

53-year-old Di Cowan has suffered from periods of depression since he was a teenager. he was referred by his GP for MBCT at the Mood Disorders Centre in Exeter.

Eighteen months ago he was also diagnosed with bone cancer, and he now uses the mental tools he has learned on the course both to protect himself against depression and to deal with the challenges of cancer.

Can Mindfulness help patients who also have other mental or physical health conditions?

Yes. A number of Mindfulness approaches have been developed to help a range of conditions including stress, anxiety, chronic pain, eating disorders and addictions. A study of a Mindfulness-based Stress Reduction (MBSR) course in a US inner-city bi-lingual MBSR clinic reported a reduction in psychiatric symptoms (by 50%), anxiety (by 70%), medical symptoms (by 44%) and a substantial reduction in the number of GP visits (Roth and Creaser, 1997).

Participants in a workplace MBSR programme study reported a 31% decrease in medical symptoms, a 17% decrease in 'daily hassles' and a 31% decrease in psychological distress (Williams, 2006). The improvements were even greater at three-month follow-up.

'Mindfulness-based Cognitive Therapy provides you with an understanding of your illness and the tools to deal with it.

I learned a lot about depression, how it affects people like me and how to recognize the problems before they become serious. With practice you become aware of what your mind is doing. Mindfulness stops you from allowing your mind to tie you up.

Mindfulness has also helped me a lot in coping with pain. It helps me calm my mind, focus, and make sure that I don't panic or over-react. It's helped me to come to terms with the problems that I've got and how to deal with them. That's a lifeline, because it means I can summon up the courage to crack on with life.

My son is 11 years old and he needs a dad who can take him to his football training and tell jokes — the MBCT course has given me the strength to do that.'

For more information on how Mindfulness-based Cognitive Therapy can help people at risk of depression, please visit our website, www.bemindful.co.uk.

References

Barnhofer T, Crane C, Hargus E et al. (2009). Mindfulness-based cognitive therapy as a treatment for chronic depression: a preliminary study. *Behaviour Research and Therapy* 47 (5) pp366 — 373.

Kenny M, Williams JMG (2007). Treatment-resistant depressed patients show a good response to mindfulness-based cognitive therapy. *Behaviour Research and Therapy* 45 (3) pp617 — 625.

Kuyken W, Byford S, Taylor RS et al. (2008). Mindfulness-based cognitive therapy to prevent relapse in recurrent depression. *Journal of Consulting and Clinical Psychology* 76 (6) pp966 — 978.

Ma SH, Teasdale JD (2004). Mindfulness-based cognitive therapy for depression: replication and exploration of differential relapse prevention effects. *Journal of Consulting and Clinical Psychology* 72 pp31 — 40.

Roth B, Creaser T (1997). Mindfulness meditation-based stress reduction: experience with a bilingual inner-city program. *Nurse Practitioner* 5 pp215.

Teasdale JD, Segal ZV, Williams JMG et al. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology* 68 pp615 — 623.

Williams K (2006). Mindfulness-based stress reduction (MBSR) in a worksite wellness program. In: Baer RA (ed). *Mindfulness-based treatment approaches: clinician's guide to evidence base and applications*. San Diego: Academic Press pp361 — 375.

MINDFULNESS...

Q&A GP'S

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MINDFULNESS BASED COGNITIVE THERAPY FOR DEPRESSION A GUIDE FOR GP'S

Treating patients with recurrent depression can be a challenge. Once treatments like Cognitive Behavioural Therapy (CBT) or antidepressants have been tried, there is often nothing to offer patients, especially if they have recurring depression.

Mindfulness-based Cognitive Therapy (MBCT) is a non-drug based treatment designed specifically to prevent people experiencing recurring depression. MBCT offers a set of simple and effective self-management strategies that patients can use to help protect themselves against further episodes of depression, as well as to improve their mental and physical health generally.

MBCT is clinically proven — *it is recommended by The National Institute for Health and Clinical Excellence (NICE)* on the basis of a number of studies. For example an empirical study of 75 patients which found MBCT reduced relapse rates of depression by more than a half over twelve months (Ma and Teasdale, 2004). In its guidelines for treating depression, NICE recommends MBCT for people who have had more than two episodes of depression, and who are currently in remission.

This booklet gives an overview of MBCT for GPs who want to know more about it and are interested in referring their patients to it. It explains what MBCT is, how it works, and how patients who might benefit can access it.

'Mindfulness-based Cognitive Therapy gives GPs something positive to offer. It's the only evidence-based strategy we have for people with a history of recurrent depression and who need an alternative approach to antidepressants.'

Richard Byng, GP, and lecturer at the Peninsula Medical School, University of Plymouth.

What is MBCT?

MBCT helps people learn practical strategies to manage their minds and bodies in a way that makes depression less likely to occur. The techniques are based on simple meditation and yoga practices and are taught in weekly group classes over an eight-week period. The course also includes some CBT exercises.

How does MBCT help people who are prone to depression?

MBCT helps people train their minds to deal with stressful experiences in a different way. Rather than getting caught up in negative thoughts and feelings, MBCT teaches people to pay attention to what's happening in their minds and bodies — giving them the skills to respond to the early warning signs of depression more effectively.

What is the evidence that MBCT works?

Several clinical trials have shown that MBCT is effective for people prone to depression. In a study of 145 patients with recurrent depression who were in remission, only 37% of patients who took part in an MBCT course relapsed over the following year, compared to 66% in a control group (Teasdale et al., 2000).

Another study showed that MBCT reduced relapse rates by more than a half over 12 months (36% of patients in the MBCT group relapsed, versus 78% of controls) (Ma and Teasdale, 2004). Both trials showed benefits for patients who had experienced two or more episodes of depression. A recent trial found that MBCT was more effective in preventing relapse than maintenance antidepressant treatment alone, and better at improving quality of life (Kuyken et al., 2008).

'THERE'S A LARGE NUMBER OF PATIENTS IN GENERAL PRACTICE WHO STAY ON LONG-TERM ANTIDEPRESSANTS, EITHER BECAUSE THEY'RE NOT QUITE BETTER OR SCARED OF COMING OFF – FOR THAT GROUP MBCT IS A REAL SUPPORT.'

'IT IS EVIDENCE-BASED AND PROVIDES AN ACTIVE SET OF MECHANISMS TO EMPOWER PEOPLE – IT IS A FORM OF SELF-MANAGEMENT.'

Stewart Mercer
GP and Professor of Primary Care Research
Glasgow University

Where can I find out more about the evidence on the effectiveness of Mindfulness?

A comprehensive report by the Mental Health Foundation reviews all the clinical evidence for Mindfulness-based therapies. The executive summary can be downloaded from www.bemindful.co.uk this document covers the key findings of the report and also details the different Mindfulness courses and approaches available. If you are interested in the full report you can order this online at the above website.

Which patients are suitable for MBCT?

MBCT is suitable for patients who have had two or more episodes of depression and who are currently in remission. Course participants need to be able to commit to learning and practicing new techniques that will help protect them against depression. They are also asked to carry out homework assignments that take around 45 minutes a day during the course.

Can MBCT work for people who are currently depressed?

Mindfulness is generally recommended for people who are not currently depressed, as a way to help prevent further episodes. However, there is some clinical evidence showing that MBCT can help patients who are currently in a depressive episode. Clinical trials have shown that MBCT reduced depressive symptoms from severe to mild, compared with no change in a control group (Barnhofer et al., 2009; Kenny and Williams, 2007).

Can I reassure my patients that the meditation practices taught in MBCT are not religious?

Yes. Mindfulness is simply away of training the mind — it doesn't require any religious or spiritual beliefs and none are taught on the course.

Are there likely to be MBCT courses available in my area?

An increasing number of MBCT courses are available in NHS settings — contact your local Primary Care Trust or mental health promotion team to find out about availability in your area. There are also many private courses run by trained MBCT teachers, which are often inexpensive.

The Mental Health Foundation is developing a database of MBCT courses offered throughout the UK, both within the NHS and privately. You can access this information at www.bemindful.org.uk.

What should I do if I don't have access to MBCT?

If you don't currently have access to MBCT and want to make it available for your patients then speak with your local PCT commissioner. You can get involved in the commissioning process with your PCT to explore gaining access to MBCT for your patients.

Are there self-help materials available for interested patients if there is no local MBCT course?

Yes. *The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness* by Mark Williams, John Teasdale, Zindel Segal and Jon Kabat-Zinn is a good resource for patients — it includes CDs with guided Mindfulness practices that patients can try at home.

The Mental Health Foundation has also produced a Q&A booklet to explain the approach and report findings to patients. These booklets are included in the surgery toolkit for public information.

'MY DEPRESSION COMES FROM GETTING OVERWHELMED WITH DIFFICULT FEELINGS, WHETHER IT'S PAIN OR FRUSTRATION OR IRRITABILITY.'

'SINCE DOING THE MINDFULNESS COURSE I DON'T FEEL OVERWHELMED BY EVERYTHING I DON'T GET SO SUCKED INTO BLAMING AND JUDGING MYSELF. I'D RECOMMEND IT TO EVERYBODY.'

Kathy Andrews
Oxford