



Centre for Mindfulness Research and Practice Bangor University

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Mindfulness

"Non judgmental awareness of the present moment"

John Kabat-Zinn

The MBCT Story So Far



National Institutes for Clinical Excellence (NICE) Recommendation for Relapse Prevention (2009)

8.10.8 Psychological interventions for relapse prevention

- 8.10.8.1 People with depression who are considered to be at significant risk of relapse (including those who have relapsed despite antidepressant treatment or who are unable or choose not to continue antidepressant treatment) or who have residual symptoms, should be offered the following psychological interventions:
 - individual CBT for people who have relapsed despite antidepressant medication and for people with a significant history of depression and residual symptoms despite treatment
 - mindfulness-based cognitive therapy for people who are currently well but have experienced three or more previous episodes of depression. [Key priority]

WaMH in PC

Bursary Funded pilot project to Deliver 8 week M.B.C.T. course to patients referred by GPs.
Aims to investigate:
Clinical effectiveness
Feasibility

Recruitment

Evening presentation to local GPs
(17 attended)
Invitation to refer
Follow up letter part way through recruitment period

Administration & Assessment

 Referrals received into Caernafon surgery (remained in surgery for confidentiality)

Patients contacted by phone (10 min)

Assessment interview (1 Hour)

31 interviews – 17 participants

Exclusion Criteria

Recent trauma - loss
Current severe depression
Uncertain level of commitment
Boundaries within the group

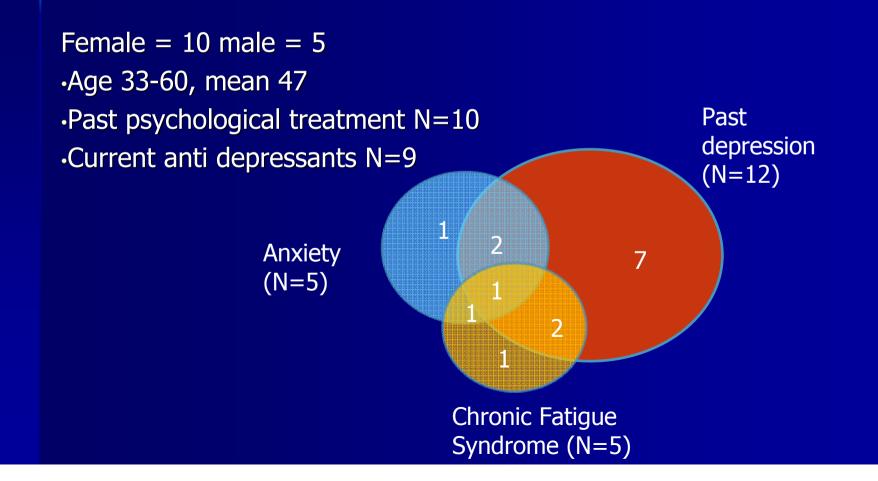
Research Methodology

 One group (no control), repeated measures design (pre/post & six month follow up)

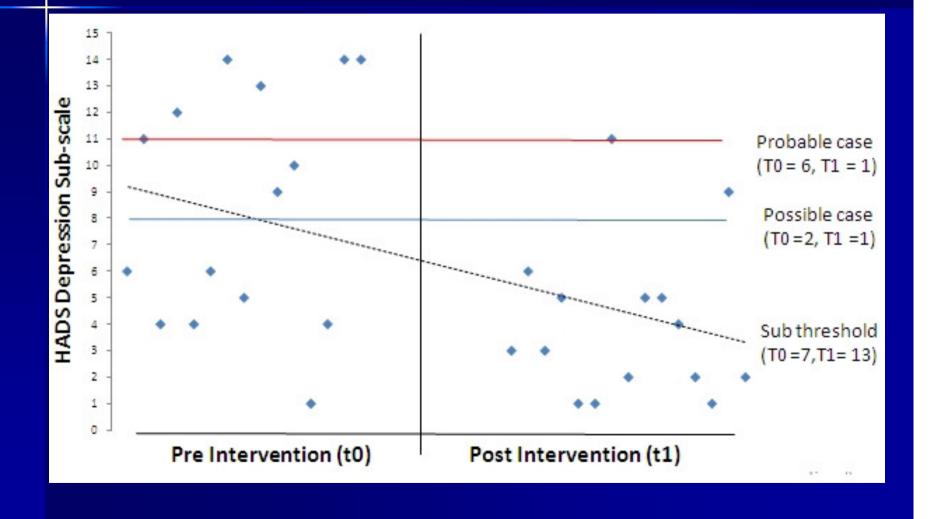
- Primary outcomes depression (HADS, PHQ-9) and anxiety (HADS)
- Secondary outcomes rumination (RRS), self compassion (SCS) and well being (WBI-5).
- GP survey (posted to 52 GPs in Arfon and South Anglesey)

Demographics

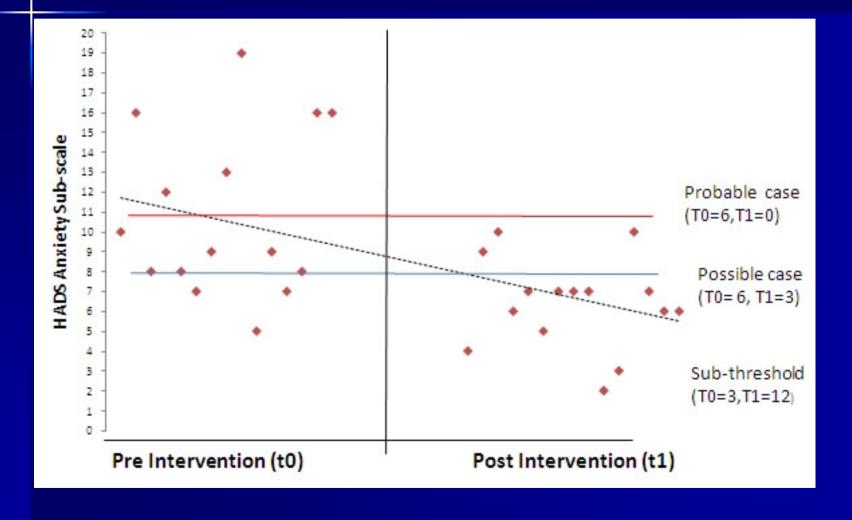
Fifteen of the twenty one participants in the MBCT group completed pre and post intervention questionnaires.



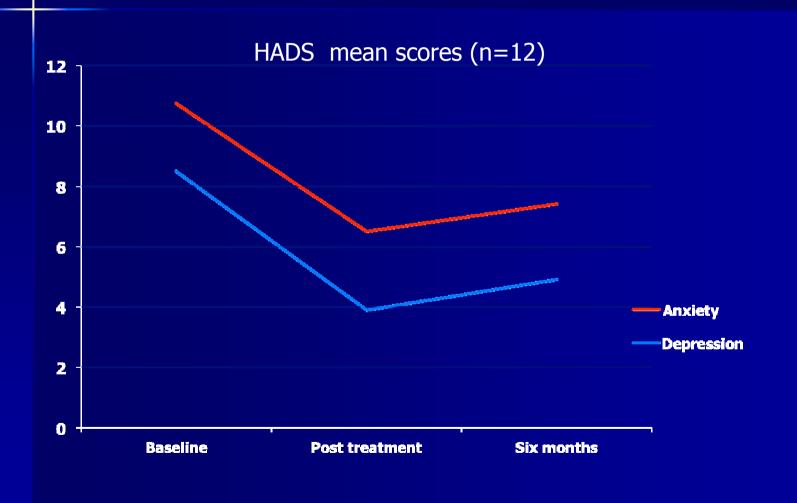
Depression



Anxiety



Six month follow up



GP survey

10 of the 52 GP's returned the survey

Summary of findings

- Supported a shift to more preventative methods for dealing with mental health problems
- Felt that Primary care was the most suitable setting for MBCT
- Would regularly refer patients if it was routinely available (6-30 per year *M*= 14)
- Felt that counsellors would be the most suitable professional group to deliver MBCT in primary care
- Were not generally enthusiastic about receiving training in MBCT themselves

Conclusions

Encouraging findings

- Appears to be effective for individuals with mild and moderate depression
- Leads to positive changes in Rumination, Self compassion and well being
- GPs supportive to further development

Limitations (sample size , absence of control group)

Participants comments

"Greater value than all the drugs I've ever taken"

- "The course rescued me from a very dark and gloomy place, where I was having very dangerous thoughts so it may have saved my life. I am now meditating every day and seem to be maintaining an even keel. Thank you so much for this wonderful course"
- "When the next down phase comes, I am going to be better armed to see it through

Issues Identified

Mindfulness in Primary Care
Expertise and will
Venues
Administration / Hardware
Confidentiality

Issues Identified

Inclusion criteria
Language
Follow up support
GP and Healthcare provider awareness
Political awareness
Funding

Aspirations for the Future

 Bangor University & Betsi Cadwaladr University Health Board
 Inside → Out
 Outside → In

Questions for the Future

How can we support the development of strategic vision that is needed to implement a new approach such as MBCT.

How can we support NHS clinicians to develop the skills required to deliver MBCT?

Wales at Forefront of Mental Health Care Provision & Research

Experiential exercise