



GOOD PRACTICE CASE STUDY

DEPARTMENT OF HEALTH IN PARTNERSHIP WITH NHS NW

MINDFULNESS AND WORK PREPAREDNESS PILOT

SUMMARY

Mindfulness can be defined as 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.”

(Mental Health Foundation, 2010)

From November 2010 until July 2011 a nine-month pilot study was carried out by the Department of Health in partnership with NHS NW. This was intended to help participants from the Recovery (former drug/alcohol users), BME asylum seeker and carer communities, to become work prepared, through the use of Mindfulness training. Support was provided by co-attending key NHS/third sector workers. The pilot was also designed to be formatively evaluated, in order to determine whether the concept could work in practice elsewhere.

The Mindfulness for Stress course was delivered over four fortnightly day-long sessions provided by Breathworks, a third sector partner. Participants developed work-preparedness through a group-based

session with relevant agencies and on-going mentoring support. As a result 21 of the 28 participants completed the course, and subsequently 50% of those people who were out of work secured employment. The course gained widespread positive feedback from participants, including NHS and third sector support workers, who took part in training alongside people that were in recovery. This led to improvements in staff health and wellbeing, and helped professionals and service users to truly work together, in developing a service that worked for all concerned.

KEY OUTCOMES

Collaborative policy & practice

28 people underwent training, 18 of whom were in Recovery, 2 were Carers of people in recovery, 1 was an asylum seeker, 5 were support workers, and 2 were NHHNS/DH staff. Having professionals and service users undergoing training side-by-side helped foster new ways of working and ‘equalised’ the balance of power, which engendered a more collaborative approach. This fits with the Public Service Reform agenda which advocates not just consulting, but actually co-creating policies and services with service users.

Benefits to the group as a whole

- Qualitative interview data demonstrated improvements in individuals’ mental well-being and physical health. Participants universally rated the course as greatly improving self-esteem, personal confidence, and relationships.
- Quantitative measures included the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), Mental Health Recovery STAR (MHRS), and the Five Facets of Mindfulness Questionnaire (FFMQ). Post-intervention scores on the FFMQ and MHRS showed improvements in mindfulness and well-being. The WEMWBS found limited overall improvements reflecting limited utility in this population.





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Benefits to workless participants

- 50% of those who completed the mindfulness training are now in paid or voluntary employment i.e. 9 out of 18 workless participants
- Due to the passion shown by the group, and how well they responded to the training, 12 workless participants have also completed the foundational Mindfulness teacher training programme alongside their mentors and support workers. This opens up whole new career options. Participants have now completed phase one of this training and funding is currently being sought for phase two.
- Coaching encouraged people to become champions in different fields e.g dignity champions. This encouraged service users to get involved in various initiatives, which allowed them to gain vital experience and confidence.

Benefits to Professionals

- Mental Health Professionals played support roles but also got equitable access to mindfulness training, which had an impact on their own health and wellbeing and helped with their continuous professional development.
- DH and NHS NW staff also benefited from working closely with service users and front-line support workers in this environment, which proved very powerful for people from strategically focused, office-based, backgrounds.
- Acting as mentors and coaches to participants gave professionals the opportunity to hone their mentoring skills and developed their confidence. Many people who became coaches had been affected by the restructure, so this was a way to gain new experience and broaden transferable skills for career transitions.

BACKGROUND

Between 2006 and 2010 Local Strategic Partnerships (LSPs) were employed to put together action plans (Local Area Agreements) to deliver public services, and to meet targets set between local areas and Government. Working with the voluntary sector these LSPs looked at all the resources that were going into an area, and identified what was needed locally in order to meet these targets.

The Health and Work teams from NHS North West (NW) and the Department of Health (DH) came together to develop a range of initiatives aimed at meeting targets around long-term incapacity and unemployment, and research was undertaken to find ways to meet service improvement targets. As a result, the Mindfulness pilot was launched to evaluate how mindfulness might support people back into work.

PURPOSE

The Mindfulness pilot was set up to provide a participatory, sustainable community-based intervention to support participants:-

- Identify core universal life values that inform life direction
- Make explicit individual life skills, potential, purpose of readiness for work and participation
- Promote awareness of natural resilience to stress and recovery from adverse life events
- Build capacity whilst identifying a direction toward recovery and readiness for work skills
- Identify the opportunities and potential challenges of employment and introduce mindful approaches to the 'world of work'
- Provide support in communication and interview skills and an opportunity to write a C.V.
- Identify as appropriate routes into supportive voluntary/ paid work placements/ paid employment/ training.

It was also designed to allow formative evaluation to:-

- Determine the viability of this approach with the client group
- Identify new or innovative ways of tackling the Worklessness agenda

KEY STAGES OF SET-UP

PRE-LAUNCH

Before the pilot could be launched several important steps had to take place. This included:

1. Scoping the Pilot

This programme was brokered and commissioned both by DH NW and NW NHS, at the start of 2010. Barbara Crosland from NHS NW, and Ruth Passman a Senior Health Policy Advisor from the DH, created a small planning group to look at what the pilot was aiming to achieve and what spokes of support and input were needed to run it.

Ruth drove the project as the lead commissioner and scoping work was done with the input of a clinical psychologist. The pilot was funded via the SHA's Health & Work work stream and funded by the central PSA16 budget, which aimed to increase employment opportunities for vulnerable and socially excluded adults. This work built on a previous model, which Ruth helped to evaluate for Wigan's local Strategic partnership and Ashton, Leigh & Wigan PCT.





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2. Developing the Governance Structure

The pilot's delivery was supported by distinct Steering, Advisory and Delivery groups, which included NHS, third sector and academic expertise as well as "experts by experience" from the recovery community.

A clinical and risk governance protocol was developed with a lead consultant clinical psychologist from a local Mental Health Trust.

Karen Williams, previously from Government Office North West, was brought in as project manager to co-ordinate delivery of the pilot. Karen, had a background in community health and the well-being agenda, thus putting her in a good position to understand this pilot's specifications.

3. Identifying appropriate Cohort

Ruth attended a Greater Manchester Recovery Federation meeting and it struck her that people within that group very motivated to get back to work, saying that it would be integral to their recovery. Therefore, this group was identified as a potential cohort. Mark Gilman, Strategic Recovery Champion for the National Treatment Agency (NTA), who had invited Ruth along, provided feedback on how to gain participation from people who had been through system and were now clean of addiction.

However, it was identified that many clients within the Recovery group tended to be white males. Therefore in an effort to avoid the cohort being mono-cultural, and to help it become universal, other groups were also approached, including:

- **You Choose It** – an alcohol addiction group led by a female support worker
- **Manchester West Drugs Services** – group mainly focused on drug addiction
- **Third Wave** – an organisation which works with individuals and communities to broker services and solutions for people furthest from the mainstream, including Asylum seekers and refugees
- **National Treatment Agency** – which also has links to carers of people in recovery

4. Gaining consent for Participation

The delivery group started working closely with support workers who were trusted brokers from third sector and drugs services. They were pivotal in driving the pilot as they had a relationship of trust with their clients. By building relationships with support workers it was possible to gain both their consent to participate, and that of their clients.

5. Commissioning a Training Provider

A training provider was required, who had the capacity to deliver a programme over the course of eight weeks and who could meet specific requirements. The Mindfulness training was commissioned from Breathworks Community Interest Company (an independent not-for-profit social enterprise, founded in 2004), offering mindfulness-based approaches to living well with chronic pain and illness. The Breathworks senior trainers are founder members of the UK Mindfulness Teachers Network, a national body established to develop and ensure professional standards amongst UK mindfulness trainers. Breathworks put in place their own project Manager (Colin Duff) to work in close contact with commissioners.

6. Mindfulness Programme Co-Produced

A mindfulness programme was co-produced between the commissioners, training providers and most importantly service users. This enabled the delivery of a programme which was empathetic to participants' needs but still allowed for formal evaluation, based on qualitative feedback.

POST -LAUNCH

Once the pilot was launched it commenced in four key stages:

Stage 1: Mindfulness Course

The course ran over four fortnightly day-long sessions and was a development from the eight week Mindfulness Based Stress Reduction programme. It was delivered in February and March 2011.

The programme was developed in relation to the principles of Empowerment, Dignity and Respect, "No decision about me

without me" and the recovery champion principle that "Transformed People Transform People" (Support Worker). Hence a strong emphasis was placed upon pre-established trust relationships in the third or public sector and nurturing community support networks. Key community workers themselves participated fully in the programme alongside participants, and provided support groups between sessions. This was built on the 'No Decision about me without me' from the Department of Health's Equity and Excellence: Liberating the NHS 2010 White Paper and the Recovery Community principles of 'Only you can do this but you can't do it alone'.

Stage 2: 'Next Steps to Work' day

The 'Next Steps to Work' session was a daylong session held on the 24th March 2011 to work with participants to become work prepared. It covered issues such as:

- Labour market trends
- Supported employment
- Self-employment and social enterprise to scope a social enterprise bank to include the following issues:-
 - Physical -e.g. Detox, Medication
 - Psychological e.g. Counselling
 - Social e.g. Employment, Training, Education
 - Environmental e.g. Recovery Activism, "Big Society"
 - Welfare benefits i.e. how to avoid going and staying on benefits, and to explore various work options that can lead to a better lifestyle.

It was timed to follow soon after the end of the Mindfulness training, as it was decided that it wasn't appropriate to run work-preparedness sessions alongside mindfulness training.

The chief executive of BASE (British Association Supportive Employers) was commissioned to run regular sessions, and he came and gave a presentation on how participants could be supported back into work.



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Stage 3: Celebration Day

This was held on 5 April 2011 at the Whitworth Art gallery in Manchester to congratulate the work done by participants and to share initial outcomes from the Mindfulness and Work-Preparedness pilot. Participants stood up and shared their inspirational personal stories before being presented with certificates by the Regional Director of Public Health, Dr Ruth Hussey OBE, Public Health England Transition Team

This event was intended to highlight the role of participants in co-creating the Mindfulness pilot programme and to demonstrate the potential of Mindfulness as an intervention to support people into employment in the future. Two hundred people from across the North West participated in the day.

It formed a part of the 'Who Cares?' initiative which highlighted the therapeutic value of creativity and the innovative use of the cultural resources in the region's galleries and museums to address health priorities.

Many of the speakers at the event elaborated upon the contribution of creativity to their own recovery journeys i.e. the creativity theme was not just 'by association' but with the Who Cares initiative.

Stage 4: On-going mentoring and support networks

The programme is being followed up with a series of brokering approaches, connecting participants with benefit and employment advice and support networks. Participants are also being linked up with public sector "Mindful Buddies" within the Civil Service and NHS NW to support practice and offer further career support and linkage with "the world of employment". Local Support groups are continuing to be fostered, aided by a planned follow-on event. Proposals are in development for some participants to commence further training, initially to assist and support local community Mindfulness programmes. These elements of the pilot were still in development at the time the service review was completed and so are not considered in this case study

EVALUATION

Qualitative assessment of participant progress was also evaluated by using semi-structured interviews with ten participants, and by handing out evaluation forms to all participants at the Celebration and Next Steps to Work Day.

Three assessment tools were used to provide a quantitative assessment pre and post intervention. Metrics were captured in terms of confidence, self-worth, and mindful ways of thinking. These were then analysed in regards to how they impacted on the participants' ability to approach job seeking more positively and to ready themselves for employment.

- **WEMWEBS:** The Warwick-Edinburgh Mental Well-being Scale
- **The Mental Health Recovery STAR:** is part of the range of 'Outcomes Stars' which measure progress for service users receiving support in order to maximise independence or achieve other goals.
- **The Five Facets of Mindfulness Questionnaire (FFMQ):** was derived from a factor analysis of questionnaires measuring a trait-like general tendency to be mindful in daily life.

The Work STAR. Was another tool, based on the Mental Health Recovery Star, which was completed by participants at the Work-Preparedness day. The Work Star covers seven key areas of life that are important to each client's journey to work and/ or learning, namely: job specific skills, aspiration and motivation, job search skills, stability, basic skills, social skills for work and challenges. For greater detail around the tools used see appendix 2 of the Mindfulness Pilot Evaluation Report.

HOW THE PROGRAMME WORKED

Breathworks delivered a very flexible programme over four fortnightly day-long sessions, which was an adjustment of its normal Mindfulness Based Stress Reduction (MBSR), programme to fit in with the broader idea of work preparedness.

Support workers were asked to keep in touch with participants in-between training sessions, and to bring their clients together every other week, in order to maintain attendance and increase retention. Sessions were also delivered at comfortable venues with refreshments, lunches, and bus fares all provided to help with retention.

Several mindfulness meditation skills were taught such as a body scan, sitting and lying meditation. Participants were instructed to practice these skills outside group meetings for at least 45 minutes per day, six days per week. Audiotapes were used early in treatment, but participants were encouraged to practice without tapes after a few weeks.

The primary goal was to teach participants to purposefully pay attention to their thoughts and feelings, so that they can approach stressful situations mindfully. In other words, teaching them to give greater conscious consideration to their responses rather than reacting automatically. This helps them to cultivate a non-reactive, non-judgemental attitude which reduces their stress levels and when applied to work-preparedness helps them overcome nerves, building their confidence.





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RESOURCES

Funding of £25k from the Health and Work PSA 16 budget (from DH and NHS NW pot) was matched in kind by third sector and public sector partners who were involved in the initiative. For example, free venues, support, coach-mentoring, resource production.

Given the small scale of this pilot a brief piece of economic analysis was undertaken. Analysis suggests that economies of scale might be possible in a wider roll-out, however, more detailed economic analysis is required before firm conclusions can be drawn.

KEY CHALLENGES

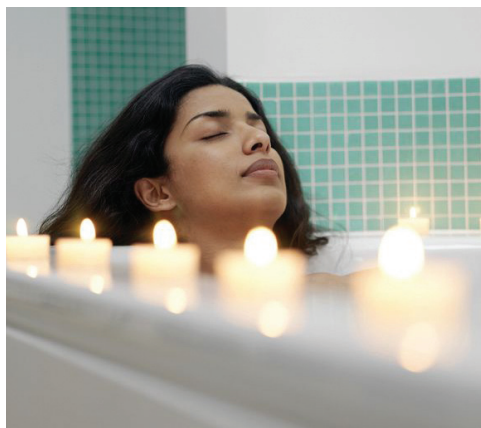
- **Securing a training provider** – At present there are a limited number of Mindfulness training providers in the North West, so it was difficult to find one that was able to deliver training in such a way that would work within the remit of the pilot's agenda, but also stay true to its own ethos. However Breathworks proved to be an organisation that could manage both. Building relationships with Breathworks was very important, as they vetted the project team just as much in return, to ensure that training remained focused on mindfulness and not on work preparedness in the first instance.
- **Gaining participants' consent** - this was a key issue, as taking part in the pilot wasn't mandatory. However consent was gained via the support workers who discussed the need for a baseline to be developed and, on a one-to-one basis, worked with the participants to read the introductory letter, guidance documentation and the questionnaires. Assurance was made that all responses would be confidential and anonymised and that participants' benefits wouldn't be affected. Prior to qualitative interviews taking place participants were given an information sheet explaining why they were being asked to take part in an interview and explaining steps taken by the research team to ensure their anonymity and the confidentiality of their data. They were then asked to sign a consent form, if they still wished to be interviewed. Copies of the information sheet and consent form are in Appendix 4 of the Mindfulness Pilot Evaluation Report.
- **Keeping ethos of pilot collaborative** – working in a different way, and stepping out of professional comfort zones was challenging but also exciting. By remaining approachable and seeking constructive feedback from participants as the course progressed, the team running the pilot was able to address issues as they arose. This was time consuming and laborious, but also empowering in terms of outcomes. For example, there was a lack of understanding around the fact that participants on a low budget struggled to attend sessions because of bus fares. When participants explained that they needed these in advance, this obstacle was resolved.
- **Maintaining attendance rates** – it is important to understand the logistics of how people will attend sessions and to have a full support network in place. At the start of this pilot a support worker dropped out due to ill health. When this happened participants whom she had committed to driving to the course also stopped attending, and there was a direct correlation between this event and the number of people who did not complete the course. People could have come along with the help of bus fares, but without their support worker texting them and communicating outside of sessions, individuals lost engagement.
- **Reliance on volunteers** – one of the strengths of the pilot lay in the fact that many people from the DH, NHS NW and third sector organisations volunteered to take part in terms of setting up the venue and arranging catering etc. However this could also be a challenge as there was no onus on people to attend.

KEY LEARNING

- Using this asset-based collaborative model is very powerful because it releases all of the strengths of those involved in the pilot, particularly those participants who might have felt stifled in more traditional schemes.
- It is important to involve service users in reality-checking and contextualising the contents of the programme to make sure that mindfulness is meaningful to those involved (need to be aware of language and terminology when communicating).
- Some people in recovery felt that professionals should have learnt more about the issues that they face beforehand so that they understood them better. This would be just as important for long-term unemployed people, if this pilot were replicated with that group.
- Others felt concerned about the perceived religious aspects of the programme and were reluctant to take part for that reason. Thus it is important to make it clear from the start that it's not a religious programme i.e. that it's a secular intervention with a health and wellbeing evidence- base.
- Negative feedback was received in response to the Next Steps to Work Day, as some of those interviewed felt that the day deviated from the principles of co-production. People wanted practical advice, relevant to them. Some of the course seemed irrelevant to them, such as the talks on management positions and setting up your own business. In future this could be improved by designing the day with participants, and focusing on an agreed set of aims, objectives and outcomes.
- Mindfulness training can help prepare people mentally for a return to work, however in regards to the practicalities of this, a one day work-shop or CV writing class isn't enough. Instead there needs to be support group in place over the course of at least six months, either alongside or following the programme. Longer-term support on work readiness is needed which can be resourced with volunteers.



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NEXT STEPS

- **Mindfulness Employment Strategy** – an evaluation report of the pilot is due to be published later this year. This will inform a Mindfulness Employment Strategy which will promote the application of mindfulness to embed it within health and work practices and to tackle worklessness. This will build upon the peripheral work already done in this field, which has been recognised by Dame Carol Black.
- **Further evaluation** Further work will monitor the efficacy of the on-going coach mentoring partnerships and work-preparedness. Also, assessment of longer-term impact through follow-up of the participants after six and/or twelve months would be of interest to future work in this area.
- **Social Recovery Model** – the pilot has proven that mindfulness works for people in recovery, but in order to broaden its scope work will be done to document a social recovery model. Funding may also be sought for a wider initiative to attain Community Mindfulness Champions in training and delivery of mindfulness-based approaches.
- **Group Coaching** - a coach-mentoring support scheme will be maintained with existing participants, with a new cohort of mentors trained up in 2012 to help support this. Mentors will work as part of a group so that people can access more than one person, and so that mentors have support as well.

- **Mindfulness Champions** – some individuals involved have offered to run sessions for NHS staff, to help with stress reduction in the workplace. Sessions have already been run at Tameside at 'Health in the Workplace' workshops, and taster sessions have been run at NHS NW for employees during a staff focus day. Greater Manchester West (GMW) are also delivering mindfulness to their staff in the work recovery field and all 'mindful buddies' share their skills with those DH and NHS staff who coach them. Champions will also continue to attend conferences, where they will speak about their experiences.

- **Teacher Training** - It was not foreseen that participants might want to go on to become mindfulness teachers. However due to high demand, funding was acquired for phase one of training, which commenced in June 2011 and is now complete. Training participants to become teachers is beneficial as it fill gaps in provision using experts who have learnt through experience.

In partnership with NHS NW and the DH, Lancashire Care Foundation Trust is now seeking funding for phase two and three, to support them with the work they have been doing around mindfulness in-house. In the meantime, participants have been encouraged to keep up their own individual practices to prepare them for leading classes in future.



SUPPORTING MATERIAL

- To Follow – Evaluation Report from Mindfulness & Work Preparedness Pilot
- Participant Case Studies
- Lancashire Care Foundation Trust – eWIN Case Study – Mindfulness-based Cognitive Therapy Improves Staff Wellbeing

REFERENCES

Mental Health Foundation (2010).
Mindfulness: Executive Summary,
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