Evaluation of Outcomes from Sussex Partnership MBCT Service User Groups

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Background

Mindfulness-Based Cognitive Therapy (MBCT) is an eight week course with the strongest evidence being for people experiencing major depression. MBCT can reduce the relative risk of relapse for people who are currently well but who have experienced multiple episodes of major depression in the past (Piet & Hougaard, 2011) and MBCT can also reduce the severity of depression for people who are currently clinically depressed (Strauss et al., 2014). There is also evidence that MBCT can reduce the severity of anxiety symptoms in mental/physical health populations (Hofmann et al., 2010), although MBCT may not be effective for people meeting diagnostic criteria for an anxiety disorder (OCD, PTSD, social anxiety etc.) where depression is not a primary problem (Strauss et al., 2014). Sussex Partnership have been offering MBCT groups to service users for over 10 years. This report presents outcomes from MBCT groups for Sussex Partnership service users from adult primary and secondary care services between 2012 and 2015.

Method

Data were collected from 233 adults (153 females) with a range of mental health difficulties between 12th October 2012 and 13th October 2015. Participants' ages ranged from 20 to 88 years (M= 48.8, SD= 13.66). 61% of participants completed measures before and after their MBCT group. 39 % of participants either completed just the pre-MBCT or just the post-MBCT measures, or had large quantities of missing data and thus were excluded from the data analysis.

Measures

*The Five-Facet Mindfulness Questionnaire Short-Form (*FFMQ; Bohlmeijer, Klooster, Fledderus, Veehof, & Baer, 2011). The FFMQ is designed to measure levels of mindfulness. It contains 24 items within five facets; Non-reactivity to inner experience, Observing, Acting with awareness, Describing, and Non-judging of inner experience. Participants are asked to respond on a rating scale from 1 (never or very rarely true) to 5 (very often or always true) how frequently they had experienced the statements in the last month.

*Self-compassion Scale Short-form (*SCS-SF; Raes, Pommier, Neff, & Van Gucht, 2011). The SCS-SF is a 12 item measure of self-compassion. On a sub-scale level the it measures Self-Kindness, Self-Judgment, Common Humanity, over identification, Isolation, and Mindfulness. Participants were asked to indicate how often they behave according to the statements ranging from 1- (almost never) to 5- (almost always).

*Patient Health Questionnaire for Depression (*PHQ-9; Kroenke, Spitzer, & Williams, 2001). The PHQ-9 is a valid and reliable measure of depression severity. This 9 item measure requires participants to rate from 0 (not at all) to 3 (nearly every day) how often they have been affected by the stated problems in the past two weeks.

Generalised Anxiety Disorder Scale (GAD-7;Spitzer, Kroenke, Williams, & Lowe, 2006). The GAD-7 is an established item to identify anxiety and its severity with good reliability, criterion and construct validity. This 7 item measure requires participants to rate from 0 (not at all) to 3 (nearly every day) how often they have been affected by the stated problems in the past two weeks.

Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Stewart-Brown et al., 2009). The SWEMWBS is a 7 item scale measuring psychological and eudemonic well-being. Respondents were required to rate themselves from 1 (none of the time) to 5 (all of the time) to how that item best described their experience over the last 2 weeks.

Service users were referred by a member of their primary care or secondary care adult mental health team and were allocated to MBCT groups in various locations in Sussex. MBCT groups were facilitated by two trust-accredited MBCT teachers, closely adhering to the original MBCT manual (Segal et al., 2002) and receiving regular supervision from trust-accredited MBCT supervisors. Participants self-completed the pack of measures in the first and final session of their MBCT group with the facilitator present.

Results

Paired *t*-tests were used to compare participants' pre- and post-MBCT scores. A total of 143 service users were included in the final data analysis, who had completed both pre- and post-measures; this accounted for 61% of the total initial participant sample of 233.

Depression: Severity of depression symptoms significantly decreased with a medium effect size in the post condition (M = 8.58, SD = 6.15) compared to the pre-condition (M =11.60, SD = 6.79); t (131) =6.857, $p < .001$, d = 0.47, 95% CI (0.32, 0.61).

Anxiety: Severity of anxiety symptoms significantly decreased in the post condition (M = 7.36, SD = 5.15) compared to the pre-condition with a medium effect size (M = 10.14, SD = 5.60); t (131) = 6.877, $p < .001$, d = 0.52, 95% CI (0.36, 0.68).

Wellbeing: Well-being significantly increased in the post condition (M=22.78, SD =4.96) compared to the pre-condition with a medium-large effect size (M=19.65, SD=4.49); t (142) = -8.724, $p<0.001$, d=-0.66, 95% CI (-0.83, -0.49).

Mindfulness: There was a significant increase in levels of mindfulness post-MBCT (M= 77.35, SD = 14.39) compared to pre-MBCT (M= 64.97, SD = 11.81); with a large effect size, t (142) = - 11.951, $p < .001$, d = -0.93, 95% CI (-1.12, -0.74).

Self-Compassion: Self-compassion scores, also significantly increased in the post condition (M = 34.29, SD = 9.73) compared to the pre-condition with a large effect size (M = 26.79, SD = 8.27); t (140) =-10.172, $p < .001$, d = -0.83, 95% CI (-1.02,-0.64).

Discussion

The aim of this report is to evaluate outcomes from MBCT groups for NHS mental health adult service users. Findings were that there were significant pre-post MBCT improvements in depression, anxiety, wellbeing, mindfulness and self-compassion, with effect sizes being medium or large.

There are some limitations to this evaluation. One limitation is that participants completed the measures in the MBCT group which could increase demand characteristics and inflate effect sizes. There was a 39% non-completion rate. Those who did not complete the post-MBCT measures may have benefitted less from the MBCT course than measure completers. Having an independent researcher administer the measures could be a solution to this limitation. Details of client diagnosis, condition onset, and previous treatment undertaken could be useful information to include in future evaluations in order to identify groups for whom MBCT is more/less effective.

Overall, this evaluation shows that adult service users attending Sussex Partnership MBCT groups show significant improvements in depression, anxiety and wellbeing along with significant improvement in mindfulness and self-compassion, established mechanisms of change for MBCT (Gu et al., 2015). The degree of improvement in depression and anxiety symptoms is less than found in research studies of MBCT in mental health populations and this warrants further consideration.

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