

NHS Staff Mindfulness (MBCT)

Project 2011 to 2014

Large Reductions in Staff Sickness Rates One Year Following MBCT Course

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This project was funded by Workforce & Education, Health Education North West

This report was presented at the Mindfulness All Party Parliamentary Group meeting 5th November 2014

Abstract

Although mindfulness-based stress reduction (MBSR) has been used widely for health professionals, few studies appear to have explored the use of **mindfulness-based cognitive therapy (MBCT)** for health care professionals (see meta-analysis, Virgili, M., 2013). **Between 2011 and 2014, 240 members of staff** from an NHS Foundation Trust enrolled on an 8-week Mindfulness-based Cognitive Therapy course (MBCT). Of these **204 attended four or more sessions**. Post course analysis suggested general reductions in symptoms of depression, anxiety and stress (Smith-Payne, & Smith, 2013), however missing post-course data prevented statistical analysis. A qualitative study of one staff course offered support for the hypothesis that attending the 8-week Mindfulness course reduced sickness absence (Morgan, 2014).

Data on sickness absence was obtained for 166 of those 204 staff. The number of working days lost due to sickness absence in the year preceding the course (4715), compared to days in the year following the Mindfulness course (2920), equates to an average of 28.5 days sick leave in the year prior to the mindfulness course, and 17.5 days in the year following the course.

Staff sickness data identified very large reductions in days lost to sickness absence when the reason was **mental health/stress** (pre-course – 2278, average of 14 days; post-course 457, average of 3 days) or due to unknown causes (pre course – 1008, average of 6 days; post course – 283, average of 1.5 days).

A comparison of working days lost due to stress the year before and after attending the MBCT course due to **stress or mental health problems yielded a total cost saving of £109,414**.

It is great interest in and innovation of mindfulness in the workplace but there is **an absence of high quality trials**. Many organisations are aware of the importance of encouraging well-being but **most are unsure of how to prevent mental health problems from developing**. These clear reductions in sickness absence rates and the associated cost savings offer compelling evidence that MBCT for NHS Staff may deliver swift and significant public service savings; further high quality trials are necessary to offer clearer evidence of these benefits.

Background

- **In 2013 131 million days were lost due to sickness absences in the UK**
- **Each year between 2010 and 2014, a million people took sick leave for longer than four weeks**
- **The leading cause of sickness absence in the UK is mental ill health accounting for 70 million sick days**
- **The indirect costs to the UK of mental ill health in unemployment, absenteeism and presenteeism (and the resulting loss of productivity) are estimated at between £70 and £100 billion, with employers paying £9 billion of that in sick pay and related costs.**
- **Since 2009 the number of sick days lost to stress, depression and anxiety has increased by 24% and the number lost to serious mental health has doubled**
- **Sickness rates for those working in healthcare are the highest of all large public sector organisations**
- **The financial cost of stress-related sickness absence in the NHS has been estimated at £1.4 billion per annum**

NHS Employers, 2014, Office of National Statistics, 2014, Department of Health, 2014

Healthcare workers are known to be vulnerable to stress and burnout. This has a detrimental impact on the quality of care provided. Highly stressed individuals are at greater risk for multiple health conditions including cardiovascular disease, cancer, diabetes, depression and anxiety, fatigue, obesity, and musculoskeletal pain. In fact, psychological stress and the associated chronic inflammatory response have been implicated in virtually all chronic conditions. Further, highly stressed employees incur productivity losses and health care costs above those with normal levels of stress.

Mental stress adversely impacts physical and mental health. In addition to the health effects above, psychological stress is also widely recognized as a major contributor to poor morale, absenteeism, high staff turnover, and reduced productivity at work. High stress also has been shown to significantly impair memory and the ability to learn. Stressed, chronically unwell employees are expensive, both in terms of health care costs and decreased productivity.

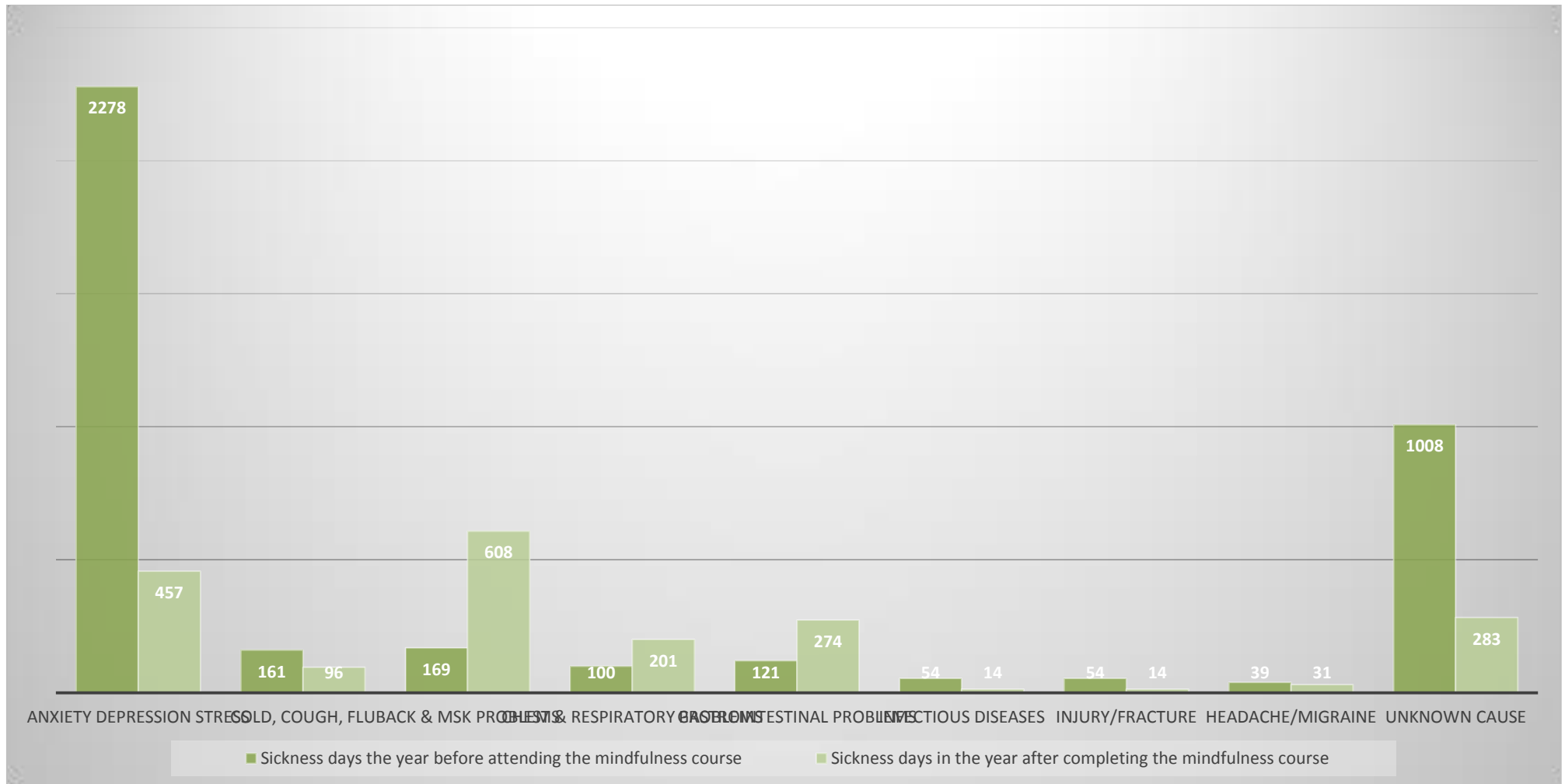
Across the past decade, the clinical literature has reported many psychosocial and health benefits from psychological interventions. Randomized controlled trials (RCTs) demonstrate the effectiveness of mindfulness meditation training to enhance coping skills, promote feelings of well-being, and effect favourable changes in physiology such as better immune functioning. Similar findings have been demonstrated in observational trials in diverse populations ranging from community samples to organ-transplant recipients.

Research has documented the beneficial effects of mindfulness training on conditions related to work stress. It has shown that mindfulness training decreases perceived stress, improves sleep quality, and heart rhythm coherence (index of emotion regulation) in employees. Learning to be more intentionally mindful reduces perceived stress and increases mindfulness in working adults. In one study HR staff who completed mindfulness courses showed better memory for tasks, more concentration on a task and less switching between tasks. A meta-analysis of intervention studies examining whether Mindfulness-Based Interventions (MBI's) reduce psychological distress in working adults supported using MBIs in organisational settings to reduce psychological distress. MBIs have a robust medium to large effect on psychological distress in working adults. Effects at post-treatment are largely maintained at follow-up. In a follow-up of a Transport for London mindfulness project, over a five-year period, stress-related absence among those attending dropped by 70%.

Although mindfulness-based stress reduction (MBSR) has been used widely for health professionals, no studies have explored the use of mindfulness-based cognitive therapy (MBCT) for stress in health care professionals. MBCT is the NICE Guidance recommended NHS intervention for recurring depression in clinical populations. MBCT is the only NICE Guidance recommended MBI (mindfulness-based interventions) at this time. For more information about MBIs in organisational settings see meta-analysis by Virgilli, (2013).

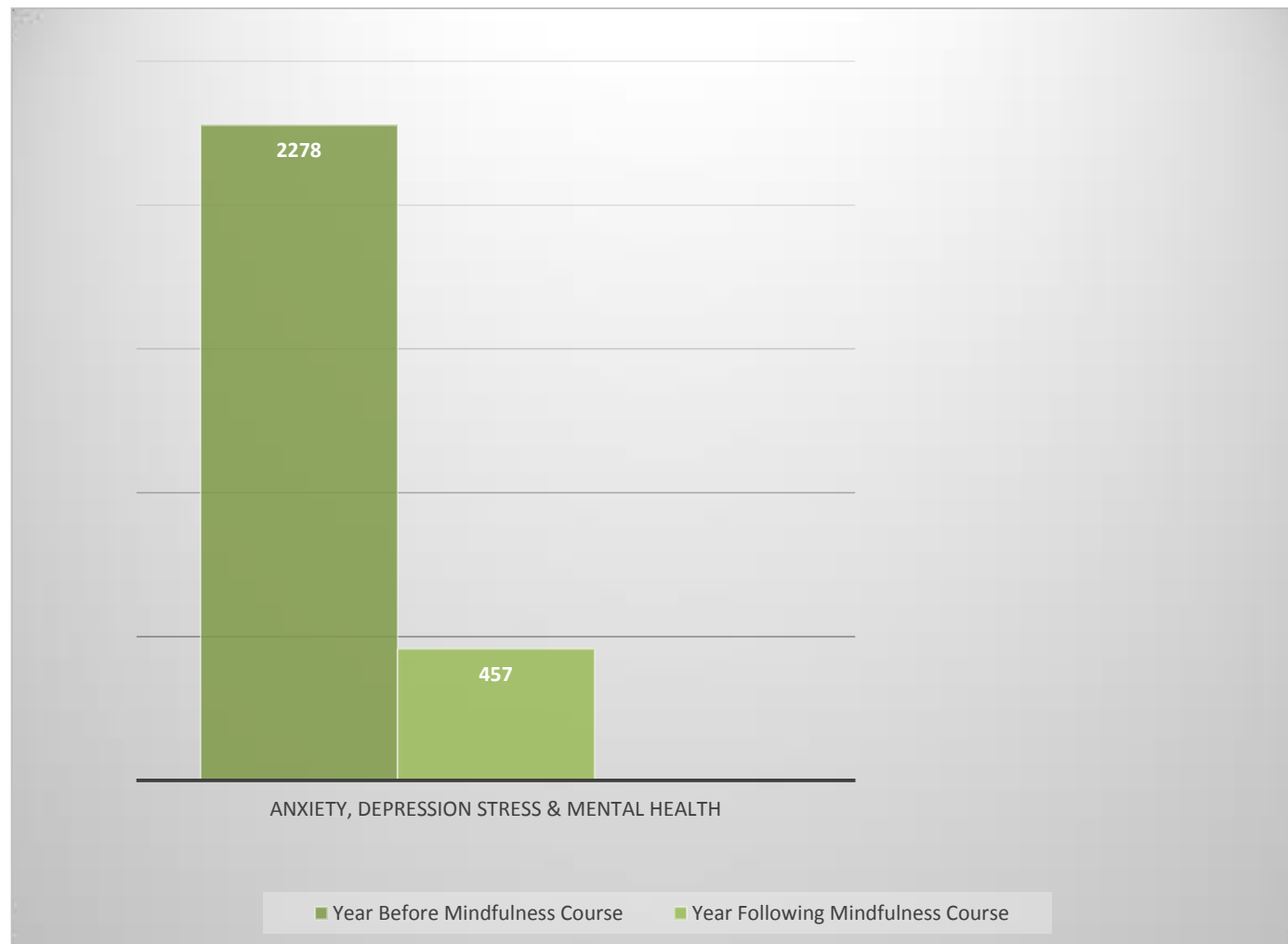
This report describes an evaluation of sickness rates in NHS staff one year before taking an MBCT course and compares this with sickness absence in the same staff members one year following completing the mindfulness course.

Table 1: Working days lost to sickness absence for various causes for one year before, and for one year after, mindfulness training



Staff sickness data identified very large reductions in days lost to sickness absence when the reason was mental health/stress (pre-course – 2278, average of 14 days; post-course 457, average of 3 days) or unknown causes (pre course – 1008, average of 6 days; post course – 283, average of 1.5 days).

Table 2: Working days lost to sickness absence for reason of anxiety, depression, stress or mental health for one year before, and for one year after, mindfulness training



Cost calculations for the days off sick for the reason of stress, anxiety and depression were made comparing cost the year prior to the mindfulness course £177 226 with the year following completing the mindfulness course £67 812,

a saving of £109,414

Follow-up questions were asked of the 166 participants included in staff sickness reports, of these 75 responded, this survey was sent to correspond with presenting data at the Mindfulness All Party Parliamentary Group at Westminster in November 2015

- **73 said "YES" the course had benefitted their health and wellbeing (2 said NO)**
- **71 said "YES" learning mindfulness had improved the way they respond to stress (4 said NO)**
- **65 said "YES" their work performance had improved since completing the mindfulness course**

Table 3: Qualitative feedback provided by participants at session 8 of the course

- When I'm in a difficult situation, instead of just reacting, I use grounding mindfully and when I feel better I am able to respond in a more helpful way.
- I am able to focus on my breathing, be more aware of how I am reacting and my thought processes
- I know how to use the skills taught on the course
- Things do not appear as stressful and appear easier to manage
- Have learned valuable coping strategies and manage stress much better. The course was the most enjoyable and beneficial that I have attended. Fantastic.
- I feel more able to detach from stress and have techniques available to manage stress in a different way
- It has taught me how to deal with things better and given me lots of strategies to help and think differently about things as and when they arise, I am no longer as stressed as I was before the course.
- It has helped me to cope a lot better with certain situations which have had an impact on my life for the past year and are continuing to do so and not to be so hard on myself (being negative). I have learned a lot of helpful strategies which I will continue to use. I would recommend this course.
- I am able to confront stress without exacerbating existing symptoms. I work through each stage using breathing techniques and this enables me to rationalize the situation which has instigated stress.
- I think it is still early days and I need to continue to practice the techniques but I think my approach to stressful situations is different, more considered, more 'mindful' and overall more effective.
- Prevents me from overreacting and over analysing it
- It has affected the way I deal with stress, although not an immediate change it has provided me with a different way to think about the stress, and manage it.
- I step back and consider the event and level of seriousness.
- Knowing that it's fine to be upset and unhappy when unpleasant things happen helps get me back on track
- I think it has made me more aware of the feelings related to this and how it makes me feel although I haven't seen a reduction in my stress levels.

Discussion

Mindfulness-based Cognitive Therapy (MBCT) may offer a cost effective preventative intervention for health professionals. This evaluation of staff sickness rates found large and important reductions in days off sick in the year following the course (2556 less sick days) due to mental health or unknown causes. Indeed, the Boorman Review estimated that prioritising staff wellbeing could deliver annual savings of £555 million nationwide from reduced absence alone. Based upon our assumption from the evidence that a daily mindfulness practice significantly impacts on long-term physical health, it is predicted that the benefits reported from attending a mindfulness course may be sustained over time. Therefore, there may be substantial ongoing financial savings year on year. Further controlled research is necessary to offer support to this hypothesis.

Mindfulness training may improve health outcomes by modulating the stress response and subsequently preventing or lessening the inflammatory response, thus potentially ameliorating vulnerability to stress-related disease. Finding effective ways to enable staff to modulate their stress response is of crucial importance to disease prevention, in terms of both financial and human costs. Emerging data also suggests that effective stress management programs impact health care utilization and likely cost, and improve worker productivity. More research is crucial to examine effective mental health preventative interventions. A "lite" version of MBCT has been tested with school teachers with encouraging preliminary results.

The methodological limitations of this service evaluation means we cannot prove any direct association between attending mindfulness courses and reductions in sickness rates, however to achieve such large reductions in sickness absence at a time when rates have generally increased for problems associated with stress and mental health indicates that this cohort of NHS staff did experience important improvements in mental well-being and resilience. This is an evaluation of an opportunity sample and may not be representative of all LCFT staff members. Further high quality trials are needed to better evaluate whether attending MBCT courses may directly impact upon NHS staff sickness rates.

Key Points

- NHS staff health and well-being is vital in the delivery of high-quality person-centred care.
- A range of preventative and proactive approaches would offer a holistic approach to health at work.
- MBCT is a NICE recommended intervention for preventing relapsing depression.
- A “lite” version of MBCT – Mindfulness: Finding Peace in a Frantic World, has evidenced reductions in teacher stress in preliminary studies.
- There is well documented research and meta-analyses demonstrating beneficial effects of mindfulness training on conditions related to work stress.
- MBCT may be associated with large reductions in staff sickness rates and further high quality trials are essential.
- There is a groundswell of national interest and parliamentary support for improving access to MBCT across the UK through IAPT Services and training.