

**MIND
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**EXECUTIVE
SUMMARY
2010**



Mindfulness has been the subject of growing attention and interest in recent years, thanks to a rapidly expanding evidence base demonstrating that it can be helpful for many mental and physical health problems, as well as for improving well-being more generally.

Mindfulness is an integrative, mind-body based approach that helps people change the way they think and feel about their experiences, especially stressful experiences. It involves paying attention to our thoughts and feelings so we become more aware of them, less enmeshed in them, and better able to manage them.

Mindfulness interventions are often seen as situated within the cognitive behavioural tradition. However, they also have their roots in the ancient practice of meditation. They differ from traditional cognitive behavioural therapies in that they do not encourage people to challenge their thoughts, and they are not goal-directed. Rather, Mindfulness interventions aim to teach us how to accept our thoughts without unhelpfully identifying with them. When people practise Mindfulness, they are encouraged not to aim for a particular result but simply to 'do it, and see what happens'.

The first Mindfulness-based Stress Reduction (MBSR) programme, developed in the US, has inspired a number of variations, including Mindfulness-based Cognitive Therapy (MBCT); Acceptance and Commitment Therapy (ACT), a Mindfulness-based Psychotherapy; and Dialectical Behaviour Therapy (DBT), a Cognitive Behavioural and Mindfulness-based Therapy for borderline personality disorder.

EVIDENCE FOR MINDFULNESS

Mindfulness approaches have been proven to be effective in a wide range of mental and physical health applications. Mindfulness generally supports health promotion and prevention of ill health. Mindfulness programmes have achieved significant reductions in symptoms and relapse rates in mental ill health and there is evidence that Mindfulness interventions can directly benefit physical health by improving immune system response, speeding healing, and inducing a sense of physical well-being.

Mindfulness-based Cognitive Therapy (MBCT)

MBCT has achieved significant reduction in relapse rates among people with recurrent depression. MBCT has also been shown to reduce insomnia among patients with anxiety disorders, and improve anxiety and mood symptoms in people with generalised anxiety disorder (GAD). It has been found beneficial to people with bipolar disorder at high risk of suicide, and has achieved long-term reduction in depression in older people. MBCT has also shown potential for treating patients with chronic fatigue syndrome.

Our research carried out for this report suggests that few of the people who might benefit are currently being offered Mindfulness courses, despite the recommendation by the National Institute for Health and Clinical (NICE) of the use of MBCT for people at risk of repeated relapse into depression.

An expansion of MBCT services could be led through the existing Improving Access to Psychological Therapies (IAPT) programme. One of the major requirements for making Mindfulness courses more available is to train more clinicians to teach them. This will require an increase in access to teacher training courses, as well as the identification and preparation of suitable course leaders.

Mindfulness-based Stress Reduction (MBSR)

MBSR has been shown to reduce stress and mood disturbance, improve mood regulation, and increase perceptions of control in people with long-term anxiety disorders. MBSR participants with mood disorders have also shown reduced negative thinking and less stress and mood disturbance symptoms.

Participants in MBSR workplace programmes report being more engaged in their work, more energised and less anxious after the course, and also decreased medical symptoms and psychological distress. People who have taken an MBSR programme also show a greater ability to concentrate than do controls.

MBSR has also demonstrated reductions in the severity of psychiatric and medical symptoms, and a substantial reduction in use of GP services. Participants in MBSR have reported less depression, anxiety and over all psychological distress. Prison inmates in one study reported significantly reduced levels of hostility and mood disturbance after MBSR, and increased self-esteem.

Patients with chronic pain attending MBSR courses report less pain, reduced use of medication, and feeling less anxious and depressed. MBSR has also been shown to improve mood and reduce stress symptoms among people receiving treatment for cancer, as well as improve sleep and alleviate physiological and psychological symptoms of stress. It has also been found to reduce pain, lessen use of medication, and improve energy levels and quality of life in general.

HIV positive patients attending an MBSR programme reported significant improvements in quality of life and less psychological distress, as well as better immune system functioning, compared with controls. MBSR has also been associated with improvements in patients with psoriasis, fibromyalgia and chronic fatigue syndrome.

Acceptance and Commitment Therapy (ACT)

ACT has been found helpful for drug abuse, psychosis, chronic pain, depression and eating disorders. It can reduce hospital admissions among people with psychosis and self-harm, and improves emotional balance and mental health in people with borderline personality disorder. ACT has also been found to reduce use of medical services and sick leave among adults at risk of long-term disability. ACT training in the workplace can improve mental health, reduce depression and improve creativity.

Dialectical Behaviour Therapy (DBT)

DBT has been shown to improve behavioural self-management (less self-harm and drug abuse and fewer suicide attempts) among women with borderline personality disorder, and reduce hospital admissions. It can also reduce distress and anger among people with borderline personality disorder and improve social adjustment and overall mental health.

DBT trials for bulimia nervosa and for binge eating have also yielded promising results. DBT has also been found to reduce symptoms in depressed patients who were not helped by antidepressants, as well as in chronically depressed older adults.

Mindfulness and the brain

Neuroscientific studies have found differences in the areas of the brain associated with decision-making, attention and awareness in people who regularly practise Mindfulness meditation. People undertaking Mindfulness training have also shown an increase in activation in the left pre-frontal cortex, an area of the brain associated with positive emotions that is generally less active in people who are depressed.

Regular meditation also results in increased brain size in areas linked to emotion regulation, such as the hippocampus, the orbito-frontal cortex, the thalamus and the inferior temporal lobe.

Mindfulness and well-being

Research suggests that Mindfulness confers significant benefits for health and well-being and quality of life in general. People who are more mindful are less likely to experience psychological distress, including depression and anxiety. They are less neurotic, more extroverted and report greater well-being and life satisfaction.

People who are more mindful have greater awareness, understanding and acceptance of their emotions, and recover from bad moods more quickly. More mindful people have less frequent negative thoughts and are more able to let them go when they arise. They have higher, more stable self-esteem that is less dependent on external factors.

More mindful people enjoy more satisfying relationships, are better at communicating, and are less troubled by relationship conflict, as well as less likely to think negatively of their partners as a result of conflict. Mindfulness is correlated with emotional intelligence, which itself has been associated with good social skills, ability to co-operate and ability to see another person's perspective. People who are mindful are also less likely to react defensively or aggressively when they feel threatened. Mindfulness seems to increase self-awareness, and is associated with greater vitality.

Being more mindful is also linked with reaching academic and personal goals. Practising meditation has repeatedly been shown to improve people's attention, as well as improve job performance, productivity and satisfaction, and to enable better relationships with colleagues resulting in a reduction of work-related stress. People who are mindful feel more in control of their behaviour and are more able to override or change internal thoughts and feelings and resist acting on impulse.

Meditation practices more generally have been shown to increase blood flow, reduce blood pressure and protect people at risk of developing hypertension, as well as reduce the risk of developing and dying from cardiovascular disease, and to reduce its severity. People who meditate have fewer hospital admissions for heart disease, cancer and infectious diseases, and visit their doctor half as often compared to people who don't meditate.

Mindfulness can also reduce addictive behaviour, and meditation practices generally have been found to help reduce use of illegal drugs, prescribed medication, alcohol and caffeine.

PERCENTAGE OF GPs WHO THINK IT WOULD BE HELPFUL FOR THEIR PATIENTS WITH MENTAL HEALTH PROBLEMS TO LEARN MINDFULNESS MEDITATION SKILLS

72%

OUR RESEARCH

GP survey

We commissioned ICM research to carry out an online survey of 250 GPs in early June 2009. The survey sample was nationally representative of the UK population in terms of age, region and gender. The survey found that:

72% — think it would be helpful for their patients with mental health problems to learn Mindfulness meditation skills

68% — think it would be very or quite helpful for their patients in general to learn Mindfulness meditation skills

52% — think that MBCT is very or quite effective

69% — say they rarely or never refer their patients with recurrent depression to MBCT. 5% refer to it very often. By comparison, 47% say they very often prescribe antidepressants to this patient group

75% — have prescribed antidepressants to patients with recurrent depression believing that an alternative approach might have been more appropriate. 67% did so because there was a waiting list for the suitable alternative treatment, 57% because they didn't have sufficient access to other suitable treatments, and 50% because it was the treatment option preferred by the patient

93% — surveyed agreed that it would be valuable to have more effective treatment options for patients with recurrent depression

20% — say they have access to MBCT courses for their patients

66% — say they would support a public information campaign to promote the potential health benefits of Mindfulness meditation

64% — think it would be helpful for them to receive training in Mindfulness skills themselves

The findings provide clear evidence that GPs are generally very positive towards Mindfulness as a health intervention, but rarely refer patients to MBCT courses — almost certainly because courses are not widely available. There is also evidently considerable scope for improving GP awareness of Mindfulness-based approaches.

The survey also suggests that GPs would welcome an effective, evidence-based, alternative treatment for recurrent depression. MBCT seems ideally placed to alleviate this situation — a simple, effective and economically viable intervention that can cater to many people at once, that requires relatively little staffing, and is already supported by many GPs.

General public survey

We commissioned Opinium Research to carry out a poll of 2,007 British adults over the period 16 — 19 June 2009 to explore their attitudes towards and practice of meditation, and their thoughts and feelings about the pace of life in UK society. Overall, the responses revealed that:

26% — of British adults say they practise meditation, although just under half (12%) of these do so rarely.

81% — agree that 'the fast pace of life and the number of things we have to do and worry about these days is a major cause of stress, unhappiness and illness in UK society'

86% — people agree that 'people would be much happier and healthier if they knew how to slow down and live in the moment'

53% — agree that 'I find it difficult to relax or switch off, and can't stop myself thinking about things I have to do or nagging worries'

51% — would be interested in attending free meditation classes to help them deal with stress and help them look after their health

The vast majority of people in our survey agreed that we live in a society where the speed of life and an overload of activity creates stress, illness and unhappiness, and that slowing down and appreciating the present moment would help people become happier and healthier.

A majority of the people surveyed would be interested in attending free meditation classes. This suggests there might be strong uptake of Mindfulness courses were they to be made more available. Interest might grow if more was known about these approaches.

CONCLUSION

Why we need more Mindfulness courses

From the clinical research and our own surveys, the benefits of Mindfulness could be helpful to a very wide mix of people, of all ages within health-care settings and more widely. They may be particularly appropriate for people with multiple mental health problems, and co-existing mental and physical health problems. As a mind-body intervention, Mindfulness is especially suited to dealing with such co-morbidity.

Mindfulness is a popular approach. Courses enjoy high completion rates and compliance with homework requirements. Mindfulness is a simple skill to learn and, because it requires the use of the mind, can be practised at any time and place.

There is increasing recognition that effective health care requires engaging patients in looking after their own well-being. Much, if not all, illness is influenced by stress, mental attitude, and behaviour choices. Mindfulness courses not only help people deal with illness; they are by nature a health promotion and illness prevention tool.

Mindfulness has potential cost advantages over many existing treatments, especially for mental health problems. Unlike most psychological therapies, interventions are delivered to groups rather than one-to-one, requiring less therapist time per patient. Mindfulness courses are time-limited: once the techniques have been taught, they can continue to be practised without further input from a therapist.

Depression, anxiety and stress are the cause of 13 million lost working days per year in the UK. One in six of us has a mental health problem at any one time. We live fast, complex, pressurised lives. Mindfulness practices are an easy-to-learn, inexpensive, portable and sustainable means to achieving 'headspace'.

The move to Mindfulness is not only more conducive to mental health and well-being; it appears to tap into a widespread yearning for a specific way of life.

Recommendations

The recommendations below reflect the known benefits that Mindfulness-based approaches can bring to a wide range of patients who experience recurrent depression and the current shortfall in awareness and capacity to deliver such approaches.

01 Implementation of NICE recommendation

The NICE guidance recommending Mindfulness-based Cognitive Therapy (MBCT) for people who are currently well but have experienced three or more previous episodes of depression should be implemented in full.

02 Service development

The expansion of MBCT training and services to meet the NICE recommendation should be driven by the Department of Health's Improving Access to Psychological Therapy (IAPT) programme. Primary Care Trust commissioners should consider how they can best build the capacity of Mindfulness services within their localities, using trained staff from statutory, independent and voluntary sector providers. Mindfulness-based approaches create the potential for patient self-management, reducing the use of scarce health resources.

03 Training and professional development

Mindfulness-based approaches should be taught during the early training of all doctors and offered as part of their continuing professional development. Few patients with recurrent depression who might benefit are currently being offered Mindfulness interventions. It is particularly important for GPs to increase their understanding of the potential benefits of MBCT for these patients, and to know what services are available locally.

Opportunities for professionals to develop Mindfulness-based skills are limited. There should be more opportunities for clinicians to train as Mindfulness teachers and practitioners themselves. This will require an increase in access to teacher training courses and more introductory courses for interested clinicians.

04 Research

Research on Mindfulness-based approaches should be prioritised within the government's mental health research and development strategy, and by other mental health research bodies, with an aim to:

- Understand better how specific Mindfulness-based approaches (such as MBCT) can be targeted even more effectively to existing patients with mental or physical health problems.
- Expand the evidence base for how such Mindfulness-based approaches can benefit different populations, such as adults who may be under stress at work or children who may lack attention skills at school.
- Understand better the neuroscience of how Mindfulness approaches actually work on the brain.

