects. I hardly slept and when I closed my front door at night I was swallowed by panic attacks. One day I realised I just couldn't make myself go back to the office without something changing radically.

My CBT counsellor suggested a course of Mindfulness-Based Cognitive Therapy, and it changed my life. From the first shaky breath I felt the possibility of reconnecting with my breath, body, thoughts and feelings. There was something inexpressibly powerful about just stopping and, having felt trapped and powerless, a pathway opened up. It led me away from my depression, fear and anxiety by taking me right up close to them. It wasn't an easy path to follow. It's hard to look your demons in the eye and say, "I'm afraid of you, but I am more than you". But instead of feeling overwhelmed I felt in control for the first time in years - and it all came from stopping, sitting and breathing.

Finding time to practise every day is still difficult, I'm married with a child, and I never take it for granted. But five years on I've taken ownership of my wellbeing and changed how I work. I respond to stress more constructively; and my ambition is to take what I've learned back into the workplace to help others like me.



Anu Gautam, Manchester

Case study

I was a dynamic 26-year-old high-achiever when I was diagnosed with advanced stage Hodgkin Lymphoma. I never imagined this would happen to me. My health deteriorated and I underwent several years of intensive treatment. It was hard to cope with the physical impact. But I also lost my independence and ability to function, and I felt angry and desperate.

Once the treatment was completed I tried to get back to what I'd been doing, but health problems kept getting in the way. The Breathworks mindfulness course showed me how mindfulness applied to the difficulties I was facing. The caring environment was important and so was the inspiration of the teacher, who had really embraced her own health situation.

I learned to get a distance from my thoughts and see that they weren't necessarily true. That had a massive impact. I also saw I didn't have to be pushed around by the ups and downs of illness. I started to experience a kind of peace that was always accessible, whatever was going on.

A couple of years later I was asked to choose between a bone marrow transplant which could end my life, or having just a few years without it. It was the hardest decision of my life. After the treatment I spent six weeks in isolation knowing my life might be ending, but I just stayed with what was going on, including the prospect of dying. It was an amazing time.

My cancer came back last year. That was upsetting but I knew that it was OK to be upset. I still can't lead a very active life, but my priorities have changed. The most important thing for me is continuing this journey. I feel happier and more whole each day. And it's great.



Chapter 3

The Role of Mindfulness in Education

Summary

There are three key policy challenges in education on which the research evidence for mindfulness has a bearing. The first is the concern with academic attainment and improving results; the second is the deepening anxiety around the mental health of children; the third is the growing interest in concepts (which have been identified as a policy priority by all the major parties) of character-building and resilience which cover a range of non-academic skills and capabilities. The latter policy challenge has emerged relatively recently building on an earlier interest in emotional and social learning and how best to foster child development and wellbeing. As an umbrella term, it covers a wide range of moral and civic virtues as well as characteristics such as determination and “grit”, and attracts considerable enthusiasm from parents, employers and schools. The Secretary of State for Education, Nicky Morgan, has declared her ambition to make the nation a “global leader of teaching character”⁵⁶. Mindfulness has much to contribute to this newly emerging agenda.

As schools continue to respond to these challenges, a growing number are turning to mindfulness training for children in the classroom and report both a range of benefits and its popularity with children and staff. The research is emergent but with increasingly promising evidence⁵⁷ of its potential for the three policy challenges outlined. (There are now 50 published research studies.) However, as is inevitable in a new field, many of the studies to date have been relatively small and most without long-term follow-up. Furthermore, there are significant gaps in the research such as randomised controlled trials of mindfulness-based interventions (MBIs) with children⁵⁸, and research on prevention strategies to combat the rises in mental ill health amongst children and adolescents⁵⁹.

In the meantime, the level of mental ill health in this age group is alarming⁶⁰: around 10%⁶¹ of children experience mental health issues between the ages of five and 16, around three children in every class⁶². The number of 15- and 16-year-olds with depression nearly doubled between the 1980s and the 2000s⁶²; and the proportion of the same age group with a conduct disorder more than doubled between 1974 and 1999⁶⁴. In 2014 in written evidence⁶⁵ to the parliamentary Health Select Committee, Public Health England concluded that 30% of English adolescents report sub-clinical mental health⁶⁶. This clearly impacts on their academic achievement. It is also key to the mental health challenges facing society as a whole; over half those who experience mental illness in childhood suffer it again as adults⁶⁷. Given the scale of this mental health crisis, there is real urgency to innovate new approaches where there is good preliminary evidence. Mindfulness fits this criterion and we believe there is enough evidence of its potential benefits to warrant a significant scaling-up of its availability in schools.

The evidence ⁶⁸

Many argue that the most important prerequisites for child development are executive control (the management of cognitive processes such as memory, problem solving, reasoning and planning) and emotion regulation (the ability to understand and manage the emotions, including and especially impulse control). These main contributors to self-regulation underpin emotional wellbeing, effective learning and academic attainment. They also predict income, health and criminality in adulthood⁶⁹. American psychologist, Daniel Goleman, is a prominent exponent of the research⁷⁰ showing that these capabilities are the biggest single determinant of life outcomes. They contribute to the ability to cope with stress, to concentrate, and to use metacognition (thinking about thinking: a crucial skill for learning). They also support the cognitive flexibility required for effective decision-making and creativity.

There is promising evidence that mindfulness training has been shown to enhance executive control in children⁷¹ and adolescents⁷² in line with adult evidence. What is of particular interest is that those with the lowest levels of executive control⁷³ and emotional stability⁷⁴ are likely to benefit most from mindfulness training. Recent meta-analyses of MBIs for children and adolescents suggested improvements in stress, anxiety, depression, emotional and behavioural regulation, with larger effects reported in clinical than in non-clinical populations⁷⁵. One of the most rigorous studies⁷⁶ looked at the impact of an eight-week Mindfulness-Based Stress Reduction course (MBSR) on 102 children aged 4-18 with a wide range of mental health diagnoses and they reported significantly reduced symptoms of anxiety, depression and distress. They also reported increased self-esteem and sleep quality. At a three-month follow-up, those who practised more showed improved clinicians' ratings of anxiety and depression compared with those who did not.

What is of particular interest is that those with the lowest levels of executive control⁷³ and emotional stability⁷⁴ are likely to benefit most from mindfulness training.

Since chronic stress can negatively impact on maturation of the brain areas involved in learning⁷⁷, interventions to improve executive function which also support stress reduction, such as mindfulness, are more likely to result in academic improvements⁷⁸. Indeed, studies on mindfulness with children and adolescents have demonstrated benefits in cognitive (e.g. attention) and academic outcomes⁷⁹. There is now also good evidence of the link between achievement and emotional and social learning; a recent global survey found that the academic achievement of children taking programmes promoting social and emotional skills (including mindfulness) rose by about 10 percentile points⁸⁰. More specifically, one evaluation of a small study of children with learning difficulties showed significantly improved academic achievement as well as social skills⁸¹.

Emotional buoyancy, coping skills, the capacity to manage difficulties and the ability to form constructive social relationships are all important aspects of children's flourishing and there is evidence that mindfulness contributes to each⁸². These positive effects are often apparent three years after taking a course and relatively short inputs produce discernible results⁸³.

These positive effects are often apparent three years after taking a course and relatively short inputs produce discernible results⁸³.

In addition to studies of targeted interventions, there is evidence of the benefits of universal programmes designed to support the flourishing of all children. One pilot trial⁸⁴ of a year group of 137 students aged 17-19 in the US showed decreases in tiredness and negative affectivity (a term which covers a range of negative emotions such as sadness, fear, nervousness, guilt, disgust, anxiety and anger) and increases in calm, relaxation, self-acceptance and emotional regulation. In a number of other studies, five-minute mindfulness interventions were shown to have a measurable impact on young people's happiness, calmness, relaxation and overall wellbeing⁸⁵. There have been a number of pilot studies in the UK with similar results; in one with 522 students in 12 secondary schools using a mindfulness programme called ".b" (pronounced 'dot-be'), students reported fewer depressive symptoms, lower stress and greater wellbeing at follow-up⁸⁶. A recently completed study with sixth-form students found an increased capacity to ignore distracting and irrelevant stimuli (part of executive control) and improved metacognition⁸⁷, and another small study reported improvements in academic performance in sixth-formers⁸⁸. In the primary school context (Years 3 and 4), initial evidence shows decreases in negative affectivity and improvements in metacognition in pupils⁸⁹.

What could prove of particular interest to schools is the impact of mindfulness on difficult behaviour, with improvements for those with Attention Deficit Hyperactivity Disorder, as well as decreases in impulsiveness, aggression and oppositional behaviour⁹⁰. This is consistent with the beneficial impact of mindfulness on self-regulation - helping to control impulses, delay gratification and monitor attention⁹¹.

Mindful parenting

There is an emerging body of evidence that suggests that extending the influence of mindfulness into families can support both parents and children. Mindful parenting programmes aimed at parents in socio-economically disadvantaged families (who are at greater risk of stress) can reduce parents' destructive behaviour⁹², increase their ability to disengage from emotionally charged stimuli⁹³, reduce parents' stress and enhance their emotional availability⁹⁴, and improve children's behaviour⁹⁵.

Implementation

The US has led innovation on how to introduce mindfulness into schools with over 45⁹⁶ variations of mindfulness programmes for schools at the most recent count. They range from short practices taught by any teacher (e.g. the Inner Explorer programme⁹⁷) to lesson-based curriculum interventions (e.g. Learning to Breathe⁹⁸) to outreach programmes which work with adults in the school community such as staff and parents (e.g. Mindful Schools⁹⁹), and programmes that aim to be socially and personally transformative through development of ethically-based values (e.g. Wake Up Schools¹⁰⁰). There is considerable experimentation and lively debate both in the US and the UK around the appropriate formats, teaching methods and practices for children.

We estimate that around 2,000 people have been trained to teach mindfulness programmes to young people in the UK under the aegis of the main UK training organisations. These include Mind with Heart¹⁰¹, Youth Mindfulness¹⁰² and Mindfulness in Schools Project (MiSP)¹⁰³.

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MiSP is advised by staff from three universities and the curricula it has developed have been adopted by a number of countries and translated into 10 languages. MiSP is now delivering 46 teacher training courses a year in response to rising demand¹⁰⁴, and since 2011 has trained 1,670 teachers in its secondary school curriculum and 391 in its primary curriculum. All prospective mindfulness-trained teachers on MiSP programmes are expected to have already completed a standard eight-week MBCT/MBSR course¹⁰⁵.

The consensus is that the success of the programme in a school depends to a considerable extent on the quality and experience of the teacher's¹⁰⁶ own mindfulness practice, and this can take several years of sustained personal commitment well beyond the formal training. Quality is also affected by how it is implemented; an isolated instance of a teacher working with one class is less effective than a whole school approach in which everyone in the school community including parents and all the staff participate in the programme. There are ongoing research programmes evaluating these claims and the best way to train teachers.

The “.b” mindfulness programme developed by MiSP¹⁰⁷ is taught in ten 40-minute PSHE (Personal Social Health and Economic education) lessons, typically in Years 9 and 10. The children are expected to do home practice, gradually building up to 15 minutes a day; a significant positive link has been found between the amount of home practice a child does and improvements in wellbeing¹⁰⁸. However anecdotal evidence is that the children manage only a small part of the home practice, and the development of online practice resources for children, their parents, and teachers is needed to help support home practice.

MiSP's “Paws b” mindfulness programme for primary school pupils is delivered in 12 half-hour lessons or 6 one-hour lessons with informal practices embedded in other subjects (e.g. mindful movement, mindful English etc.). There is no home practice requirement and no link has been found so far between the amount of practice outside of school and gains in wellbeing¹⁰⁹. A lot of pupil interest has been reported for drop-in lunchtime Paws b mindfulness sessions in the primary school context.

One of the most developed projects is Bright Futures Educational Trust¹¹⁰, a multi-academy trust of 10 schools based in the north-west of England. From there, 10 staff were initially trained in teaching mindfulness and in turn they have now taught MiSP programmes to 300 staff and 3,000 students (50% of the total) across the trust. Teachers trained by MiSP teach other teachers who then introduce it into the classroom in a cascade model. This approach ensures that mindfulness is well-integrated and enriches the ethos of the whole school¹¹¹. Programmes are offered to teachers for their own wellbeing rather than as yet another demand on their time. Bright Futures is now delivering training for teachers across the north-west, a role which could be developed further into a hub to support mindfulness programmes in other schools.

In another research programme at Bangor University over 40 school teachers were first trained on the “.b Foundations” course (designed to teach teachers and other staff for their own wellbeing), and then six months later, trained to teach a mindfulness curriculum appropriate for the age of their pupils. Through this research project more than 300 primary school pupils and 180 sixth-formers have received mindfulness training. Initial findings suggest that the delivery model is feasible and produces beneficial outcomes in both teachers and pupils. Studies report improvements in teachers' wellbeing¹¹², decreases in negative affectivity and improved metacognition in both primary school pupils¹¹³ and sixth formers¹¹⁴.

One of the longest running programmes has been the introduction of ‘daily stillness’ by Dr. Anthony Seldon¹¹⁵ during his headship at Wellington School. He has also been an enthusiastic advocate in the national media for contemplative practices (such as mindfulness) in education.

Education recommendations

We recommend that:

1. The Department for Education (DfE) should designate, as a first step, three teaching schools¹¹⁶ to pioneer mindfulness teaching, co-ordinate and develop innovation, test models of replicability and scalability and disseminate best practice.
2. Given the DfE's interest in character and resilience (as demonstrated through the Character Education Grant programme and its Character Awards), we propose a comparable Challenge Fund of £1 million a year to which schools can bid for the costs of training teachers in mindfulness.
3. The DfE and the Department of Health (DOH) should recommend that each school identifies a lead in schools and in local services to co-ordinate responses to wellbeing and mental health issues for children and young people¹¹⁷. Any joint training for these professional leads should include a basic training in mindfulness interventions.
4. The DfE should work with voluntary organisations and private providers to fund a freely accessible, online programme aimed at supporting young people and those who work with them in developing basic mindfulness skills¹¹⁸.

Anaya Ali, 14, UCL Academy School, Camden, London

Case study

When I first started mindfulness, I was 12, and I thought that it wouldn't benefit me as much as they said it would. But the lessons always managed to settle my mind and made me feel better. Once mindfulness became clear to me I became used to it and tried it at home a lot more often. The main reason mindfulness means a lot to me now is that I have moments when I can become stressed easily or over-think things. I go to my room, sit there and remind myself what my teacher would say: "Focus on your breathing and be aware of what is happening now – " Once I open my eyes everything seems to fix itself back into place somehow.

I've been given advice like "go and revise, it will clear your mind"; or "do some school work", but none of it works as well as mindfulness. It gives people the chance to look at everything from a different perspective, a better perspective. Personally, I would recommend mindfulness to anyone who struggles with the small things they come across. Not only can they calm themselves down using mindfulness, but it reduces the extra stress you create.



Yogesh Patel, 46, teaches physics at Urmston Grammar, Manchester

Case study

I've always been keen to please others, and my perfectionism went along with feelings of failure. Discomfort was the norm for me; I'd convinced myself that it made me a better person, but I wasn't being kind to myself and that affected my teaching.

Recently, the Academy asked for someone to attend an eight-week mindfulness course at a nearby school. After each session I would rush back and tell my partner what I'd learnt. Normally in teaching we're asked to engage with countless initiatives; but on the course we were being asked to do less – and do it mindfully. It reassured me that you can't get it wrong, and that you can only get better with practice.

This course suggested that pupils, too, might benefit from simply sitting, calmly and focusing on their breath. When I first tried it with my form, they said it was weird and that "was I trying to brainwash them?!" But they enjoyed it and asked for it more frequently.

Since the course, I feel more peaceful, less agitated and more able to manage and respond to external demands. Mindfulness helps me approach tasks calmly, prioritise them and complete them with greater focus. I'm more willing to accept outcomes that don't go my way and recognise when I am powerless. I try to take my time over things: to walk slower and not have hurried conversations. Whether it's brushing my teeth or planning for work, I put all my energy into that one moment. The moment gets my full awareness and I try to see its richness.



Chapter 4

The Role of Mindfulness in the Workplace

Summary

This is the sector where there has been the most intense interest, widespread experimentation and enthusiastic media coverage of the subject of mindfulness. High-profile global corporations such as Google have publicised their extensive commitment and promotion of it. Business leaders such as media magnate Arianna Huffington have made available the considerable resources of her media business to promote mindfulness as well as her own personal story of how it has helped her.

It is important to emphasise that this proliferation of programmes has outstripped the research evidence which, while promising, remains patchy. Workplace mindfulness interventions to improve wellbeing have not been researched with high-quality trials as the Chief Medical Officer recently made clear as part of her appraisal of wellbeing in her annual report. What is driving the interest in and innovation of mindfulness in the workplace is the need to tackle issues around the rising cost of workplace absence and presenteeism because of stress and depression, and the need to boost productivity in a workplace which is being radically changed by new information technologies. Many organisations are well aware of the importance of encouraging employee wellbeing, creativity and commitment to achieve success in what are often challenging circumstances, but are unsure how to prevent mental health problems developing.

This proliferation of programmes has outstripped the research evidence which, while promising, remains patchy.

The most pressing issue is the rising toll of work-related mental ill health. Since 2009 the number of sick days lost to stress, depression and anxiety has increased by 24% and the number lost to serious mental illness has doubled¹¹⁹. The leading cause of sickness absence in the UK is mental ill health, accounting for 70 million sick days, more than half of the 130 million total every year. Each year between 2010 and 2014, a million people took sick leave for longer than four weeks¹²⁰. Many public sector workforces are particularly affected including the NHS (one of the five biggest employers in the world) which has higher sickness absence rates than any other large public sector organisation, with 3.4% of worker hours lost to sickness in 2013¹²¹.

The leading cause of sickness absence in the UK is mental ill health.

Further examples include police forces which have reported rises in stress-related absenteeism and officer turnover¹²², and prison officers who report high levels of work-related stress and emotional exhaustion¹²³. The indirect costs to the UK of mental ill health in unemployment, absenteeism and presenteeism (and the resulting loss of productivity) are estimated at between £70 and £100 billion¹²⁴ with employers paying £9 billion of that in sick pay and related costs¹²⁵.

There is also a need to address occupational mental health in Small and Medium Enterprises (SMEs) which form an important part of the UK economy, but have limited access to occupational health. SME owners/managers face particular challenges in recognising, acknowledging and seeking help in this area. There is a need to develop accessible, appropriate mental health interventions for those working in SMEs, which reflect their specific working conditions and their support needs.

Given that the mental ill health prevalence in the population has not significantly increased in the last twenty years¹²⁶, there is a growing body of literature on what is driving this rise in mental ill health in the workplace. Key factors have been identified such as work intensification with multiple demands on attention and the need to multi-task. In the 2012 Skills and Employment Survey, job insecurity was at a 20-year high with anxieties around loss of status and employees' say over their jobs. Huge changes in the structure of organisations, workload and job definitions triggered by new digital technologies are generating uncertainty and volatility in many parts of the economy.

Mental ill health is an issue of huge significance to the long-term economic prosperity of the country as well as impacting directly on thousands of lives. There have been major reports¹²⁷ on how to improve wellbeing at work with recommendations including fair pay, clearly defined roles, job security and good management, but the research on effective mental health preventative interventions is at an early stage. The government's What Works Centre for Wellbeing¹²⁸ is a welcome initiative to drive policy forward and has rightly identified employment and learning as priorities for research. It is important that the promising evidence for Mindfulness-Based Interventions (MBIs) across a wide range of workplaces is brought within the scope of its work. More research is crucial to strengthen the studies that, for the most part, have been small, with little or no follow-up.

The evidence ¹²⁹

A number of randomised controlled trials of MBIs have found positive effects on burnout, wellbeing and stress¹³⁰. Mindfulness can assist with focus and a range of cognitive skills. Studies have shown that those using mindfulness report lower levels of stress during multi-tasking tests and are able to concentrate longer without their attention being diverted¹³¹.

Even brief periods of mindfulness practice can lead to objectively measured higher cognitive skills such as improved reaction times, comprehension scores, working memory functioning and decision-making¹³². Experienced mindfulness practitioners have shown higher-quality reaction times and fewer error responses in controlled studies using computer-based reaction tests¹³³. In one study, 545 individuals took a decision-making test involving a “sunk cost scenario” (an investment that he or she has already substantially committed to); participants who practised mindfulness for 15 minutes before the test were significantly more likely to make a rational decision¹³⁴. Researchers tested creative problem-solving skills and found that participants who had practised mindfulness for just 10 minutes before these tests generated significantly more creative strategies¹³⁵.

Even brief periods of mindfulness practice can lead to objectively measured higher cognitive skills such as improved reaction times, comprehension scores, working memory functioning and decision-making¹³².

Other research suggests that employees of leaders in a range of other settings who practise mindfulness have less emotional exhaustion, better work-life balance and better job performance ratings. They are also more likely to show concern towards co-workers and express opinions honestly¹³⁶.

Research findings in specific workplace contexts

1. Improved emotional skills after mindfulness training have emerged in studies of school teachers¹³⁷. Participants were more able to manage their thoughts and behaviour and were more skilled in coping, sustaining motivation, planning and problem solving. There was greater emotional positivity (with empathy, tolerance, forgiveness and patience, and less anger). New teachers in Canada who followed a University of Toronto programme that combined mindfulness with other wellness strategies, showed better teaching ability and physical health and experienced less stress when they started teaching.
2. First responders in the USA, such as their police and fire services, have used the mindfulness programme developed for the US military, Mindfulness-based Mind Fitness Training (MMFT)¹³⁸. High-quality trials of MMFT found that “mindfulness training may be beneficial to a number of professions who require periods of intensive physical, cognitive, and emotional demands”¹³⁹. Research on MMFT has found that participants experienced quicker recovery of heart and breathing rates, improved sleep, more robust working memory capacity and stronger immune response. Under stress, participants showed significantly less activity in regions of the brain associated with emotional reactivity, anxiety and mood disorders.
3. Mindfulness practised throughout an organisation can help generate high-reliability organizations (HROs), through paying close attention to day-to-day operations, discussing mistakes and seeking alternatives and working out fluid decision-making structures¹⁴⁰. However, further research is needed.
4. Studies in the US found that after mindfulness training, there were improvements in emotional intelligence metrics which included decision-making skills and resistance to bias, including racial bias and age-related stereotyping¹⁴¹. One study on the judiciary¹⁴² found that a brief mindfulness intervention reduced reliance on assumptions that were based, for example, on gender or race in assessments about reoffending, as well as increased focus, attention, and reflection during decision-making processes¹⁴³.
5. Some preliminary evidence shows that mindfulness training might enhance quality of care from health care staff, for example by improving empathy with patients¹⁴⁴. More research is needed but there is interest, enhanced by the recognition of the need to train NHS staff to be compassionate following the failure of care in Mid-Staffordshire and Winterbourne.

Implementation

There is enormous variety in the way mindfulness training is delivered in the workplace. It may be in teacher-led courses with content based on MBCT/MBSR often with shorter sessions and lighter ‘home practice’ than in health care settings¹⁴⁵. Mindfulness training may be combined with other models such as resilience training or leadership development. Digital delivery is expanding as a way of scaling-up and increasing access, and/or supporting teacher-led training with additional resources. Employers providing digital mindfulness training range from global banks and technology companies, to universities, government departments, health providers and insurance companies¹⁴⁶. Some organisations, such as Google and Nuffield Health, highlight the benefits of this approach, such as greater flexibility, lower cost, high rates of take-up and better maintenance of a formal meditation habit. However, research to support the efficacy of such programmes is so far limited.

A wide range of major UK organisations across the public, private and voluntary sectors¹⁴⁷ have introduced mindfulness projects within the past few years including a number of NHS trusts¹⁴⁸, the Department of Health¹⁴⁹, civil service departments¹⁵⁰, BT, Unilever, Barclays, Capital One, Starcom MediaVest Group and Goldman Sachs. Sally Boyle, HR Director at Goldman Sachs maintains that, “In years to come we’ll be talking about mindfulness as we talk about exercise now”¹⁵¹.

A wide range of major UK organisations across the public, private and voluntary sectors¹⁴⁷ have introduced mindfulness projects within the past few years.

Some examples of mindfulness in the workplace:

Google offers classes and online resources for all staff. There are daily practice sessions in more than 35 offices around the world and day-long meditation retreats in five locations. It has embedded mindfulness in meetings: providing scripts and recordings for one- or two-minute meditations for the start of meetings. Google has incorporated an internal research element into its programme with a long-term study of participants. In addition, it has been looking at initiatives to encourage both teams and offices to practise together. Initial findings show that keeping people engaged in doing the mindfulness practice is challenging but that people who persist show increased wellbeing, focus and lowered stress¹⁵².

Transport for London has offered mindfulness combined with other interventions like cognitive behavioural therapy (CBT) to staff and it has led to 71% reduction in days off for stress, anxiety and depression¹⁵³, while absences for all conditions dropped by 50% according to internal assessments¹⁵⁴.

Bosch and **Beiersdorf**, two major German companies, have been developing a programme to embed collaborative mindfulness ways of working such as mindful feedback, emailing and meetings¹⁵⁵. They have also participated in a three-way partnership with mindfulness training provider, client company and research institution to incorporate a research dimension. The impact of mindfulness is measured through a range of cognitive tests, heart rate variability measurements, cortisol profile and blood tests¹⁵⁶. The results are fed back to the company anonymously as well as back to individuals. The research provides evidence of efficacy for the company, motivation for the individuals, and valuable research material for academics.

Tees, Esk and Wear Valleys NHS Foundation Trust launched the Staff Mindfulness Project in 2012. Since then, 12 MBCT eight-week programmes have been delivered a year and 150 staff (clinical and non-clinical) have completed courses, with regular three-hour introductory workshops and Days of Mindfulness in addition. The three-year pilot project, with an annual budget of £30,000, won a national award in 2014. Evaluation shows significant benefits in relation to compassion, psychological distress, anxiety and emotional exhaustion. A follow-up study demonstrated that most eight-week programme graduates continue to use mindfulness practices and describe lasting gains in areas such as wellbeing, stress management and relationships with colleagues, service users and carers.

Programme graduates often report that the experience has been life-changing. Managers report that mindfulness is beginning to change the culture of the organisation. The Trust has recently agreed to fund a small, dedicated clinical team to provide MBCT for service users and carers and train more staff to use MBIs in the clinical setting¹⁵⁷.

The Finance Innovation Lab (an incubator for systems change in finance) has run mindfulness classes for its staff and participants on its programmes, and found considerable benefit at a team level. “The training gave us a structured pathway of development that we all went through at the same time. It feels like a safe way of amplifying the emotional connection with others. The quality of dialogue after group meditation is amazing,” said Charlotte Millar, co-founder.

The challenges of implementation in the workplace

The popularity of mindfulness in the workplace has provoked concerns about motivation. A large number of companies and consultancies have sprung up to offer mindfulness training, some with little experience or qualification to do so (see chapter six); at the same time, without a recognised system of professional listing, companies are unsure how to assess potential providers¹⁵⁸. There has been criticism that mindfulness is being used to prop up dysfunctional organisations and unsustainable workloads. One widely-read US critique coined the term “McMindfulness” and argued that “mindfulness is offered as just the right medicine to help employees work more efficiently and calmly within toxic environments”¹⁵⁹. Some in the trade union movement have been wary. The TUC made the following response to our inquiries¹⁶⁰: “The TUC is concerned that wellbeing programmes should not be used as an excuse to avoid addressing stressors in the workplace. The reality is that wellbeing at work will be difficult to attain without some basic standards of working life and that involves looking at wider issues such as management style, workload, hours of work, worker involvement, and the level of control a worker has over their work”¹⁶¹.

Despite these valid concerns, it seems that mindfulness has considerable potential across a very wide range of capacities needed in employment ranging from emotional resilience and empathy to cognitive skills and creativity. While it seems that mindfulness can offer real benefits for reducing stress and absenteeism, it is important to emphasise that as an isolated intervention it cannot fix dysfunctional organisations. Mindfulness will only realise its full potential when it is part of a well-designed organisational culture which takes employee wellbeing seriously.

While it seems that mindfulness can offer real benefits for reducing stress and absenteeism, it is important to emphasise that as an isolated intervention it cannot fix dysfunctional organisations.

Workplace recommendations

We recommend that:

1. The Department for Business, Innovation and Skills (BIS) should demonstrate leadership in working with employers to promote the use of mindfulness and develop an understanding of good practice.
2. We welcome the government’s What Works Centre for Wellbeing, and urge it to commission, as a priority, pilot research studies on the role of mindfulness in the workplace, and to work with employers and university research centres to collaborate on high-quality studies to close the research gap.

3. Government departments should encourage the development of mindfulness programmes for staff in the public sector – in particular in health, education and criminal justice – to combat stress and improve organisational effectiveness. One initiative could be seed-funding for a pilot project in policing where we have encountered considerable interest.
4. The National Institute of Health Research should invite bids to research:
 - the use of mindfulness as an occupational health intervention, using both face-to-face and online programmes across different sizes of organisations and businesses.
 - the effectiveness of mindfulness, including its different components, in addressing occupational mental health issues such as stress, work-related rumination, fatigue and disrupted sleep.

Mindfulness and unemployment

A combination of mindfulness training and coaching has proved successful in a number of small projects to help self-respect and confidence, and to deal with the complex practical and psychological barriers in getting back to work. More research evidence is needed to give commissioners confidence to develop programmes.

In 2009, JobCentrePlus (JCP) in County Durham commissioned a mindfulness programme for people who had been unemployed for one to five years. This programme involved 300 participants over three years, many of whom had been unemployed for up to five years. (This programme had no control group, but 47% had moved into work or full-time education within six months, and 53% wanted to continue with mindfulness practice, indicating its popularity and lack of stigma.) JobCentrePlus staff also participated in the programme¹⁶².

A combined mindfulness training and coaching programme with the unemployed in East London over three years found that using the WHO Index on Wellbeing, scores increased by an average of 75.58%¹⁶³.

In 2011/12 a Department of Health (DOH) pilot supported participants in the north-west in their “recovery journey” and with preparedness for employment. A group of 28 participants (including five support workers) underwent a bespoke eight-week mindfulness programme, after which eight secured employment¹⁶⁴ within 12 months, and 18 participants requested to do a teacher training course for mindfulness¹⁶⁵.

Kate McGregor, Team Manager RWE npower – Customer Service Domestic department, Houghton le Spring, Sunderland

Case study

The nature of my job means that I have to juggle multiple tasks and work with people on customer calls. The volume of work left me feeling rather stressed and anxious. Then I joined a new department and had the opportunity to participate in mindfulness sessions guided by a mindfulness advocate. They were a completely new experience to me.

The CEO of RWE, Peter Terium, has been a mindfulness practitioner for more than a decade. He supported the rollout of the mindfulness programme in RWE npower call centres and in its top management team, aiming to reduce stress and increase performance. 18 Mindful Advocates in its Customer Services Domestic department have taught mindfulness to over 760 of the 2,400 call centre employees across the company so far.

Mindfulness taught me to take a gap – a breathing space – between activities. I learned to step away from the situation in my head and to focus on what was happening right now. Then I could revisit what I intended to do, but with a more calm and relaxed approach.



Terry Rumble, Manager Operational Support, Tata Steel, Port Talbot

Case study

For our organisation, identifying hazards and reducing risk are critical. Many people are familiar with tools designed to help staff pause, reflect and identify before acting. Yet, in major industrial disasters such as Bhopal, there were good processes and systems in place, but still the events happened. Following a mindfulness workshop, I saw that this approach might help combat the tendency to switch off.

We decided to incorporate mindfulness into our Leadership in Health and Safety modules. Training involved blue- and white-collar workers and trade union representatives, and it generated a lot of interest. Some managers immediately saw the opportunity to bring mindfulness to front-line staff, and have requested further practical sessions. Some trade union staff members believe that mindfulness can benefit the workforce, and their teams trust these views. That's exciting because it is not management-led.

Mindfulness has given people new ways of approaching our risk assessment strategy and encouraged deeper, more logical, thinking on "what if". I believe mindfulness is the missing piece of the jigsaw and complements our current strategies.

DCI Mark Preston, Major Crime Team, Surrey & Sussex Police Force

Case study

I've been a police officer for 25 years and am now a Detective Chief Inspector in Surrey and Sussex, Major Crime Team. I'm responsible for murder investigation – the pressure can make this a very lonely role. The demands being made on public sector workers are increasing. It's very hard being in a leadership role when you can see the impact of these pressures bearing down on your staff, for whom you feel responsible. Policing is more than a full-time job, on top of which I feel as though I have a particularly hectic private life. Since I started practising mindfulness in 2013, I've noticed that I'm calmer and more likely to feel compassionate towards victims, witnesses and even offenders. I think that has implications for evidence-gathering, crime detection, victim satisfaction and community relations.

Learning that I have a choice as to how I respond to something has helped remove the causes of some of my stresses in life. Mindfulness has also helped me to de-escalate conflict and to deal with everything happening in my life – I honestly believe it has helped me become a better father and husband, but also a better leader for those I'm honoured to lead.



Dave O'Brien, Manchester

Case study

I was 52-years-old, and had graduated from approved schools to Borstal and onward to prisons, full time criminality, drug-taking and dealing, and finally to long-term unemployment. I had spent a year on a journey from drug use towards recovery, when offered a place on a mindfulness course. I was sceptical at first; but after an hour doing the exercises, I got a peaceful feeling. The breathing exercises made me feel relaxed straightaway. The course was mind-changing. It taught me to look at simple things in a different way.

Mindfulness wasn't difficult to understand or catch on to - it simply helped to slow my thoughts and clear the mindless chatter and I practise it every day. It's not a pressure, it is a pleasure and through it I realised I could study, learn and do things I had never thought possible.

I have a totally different outlook on life now and know that without mindfulness I wouldn't be living the life I am today. A new world opened up for me, and it felt amazing. As a result of the mindfulness course, I started a bike club at the local community centre during the school summer holidays. Kids brought their bikes in and we repaired them. And I am now an honorary staff member at the University of Manchester researching suicide prevention and helping clinical psychologists to design and deliver suicide prevention initiatives in prisons. I have delivered lectures to first year psychologists so they can understand more about the lives of their patients and I am involved in a new research project called INSITE which is looking at appropriate interventions for mental health in-patients with complex needs and dual diagnosis. I have presented at national conferences on mindfulness, sustainability, prison health, offender wellbeing and recovery.

I am a fully qualified mindfulness teacher and am establishing a National Centre for Community Mindfulness so teachers who have had the kind of experiences I have had can take mindfulness into prisons and to those who are "hard to reach", "challenging", "non-compliant" and "complex", and whatever other label we choose to put on them! I want to ensure that those who are most disadvantaged, most marginalised and those from protected groups can transform their lives and health with mindfulness. Through my own experience of mindfulness, I can spread it to those for whom nothing else has worked.



Chapter 5

The Role of Mindfulness in the Criminal Justice System

Summary

Nearly half the prison population have depression or anxiety, 25% have both¹⁶⁶ and suicide rates are considerably higher than in the general population¹⁶⁷. In the year after release from custody, prisoners who have anxiety and depression are more likely to be reconvicted than those who do not¹⁶⁸. Given the impact of Mindfulness-Based Cognitive Therapy (MBCT) on preventing recurrent depression (see chapter two), it has considerable potential as an approach for offenders. Mindfulness-Based Interventions (MBIs) have been used in a number of small pilot projects in the UK, and in the US there has been some early research which indicates its potential for reducing violence in prisons and re-offending rates. Wider research into mindfulness also points towards its potential to address a number of psychological processes and states that are relevant to risk of recidivism¹⁶⁹.

Wider research into mindfulness also points towards its potential to address a number of psychological processes and states that are relevant to risk of recidivism¹⁶⁹.

MBCT has been shown to be most effective amongst individuals who have suffered childhood abuse, a group who also tend to have more depressive relapses and suicide attempts¹⁷⁰. Given that 41% of prisoners interviewed for the Surveying Prisoner Crime Reduction study reported having observed violence in the home and 29% reported experiencing emotional, sexual, or physical abuse as a child, MBCT could have a significant impact and affect the higher one-year reconviction rate among these groups¹⁷¹. Yet, as with some other recommended therapeutic approaches, we found no evidence of MBCT programmes offered within the NHS mental health services to offenders in the criminal justice system. There is a growing awareness of the need for improved mental health services; former Secretary of State for Justice Chris Grayling said in September 2014, “I want every prisoner who needs it to have access to the best possible treatment... I think it is time to provide a more specialist focus in dealing with mental health problems in our prison estate.”

The evidence

In the absence of definitive evidence, the findings from small studies conducted on offenders in the US are only indicative. They have found:

- Improved self-regulation¹⁷², self-discipline¹⁷³ and protection from stress-related depletion of attention¹⁷⁴.
- Reductions in negative affectivity¹⁷⁵ - emotions like sadness, fear, nervousness, guilt, disgust, anxiety and anger.
- Reductions in drug use and associated attitudes and behaviours compared to normal relapse prevention treatment¹⁷⁶.
- Improved regulation of sexual arousal¹⁷⁷ and control of aggression¹⁷⁸ in offenders with intellectual disabilities.

Self-regulation is of particular relevance in the prison population, where these difficulties can be present in up to 80% of offenders¹⁷⁹. Self-regulation is widely recognised as an important influence on many forms of offending¹⁸⁰.

One feasibility study assessed a mindfulness programme provided by the Mind Body Awareness (MBA) Project, a California-based non-profit organisation specializing in teaching mindfulness skills to incarcerated youth. The MBA Project’s intervention uses 10 weekly one-hour sessions¹⁸¹ which include themes such as active listening, impulse regulation, emotional intelligence and forgiveness. 32 participants took part in the study and quantitative results showed that self-regulation and perceived stress significantly improved¹⁸².

Negative affectivity has been identified as relevant to many forms of offending¹⁸³. One of the largest studies in the forensic field to look at the impact of mindfulness on negative affectivity assessed a Mindfulness-Based Stress Reduction (MBSR) programme provided by the Center for Mindfulness at University of Massachusetts across six prisons; 1,350 adult offenders took part and 69% of participants completed the course of eight weekly sessions. Participants showed reductions in hostility and mood disturbance, and increases in self-esteem¹⁸⁴. In all cases, women showed greater improvements than men¹⁸⁵.

Substance addiction such as drug and alcohol dependency is well known to be associated with offending, and recovery from addiction is often a key part of desisting from crime¹⁸⁶. Mindfulness-Based Relapse Prevention (MBRP), developed at the Addictive Behaviors Research Center at the University of Washington for individuals in recovery from addictive behaviours, has been tested in trials in prison settings. MBRP combines mindfulness with existing addiction treatment concepts such as “urge-surfing”¹⁸⁷ and is intended to foster increased awareness of triggers, destructive habitual patterns, and “automatic” reactions¹⁸⁸.

One small-scale randomised controlled trial investigated the effects of a modified program of MBRP on outcomes related to substance use in adult males serving one-year sentences (for possession or supply of illicit substances) at a correctional facility in Taiwan. MBRP was compared to the usual treatment (a substance abuse educational programme) and participants reported an increased perception of the risk of drug use compared to the standard programme¹⁸⁹. Researchers also found a link between the amount of mindfulness practice and perceived ability to refuse drugs¹⁹⁰.

The Mind-Body Awareness (MBA) Project mentioned above has also adapted MBRP specifically for high-risk and incarcerated adolescents. The mindfulness-based substance use intervention involves eight weekly sessions on drug education and self-awareness. Informal mindfulness practice is infused throughout the intervention through brief, guided moments of awareness. A study found that impulsiveness fell, and there was an increased perceived risk of drug use¹⁹¹. This suggests the potential of integrating mindfulness with other interventions in criminal justice settings such as probation supervisions.

Learning Disabilities: mindfulness programmes have been adapted to help those with learning disabilities control the urge to be physically or verbally aggressive. Between 20% and 30% of offenders have learning disabilities or difficulties¹⁹² and they are three times more likely to have clinically significant depression or anxiety and five times more likely to have been subject to control and restraint techniques¹⁹³. In a trial, participants with a history of violence were taught a simple technique called “Meditation on the Soles of the Feet”, shifting attention away from aggression to the soles of their feet. Results showed that physical and verbal aggression decreased substantially, no medication or physical restraint was required, and there were no staff or peer injuries. Benefit-cost analysis of lost days of work and cost of medical and rehabilitation because of injury caused by these individuals when comparing the 12 months pre and post the mindfulness-based training showed a 95.7% reduction in costs - saving \$50,000¹⁹⁴.

Other programmes¹⁹⁵ in the USA have gathered significant qualitative evidence. For example, the Prison Mindfulness Institute (PMI), based in Rhode Island, is running classes across four local prisons and has helped establish courses elsewhere in North America, Sweden and Australia, supporting more than 185 groups that teach meditation in prisons. They developed a programme over a five-year pilot at a maximum security prison in Golden, Colorado. The resulting 13-week Mindfulness-Based Emotional Intelligence course (MBEI) employs key elements of social-emotional learning and MBCT. An unpublished feasibility study found significant reductions in stress and anxiety, and a large-scale randomised controlled trial¹⁹⁶ is being planned.

California-based Insight Out works with offenders and at-risk youth and runs a 52-week mindfulness-based programme called Guiding Rage into Power (GRIP). It also incorporates other elements, such as violence prevention, developing emotional intelligence and understanding victim impact into one rehabilitation course. The programme also provides compliance for future parolees who must take a court-ordered domestic violence intervention before release. The GRIP program was developed over 17 years of work with violent offenders in San Quentin State Prison, and helps participants to “comprehend the origins of their violence and develop the skills to track and manage strong impulses before they act out in destructive ways”¹⁹⁷. Insight Out recently received state funding to expand their programme to other Californian prisons. Offender management services in the Netherlands, Bosnia and Norway are also seeking to implement the GRIP intervention.

Implementation

Following the successes in the US over the last 20 years, innovative mindfulness programmes are starting to emerge in the UK. The National Offender Management Service (NOMS) in Wales is developing a mindfulness programme of four MBCT-derived mindfulness courses for 50 recently-released serious offenders in Swansea, Cardiff and Newport, along with two courses for their Offender Managers. Three groups of offenders in Approved Premises (previously known as probation hostels) went through mindfulness programmes in 2013 and 2014; Rebecca Remigio, now Head of Public Protection and Approved Premises for NOMS in Wales, commented that, “reports were very positive and encouraging, so we’re interested in the possibility of developing our work in this area by conducting larger trials of mindfulness interventions and collecting more data to support an evidence base.”

Mark Champion, Wellbeing Strategy Manager of the High Security Prisons Group, is leading a small teaching programme for staff and offenders and adapting an eight-week MBSR course to be delivered to prisoners more widely across the High Security Prisons Estate. In another small project, MBSR-derived mindfulness courses have been run at HMP Guys Marsh for both prisoners and staff funded by the charity Friends of Guys Marsh. A pilot programme of adapted MBCT courses has been established by two psychologists at HMP Dumfries with the support of the Robertson Trust. Youth offenders and Youth Offending Teams have received mindfulness training at Her Majesty’s Youth Offender Institution (HMYOI) Cookham Wood in Kent and HMYOI Polmont in Scotland. Youth Mindfulness, the not-for-profit organisation behind the Polmont programme is currently engaged in a two-year collaboration with the University of Glasgow, the Scottish Prison Service, and the Scottish government to develop and evaluate their intervention, with results expected in 2016/17.

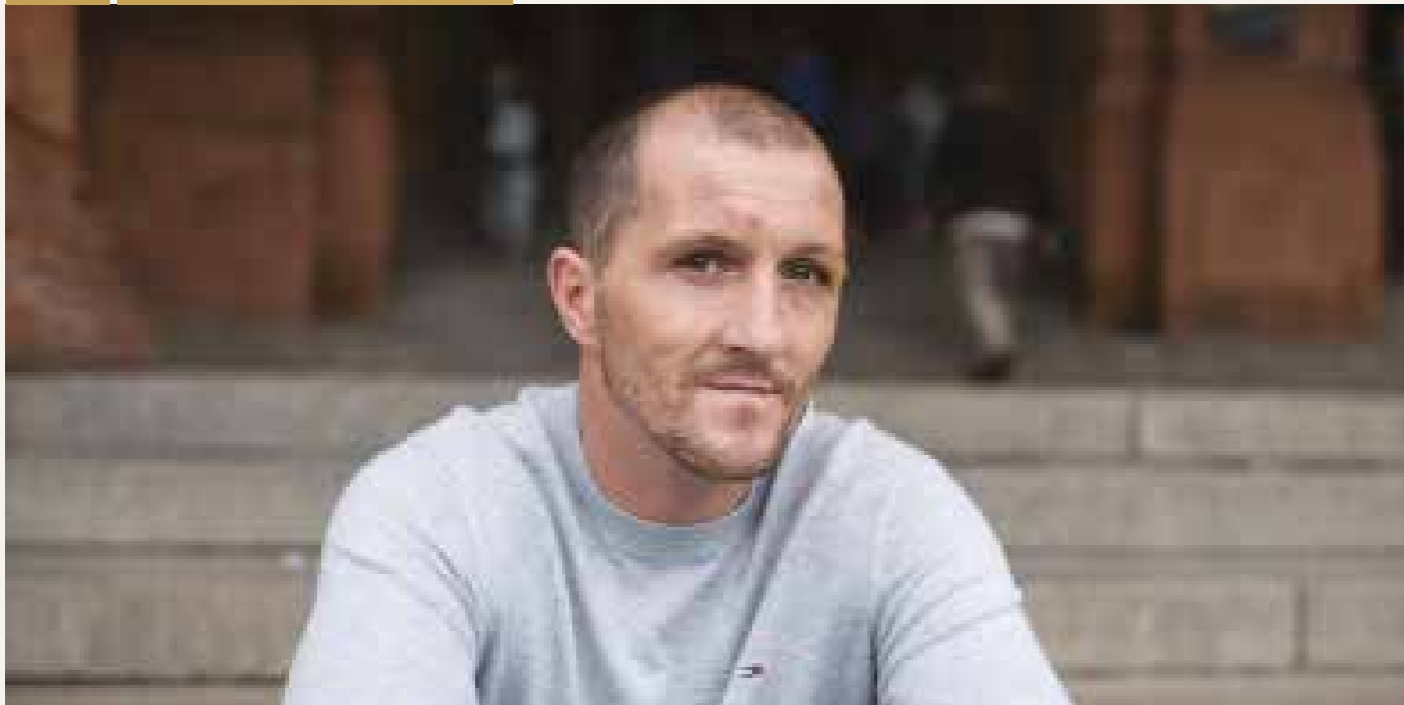
Accredited Offending Behaviour Programmes (OBPs) and Substance Misuse Programmes¹⁹⁸, such as the Sex Offender Treatment Programme (SOTP) and Resolve (for anger management), have also begun featuring mindfulness components. However, the vast majority of facilitators delivering these programmes do not practise mindfulness and receive only minimal training and supervision¹⁹⁹.

There is interest within the National Offender Management Service (England and Wales) to conduct high-quality randomised controlled trials of mindfulness-based approaches. Ruth Mann, Head of Rehabilitation Services Group in NOMS, told the inquiry, “Improving mental health and emotional regulation is important for rehabilitation, and early evidence suggests that mindfulness could impact factors linked to reoffending, so we’d like to test whether it can improve outcomes for certain groups of offenders.”²⁰⁰

Criminal justice system recommendations

We recommend that:

1. The NHS and NOMS should work together to ensure the urgent implementation of National Institute for Health and Care Excellence’s (NICE) recommended Mindfulness-Based Cognitive Therapy (MBCT) for recurrent depression within offender populations.
2. The MOJ and NOMS should fund a definitive randomised controlled trial of MBIs amongst the UK’s offender populations.



James Docherty, Glasgow

Case study

Having survived early childhood trauma, I was diagnosed with post-traumatic stress disorder (PTSD) when aged five. For 15 years, I lived with addiction, alcoholism, criminality, homelessness and violence, and spent four years in prison. After leaving, I was introduced to mindfulness meditation by my mentor. This, together with other assistance, has enabled me to transform my life such that I'm now a healthy, contributing, drug-free member of my family and society. Mindfulness has been crucial in freeing me from substance addictions, supporting conflict resolution, and enabling me to be more fully present. It has allowed me to re-connect with Life.

Robert Falconbridge, HMP Dumfries

Case study

Prison throws up many challenges. Everybody copes in different ways in contrasting degrees and each prisoner will compile his or her individual list of hardships. The greatest one for me, aside from loss of liberty and the separation from loved ones, is a near total absence of peace.

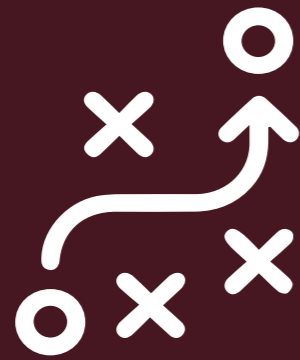
This is a noisy place. It is an unnatural concentration of humanity and it produces lots of sounds. Most are unavoidable: voices, footsteps, innumerable doors and gates – add to that the countless hi-fis, TVs, officer radios and endless ringing telephones and you end up with a seemingly never-ceasing cacophony. You get used to it to some extent but you can never tune it out. But there is one way where, with practice, I learned that the noise just doesn't matter so much.

Mindfulness found me in February 2014 when Lily and Gordon pioneered a group at HMP Dumfries. We were all in uncharted territory. I've taken part in groups involving meditation, therapy and even improvisation drama but this was different: calmer, less tangible, enigmatic.

It seemed simple: close your eyes, settle, let the distant clamour happen. It's OK, it doesn't concern us in here; it's all about the here and now. Let the thoughts come, the anxieties, the frustrations, the grudges. They are part of life, but let's not dwell on them right now. The stresses of this world will undoubtedly be waiting for us when we end the session, leave them at the door with your shoes.

It is not always easy to hone the skills needed, but the reward is a period of time in which you can simply "be". Mindfulness has helped me regain composure after a stressful experience, or shake off the rigours of the day. Another huge benefit of my mindfulness experience is that it has facilitated my embarking on university-level study. I always felt I had the potential to do this and had promised myself I would do it all my life, but with mindfulness I acquired the inner peace and the confidence to achieve this goal.

So thank you, mindfulness, for enabling me to turn a bad situation into a good. Thank you for affording me the luxury of peace in an environment that seems to be made of noise. Thank you for the skills I needed to fulfil my academic potential, improve my employment prospects, and yes, thank you for doing your bit in ensuring that once I get out of this place, I'll stay out!



Chapter 6

The Implementation Challenge

The implementation challenge

As is clear from the preceding chapters, there is growing interest in mindfulness in a wide range of contexts. We have identified five urgent questions for those working in this field, all of which need to be addressed if the recommendations of this report are to be successfully implemented and to ensure full public confidence in the effectiveness of Mindfulness-Based Interventions (MBIs).

Where will the mindfulness teachers come from?

The training of teachers is critical. Mindfulness is a subtle practice and can only be taught well by people with considerable personal experience. It is not something that can be learnt quickly. It is deceptively simple, and people can easily think that they know what it is when they are actually only using a small aspect of mindfulness (e.g. taking a mindful pause). Presented simplistically, or with misinterpretations, the radical perspective-shifting potential of the approach is lost. There is considerable and justified concern about the quality of teachers and how to ensure integrity.

It is estimated that there are currently around 2,200 teachers who have been trained to a minimum standard over the last 10 years²⁰¹. However, we estimate that only 700 of these teachers are likely to be active and have a professional clinical training that qualifies them to teach MBCT to people with depression, and many are not able to teach regularly within their professional context due to lack of their organisation's support²⁰². These 700 teachers working within the NHS are likely to have an annual teaching capacity of about 25,000²⁰³ participants which is just 4.3% of the 580,000 adults at risk of recurrent depression each year.

Training a Mindfulness-Based Cognitive Therapy (MBCT)/Mindfulness-Based Stress Reduction (MBSR) teacher to minimum training standards costs about £1,800, with £1,400 required each year to enable adherence to the good practice guidelines on supervision of the UK Network for Mindfulness-Based Teacher Training Organisations (the UK Network)²⁰⁴ and further training. The main university-based training centres are at Bangor, Oxford and Exeter and they are training 365 people per year²⁰⁵. Excellent models also exist of "in house" training within the NHS, as well as independent training organisations such as Breathworks, the Mindfulness Association and London Meditation (which together train a further 140 people per year).

How to extend reach?

Increasingly, people's first contact with mindfulness is through books or online resources; these are inexpensive, flexible and private and can appeal to those with tight budgets, unpredictable schedules, or concerns about stigma. Digital platforms can adapt to user needs and preferences, integrate features like social interaction, psychometric tracking and "gamification" to motivate individuals to establish and maintain a meditation practice, and deliver progressively more advanced content over a period of time.

Further innovation is needed to develop the face-to-face mindfulness-based courses for specific contexts, such as the workplace (as seen in chapter four) and with offenders (as seen in chapter five)²⁰⁶. In particular, innovation is required to address the economic and social barriers which prevent access to mindfulness. This includes translating mindfulness teaching materials and methods to fit different languages, contexts and cultures. Generally speaking, the participants on mindfulness-based courses do not currently represent the range of socio-economic and ethnic diversities within the UK.

Programmes need to be adapted to accommodate different levels of literacy, communication, comprehension ability and access to technology (such as listening to mindfulness audio recordings). Individuals who develop teaching content must have a great deal of mindfulness and teaching experience, and a very deep understanding of how a mindfulness practice develops over time. For example, an MBSR/MBCT teacher is trained to cultivate compassion but without ever explicitly instructing participants to bring this into their practice. Within a workplace context, the concern is that these important qualities can be set aside in favour of the language of focus, calm and performance.

Individuals who develop teaching content must have a great deal of mindfulness and teaching experience, and a very deep understanding of how a mindfulness practice develops over time.

How can the quality of Mindfulness-Based Interventions (MBIs) be maintained?

It is important to emphasise that most of the academic research and evidence on mindfulness programmes has been conducted on the eight-week MBSR/MBCT curricula and their derivatives. There is early evidence that lower intensity/self-help interventions methods of delivering mindfulness – such as books and online courses – may be beneficial²⁰⁷ but more research is needed to answer nuanced questions regarding what approach works for whom and in what context, and the differential effects of low-dose versus traditional delivery.

A distinction should be drawn between MBSR-derived interventions (i.e. which replicate its researched “dose” and curriculum content) which can therefore lean on the weight of existing evidence, versus those that cherry-pick elements of MBSR/MBCT, or adopt an entirely different approach. This is particularly true where meditation session lengths are radically reduced, as trials suggest that long-term change accumulates in proportion to the time spent engaged in mindfulness practice²⁰⁸. Very short meditations may have immediate effects, but it is likely not the meta-cognitive and perspective-shifting benefits that underlie more profound change.

Untested models of delivery need systematic research both on their efficacy for participants, and on what is required to ensure that practitioners have the appropriate training to deliver. We need to discover what is potentially lost and gained when targeting greater reach versus less depth. It seems sensible that different levels of skill – and therefore training – are required to deliver high-versus low-intensity mindfulness training. As with the cognitive behavioural field, work is needed to clarify the range of preparation that different levels of practitioner require²⁰⁹.

In order for shorter courses, books and digital resources to be called “mindfulness-based”, they must also differentiate themselves from simple attention training, by fostering the attitudinal foundations such as compassion, non-judging and non-striving²¹⁰. These qualities form an integral part of the approach, and progressively bring greater awareness to thoughts, feelings and emotions in order to cultivate insight into the workings of one’s mind. Without direct teacher contact to model the approach, books and digital resources must find a way of making these key aspects an explicit part of the training. Otherwise participants may not experience the benefits associated with mindfulness cited in the scientific literature²¹¹.

How can the integrity that is critical to mindfulness teaching be upheld?

There are strong ethical values underpinning effective delivery. The skilled teacher conveys this implicitly through embodying and inviting a certain way of relating to experience. The general public accessing courses need to be reassured that the class they are attending has appropriate governance around it, is held with skill, appropriate ethics and boundaries, and offers an authentic experience of mindfulness training.

There are a number of concerns within the mindfulness community about the risks of rapid growth. There is some mindfulness teaching which gives cause for concern: for example some practitioners are delivering mindfulness courses without adequate personal or professional preparation, training in workplace settings has erred towards goal-orientated, institutionally-favoured ends, rather than focusing on addressing the causes of individual and collective distress. Workplace-specific good practice guidance needs to be developed by the UK Network as a priority, and a structure established for training.

There are a number of concerns within the mindfulness community about the risks of rapid growth.

Some practitioners report significant challenges when teaching mindfulness in mainstream settings such as health or education. The imperatives of these institutions can often overtake attention to skilful processes. Significant numbers of highly-skilled clinically-trained mindfulness teachers have left their employment within the NHS to pursue freelance mindfulness teaching because this disjuncture felt too challenging.

We have concerns that the current commissioning environment within the public sector supports entrepreneurial and ambitious expansion by mindfulness training providers and that there can be poor scrutiny of qualifications and training in a field where other forms of regulation may also be lacking (i.e. many freelance mindfulness teachers do not benefit from the usual governance structures of a professional body). Guidance needs to be developed by the main training centres to support commissioners of public services in selecting high-quality mindfulness training providers to work in the public sector.

It is also important that teachers need to uphold strong ethical boundaries, by teaching in ways that are universally accessible to people of all faiths and none. There have been isolated reports of religious organisations offering compassion training within the NHS, and through this, inappropriately sharing their ideologies and personal spiritual ideas with participants.

How can the mindfulness teaching profession develop effective regulation?

The UK is recognised internationally as an example of good practice for its governance structures in this field. The UK Network represents 16 teacher training institutions²¹² and it has developed and disseminated a consensus on minimum training standards and good practice guidance for both teachers and teacher trainers. However governance and regulation structures are at an early stage. Training organisations have a particular responsibility for offering leadership on integrity and capacity-building, both nationally and internationally. The three main University training centres (Bangor, Exeter and Oxford) have collaborated on these issues by publishing on best practice in training teachers²¹³; on the development of a system for benchmarking and assessing the quality of mindfulness teaching²¹⁴; and on best practice in supervising mindfulness teachers²¹⁵. Work has also taken place on defining best practice in implementing MBCT within the NHS²¹⁶.

This work is currently being built on through the following ways:

- UK academic leaders are collaborating with leaders internationally to publish a position statement defining what a Mindfulness-Based Intervention is and is not, to safeguard the general public by ensuring that courses are appropriately labelled.
- The UK Network in collaboration with the Mental Health Foundation is developing a central listing of mindfulness teachers who meet minimum training standards and are adhering to recognised Good Practice Guidance²¹⁷. This may be the first step towards a professional register of mindfulness teachers.
- Training organisations are working on building a community which supports teachers and eight-week MBCT/MBSR graduates to sustain their meditation practice beyond the initial training.
- An international association of teacher training organisations is in the process of being set up.
- Administrative hubs are needed and are in development which offer administrative infrastructure to trained mindfulness teachers with credentials and a point of access to quality teachers for the general public and commissioners.
- Guidance for commissioners is being developed by the UK Network to enable them to make informed choices regarding appropriately qualified teachers.

It is clear that just as the research is emergent, there is still some way to go to establish mindfulness teaching as a profession with the appropriate governance structures and organisations to disseminate best practice and respond to growing need.

Implementation recommendations

We recommend that:

1. Funding should be made available through the Improving Access to Psychological Therapies (IAPT) training programme to train 100 MBCT teachers a year for the next five years and aim to reach a total of 1,200²¹⁸ MBCT teachers in the NHS by 2020 in order to cover 15% of the 580,000 adults at risk of recurrent depression each year.
2. Current university-based mindfulness centres and NHS in-house training programmes need to increase capacity to offer MBCT teacher training for mental health clinicians.



Appendices

Appendix 1. List of expert witnesses

May - December 2014 Parliamentary hearings of the Mindfulness All-Party Parliamentary Group (MAPPG)

May 20th: Mindfulness in the Workplace

Chaired by Madeleine Bunting

Speakers included: Roland Lamb, entrepreneur and founder of roli.com; Gary Heads, Durham-based mindfulness trainer; Michael Chaskalson, Mindfulness trainer; Alison Dunn, Transport for London; Joel Levey, US-based mindfulness trainer and author; Dr. Clara Strauss, Sussex Mindfulness Centre; Sharon Hadley, Bangor University

July 16th: Mindfulness and Mental Health

Chaired by Madeleine Bunting

Speakers included: Helga Dittmar, Mike Hales, Helen Leigh Phippard, Julia Racster-Szostak, service users from Sussex Partnership NHS Foundation Trust; Professor Willem Kuyken, University of Oxford; Dr. Clara Strauss, Sussex Partnership NHS Foundation Trust; Jerry Fox, Devon Integrated Children's Services; Dr. Kate Cavanagh, University of Sussex; Devin Ashwood, Centre for Addiction Treatment Studies, Warminster; Professor Jo Rycroft-Malone, Bangor University; Val Moore, National Institute of Health and Care Excellence; Paul Bernard, Tees, Esk and Wear Valleys NHS Foundation Trust; Dr. Jonty Heaversedge, Commissioner, Southwark CCG; Rebecca Crane, Bangor University

October 21st: Mindfulness in the Criminal Justice system

Chaired by Lorely Burt (MP and co-chair of the MAPPG)

Speakers included: James Docherty, Violence Reduction Unit, Scotland; Rebecca Remigio, then Assistant Chief Executive, Probation Service Wales, now Head of Public Protection and Approved Premises for NOMS in Wales; Ken Dance, Operations Manager, Medway Youth Offender Team; Mark Ovland, Mindfulness teacher; Henrietta Ireland, Youth Offender Team Devon; Professor Richard Byng, Plymouth University; Selina Sasse, Prison Phoenix Trust and MindUnlimited; Vishvapani, mindfulness teacher

November 5th: Mindfulness and Health II (Covering physical pain; NHS staff)

Chaired by Dr. Jonty Heaversedge

Speakers included: Vidyamala Burch, Breathworks; Dr. Christina Surawy, Oxford Mindfulness Centre; Dr. Stirling Moorey, South London and Maudsley NHS Foundation Trust; Dr. Trish Lück, Paediatric Palliative Physician; Dr. Lana Jackson and Dr. Catherine Cameron, Brighton and Sussex University Hospitals NHS Trust; Dr. Angela Bussutil, Faculty of Clinical Health Psychology, British Psychological Society; Lisa Graham, Kevin Donohoe, Sue Brown, Lancashire Care NHS Foundation Trust; Alice Passmore, University of Bristol; Dr. Julia Wallond, Exeter Mindfulness Network; Dr. Kate Cavanagh, University of Sussex; Dr. Clara Strauss, Sussex Mindfulness Centre; Dr. Robert Marx, Sussex Partnership NHS Foundation Trust; Michael West, King's Fund

November 19th: Mindfulness in Education

Chaired by Madeleine Bunting

Speakers included: Paul Burstow MP; Professor Katherine Weare, University of Southampton; Richard Burnett, co-founder, Mindfulness in Schools Project; Amanda Bailey, Chief Operating Officer, Bright Futures Educational Trust; Fergus Crow, Director of Partnerships, National Children's Bureau

November 25th: Mindfulness in the Workplace

Chaired by Madeleine Bunting

Speakers included: Chris Tamdjidi, Kapala Academy, Germany; Dr. Jutta Tobias, Cranfield University; Emma Wardropper, David Bolt, Capital One; Sue Cruse, Dr. Philip Gibbs, GlaxoSmithKline; Marion Furr, Department of Health; Michael Chaskalson, Mindfulness Works; Geoff McDonald, Bridge Partnership

December 9th: Mindfulness and Policing

Chaired by Jamie Bristow

Speakers included: John Murphy, Chair of Health & Safety Committee, the Police Federation; Paul Quinton, Evidence & Evaluation Advisor, College of Policing; DCI Mark Preston, Major Crimes Team, Surrey and Sussex Police; Mark Davies, consultant and mindfulness trainer; Zander Gibson, Borough Commander, Southwark, London Metropolitan Police

December 9th: Mindfulness and Gangs

Chaired by Chris Cullen

Speakers included: Gwen Williams and Philippa de Lacy, Hackney & City MIND; Ade Afilaka and Leslie Mitchel, Wise Youth Trust; Edward Kellman, Nilaari; Fabian Kellman, Kids' Company; Baroness Lola Young

Appendix 2. References

Executive summary

- 1 One prominent online provider, Headspace, currently has in excess of 700,000 users registered in the UK.
- 2 By June 2015, 115 Parliamentarians and 80 of their staff had attended eight-week mindfulness courses led by Oxford Mindfulness Centre teachers Professor Mark Williams and Chris Cullen.
- 3 Layard R, Clark D. *Thrive: The power of evidence-based psychological therapies*. London: Penguin Books, 2014.
- 4 Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H. *Psychiatric Morbidity Among Adults Living in Private Households, 2000*. London: The Stationary Office, 2001.
- 5 The National Institute of Health and Care Excellence (NICE) provides evidence-based guidance to improve health care. The NICE guidelines for depression in adults were originally published in 2004 and these recommended MBCT for adults who were currently well but who had a history of three or more episodes of depression. The depression guidelines were revised and republished in 2009 with the recommendation for MBCT staying the same as in 2004. NICE do not currently recommend MBIs for any other form of mental or physical health condition.
- 6 Foresight is a research unit under the direction of the Chief Scientific Advisor to HM Government. *Mental Capital and Wellbeing Project: Making the most of ourselves in the 21st century*. London: the Government Office for Science, 2008.
- 7 This research is covered in detail in chapter four.
- 8 Of the 1.45 million people meeting diagnostic criteria for depression in any year, 40% will go on to have three or more episodes (580,000) based on figures from Burcusa SL, Iacono WG. Risk for recurrence in depression. *Clinical Psychology Review*. 2007;27:959-985 and from McCrone P, Dhanasiri S, Patel A, Knapp M, Lawton-Smith S. *Paying the price: The cost of mental health care in England to 2026*. London: King's Fund; 2008.
- 9 This is the target reach used by the NHS's Improving Access to Psychological Therapies training programme (IAPT).
- 10 It is regarded as best practice for MBCT teachers to teach on a part-time basis (two days per week), running courses alongside other work commitments. The total requirement of teachers to meet the 15% target is 484 full-time-equivalent (FTE) teachers based on each teaching 15 courses of 12 participants per year.
- 11 "Teaching schools are outstanding schools that work with others to provide high-quality training and development to new and experienced school staff. They are part of the government's plan to give schools a central role in raising standards." Department for Education [internet].; Available from: <http://www.gov.uk/teaching-schools-a-guide-for-potential-applicants>. Schools can apply for this status and the government's aim is to have 600 in place by 2016.

What is mindfulness?

- 12 A recurring theme in discussions during the inquiry that led to this report has been the important distinction between mindfulness and attention. The latter is ethically neutral and can thus be inflected towards unethical and anti-social ends; assassins and burglars can be highly attentive. Kindness and an inclination towards compassion are essential features of mindfulness, as understood in traditional and contemporary formulations, such that it always inclines towards ethical and pro-social approaches. See discussions of this in William JMG, Kabat-Zinn J, editors. *Mindfulness: Diverse perspectives on its meaning, origins, and applications*. New York and Abingdon, UK: Routledge; 2013.
- 13 A body scan involves directing your attention to the sensations of the body e.g. progressing from the soles of the feet to the crown of the head.
- 14 Professor Zindel Segal (University of Toronto), Professor Mark Williams (University of Oxford) and John Teasdale (Senior Researcher, University of Cambridge).
- 15 See for example Khoury B, Lecomte T, Fortin G, Masse M, Therien P, Bouchard V, Hofmann S et al. Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*. 2013;33:763–771. Also de Vibe M, Bjørndal A, Tipton E, Hammerstrøm K, Kowalski K. Mindfulness-Based Stress Reduction (MBSR) for improving health, quality of life and social functioning in adults. *Campbell Systematic Reviews* 2012;3. Also Keng S L, Smoski MJ, Robins CJ. Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review*. 2011;31(6):1041–1056.

- 16 Williams JMG, Kuyken W. Mindfulness-based cognitive therapy: a promising new approach to preventing depressive relapse. *British Journal of Psychiatry*. 2012; DOI: 10.1192/bjp.bp.111.104745.
- 17 Khoury B, Lecomte T, Fortin G, Masse M, Therien P, Bouchard V, et al. Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*. 2013;33:763–771.
- 18 Keng SL, Smoski MJ, Robins CJ. Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review*. 2011;31(6):1041–1056. Trait mindfulness (how "mindful" a person generally is in their approach to life) is positively associated with wellbeing indicators such as life satisfaction, conscientiousness, vitality, self-esteem, empathy, sense of autonomy, competence, and optimism, while it is negatively correlated with depression, neuroticism, absent-mindedness, rumination, cognitive reactivity, social anxiety, emotion regulation difficulties, and general psychological symptoms.
- 19 Hölzel B, Lazar SW, Gard T, Schuman-Olivier Z, Vago DR, Ott U. How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*. 2011;6:6537-559. Farb N, Anderson A, Segal Z. The Mindful Brain and Emotion Regulation in Mood Disorders. *Canadian Journal of Psychiatry*. 2012;57(2):70–77.
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- 37 Evidence for the effects of MBIs on mental health was presented at the Parliamentary hearing of the MAPPG on 16th July, 2014, in the following order, by Tamsin Bishton, Helga Dittmar, Mike Hales, Helen Leigh Phippard, Julia Racster-Szostak, Professor Willem Kuyken, Dr. Clara Strauss, Dr. Kate

- Cavanagh, Dr. Jerry Fox, Devin Ashwood and Dr. Rebecca Crane.
- 38 Evidence for the effects of MBIs on physical health was presented at the Parliamentary hearing of the MAPPG on 5th November 2014, in the following order, by Vidyamala Burch, Dr. Christina Surawy, Dr. Catherine Cameron, Dr. Trish Luck, Dr. Stirling Moorey, Dr. Lana Jackson and Dr. Angela Busuttil.
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- 40 It includes organ transplant, chronic fatigue syndrome, migraine, asthma, hepatitis, chronic obstructive pulmonary disease, multiple sclerosis, tinnitus, psoriasis, urinary incontinence, insomnia.
- 41 Evidence for the effects of MBIs on physical health was presented at the Parliamentary hearing of the MAPPG on 5th November 2014, in the following order, by Vidyamala Burch, Dr. Christina Surawy, Dr. Catherine Cameron, Dr. Trish Luck, Dr. Stirling Moorey, Dr. Lana Jackson and Dr. Angela Busuttil.
- 42 Cavanagh K, Strauss C, Forder L, Jones F. Can mindfulness and acceptance be learnt by self-help?: A systematic review and meta-analysis of mindfulness and acceptance-based self-help interventions. *Clinical Psychology Review*. 2014;34:118–129.
- 43 For example, with pure self-help at step 1, followed by self-help with guidance from a clinician at step 2 and with face-to-face MBCT or MBSR courses at step 3. Such stepped models of care should be a priority for research.
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- 45 Barriers and facilitators to the implementation of MBIs in the NHS for mental health conditions were presented at the Parliamentary hearing of the MAPPG on 16th July, 2014, in the following order, by Professor Jo Rycroft-Malone, Val Moore, Dr. Jonty Heaversedge, Paul Bernard.
- 46 Halliwell E. Mindfulness Report. Mental Health Foundation: 2010.
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- 48 Currently a monthly subscription to the Headspace app is £7.95, and to BeMindfulOnline is £5.
- 49 MBCT, for a total of 87,000 (the 15% target) of the 40% who are at risk of relapse from the 1.45 million who meet diagnostic criteria, would cost £9.7 million. £112 per participant (Kuyken et al 2015). 7,250 courses a year requiring 484 FTE teachers. Burcusa SL, Iacono WG. Risk for recurrence in depression. *Clinical Psychology Review*. 2007;27:959–985 and from McCrone P, Dhanasiri S, Patel A, Knapp M, Lawton-Smith S. Paying the price: The cost of mental health care in England to 2026. London: King's Fund; 2008.
- 50 McCrone P, Dhanasiri S, Patel A, Knapp M, Lawton-Smith S. Paying the price: The cost of mental health care in England to 2026. London: King's Fund; 2008.
- 51 Using the target of 87,000 people as per reference 49 above, if they all had MBCT in comparison to not having MBCT, 23,490 of them would be prevented from having a relapse (based on Piet J, Hougaard E. The effect of Mindfulness-Based Cognitive Therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and meta-analysis. *Clinical Psychology Review*. 2011; 31:1032–40.) Based on average estimated lost earnings of £6,338 per person due to depression (McCrone P, Dhanasiri S, Patel A, Knapp M, Lawton-Smith S. Paying the price: The cost of mental health care in England to 2026. London: King's Fund; 2008), that is a saving of £149 million to England's economy.
- 52 Of the 1.45 million people meeting diagnostic criteria for depression in any year, 40% will go on to have three or more episodes (580,000) based on figures from Burcusa SL, Iacono WG. Risk for recurrence in depression. *Clinical Psychology Review*. 2007;27:959–985 and from McCrone P, Dhanasiri S, Patel A, Knapp M, Lawton-Smith S. Paying the price: The cost of mental health care in England to 2026. London: King's Fund; 2008.
- 53 This is the target reach used by the NHS's Improving Access to Psychological Therapies training programme (IAPT).
- 54 It is regarded as best practice for MBCT teachers to teach on a part-time basis (two days a week), running courses alongside other work commitments. The total requirement of teachers to meet the 15% target is 484 FTE teachers, based on them teaching 15 courses of 12 participants per year.
- 55 This research question would focus on the potential of MBSR as an intervention for multiple physical health conditions within the same MBSR group. Most research in this area is condition-specific (for IBS, arthritis etc.), while in practice condition-specific mindfulness-based courses will remain in short supply.
- long-term follow-up to establish effectiveness and cost effectiveness. It will be several years before it produces findings.
- 60 Chris Ruane, former Labour MP, commented on this at the Parliamentary hearing of the MAPPG on 19th November, 2014.
- 61 Paul Burstow, former Liberal Democrat MP and chair of the Mental Health APPG spoke on this issue at the Parliamentary hearing of the MAPPG on 19th November, 2014 and urged greater political priority for mental health policies which help people to thrive.
- 62 Green H, McGinnity A, Meltzer H, Ford T, Goodman R. Mental health of children and young people in Great Britain, 2004. London: Palgrave Macmillan on behalf of HMSO; 2005.
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- 64 Collishaw S, Maughan B, Goodman R, Pickles A. Time trends in adolescent mental health. *Journal of Child Psychology and Psychiatry*. 2004;45:8:1350–1362.
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Education

- 56 Speech made by Education Secretary, Nicky Morgan on 16th December, 2014.
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- 58 Dr. Heemla Shukla, Advisor, Mindfulness Clinical Network, Public Health England made this point in her comments at the Parliamentary hearing of the MAPPG on 19th November, 2014.
- 59 As this report was being written the Wellcome Trust have funded a UK-based large-scale programme of work led by Oxford University, to examine how mindfulness affects young people in a range of settings, how best to train teachers to teach mindfulness in schools and a large randomised controlled trial with

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- 87 Sanger KL, Dorjee D. Mindfulness training with adolescents enhances metacognition and the inhibition of irrelevant stimuli: Evidence from event-related brain potentials. *Developmental Cognitive Neuroscience* (in review).
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- 104 Courses vary in size from 20-40 participants on MiSP's 3-4 day courses, at a cost of £600-700 per person.
- 105 This has been at personal expense to date. Typical private courses cost £200-300.
- 106 It is important to note that most of the research has been on programmes delivered by external trainers, and only a few studies evaluated the impact of programmes delivered by pupils' own teachers.
- 107 Evidence presented at the Parliamentary hearing of the MAPPG on 19th November 2014, by Richard Burnett, co-founder of MiSP.
- 108 Huppert FA, and Johnson DM. A controlled trial of mindfulness training in schools: The importance of practice for an impact on wellbeing. *The Journal of Positive Psychology*, 2010; 5(4):264-274.
- 109 Vickery CE, Dorjee D. Mindfulness training in primary schools decreases negative affectivity and increases meta-cognition in children. *Frontiers in Psychology* (in review). Also: Thomas GL. Evaluating the impact of the Paws b mindfulness programme on mainstream Primary School-aged pupils' suppressing and sustaining attention skills, and their academic proxy measures. University of Manchester Thesis for the degree of Doctorate in Educational and Child Psychology in the School of Environment, Education and Development. 2015.
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- 115 Evidence presented by Dr. Seldon at the Parliamentary hearing of the MAPPG on 19th November, 2014.
- 116 "Teaching schools are outstanding schools that work with others to provide high-quality training and development to new and experienced school staff. They are part of the government's plan to give schools a central role in raising standards." Department for Education [Internet].; Available from <http://www.gov.uk>. Schools can apply for this status and the government's aim is to have 600 in place by 2016.
- 117 Department of Health Report. Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. 2015; NHS England Publication Gateway Ref. No 02939.
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Workplace

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Implementation challenge

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