MINDFULNESS INTERVENTIONS IN THE HSE

Introduction

The HSE is exploring the appropriateness, efficacy and safety issues associated with Mindfulness Based Interventions (MBIs), in an effort to support employees in the area of stress, mental health and wellbeing. Globally, there is increasing popularity and lack of clarity regarding what mindfulness is and what it can do. There can be an impression that mindfulness is an all-encompassing, quick fix, risk free intervention, with little cost in terms of time, money or participant effort.

This document, which was developed in response to a request from the Health and Wellbeing Division, aims to provide a broad understanding of mindfulness that will aid senior management in determining the role it can play in improving the wellbeing of staff.

What Is Mindfulness?

Various ideas abound concerning the meaning of the word mindfulness. Broadly, it is about training our attention so that we can be more aware. We can see clearly what is going on and chose whether and how to act. There are a number of definitions in existence, some of which were devised for an operational purpose, rather than as a theoretical description of mindfulness. One of the best known definitions of mindfulness is one from Jon Kabat-Zinn, the founder of the Mindfulness Based Stress Reduction (MBSR), who advises that mindfulness is "paying attention in a particular way; on purpose, in the present moment and non-judgementally" (Kabat-Zinn, 2012). Mindfulness is typically cultivated in formal meditation practices and brought into daily life with informal practices, which bring mindful awareness to routine activities. Mindfulness is intended to be a process and by its very nature it requires time and patience. It is associated with changes in brain structure and functioning (Chiesa, 2010, Tang, 2013). What is practiced grows stronger.

Mindfulness Based Interventions

Mindfulness from a Western psychology perspective, originated in the University of Massachusetts Medical School in 1979, when Jon Kabat-Zinn developed a programme (MBSR) to help patients with chronic illness (Kabat-Zinn, 2012). While it is called a "stress reduction" programme, the intention is much greater than stress reduction. With good evaluation methods, and adherence to the curriculum and teacher training standards, a strong evidence base for its effectiveness has been established (Baer, 2014). MBSR is considered the gold standard of mindfulness delivery, and consists of a 2 ½ hour session each week for eight weeks, and one full day workshop towards the end of the programme. It is an experiential programme. There is

considerable motivation and commitment required from participants in order to see benefits from attendance. The main "work" of the course is done at home between classes, using CDs with guided meditations to support the participants in developing their own daily practice outside the class.

Over the years, a number of adaptations of mindfulness training and stress reduction programmes have evolved. The programmes with the best empirical support are programmes that developed from the MBSR curriculum including: Mindfulness Based Cognitive Therapy (MBCT), Mindfulness Based Relapse Prevention (MBRP), Dialectical Behaviour Therapy (DBT) and Acceptance and Commitment Therapy (ACT) (Baer,2014). MBCT is a modification of the MBSR programme that was developed to prevent relapse in patients with chronic depression (Segal, 2013).

Benefits of Mindfulness

Research studies have indicated that mindfulness can be beneficial in the treatment of a number of clinical conditions including depression, anxiety, eating disorders, substance abuse and chronic pain. Mindfulness meditation has also been shown to have a positive effect on the immune system, stress, cortisol levels, blood pressure and telomerase activity. It can improve psychological functioning in healthy participants and help cognitive functioning, including awareness, concentration, decision making, creativity and mental flexibility (Baer, 2014).

There are many areas of a health care worker's life that can be favourably influenced by MBSR, including improvements in attention, working memory and decision making, the ability to cope more effectively with both short and long-term stressful situations, self-care, self-compassion, better quality of life, enhanced interpersonal relationships, greater sense of meaning and purpose in life, developing qualities and skills that are required for good clinical practice, becoming a mindful-clinician, and delivering mindfulness based care to their patients (Epstein, 1999, Shapiro, 2005, Chiesa, 2010, Baer, 2014, Dobkin, 2016).

Delivering mindfulness informed care to patients entails incorporating mindfulness based insights into clinical practice, without teaching patients formal meditation. Clinicians can help patients to recognise the ideas of constant change and to cultivate acceptance and to realise how all things are interconnected. In mindfulness-based treatments, mindfulness meditation practices are explicitly taught as a central component of the intervention. The clinicians who implement them must be trained and experienced with the mindfulness skills that are taught (Shapiro 2014). Mindfulness has the potential to contribute to the development of a more compassionate, less stressed and less error prone health system.

Bringing Mindfulness Based Interventions into the Workplace

Mindfulness has been widely promoted and more recently adopted by many employers as a worksite stress management intervention (Bond, 2000). Exposure to stress is now considered the main health and safety risk in the workplace according to the Eurobarometer (2014), with 27% of workers surveyed suffering from stress, depression or anxiety caused or worsened by work in the previous year. To try to increase workers' ability to tackle stress, the European Agency for Safety and Health at Work has made several recommendations for the health care sector, one of which is the MBSR.

With the increasing popularity of mindfulness, MBIs are being commissioned by organisations in various settings. There are challenges in bringing mindfulness into different settings and contexts, without losing what makes it effective, and the expertise of experienced mindfulness teachers is needed to faithfully transform it. (Kabat-Zinn, 2011, Good, 2016). Time demanding interventions such as the MBSR can be difficult to integrate into workplace settings. Research is being conducted internationally to tease out the ingredients that confer benefit and how to adapt it to particular populations and settings such as the workplace, but the question of whether watered down versions of the original MBSR programme will provide all the potential benefits is yet to be answered (Chapman 2011). Organisations need to decide whether or not a brief programme will meet anticipated outcomes (Kelly, 2017).

Guidelines and Standards

MBIs have potential to reduce suffering if they are provided in appropriate settings by ethical, experienced teachers. A misunderstanding of the depth and scope of mindfulness and ignorance of the potential risks to vulnerable participants can lead to the assumption that very little skill is required to teach it. Mindfulness is not merely a technique that can be learned from a book, or a workshop or professional training and integrated into one's repertoire of skills. It is a way of being; teachers delivering it in the workplace need to experience and develop their own mindfulness practice (Chapman, 2011, Kabat-Zinn, 2011)

Teachers with insufficient training may be unable to help participants when they experience normal expected unpleasant experiences or more unexpected side effects (Baer, 2016). While people can experience challenges with their practice, careful screening and selection of participants, support from a trained teacher, and referral to supplemental supports where necessary can result in growth and empowerment as they learn to manage them. (Rocha, 2014, Baer, 2016). Concern has been expressed that with growing media attention and popularity of mindfulness, the integrity of

mindfulness, as it was originally conceived, may be at risk; teachers may not be aware of their duty of care or that potential risks need to be fully explained for all psychological interventions (Crouch, 2014). Without adequately trained teachers, mindfulness courses might even be counterproductive (Chakleston, 2011).

The Centre for Mindfulness at the University of Massachusetts Medical School, where MBSR originated, provides a list of qualifications for MBSR instructors (Kabat-Zinn, 2014). In the absence of UK nationally agreed benchmarks and governance, with the aim of promoting good practice, experts at the Universities of Bangor, Oxford and Exeter developed criteria for assessing teaching competence, called the Mindfulness Based Interventions Teaching Assessment Criteria (MBI:TAC), (Crane, 2012). These criteria are now the accepted standard for assessing teaching and certifying competence. They are used in the major training centres internationally, including Ireland. There is little research on the actual teachers or deliverers of the program but a research study is currently underway at Bangor to explore what elements of teaching contribute to participant outcomes.

At this time, there is no professional or statutory registration requirement for teaching mindfulness based interventions but the Irish Network for Mindfulness-Based Teachers, which has developed best practice guidelines for teaching mindfulness (based on international guidelines), is in the process of creating a formal professional body with an accreditation process. The current recommendation is that teachers are assessed using the MBI-TAC (Crane, 2012). It is important for mindfulness teachers to be engaged in regular supervision and continuous professional development (McCown, 2011, Dobkin, 2016).

Mindfulness in the HSE

In considering either in house delivery or procurement of mindfulness based interventions, several factors need to be considered. While MBSR can be considered a low cost intervention in financial terms for the organisation, it is an experiential program that requires a high degree of motivation and commitment in order to reap the benefits, which has a cost to the individual (Chapman, 2011). Some psychological interventions have a mindfulness element or ethos, and while they may be useful, not being mindfulness interventions, they cannot claim the evidence base of specific mindfulness programmes. For any product or intervention, it is important to know what it is, what outcomes it will deliver, and what the evidence base is. Organisational enthusiasm to reduce absenteeism and presenteeism (Cooper, 2008), or hoping that patient safety may be bettered by decreasing cognitive bias or that clinician well-being will be enhanced by increasing self-awareness (Sibinga, 2010), needs to be tempered. Positive results in the form of wellbeing

outcomes are confined to people who have an interest and ability to participate (Fjorback, 2011). While mindfulness has the potential to improve emotional resilience, empathy, cognitive skills and creativity in the workplace, as an isolated intervention it cannot counter the effects of dysfunction (The Mindfulness Initiative, 2015) and the best way to realise its full potential is when it is part of a planned range of health and wellbeing initiatives provided from within a well-designed organisational structure and culture

Summary of Teaching Requirements

The key requirement is that any teacher of mindfulness interventions is appropriately trained and supervised.

- When people complete the eight week MBSR programme, they are not trained to teach mindfulness.
- The training to become a mindfulness teacher of MBSR is a rigorous programme of a least 12 months duration and competence assessed using the MBI:TAC criteria.
- It is important that mindfulness teachers are engaged in regular supervision and continuous professional development.
- The Irish Network for Mindfulness-Based Teachers has developed Irish Good Practice Guidelines for Teaching Mindfulness-Based Courses.
- There is no regulatory authority or registration body for mindfulness but this Network is in the process of creating a formal professional body with an accreditation process.

Conclusion

Mindfulness, in particular the evidence based MBSR programme, is one of many potential interventions that can support HSE staff and help improve their health and wellbeing. MBSR requires considerable time commitment and motivation from participants and it can be challenging to introduce into workplace settings. Creative ways of integrating mindfulness and supporting staff mindfulness practice can be developed, but care is required in providing clarity about what they are and who is providing them. Staff can be offered interventions from a range of stress reduction psycho-educational programmes that are available, including “taster“ or educational sessions to introduce them to mindfulness. Participants, who find it suitable to their needs, may then decide to progress to the full MBSR programme. Mindfulness is not a magic intervention that can cure all ills but it can be a useful component within a suite of interventions aimed at improving staff health and wellbeing.

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