

Mindfulness-based Cognitive Therapy (MBCT)

Mindfulness-based Stress Reduction (MBSR)

Q&A for GPs and Other Referrers

Mindfulness means paying attention in a particular way:

On purpose

In the present moment

And non-judgementally.

-Jon Kabat-Zinn

Mindfulness explained

This booklet gives an overview of Mindfulness-based Cognitive Therapy (MBCT) and Mindfulness-based Stress Reduction (MBSR) for GPs and referrers who want to know more about it, how it works, who can benefit, and further information about the service in Devon provided by the AccEPT clinic.



What is MBCT?

MBCT was developed as a group intervention for patients with a history of at least 3 episodes of depression to help prevent relapse of depression (Segal, Williams, & Teasdale, 2002).

It teaches people to pay attention to the present moment, rather than worrying about the past or the future, and to let go of the negative thoughts that can tip them over into depression. It helps people to identify the signs of oncoming depression and ward off the episode before it starts. Patients participate in the group when they are well. They learn to bring awareness to their present moment experience through a number of different mindfulness practices. This awareness, coupled with self compassion, allows participants to make choices about how they relate to their experience.

‘I feel I am witnessing events (both internal & external) rather than being engulfed by them, I’m more able to step in & out of emotions & thoughts - to go to the edge of what’s going on & to choose to go in closer or not. Before I was taken over by the emotion or thought before I had a chance to choose.’

Course participant

What is MBSR?

MBSR was originally developed to reduce stress in patients with chronic pain and health problems (Kabat-Zinn, 1990). Much of the research evidence-base is among people with chronic physical health problems.

Regular meditation and other practices form a key feature which helps patients to have a more present moment focus and develop a particular non-judgemental stance. From this point of awareness patients can make choices about ways of responding to their experiences and ways of taking care of themselves.

What is involved?

The structured classes are run over 8 weeks for 2 – 2 ½ hours, with up to 10-15 participants. Participants are taught a number of mindfulness practices and other exercises around thinking, depression and stress. Practicing mindfulness at home is an integral part of the course so we supply mindfulness CDs and handouts to support learning. In time people learn to integrate these practices into their lives.

After referral, patients for MBCT will be offered a full assessment and patients for MBSR will complete a questionnaire pack. If suitable they will go on to attend an MBCT/MBSR course, beginning with an orientation session.

Following the course, there will be an invitation to attend follow-up sessions.

What is the evidence that MBCT works?

MBCT was recommended by the National Institute for Clinical Excellence in 2009 as a treatment of choice for recurrent depression and identified as a key priority for implementation on the basis of a number of studies.

In two randomised controlled trials, MBCT halved the rates of relapse with this group of patients (Ma & Teasdale, 2004; Teasdale et al., 2000). A recent trial found MBCT was more effective in preventing relapse than maintenance antidepressant treatment alone and better at improving quality of life (Kuyken et al., 2008).

What is the evidence that MBSR works?

According to the Be Mindful website, people who take MBSR courses report feeling more engaged in their work, more energised and less anxious. They sleep better and have fewer symptoms of stress. They also report that the evidence of MBSR is so strong that almost three quarters of GPs think it would be beneficial for all patients to learn mindfulness meditation skills.

A meta-analytical review of mindfulness-based approaches concluded that the approaches yield at least medium-sized effects, with some effect sizes falling within the larger range (Baer, 2003). These results have been found across a broad range of population types, ages and social groups (Baer, 2003; Grossman, Niemann, Schmidt and Walach, 2004).

How do I find out more?

The Mental Health Foundation has produced a comprehensive report that reviews all the clinical evidence for mindfulness-based therapies. They have a website promoting these approaches to depression and stress at: <http://www.bemindful.co.uk/>.

The service in Devon

Researchers and clinicians at the University of Exeter's Mood Disorders Centre (<http://www.exeter.ac.uk/mood-disorders/>) began offering Mindfulness-based Cognitive Therapy (MBCT) for people who suffer recurrent depression in 2004. Since 2009, MBCT has been commissioned by the NHS Devon Primary Care Trust as part of the AccEPT service. Many hundreds of people have now been through our mindfulness classes and we continue to run mindfulness classes at the **University of Exeter and in North Devon**. We have treated 200 people in the last two years. Our evaluation suggests we produce clinically significant changes in outcome (mean BDI-II scores drop from moderate to minimal depressive symptoms) and high levels of patient satisfaction (96% "mostly" or "very" satisfied).

We have just started the Exeter Mindfulness Network which is based around the research, training and treatment using mindfulness.



For more information see:
<http://www.exeter-mindfulness-network.org>

The wider context of the local service

Our therapists have been trained by international /national leaders and trainers in MBCT. We are also one of three Universities in the UK where people undertake formal training in mindfulness-based approaches, ensuring the service is embedded in a rich training environment with ongoing Continuing Professional Development for its therapists. Our service is also linked to an international research centre that has been funded by NIHR and MRC to run mindfulness trials across Devon. This will undoubtedly ensure improved quality of clinical service and patient outcomes.

Which patients can I refer?

Patients who are 18 years plus and are motivated to engage in MBCT/MBSR.

For MBCT

- People with 3 or >3 episodes of depression
- Residual symptoms or in recovery

For MBSR

Any of the following:

- Anxiety or mental health problems as a result of physical health problems
- Distress as a result of chronic pain
- People with <3 episodes of depression who are currently well and wish to learn techniques for coping with stress.

Simply use the referral form found at:

<http://www.exeter.ac.uk/mooddisorders/acceptclinic/>



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