

**Governance arrangements for teaching brief and adapted mindfulness interventions that are not the 8 week Mindfulness-Based Cognitive Therapy (MBCT) course, or equivalent 8 week courses, in Sussex Partnership NHS Foundation Trust**

Sussex Partnership staff providing the lead role in delivering an intervention that is not the 8 week MBCT/MBSR course but where formal mindfulness meditation practice is an essential and regular component of the intervention should have:

- 1) a professional mental health training. However, trained mindfulness staff who meet all the other criteria below but do not have a professional mental health training (eg peer support workers) may co-deliver a mindfulness intervention with a clinician with a mental health training; or deliver a mindfulness intervention alone to a non-clinical group (eg to staff). The MBI PN recognises and welcomes the unique skills and experience that peer support workers and others may bring that cannot be provided by a professional mental health worker and seeks to ensure that they are properly supported in their role, for example through liaison with the People Participation team.
- 2) an established, regular personal Mindfulness practice.
- 3) attended at least one 8 week MBCT/MBSR course as a participant.
- 4) attended the Trust's 5 and a half day 'Adapted Mindfulness-based Approaches (MBAs) (for non 8 week programmes)' mindfulness training programme, or equivalent, such as the Teacher Training Retreat 1.
- 5) on-going mindfulness supervision with an experienced mindfulness teacher. The frequency of this should be established in agreement with the supervisor and depends on the intensity of the mindfulness work undertaken but, as a minimum, should be sufficient to be able to discuss all issues of risk and safety.
- 6) At least yearly mindfulness CPD, such as attending mindfulness master classes, teacher development days and all days provided by the Sussex Mindfulness Centre.
- 7) an up-to-date knowledge of the evidence-base for mindfulness-based interventions (standard and adapted) in the setting in which the intervention is being offered.

Please note that these criteria represent a minimum standard only and greater experience and training in mindfulness than that listed above may be necessary for people to lead mindfulness interventions confidently.

Staff assisting in the delivery of mindfulness interventions alongside a lead teacher who meets the above criteria need not themselves meet all these criteria.

Person Based Cognitive Therapy (PBCT) has a significant mindfulness component that is used in a way that is similar to MBCT. Therefore, staff offering PBCT groups need to adhere to these governance arrangements.

Clinicians offering Acceptance and Commitment Therapy (ACT) interventions have a range of views regarding the relevance of this guidance to their work. Discussion in supervision is advisable where staff are offering an ACT intervention with a substantial mindfulness component, and in such cases, the use of this guidance is recommended.

Staff using Dialectical Behaviour Therapy (DBT) should refer to their own governance arrangements, but a discussion with their supervisor about the guidance in this document is advisable.

An audit will be conducted every two years amongst SPFT MBI Practitioners. Information will be requested 3 times and if there is no response and it is not possible to draw up a plan with the teacher concerned about how the criteria will be met over a specific timescale, then Trust approved MBI Practitioner status will be removed until such a plan is drawn up and met. Practitioners wishing to deliver MBIs after an absence from teaching should have maintained the required mindfulness CPD and personal practice stated above, and if they have not taught for 3 years or more, should ideally deliver MBIs with another mindfulness practitioner and access additional supervision.

June 2019  
MBI Practice Network