



# Health, Wellbeing & Mindfulness

## Background – Wellbeing

---

**"Regardless of where anyone sits on views of wellbeing, it remains important: if you believe treatment is most important, then wellbeing is critical in recovery; if you believe prevention is important, well-being can reduce risks of illness; if you believe wellbeing is ultimately what everyone wants from life, then it should be the target and indicator of ultimate interest."**

Huppert & Ruggieri

Wellbeing is becoming increasingly important as a [concept to influence public policy](#). It has been used by the OECD, UN, World Bank and World Economic Forum. In the UK, which pioneered measuring national wellbeing, it is reflected within the ONS surveys now including wellbeing. The Scottish Government is part of a [Wellbeing Economy Alliance](#) with New Zealand, Iceland and others. In Wales wellbeing is enshrined in the [Wellbeing of Future Generations \(Wales\) Act 2015](#).

There are [different measures](#) in use and the New Zealand Treasury recently examined the strengths and gaps of these in their consideration of bringing wellbeing into national budgetary strategies. They looked at three aspects of wellbeing: Human Capital, Social Capital and Natural Capital.

Health (most particularly mental health) along with education, is a critical area and particularly important in [subjective wellbeing](#). High quality social relationships are key to social wellbeing. Lord [Layard's work](#) at the LSE has highlighted the importance of the emotional health of children to wellbeing throughout life.

It is clear that [wellbeing inequalities](#) between areas and communities have to be considered, as well as overall national levels. Unemployment rates and lack of trust in governmental

institutions are strongly associated with inequalities in wellbeing.

A review of [wellbeing in Europe](#) found that the UK ranked 15th out of 21 countries, scoring particularly low in vitality, engagement and positive relationships but above average in resilience and optimism (based on surveys in 2012).

Wellbeing also affects politics, for example, being linked to voting patterns in the [EU referendum](#) and [US Presidential election](#). Jacinda Ardern, prime minister of New Zealand, has said that presenting a [wellbeing budget](#) is critical to rebuilding voters' trust in institutions.

The [7th World Happiness Report](#) shows significant negative trends in wellbeing globally, starting in 2010/11. Numerous indicators of low psychological wellbeing such as depression, suicidal ideation, and self-harm increased sharply among adolescents since 2010, particularly among girls and young women.

"Skills that are widely accepted as important to sustaining wellbeing include emotional intelligence, mindfulness, social skills, and health habits" *Global Happiness & Wellbeing Policy Report 2019 Chapter 6 p106*

The [Five Ways to Wellbeing](#) are evidence-based actions that individuals can take, based on the UK Government's [Foresight Report on Mental Capital and Wellbeing](#). People in the UK have low levels of participation compared to comparable countries (except for people over 65). Young women have very low rates of paying attention (not found in other countries). This is also the group that shows a particular rise in mental health problems, now at 3 times the rate of young men.

## Mindfulness, Health and Wellbeing

---

**"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."**

*Constitution of World Health Organisation 1948*

Various measures of subjective wellbeing (e.g. positive feelings, optimism, self-esteem) predict later physical health and length of life. A higher level of wellbeing increases resistance to developing illness and protection in the course of physical illness by reducing the response to stress and improving our immune system functioning<sup>1</sup>.

Programmes to improve wellbeing can focus on individuals (positive psychology & coaching, mindfulness or exercise) or changing the context and environment (whole school and whole workplace approaches, building social connections to reduce loneliness or parenting programmes to create a nurturing environment for children).

At a societal level, [UCL](#) research shows that the key factors in governance to deliver wellbeing for the population are Competence, Fairness and Caring. A [World Bank study](#) found that economic inequality, subjective wellbeing, and social turmoil were the main factors behind the Arab Spring uprisings.

## The Development of Mindfulness for Health

Mindfulness can be understood as a natural human capacity, an ability to pay attention in a particular way. The cultivation of this capacity through training has its roots in the wisdom traditions of Asia. Over recent decades people in the field of medicine have brought mindfulness practice into their own self-care and their work with patients. In 1979 Jon Kabat-Zinn worked with patients with long-term conditions in the University of Massachusetts Medical Center and developed a structured programme now called Mindfulness Based Stress Reduction (MBSR),

incorporating different forms of meditative practice. This programme has now been used in many different health settings to help people manage many different conditions.

In the UK, Mark Williams, then Professor of Clinical Psychology at Bangor University, together with John Teasdale at the Medical Research Council, Cambridge, UK and Professor Zindel Segal at the University of Toronto, developed *Mindfulness Based Cognitive Therapy* (MBCT) to reduce the risk of recurrent depression (one of the largest burdens of ill-health in the UK and across the globe). Prevention is needed because the main method currently used to try to treat depression – antidepressants – creates unpleasant side-effects for some and cannot be used by others - for example women planning pregnancy. Moreover, about half the people taking antidepressant medication stop taking them prematurely and this can be a major issue as the risk of relapse and recurrence is high. Research shows that MBCT is effective in preventing depression and it has been recommended as a treatment by NICE since 2004. However, it is not yet available in all areas.

MBSR and MBCT have now been extensively researched and are generally provided in the form of an 8-12 week course led by a trained teacher. The surprise, for those involved at the start, has been the rapid growth of mindfulness in other applications and its spread to people who may not be experiencing clinical depression currently but who find the practice sustains good mental health. While MBCT was originally conceived as a preventive treatment (offered once people were no longer experiencing current depression), it is [increasingly used as treatment of depression, with good results comparable to CBT](#).

New programmes, such as Mindfulness-Based Pain Management, are also growing in usage globally, although they have a less extensive research literature as yet. Mindfulness techniques can be learned in online courses or apps, through books, or in short sessions in schools or workplaces but the structured courses delivered in person by trained and accredited teachers are regarded as the gold standard, underpinned by extensive research.

## How Mindfulness can improve Health

---

**"Mental health is a fundamental human right for all people that requires a rights-based approach to protect the welfare of people with mental disorders and those at risk of poor mental health, and to enable an environment that promotes mental health for all."**

[Lancet Commission Report on Global Mental Health and Sustainable Development 2018](#)

### 1. The Mental Health Context

Mental ill health has been found to be the [greatest cause of misery](#) in the world. It is the strongest predictor of low wellbeing. Depression alone affects some 300 million people globally and is the leading cause of disability.

About 2 in 3 of us experience mental ill health in our lifetime. About 1 in 5 at any time has clinical levels of mental illness and less than 1 in 6 has high levels of good mental health.<sup>ii</sup> In the larger group between the two ends of the spectrum, many will experience sub-clinical levels of anxiety

or depression, stress, insomnia, intrusive thoughts and will struggle to cope. The pressure on NHS mental health services mean that only one third of people with clinical levels of mental ill health receive help. The lack of effective support to sustain the UK's mental health calls for a rethink on the limitations of the currently available offer of antidepressants or psychological therapies (often after a long wait).

There are significant mental health inequalities, with 3 in 4 people at lowest income levels reporting a mental health problem, compared to 1 in 6 at highest levels<sup>iii</sup>. People out of work, young adults and people living alone experience higher levels of mental illness. Children in the lowest income group are 4.5 times more likely to experience severe mental health problems than those in the highest.<sup>iv</sup>

Three quarters of mental illness starts before people reach their mid 20s. Depression starts earlier than in the past and research shows that its first onset occurs most commonly in the mid-teens. This is the context for an extensive programme underway to test forms of mindfulness training that are suitable for introduction in schools, to reduce the population risks for children and young people. The £6.5m Wellcome Trust-funded research trial led by Oxford, Cambridge and UCL Universities (MYRIAD), builds on more than 40 existing peer-reviewed studies. It will test a Mindfulness in Schools programme in 85 schools, with 3,500 students receiving the intervention compared to the same number receiving Social and Emotional Learning (SEL). It has already found that 1 in 10 children aged 11-12 have depression "caseness". It will report fully in 2021.

The cost of mental ill health to the UK economy was reported by the [Chief Medical Officer](#) (CMO) as £70-100 billion. This includes [£33-42 billion to employers and £34-27 billion to government](#). Over the last decade the number of working days

lost to 'stress, depression and anxiety' has increased by 24% and the number lost to serious mental illness has doubled. The [CIPD recently found](#) that 3 in 5 employers report an increase in mental health problems in the last year but only half consider they are effective at supporting staff with these issues. 60% of long-term work absence is caused by mental ill health. The CMO suggested more should be done to prevent mental ill health and cited mindfulness-based treatment as one of the evidence-based options.

Mental illness is also costly for the people concerned. Only 43% of people with long term mental ill health are in work (compared to 65% of people with physical disabilities) and [about 300,000 lose their jobs each year](#), despite the protections in theory offered by the [Equality Act 2010](#). [A study](#) found 40% of people receiving Employment and Support Allowance (ESA) had a mental illness as their primary impairment (60% if secondary impairments were included). Studies have shown that people with mental health problems on disability related benefits are far more likely to be sanctioned and to be left without income. The [Work & Pensions Committee](#) has recommended that this stops.

Mental ill health is particularly prevalent in the public sector, with 72% of public sector employers [reporting](#) an increase in the last year. A particular area of high concern is the level of mental ill health, stress, burnout, risk of suicide and high turnover in staff in medical and caring professions and people exposed to trauma through their work in the [blue light](#) or [military services](#).

The Stevenson Farmer Report on [Thriving at Work](#) made specific recommendations to protect the mental health of the 1.62 million people working in the NHS. It called for every NHS Trust to arm employees with basic tools for prevention and self-care. More than half of doctors [report](#) feeling emotionally exhausted and 13% have

severe anxiety symptoms. The NHS [Staff Survey 2018](#) reveals that 40% of NHS staff report feeling unwell due to stress in the past year, the worst result in 5 years. This does not only affect absence levels. The [RCN reports](#) that almost half of nursing staff have gone to work when unwell with stress and a third have experienced bullying. The recent [report on the mental wellbeing](#) of NHS staff and learners acknowledged the value of mindfulness in reducing stress and anxiety for nursing students and as part of the toolbox to help doctors to cope with work pressures.

## 2. Mental Health and Mindfulness

It is important to recognise that our health of mind and body is essentially one, with many common physiological pathways for conditions that we still label as mental or physical, despite so often being present together. However, given the current health service structures for commissioning and delivering services, this briefing paper looks at mental and physical health in turn.

According to the Adult Psychiatric Morbidity Survey ([APMS](#)), 6 in 10 adults in England with conditions such as anxiety or depression do not receive treatment. While there has been an increase, this was mainly driven by a steep rise in the use of medication, with [prescriptions for antidepressants](#) almost doubling in the last decade. So many who require support do not access treatment and this is a sign that the NHS should be widening options and choice. A significant proportion of people [prescribed antidepressants](#) do not take them as recommended, for reasons including side effects or concerns, for example, in women planning pregnancy.

Depression is often a long-term and recurrent disorder. Unlike CBT and antidepressants, MBCT

There are many [examples](#) of mindfulness interventions being used to address workplace mental health, including those summarised in a [report](#) by the All-Party Parliamentary Group on Mindfulness. A recent [systematic review](#) of MBSR and MBCT in the workplace found mindfulness reduced emotional exhaustion (a dimension of burnout), stress, psychological distress, depression, anxiety, and occupational stress together with increased personal accomplishment, self-compassion, quality of sleep, and relaxation.

has been specifically developed to help people not only deal with current symptoms but also to reduce the risk of them recurring in the future. The American Psychological Association has recently conducted an [overview of MBCT](#) for depression and concluded the evidence was strong.

Mindfulness-Based Cognitive Therapy (MBCT) is unique amongst interventions for depression in that it has wide, mainstream appeal and is non-stigmatising. One reason for this is that it is popular amongst healthy individuals wishing to flourish, as well as those who are really struggling with depressive episodes. Due to the increasing success of mindfulness apps and books, many patients will already have given mindfulness practice a try in some form, making them more open to taking an evidence-based structured course. Mindfulness-Based Interventions (MBIs) like MBCT are consistently found to be 'highly acceptable' to participants in research looking at a wide range of contexts from clinical health applications to schools and workplaces.

A recent [systematic review](#) of the impact of mindfulness-based interventions for mental illnesses showed:

- The clearest evidence was for mindfulness for depression. The impact of mindfulness-based interventions was similar to current NHS first-line therapies such as cognitive behavioural therapy and antidepressants and better than other therapies.
- For anxiety, mindfulness impact was similar to other evidence-based therapies.
- For smoking, mindfulness outperformed evidence-based therapies.
- For pain and weight/eating, mindfulness performed on par with other active therapies
- The most consistent evidence was seen for depression, pain, smoking, and addictions.

The most extensive body of research shows the impact of MBCT and MBSR on depression, anxiety, stress and burnout. There is increasing use of MBCT to treat Post Traumatic Stress Disorder in, for example, US combat veterans with [significant results](#). Sussex Partnership NHS Foundation Trust, through the [Sussex Mindfulness Centre](#), has developed and piloted training designed for NHS staff to use mindfulness-based interventions (MBIs) as part of their wider support for people with mental health problems or learning disabilities. Mindfulness-based practice is also being used in mental health services focused on ADHD, dementia, eating disorders, OCD, schizophrenia, suicidal thinking. (Details available). Recent studies from the USA and the Netherlands has shown a significant impact in preventing post-natal depression. The Oxford Mindfulness in Midwifery Group has developed and successfully piloted a four-week mindfulness antenatal programme to fit the usual antenatal provision offered in most NHS areas.

### 3. Physical Health and Mindfulness

Our knowledge, motivation, attitude and resources (inner and external) influence how ill-health affects the quality of our lives and how we manage a health condition. Mindfulness affects many physiological aspects of health and also the mental framing of our response to health. Both are relevant to supporting health and wellbeing. A [meta-analysis](#) found that mindfulness training enhances coping with distress and disability in everyday life, as well as under more unusual conditions of serious disorder or stress. At a time when widespread chronic pain has led to an opioid epidemic in the USA, the value of [mindfulness-based pain management programmes](#) to reduce significantly the experience of pain has considerable potential.

Many qualities and traits strengthened by mindfulness are significant for health self-management:

- Compassion & self-compassion - vital for preventing, recovering or reducing depression, suicidal thoughts and for health & care workers
- Observing the transience of thoughts - reduces stress-induced rumination, sleeplessness, emotional reactivity, anxiety, suicidal thoughts
- Responding to difficulty with 'breathing space' practices - reduces rumination, sleeplessness, emotional reactivity, anxiety, blood pressure, panic attacks
- Sense of wider connection - helps cope with loss, life events, diagnoses, trauma, loneliness
- Being in the present moment - reduces fear of the future or anger & regret for the past

- Attention regulation and reduction in reactivity – 'witnessing' emotional responses and addictive patterns of behaviour e.g. eating disorders, self-harm, smoking, gambling, violence, managing pain or fears
- Stronger mind-body connection – awareness of the body, how we treat it and its changes

Medical specialists in many different conditions are using mindfulness with their patients to enable them to participate in improving their wellbeing and managing their condition. The research evidence base is growing rapidly. Perhaps because mindfulness addresses the *foundations* of wellbeing, conditions where mindfulness-based treatments or training is being used are wide-ranging, including:

Addictions

---

Cancer

---

Cardiovascular Disease & Blood Pressure

---

Dementia & Memory Loss

---

Diabetes

---

Epilepsy

---

Fatigue

---

Fibromyalgia

---

HIV/AIDS

---

Autism and Learning Disability

---

Huntingdon's Disease

---

IBS

---

Menopause

---

Multiple Sclerosis

---

Obesity

---

Pain management

---

Parkinson's Disease

---

Psoriasis

---

Rheumatoid Arthritis

---

Sleep

---

Tinnitus

## 4. Benefits for the NHS if there was wider provision of mindfulness-based treatments or training

As well as the benefits that could flow for individuals, their families and employers, there are also many potential benefits for the NHS from a wider availability of mindfulness-based treatments or training. These include:

- Early ease of access for patients to effective help, preventing worsening conditions, improving chances of recovery and reducing the impact on quality of life
- Higher quality of life for people living with impaired health, pain or disability, associated with greater self-confidence, empowerment and independence
- Skills to help people through life's greatest challenges: loss in capacity or relationships, physical and emotional pain, traumatic health events and changes; frightening diagnoses and end of life experience
- An attractive additional choice for people for their mental health, and choice has a [proven impact](#) on effectiveness of treatment
- Stronger compassion and focused attention on patients for health professionals, reducing the risk of mistakes or scandals such as Mid-Staffs
- Professional and personal carers better able to avoid burnout
- Reduction in health-damaging cultures and the risks of bullying at work
- Reduced medication (and its costs) with fewer side effects (especially important for pregnancy, breast feeding, long-term conditions and & multimorbidity)
- Reduced "non adherence" to treatment

## 5. Extending the reach of mindfulness

Evidence shows that the people with the longest history of mental health problems, for example those exposed to higher numbers of Adverse Childhood Events (ACEs), show the best outcomes from mindfulness practice. It also has a significant impact on people who are vulnerable and not thriving but do not have current clinical levels of mental illness. There is an increasing number of mindfulness programmes in UK prisons. For example, Professor Mark Williams has been working with remand prisoners in Pentonville, alongside colleagues Andy Phee and Debbie Murphy. Teaching mindfulness in this context includes "emergency meditation" techniques for prisoners to use when things are beginning to get out of control. These techniques are adaptations of the "Soles of the Feet" practice that are effective for people who have learning disabilities and problems in anger management. Qualitative feedback from prisoners suggests that it is effective in de-escalating situations on the prison wings.

While there has been significant media interest and promotion of mindfulness, the cost of paying privately for an 8-12 week evidence-based MBCT or MBSR course is prohibitive for people at lower levels of income. NICE recommends MBCT to prevent relapse into depression and it is included in guidance for IAPT services. However [recent research](#) has shown that provision is very patchy and it is not available in most CCG areas.

The value of mindfulness for children and young people is a major subject in its own right and there is significant research in this area. Mindfulness training can be used as a universal intervention in schools because it is popular, non-stigmatising and delivers benefit across the 'bell-curve of wellbeing', from those really struggling to those really flourishing. At its core, the training involves a relatively simple practice but reliably impacts on a wide range of indicators of positive

psychological, social and physical wellbeing and flourishing. Over 5,000 teachers have so far trained to teach mindfulness in the classroom and the techniques have been introduced to over 1/2 million children.

## 6. Recommendations

- |  |   |
|--|---|
| <p>1. MBCT (Mindfulness-Based Cognitive Therapy) should be an integral part of the service provided through the NHS in every area in line with NICE guidelines, so that it is available to the 580,000 adults each year who will be at risk of recurrent depression. It should be offered as a choice in IAPT services universally.</p>  | <p>2. Funding should be made available through the Improving Access to Psychological Therapies (IAPT) training programme to train sufficient staff to fulfil this.</p>  |
| <p>3. Those living with both a long-term physical health condition and a history of recurrent depression should be given access to MBCT, especially those people who do not want to take antidepressant medication. This will require assessment of mental health needs within physical health care services, in line with the <a href="#">5 year Forward View for Mental Health</a>, which recommended evidence-based mental health treatments are provided for people with long-term conditions, muscular skeletal disorders, IBS or chronic fatigue syndrome.</p> | <p>4. NICE should review the evidence for Mindfulness-Based Interventions (MBIs) in the treatment and support for self-management of mental and physical health conditions and in producing guidance on the prevention of mental health problems.</p> |
| <p>5. Government departments should establish mindfulness programmes for staff in the public sector – in particular in health, education and criminal justice - to combat stress, burnout and improve organisational effectiveness.</p>  | <p>6. The NHS and the National Offender Management Service (NOMS) should work together to ensure the urgent implementation of NICE’s recommended Mindfulness-Based Cognitive Therapy (MBCT) for recurrent depression within offender populations.</p> |
| <p>7. The Ministry of Justice (MOJ) and NOMS should fund a review of evidence and best practice once the current research trials are completed, with a view to making proposals for implementation for the UK’s offender populations.</p>  |   |

## About The Mindfulness Initiative

The Mindfulness Initiative grew out of a programme of mindfulness teaching for politicians in the UK Parliament. It provides the secretariat to the Mindfulness All-Party Parliamentary Group.

We work with legislators around the world who practice mindfulness and help them to make capacities of heart and mind serious considerations of public policy. We investigate the benefits, limitations, opportunities and challenges in accessing and implementing mindfulness training and educate leaders, service-commissioners and the general public based on these findings.

Visit [www.themindfulnessinitiative.org](http://www.themindfulnessinitiative.org) to find out more.

## Getting in touch

If you have any questions, suggestions or other feedback on this document please get in touch by emailing [info@mindfulnessinitiative.org.uk](mailto:info@mindfulnessinitiative.org.uk).

## Supporting our work

The Mindfulness Initiative doesn't receive any public funding and in order to retain its neutral and trusted advisory position in the sector cannot generate revenue from competitive products or services. As such, we are entirely dependent on charitable gifts for sustaining our work. If you found this briefing paper helpful, please consider making a contribution. Visit [www.themindfulnessinitiative.org/appeal/donate](http://www.themindfulnessinitiative.org/appeal/donate) to make a one-time or recurring donation.

Research & Writing: Jenny Edwards CBE

Copyright © 2019 The Mindfulness Initiative  
Sheffield, S1, United Kingdom  
UK Registered Charity: 1179834



[www.themindfulnessinitiative.org](http://www.themindfulnessinitiative.org)

i Huppert & Ruggeri Oxford Textbook of Public Mental Health, Policy Challenges 2018

ii NatCen research 2017 for Mental Health Foundation The State of the UK's Mental Health

iii NatCen op cit

iv Gutman, L., Joshi, H., Parsonage, M., & Schoon, I. (2015). Children of the new century: Mental health findings from the Millennium Cohort Study. London: Centre for Mental Health.