

# Implementation of mindfulness-based interventions

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# Summary

- The generic implementation challenge
- Research on MBI implementation: the ASPIRE project
- The MB implementation journey
- Future directions

# The generic implementation challenge



# Implementing new evidence is always challenging!

‘Getting a new idea adopted, even when it has obvious advantages, is difficult...’

Everett M Rogers

- Evidence is interpreted in different ways
- Action is contextually situated
- Implementation requires active effort & support

*It is complicated & not value free*

# Promoting Action on Research Implementation in Health Services (PARIHS)

Successful Implementation

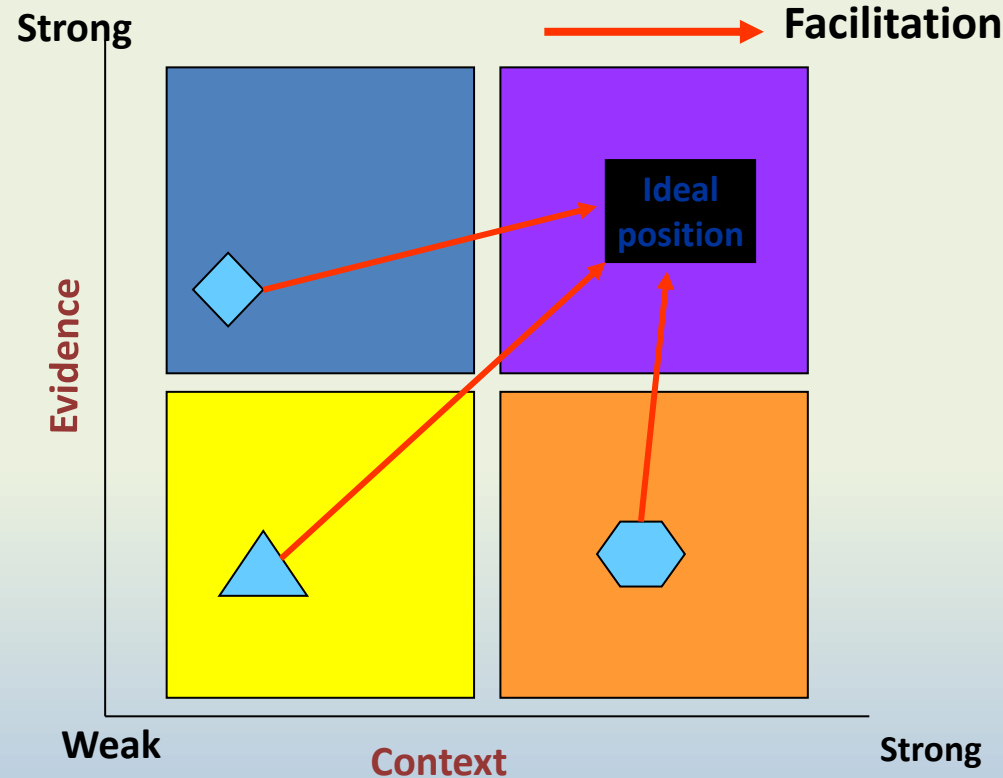
A function of:

Nature of Evidence

Context of implementation

Process of Facilitation

$$SI = f(E, C, F)$$



# The Implementation of Mindfulness-Based Cognitive Therapy: Learning From the UK Health Service Experience

Rebecca S. Crane, Willem Kuyken

“Even if a psychosocial intervention has compelling aims, has been shown to work, has a clear theory-driven mechanism of action, is cost-effective and is recommended by a government advisory body, its value is determined by how widely available it is in the health service.”



Accessibility and implementation in  
UK services of an effective  
depression relapse prevention  
programme:  
Mindfulness-based cognitive therapy  
**The ASPIRE Project**



*This project was funded by the National Institute of Health Research (NIHR) Health Services and Delivery Research Programme (HS&DR - 12/64/187). Further information available at: <http://medicine.exeter.ac.uk/aspire/>*



# ASPIRE Team

## Chief and Co-Investigators

Jo Rycroft-Malone, Willem Kuyken, Rebecca Crane, Andy Gibson, Stewart Mercer



## Research Team

Felix Gradinger and Heledd Griffiths



Health  
Economist  
Collaborator  
Rob Anderson



**Patient and Public Involvement:**  
Convenor: Andy Gibson  
Jo Welsman, Faith Harris-Golesworthy  
Steph Jibson, Paul Sharpe, Nigel Reed

## Project Advisory Group

Independent Chair, Val Moore,  
2 representatives from the PPI Team  
MBCT trainer/therapist Prof Anne Speckens  
Commissioner Andy Horwood,  
Service Manager Dr David Crossley  
Public engagement, Ruby Wax  
Co-investigators





# ASPIRE Approach

## **Qualitative interview and case study approach:**

### **Phase 1 - Descriptive, broad overview of current implementation**

- 70 purposively sampled semi-structured interviews
- Scoping provision

### **Phase 2 - Contextually rich, explanatory and interpretative case studies**

- 10 case studies
- Uncovering critical success factors, and what impedes the routine use of MBCT

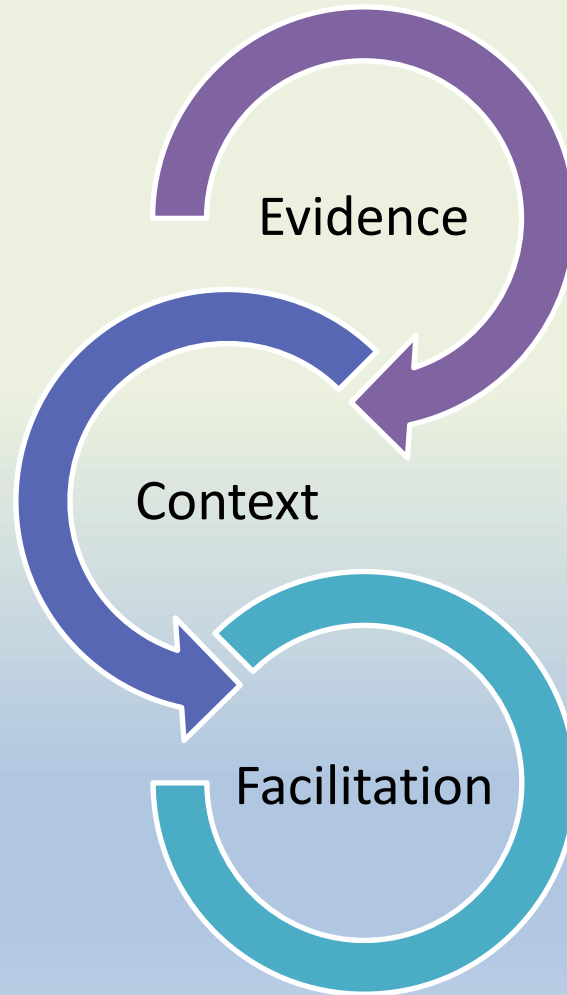


# Phase 1

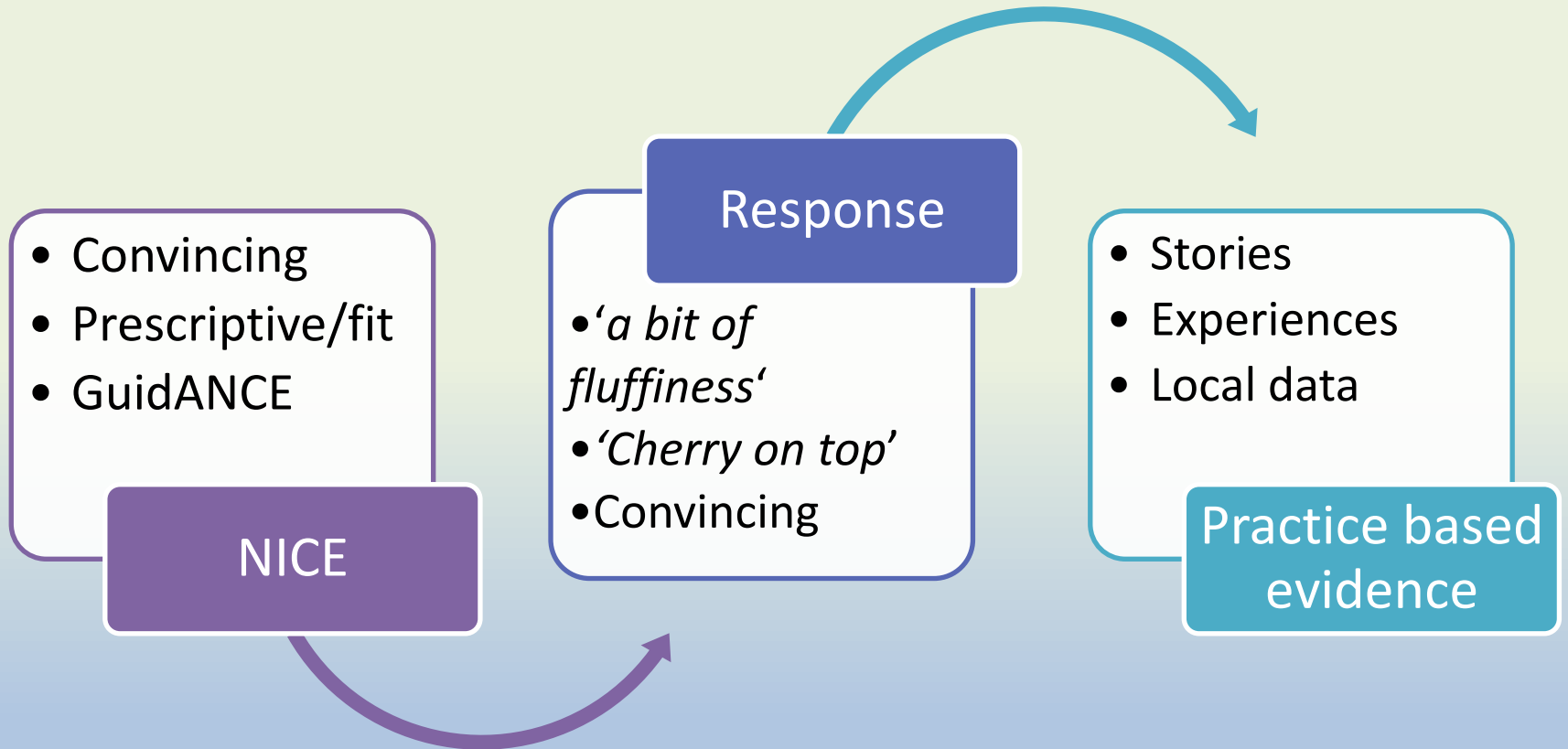
- **68 participants** (27 MBCT teachers, 20 manager + clinicians, 7 managers, 4 commissioners, 5 referrers, 5 service users)
- **40 NHS sites**
  - mix of primary and secondary care
  - geographical spread EngN=6; EngMid=6; EngS=9; EngLond=5; Wales=3; Scot=9; NI=2
- **Programme:**
  - different models - 16 MBCT close to manual
  - 10 offer both MBCT and MBSR
  - 11 Hybrid/Adapted MBCT/MBSR
  - 3 No service



# Emerging story



# Evidence



# Context

- Challenging climate
- mental health services – ‘less resource, less enthusiasm’
- Commissioning processes
- Not so good at putting the business case together

- ‘Making do’
- Capability & capacity
- Funding
- Time/space
- Practical issues

The case

Dedicated Resources



Organisation

Culture



- Reorganisations-new targets- new therapy – hard to find
- ‘space’ & ‘be creative’
- System not joined up- budgets-collaboration

- ‘therapy on roller skates’ (IAPT)
- MBCT ‘well being’ – NHS ‘medical model’
- Short termism

# Facilitation

## Bottom up

- Passionate champions/local entrepreneurs
- Significant personal investment
- Under the radar

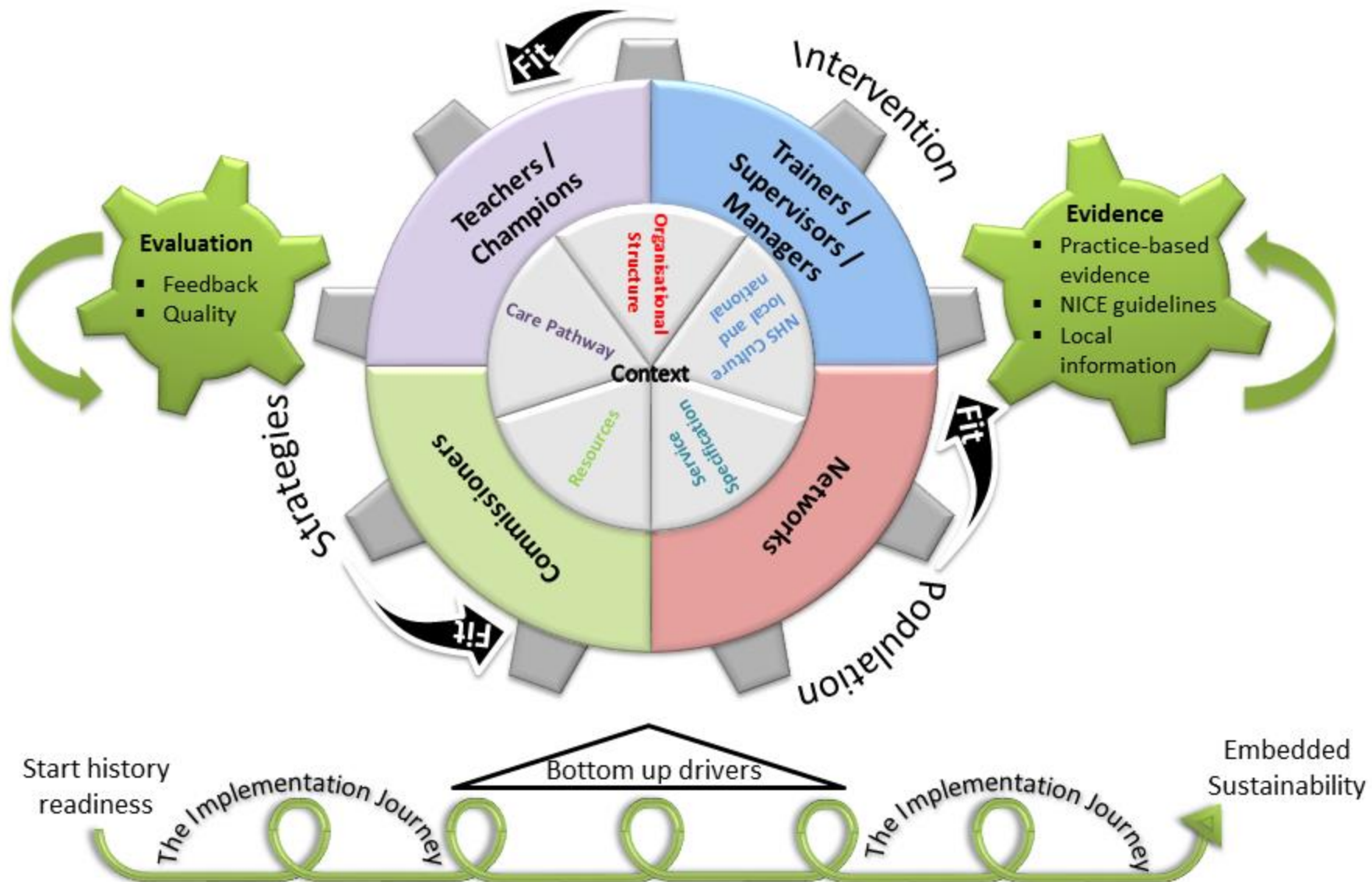
## Top Down

- Senior board champion
- Endorsing training & funds

## Strategies

- Raising awareness  
*'planting the seed'*
- Running pilot courses
- Creating synergy with existing services

Alignment of top down – bottom up- *'right time-right place'*



# The MBI implementation journey



Creating  
the path  
by walking  
along it



# Features of the (changing) landscape

## Context

- Diversity of implementation contexts
- Media interest
- Policy engagement
- Reductions in public sector funding
- Private sector commercialisation

## Evidence

- Implementation sometimes ahead/sometimes behind the evidence from research trials but...
- Practice-based evidence is also a strong influencer

## Facilitation

- Governance is in an emergent stage
- Variability in recognition of and adherence to good practice standards

# **On-going successful/sustainable implementation relies on champions committed to:**

- Building mindfulness services in their working contexts
- Conducting/disseminating high quality research
- Developing high quality ethics /governance /standards /professional practice in relation to:
  - Teaching
  - Training
  - Supervision
  - Implementation

# Current UK governance developments– current building blocks

Building a professional context through:

- UK Network for Teacher Training Organisations
- Consensus on good practice standards
- Developing clarity re training models/methods
- Collaboratively developing and researching methods for assessing teaching competency
- Attending to and researching the process of implementation
- Developing international links and collaborations

# UK Network for Teacher Training

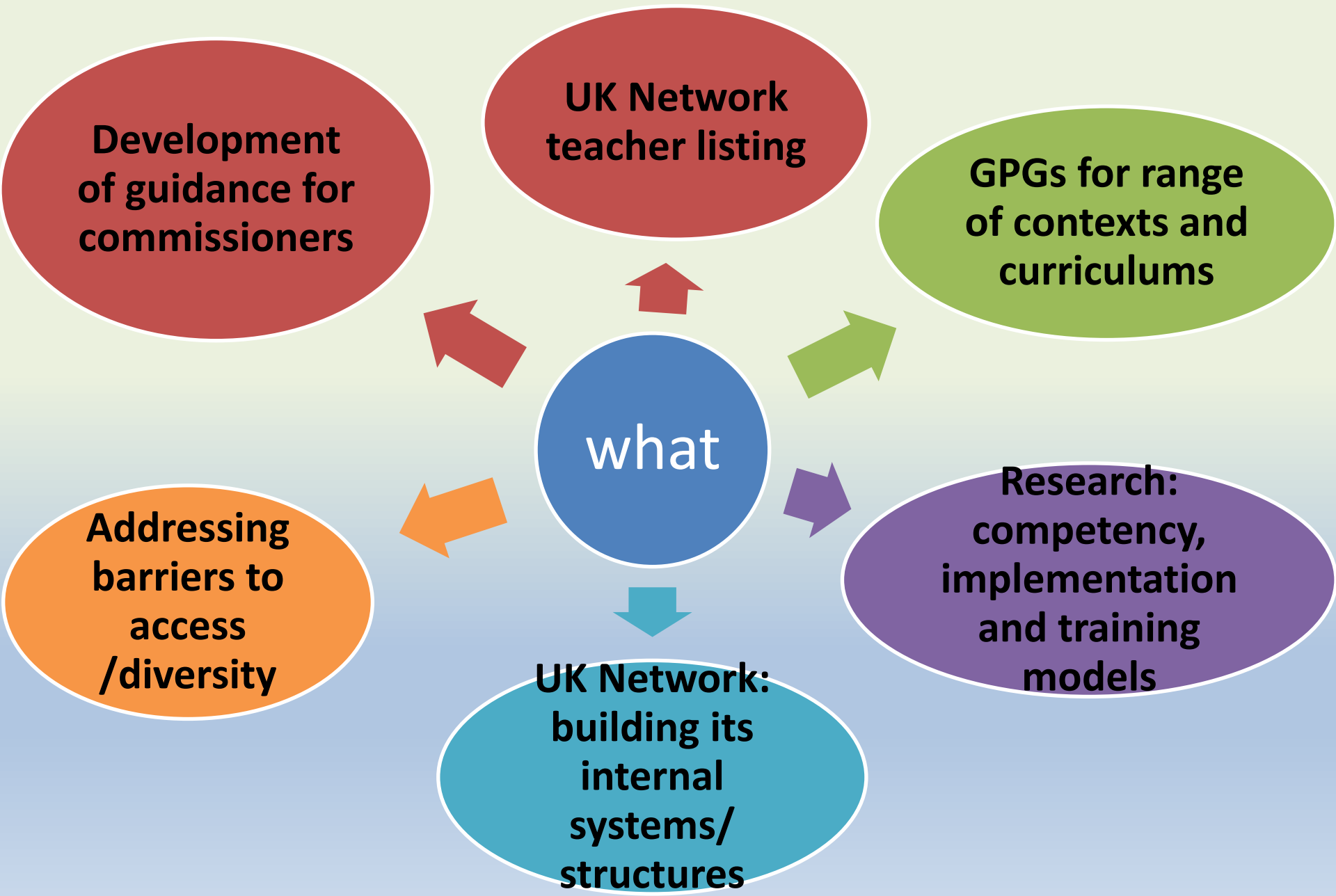
## Organisations ([mindfulnesssteachersuk.org.uk](http://mindfulnesssteachersuk.org.uk))

- 2006 – 5 member training organisations
- 2014 – 16 member training organisations
- Inclusive – if you adhere to the GPG you can be a member

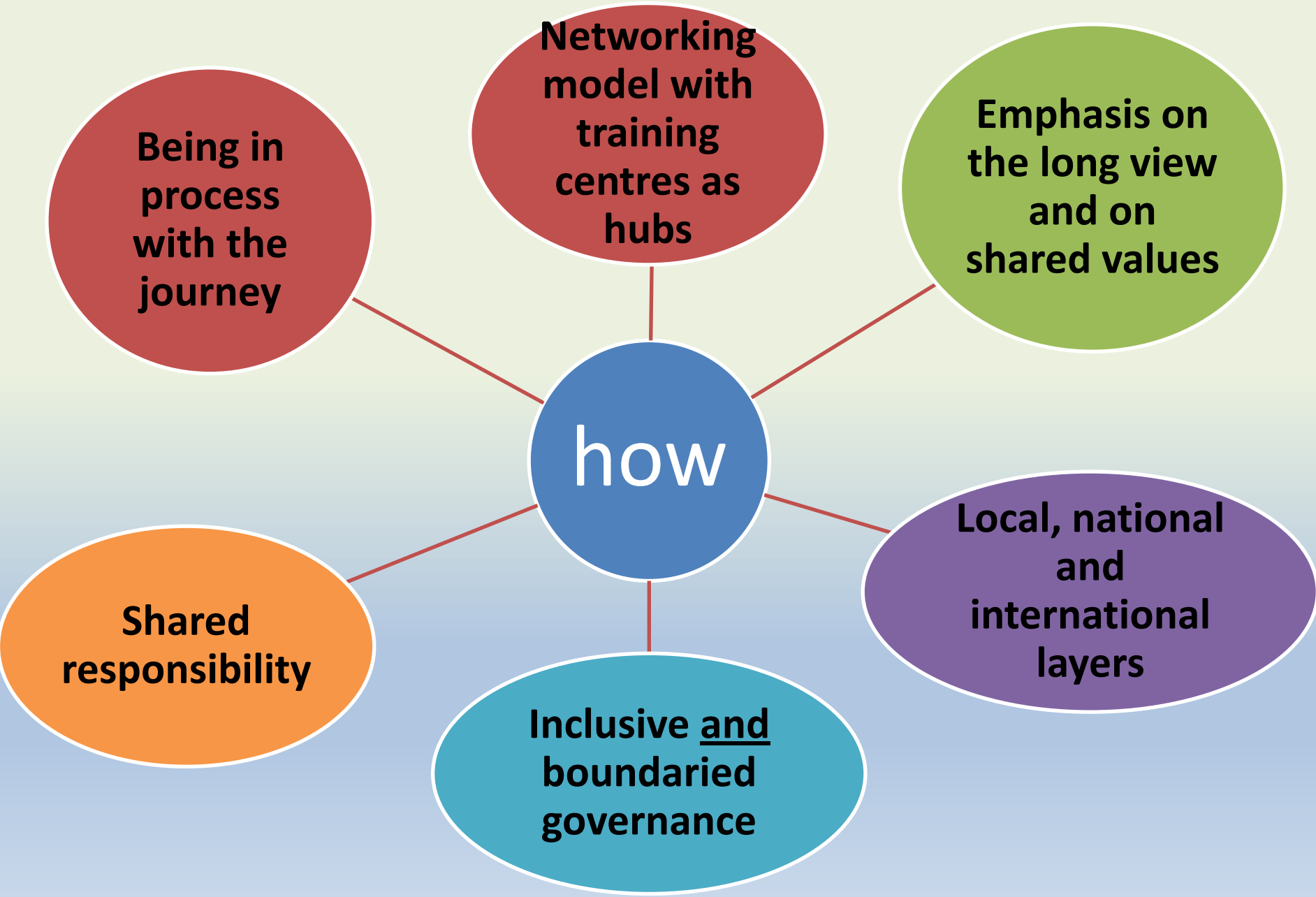
## The effects?

- Peer support, accountability, scrutiny and review
- Lifting up standards – aspirational to be working with integrity
- Working towards common goals
- Talking with each other!

# Future directions - what



# Future directions - how



# Principles to keep in mind

- keep the interests of the general public at the centre of our minds
- building connection and collaboration between training organisations, between teachers – common intentions
- we need to focus on individual teacher formation—they are the vehicle for this work

# Thank you!

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