



## “Are Mindfulness-Based Self-Help Resources Helpful?”

Day: Thursday 12th July 2018      Time: 10:45 – 12:00      Track: Clinical Applications

General background and aims: An ever-growing range of mindfulness-based self-help (MBSH) resources are available including self-help books (e.g. Williams & Penman (2011) ‘Mindfulness: A practical guide to finding peace in a frantic world’), online courses (e.g. [www.bemindfulonline.com](http://www.bemindfulonline.com)) and smartphone applications (e.g. Headspace). These are currently amongst the best-selling self-books and most downloaded smartphone self-help applications. Whilst widely available, questions remain about their effectiveness for both non-clinical and clinical populations and we present two studies addressing these questions. Other questions remain about the specificity of effects of MBSH and we present a study examining the specific effects of MBSH in comparison to a well-matched control intervention. We know that engagement/usage can be poor with other forms of self-help – if people do not use MBSH they are unlikely to benefit. In our final presentation, we examine facilitators and barriers to engagement with MBSH.

Summary: Heather Taylor will first present a meta-analysis of randomised controlled trials (RCTs) of unguided MBSH (i.e. MBSH with no clinician support) which shows significant but small effects of MBSH on depression, anxiety and stress outcomes. The indication is that effects may be smaller for unguided MBSH in clinical than in non-clinical populations. With this in mind, Clara Strauss will present findings from a pilot RCT examining the effects of clinician-guided MBSH for people experiencing mild/moderate symptoms of depression. Findings suggest that clinician-guided MBSH has potential as an intervention for mild/moderate depression. In our next presentation, Jenny Gu presents findings from an RCT comparing MBSH to a well-matched control intervention showing that MBSH is more effective in reducing stress. Moreover, effects of MBSH on stress in comparison to the matched control intervention are mediated by changes in mindfulness, self-compassion and worry suggesting effects of MBSH are due at least in part to theorised mechanisms of change. Finally, Moitree Banerjee will present findings from two studies examining predictors of engagement with MBSH. These studies both find that trait rumination and worry predict poor engagement with MBSH which in turn predicts smaller pre-post MBSH improvements in trait mindfulness.



## Symposium overview

- Presenter 1**     **Heather Taylor** - A little bit of mindfulness does you good: Findings from a systematic review and meta-analysis of unguided mindfulness-based self-help interventions
- Presenter 2**     **Clara Strauss** - Findings from a pilot randomised controlled trial of guided self-help MBCT for depression in an NHS talking therapies service
- Presenter 3**     **Jenny Gu** - Investigating the Specific Effects of an Online Mindfulness-Based Self-Help Intervention on Stress and Underlying Mechanisms
- Presenter 4**     **Moitree Banerjee** - Barriers to Mindfulness: The Role of Rumination and Worry in Predicting Psychological and Physical Engagement in an Online Mindfulness-Based Intervention
- Chair:**             **Clara Strauss**



## **A little bit of mindfulness does you good: Findings from a systematic review and meta-analysis of unguided mindfulness-based self-help interventions**

Heather Taylor, Clara Strauss, Kate Cavanagh

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**Background and objectives:** Several factors can limit access to face-to-face mindfulness-based interventions (MBIs). As such, research interest in unguided mindfulness-based self-help (MBSH) interventions is growing. A systematic review and meta-analysis of 31 Randomised Controlled Trials is presented, comparing unguided MBSH to control conditions on outcomes of mindfulness, anxiety, depression, stress and wellbeing/quality of life.

**Methods:** Included studies were identified from a search of relevant databases, and subject to pre-defined inclusion and exclusion criteria. Means, standard deviations and samples sizes at post-intervention were extracted for each of the outcomes of interest, for each treatment arm. A random effects model was used to compute post-intervention, between-groups effect sizes for each outcome. Moderator analyses were conducted to explore the effects of control-condition type and intervention delivery type. Sub-group analyses were conducted for studies utilising community samples, whereas the effects of MBSH among mental and physical health populations were subject to narrative review.

**Results:** MBSH demonstrated small, statistically significant benefits over control conditions on outcomes of depression ( $g = -0.28$  [95%CI -0.41, -0.16]), anxiety ( $g = -0.27$  [95%CI -0.52, -0.03]) and stress ( $g = -0.30$  [95%CI -0.43, -0.16]), and significant small-to-medium effects on mindfulness ( $g = 0.42$  [95%CI 0.26, 0.57]) and wellbeing/quality of life ( $g = 0.42$  [95%CI 0.21, 0.63]) at post-intervention, which were largely robust to sensitivity analyses (to the exclusion of the anxiety outcomes). Moderator analysis demonstrated a significantly larger effect of MBSH on mindfulness outcomes, when compared to inactive control conditions. Non-digital MBSH demonstrated significantly larger effects on stress, than digitally-delivered MBSH. Mindfulness-based self-help was effective on all outcomes among community samples, but narrative review of studies recruiting from populations with mental or physical health symptoms suggested less promising effects.

**Discussion and conclusion:** Our findings demonstrate significant benefits of MBSH among community samples. While MBSH appears to produce significantly smaller effects than traditionally-delivered, face-to-face MBIs, our findings suggest that people may be able to successfully develop mindfulness skills, and experience improvements in psychological symptoms and wellbeing, through interventions that require no therapist resource at the point of delivery.



## **Findings from a pilot randomised controlled trial of guided self-help MBCT for depression in an NHS talking therapies service**

Clara Strauss<sup>1</sup>, Kate Cavanagh<sup>1</sup>, Fergal Jones<sup>1,2</sup>, Laura Lea<sup>2</sup>

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**Background and objectives:** About 1 in 10 people in the UK experience clinically significant symptoms of depression in any one week. In order to extend the reach of psychological interventions to all those who might benefit, the National Health Service in England provide Improving Access to Psychological Therapies (IAPT) services. Where depression is mild or moderate IAPT offer cognitive behaviour therapy (CBT) self-help with guidance provided by a trained practitioner. However, drop out from CBT self-help is high and clinical outcomes are poor. Guided self-help MBCT could a more effective option. This pilot RCT aimed to estimate the effect of guided self-help MBCT in comparison to self-help guided CBT for people experiencing depression in IAPT.

**Methods:** 40 people experiencing mild to moderate symptoms of depression from an IAPT service were randomly allocated to either self-help MBCT or to self-help CBT along with four sessions of guidance provided by a trained practitioner. Participants completed self-report measures at baseline and post-intervention and were interviewed about their experiences of their allocated intervention.

**Results:** At post-intervention, there was a small effect on depression symptom severity (PHQ-9) in favour of self-help MBCT in comparison to self-help CBT with the 95% confidence interval including the minimum clinically important difference. Twice as many people dropped out from self-help CBT as from self-help MBCT. Qualitative findings suggested that self-help MBCT is acceptable and engaging.

**Discussion and conclusions:** Pilot findings suggest that self-help MBCT for depression could provide an effective alternative to self-help CBT with lower rates of dropout. These findings suggest potential for guided self-help MBCT for depression. A definitive RCT of self-MBCT in comparison to self-help CBT for depression is currently underway.



## **Investigating the Specific Effects of an Online Mindfulness-Based Self-Help Intervention on Stress and Underlying Mechanisms**

Jenny Gu, Clara Strauss, Kate Cavanagh

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**Background and objectives:** Previous research examining the effects of mindfulness-based interventions (MBIs) and their mechanisms of change has been hampered by failure to control for non-specific factors, such as social support and interaction with group members, facilitator contact and expectation of benefit, meaning that it remained possible that benefits of MBIs could have been attributable, perhaps entirely, to non-specific elements.

**Method:** This experimental study examined the effects of a 2-week online mindfulness-based self-help (MBSH) intervention compared to a well-matched classical music control condition and a waitlist control condition on perceived stress. This study also tested mindfulness, self-compassion and worry as mechanisms of the effects of MBSH versus both control conditions on stress. Participants (N = 214) were randomised to MBSH, classical music, or waitlist conditions and completed self-report measures pre-, mid- and post-intervention.

**Results:** Post-intervention, MBSH was found to significantly reduce stress compared to both control conditions. Bootstrapping-based mediation analyses used standardised residualised change scores for all variables, with mediators computed as change from baseline to mid-intervention, and the outcome computed as change from baseline to post-intervention. Changes in mindfulness, self-compassion and worry were found to significantly mediate the effects of MBSH versus both control conditions on changes in stress.

**Discussion and conclusion:** Findings suggest that cultivating mindfulness specifically confers benefits to stress and that these benefits may occur through improving theorised mechanisms.



## **Barriers to Mindfulness: The Role of Rumination and Worry in Predicting Psychological and Physical Engagement in an Online Mindfulness-Based Intervention**

Moitree Banerjee, Clara Strauss, Kate Cavanagh

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**Background and objectives:** Research into engagement in mindfulness-based interventions (MBIs) is in its infancy. Engagement in MBIs is usually defined as class attendance ('physical engagement') only. However, in the psychotherapy literature, there is increasing emphasis on measuring participants' psychological involvement with interventions ('psychological engagement'). Our studies test a model that rumination and worry act as barriers to physical and psychological engagement in MBIs and that this in turn impedes learning mindfulness. Additionally, we test this model in an analogous classical music intervention condition.

**Method:** Two studies recruited 124 and 136 participants respectively. The participants were given access to a two-week online mindfulness-based self-help (MBSH) intervention (both studies) or an online classical music intervention (Study 2 only). Self-report measures of mindfulness, rumination, worry and physical and psychological engagement were administered. Path-analyses were used to test the linear relationships between the variables.

**Results:** Findings from both studies were that rumination and worry both predicted psychological disengagement in MBSH which in turn predicted improvements in trait mindfulness during the intervention. Physical engagement on the other hand did not emerge as a predictor of changes in mindfulness. No such associations were found in the music condition.

**Discussion and conclusion:** Thus, rumination and worry appear to increase the risk of disengagement in MBSH which may in turn impede learning mindfulness. Implications for practice are discussed.