



LANCASHIRE CARE NHS FOUNDATION TRUST

# MINDFULNESS-BASED COGNITIVE THERAPY IMPROVES STAFF WELLBEING

## SUMMARY

This case study describes an innovative approach taken by Lancashire Care NHS Foundation Trust to staff wellbeing. Mindfulness based cognitive therapy (MBCT) helps staff to feel calmer and better able to cope in stressful circumstances, with the potential to improve productivity and enhance the quality of patient care.

In this large NHS Trust one of the 2 most common reasons for sickness absence is anxiety and depression. Stress was also identified as a significant problem for staff in Lancashire Care in their annual NHS staff

survey. These factors led to the commissioning of a mindfulness based cognitive therapy (MBCT) course for 20 clinical staff in early 2011 in Preston as part of the Employee Wellbeing strand of their survey action plan. The course was aimed at staff who were concerned about their stress levels and the effect it might have on their performance and ability to work.

Dr Alistair Smith, Clinical Psychologist in the Trust was course leader, and has been running similar patient courses for many years. He has researched them, published the results and teaches MBCT to professionals, both in Lancashire and at Bangor University.

The 2 hour sessions over an eight week period used elements of mindfulness

meditation, and cognitive therapy, to help participants manage stress and common emotional problems. Pre and post course questionnaires were used to measure current levels of stress and ability to cope.

Results suggest that the course was effective in reducing stress and/or distress for most participants and sickness absence levels are being monitored for the group to establish quantitative outcomes. Qualitative information from participants points to increases in well-being and indicates that some believe their efficiency and effectiveness at work has benefited.

The Trust are now looking for opportunities to roll out the training across the wider workforce by building both internal capability and capacity to run the sessions and considering income generation by training the trainers in other interested organisations.





# GOOD PRACTICE CASE STUDY

## KEY OUTCOMES

For most people who completed the course and completed standardised measures before and after the course, MBCT was clearly beneficial, as indicated by the following evidence:

- ▶ The Depression/Anxiety/Stress Scale (DASS21) showed reduction on all three factors after the course, of a magnitude which was statistically highly unlikely to occur by chance.

**80% of the 15 participants who completed DASS21 prior to the course scored as clinical 'cases' on one or more factor; 10 were depressed (four of them severely depressed); five had clinically significant anxiety; and 12 were clinically stressed. By the end of the MBCT course the picture was very different. Only 33% of the 12 people who completed the course and the DASS21 scored as clinical 'cases' on any factor; no-one scored as 'severe' or 'extremely severe' on any factor; only one person was depressed, and that mildly.**

- ▶ People set individual goals for their participation in the course (using Marks' Main Problem and Main Goal scales). These were by no means trivial goals, in some cases referring to long-standing psychological issues, yet by the end of the course everyone completing the Main Goal questionnaire had moved at least 50% towards their goal, and the average (Mean) goal attainment was even more impressive, at 78% of complete attainment within just two months.
- ▶ Participants' qualitative comments support the quantitative evidence. One person noted that she had been struggling to keep working in face of psychological issues of many years standing which had previously led to prolonged sickness absence. By the end of the course those issues had resolved to such an extent that there was no longer any threat of

sickness absence. This person and several others noted also that being mindful, they can actually get more done in a given time and work more effectively.

**One participant wrote that MBCT "... has helped me considerably. Before I attended I was feeling very anxious ... seriously wondering how much longer I could continue going to work ... dreading leaving home every day. (Now I don't even think about it as I leave in the morning!!) The last time I felt like this I was off for several months. I think doing the group has meant I have avoided going off sick. I'm also much more focused now and organised which means the amount of work I am doing has actually increased and it takes me less time. ... I am doing many more creative things at home which feels good and for the first time in years the house is tidy."**

**One nurse wrote "I have noticed a huge difference in myself and many others have noticed it too. Thank you so much for this opportunity to learn the skill of MBCT"**

**The same person had told the class during the course that she and her children are all able to relate much more calmly now as a result of her practicing mindfulness."**

## BACKGROUND

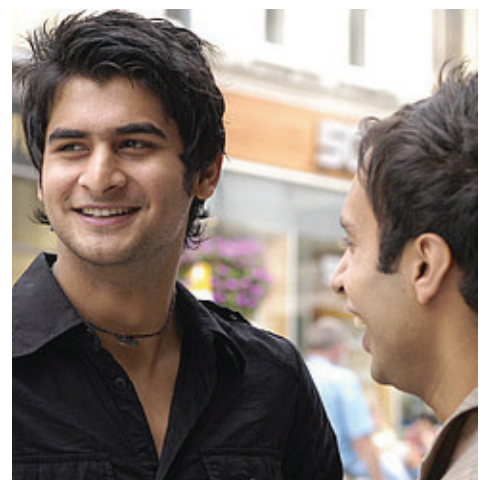
Lancashire Care NHS Foundation Trust was established in April 2002 and authorised as a Foundation Trust on 1st December 2007. The Trust provides health and wellbeing services for a population of around 1.5million people. The services provided include community nursing, health visiting and a range of therapy services including physiotherapy, podiatry and speech & language. Wellbeing services provided include smoking cessation and healthy lifestyle services. The Trust specialises in inpatient and community mental health

services. Lancashire Care NHS Foundation Trust covers the whole of the county and employs around 7,000 members of staff across more than 400 sites.

The wellbeing of staff has been recognised by the Trust as a priority with a Wellbeing group leading the promotion of initiatives to support this agenda. The group considered the gap analysis on the PH22 targets, Mindfulness Charter and NICE guidance which followed the Dame Carol Black report and the Boorman review. They aim to invest in the health and wellbeing of staff to prevent sickness and sickness absence. A new external occupational health provider, People Asset Management (PAM) won the tender to provide standardised services to staff across Lancashire Care, replacing the previous 5 different providers and plays an integral role in this work.

Many staff reported in the annual staff survey in 2010 that they had experienced stress and this was also known to be a common reason for sickness absence in the Trust. Staff needed to have better coping mechanisms and be more resilient to improve this situation.

Following on from the successful courses run for mental health patients by Dr Alistair Smith, a mindfulness-based cognitive therapy (MBCT) course was offered for up to 20 Trust clinical staff to help them learn ways to manage stress and common emotional problems. This pilot course which ran from January 2011 has now been evaluated and the report recommends the benefits of offering the experience to other staff including non-clinical staff.





# GOOD PRACTICE CASE STUDY

## PURPOSE

- To keep people in work when they are experiencing high levels of stress and anxiety by providing them with the techniques of mindfulness training
- To pilot this new approach for staff using the MBCT course which had previously been used very successfully with patients within the Trust
- To improve staff wellbeing and ultimately patient care as stress is liable to affect any worker's serenity at work
- To improve working relationships by creating calmer and less stressed staff which should benefit more people than actually attend the course
- To reduce levels of sickness absence and improve productivity
- To show that the Trust is a caring employer and as a Mental Health provider offers the benefits of MBCT in the mental health problems of staff
- To make progress towards the PH22 targets by improving the wellbeing of staff both mentally and physically.
- Flyers went out to clinical staff inviting nominations from staff who wanted to reduce their stress and anxiety:
- Inclusion criteria: It was decided to open this pilot course to staff who identified themselves as likely to benefit from a stress reduction course. The flyer for the course read in part: "Does the stress in your life affect your work – or does the stress of your work affect how well you feel?"
- Exclusion criteria: This project was funded by MPET (Multi Professional Education & Training levy) funds. This placed limitations on which staff could be included. It was specified that they must be professionally qualified clinical staff (and not qualified medical practitioners). As a result, non-clinical staff and unqualified staff were excluded, though quite a number of those staff asked to participate. Anyone obviously too depressed to cope with the course or suffering severe mental illness would have been excluded, but in the event no-one was.
- Before the course and at follow-up, brief but well-validated measures of reductions in mental ill-being were used to assess the value of the course based on improvements made. Participants completed the following:
  - Depression Anxiety Stress Scale [DASS] measures change in common mental health problems, is validated on UK community samples, is free, and has been used in previous mindfulness-based studies (Time: 10 minutes)
  - Prof. Isaac Marks 'Main Problem and Goal' Scales are also free and in previous work have demonstrated participants progress towards their individual, widely varying, goals. (Time: 3 minutes)
  - A simple visual analogue scale to reflect perceived sleep pattern and quality as this often reflects stress levels (Time: 1-2 minutes)
  - Following the course Dr Smith analysed the questionnaire data and comments made by participants which then provided the basis of a report to the Trust dated March 2011 which refers to the pilot results as "encouraging – even impressive".

## KEY STAGES OF SET UP

- A proposal was drafted to gain support and funding for 5 MBCT courses (for a total of 100 staff), linking the potential benefits to the Wellbeing agenda. MPET funds were made available but only for one course for 20 people
- Dr Alistair Smith who has a wealth of experience in delivering these courses to patients, would deliver the course as a pilot and took the decision to allow nominations to come from individuals or their managers and not through Occupational Health





# GOOD PRACTICE CASE STUDY

## The MBCT course

Mindfulness courses train participants to become more aware of present reality, as opposed to being lost in or overwhelmed by thoughts and feelings about what may happen, or about the past. Importantly, they teach people to investigate and establish more control over the activity of their minds – and to do this while developing a spirit of self-compassion and acceptance, rather than establishing rigid or critical self-censorship.

The course consists of eight weekly two-hour sessions, plus 45 minutes daily home practice. Each participant received practice guidance / learning support handouts, and six practice guidance CD's. The course syllabus resembled that of Segal, Williams & Teasdale (2002) but with adaptations to broaden its focus to anxiety and stress as well as depression. MBCT trains attention through straightforward meditation techniques, to enable people to manage stressful thoughts and events more effectively. Whereas other stress management techniques help us identify stress and stress reactivity in order to change our behaviour, MBSR encourages us not to let our well-being depend on externals. This promotes a shift in how we relate to difficulties; changing stress reactivity into a healthy response. Other aspects include cultivating calmness of mind, self-compassion and equanimity.

Participants volunteer for the course based on their desire to cope better with their stress levels and anxiety. Those who are identified as having severe mental health problems may be offered further support.

Alistair Smith, a Clinical Psychologist, and course leader has practiced mindfulness meditation for many years. He trained with the originators of the MBCT approach, and has provided over 20 MBCT courses to patients. Many of these have been researched, which has led to peer-reviewed publications and a book chapter. Alistair also trains others to teach mindfulness courses, within Lancashire and on Bangor University's Masters degree courses in Mindfulness Studies.



## RESOURCES

The direct costs of the course relate to the teaching, administration and accommodation costs, as well as the cost of materials. These costs do not take into account the cost of releasing staff or their cover if necessary. At £4384 per course this equates to approximately £220 per participant and in the pilot was met from MPET monies. If administration of the courses is provided by an existing training department and accommodation could be provided in-house then this would significantly reduce the overall costs.

Below is an estimate of the cost of a typical course which is run by a trained mindfulness practitioner. Time actually teaching (16+ contact hours per course), plus preparation, class set-up, data analysis, supervision and evaluation result in the key cost to the organisation.



ITEM	UNIT COST	NO. OF UNITS	TOTAL COST
Teachers' salary (band 8a)	£26 per hour	140*	3640
Admin support (band 3 and assuming bank staff cost)	£14 per hour	15	210
Accommodation (room hire for courses)	£16 per hour	64	384
Materials (stationery; postage; CDs / DVDs; refreshments)			150
<b>Total cost of project (equivalent to £220 per participant) £4384</b>			



# GOOD PRACTICE CASE STUDY



## KEY CHALLENGES

- comments indicate that the course may help to reduce sickness absence – which may be supported by comparison of pre-and post-course sickness rates, though in such a small group it may be hard to determine the significance of any differences found.
- The source of funding (MPET) meant that non-clinical staff, as well as unqualified clinical staff, were excluded. It would be desirable, if offering such courses in future, that they be open to all staff, since stress, anxiety, and depression affect all staff groups and are liable to impair ability to work effectively, as well as to cause sickness absence, across professions and grades.
- Attendance at all 8 sessions can be a problem. 19 people began the course. However a significant number of staff either did not turn up at all (one person); left the course after attending only one or two sessions (three people); or completed most of the course but left before the end by agreement with the teacher (two people). However, 16 people attended enough sessions to be considered 'completers'.

## KEY LEARNING

- A larger group of participants from a number of courses would stand a much better chance of detecting the impact on sickness absence rates over time.
- It is important to set up courses on a timescale and with administrative support which will permit advertising courses and booking appropriate venues well in advance. That will also ensure that full pre-course data can be collected and necessary screening of potential participants be completed in a timely way.
- It is important that MBCT courses be taught by staff trained and qualified to do this (the Trust now employs quite a number of such staff). Pre-course screening should ideally be conducted by the course teacher, who should therefore be conversant with using appropriate tests, questionnaires and qualitative methods. The person doing such screening also needs the necessary

clinical expertise to detect severe distress of kinds which contra-indicate participation in MBCT, and to know where to direct people for alternative help.

- Mindfulness practice is designed to be ongoing and expected to bring its full benefits after a longer period than 8 weeks. It would have been desirable to repeat the DASS21 again and ideally to conduct qualitative interviews, after 6 or 12 months, to determine if improvements seen post-MBCT course are lasting.

## SUSTAINABILITY

This pilot MBCT course for clinical staff has provided evidence that the majority of participants made considerable progress in dealing with levels of stress both in their work and home environments. The staff had recognised their need to learn to cope better with stress and by putting themselves forward for the course developed the techniques to significantly improve their wellbeing. The improvements are not only mentioned by members of the group as helping them work more efficiently but also in keeping them in work and not going off sick.

Funding for an extension of the pilot is being sought to extend the opportunity to other clinical and non-clinical staff across the Trust.

## NEXT STEPS

Further courses are in the process of being arranged which will be offered to both clinical and non-clinical staff. Plans are in place to fund a further 5 courses which will give the organisation additional qualitative and quantitative data to show the impact on reducing sickness and improving health and wellbeing. The aim is to develop the course to enable it to generate income to make it self funding.

## SUPPORTING MATERIAL

- Staff flyer requesting nominations

## CONTACT FOR FURTHER INFORMATION

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