



Implementation of Mindfulness-based Programmes (MBCT)

The ASPIRE Project



This project was funded by the National Institute of Health Research (NIHR) Health Services and Delivery Research Programme



ASPIRE Team

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Co-Investigators

Patient and Public Involvement:
Convenor: Andy Gibson
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- Depression is a major public health problem
- Mainstay approach is either nothing or anti-depressant medication (m-ADM) in primary care settings
- MBCT seeks to prevent relapse and recurrence
- Effective and no more or less cost-effective than anti-depressants
- Has been recommended by guideline groups since at least 2004
- Many patient groups express a preference for approaches that will teach skills for life

The Implementation of Mindfulness-Based Cognitive Therapy: Learning From the UK Health Service Experience

Rebecca S. Crane, Willem Kuyken

“Even if a psychosocial intervention has compelling aims, has been shown to work, has a clear theory-driven mechanism of action, is cost-effective and is recommended by a government advisory body, its value is determined by how widely available it is in the health service.”

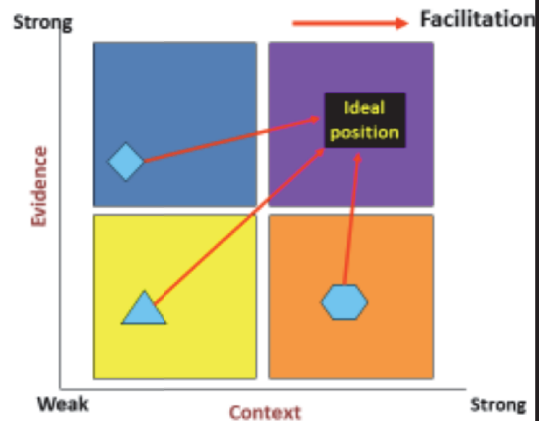
Promoting Action on Research Implementation in Health Services (PARIHS)

Successful Implementation

A function of:

Nature of Evidence
Context of implementation
Process of Facilitation

$$SI = f(E, C, F)$$



STUDY PROTOCOL

Open Access

Accessibility and implementation in UK services of an effective depression relapse prevention programme – mindfulness-based cognitive therapy (MBCT): ASPIRE study protocol

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Phase 1 – Descriptive

Methods: Semi-structured interviews

Sample: Key stakeholder groups

N=70: 10 in each UK NHS region



Phase 2 – Explanatory

Methods: In-depth case studies of MBCT provision

Sample: 10 cases of service provision (4 fully embedded, 4 partially embedded, 2 no provision)



Implementation Plan and Dissemination

- "Fit for purpose" Implementation Plan
- Conferences, website, publications and stakeholder workshops

Case Studies Exercise - 1

How can we understand the implementation journey in this setting?

What facilitated and hindered implementation?

What were the pivot points?

Scribe / presenter

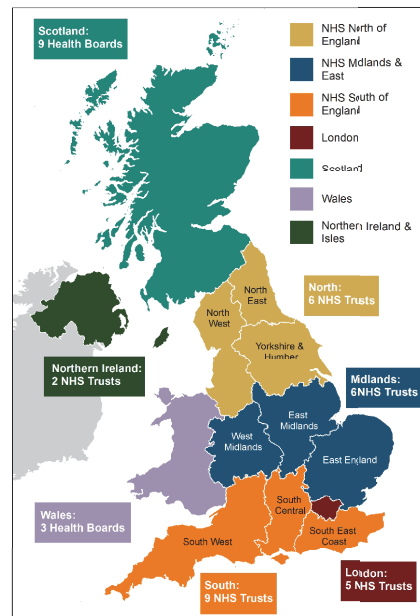
Phase 1

- 40 NHS sites (mix of primary and secondary care)
- 68 Interviews

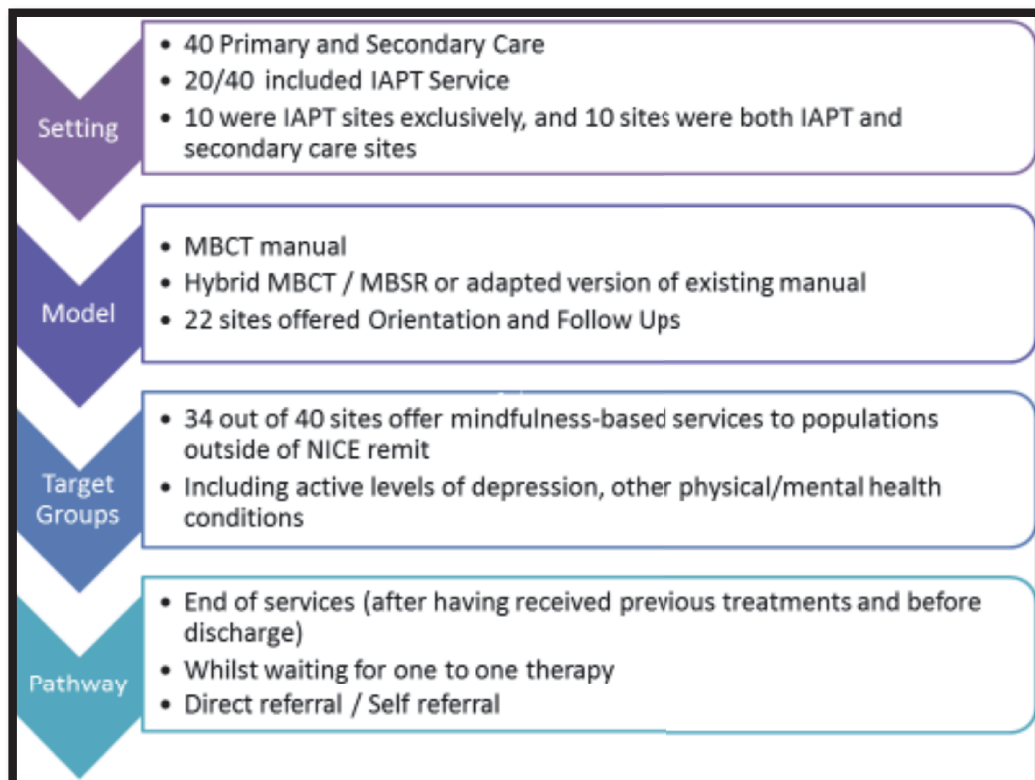
Phase 2

- 10 Case Studies
 - 127 Interviews
 - 16 Observations

(Participants included; MBCT teachers, manager+clinicians, managers, commissioners, referrers, service users)



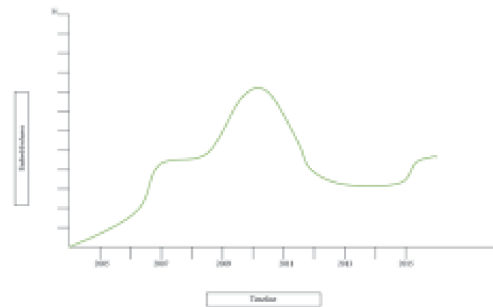
[Contains Ordnance Survey data © Crown copyright and database right 2010.]



Emerging Themes and Explanations

Journey

Starting Point



Emerging Themes and Explanations

Presence of an Implementer

Implementation was more successful because the implementer had certain features (e.g. commitment, drive, implementation skills) and because of the networks s/he created or was part of (multi-level) and the context they were working in.”

Emerging Themes and Explanations

Making it fit

“Successful implementation relied on the fit between several key factors (intervention, audience, context) at different levels (levels including clinical, managerial and commissioning)”

Emerging Themes and Explanations

Supportive Context

“MBCT implementation was more likely when the context (e.g., setting, culture, resources) was supportive of MBCT, and of the implementer’s activities.”

Emerging Themes and Explanations

Activities

Implementers seemed to maximise engagement and impact when they combined a range of strategies and activities (tasters, staff mindfulness, mix of evidence, piloting/evaluating, adapting, managing expectations, reporting and demonstrating impact, branching out) which were tailored to match context (service need, culture) and audiences (across stakeholders and levels).

Emerging Themes and Explanations

Drive

“More successful implementation seemed to be driven by a combination of top down and bottom up activities/factors.”

Emerging Themes and Explanations

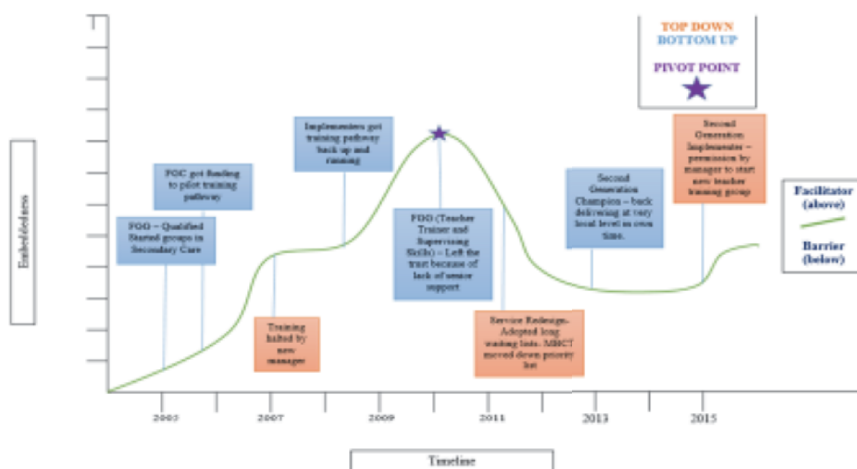
Quality / Training / Supervision

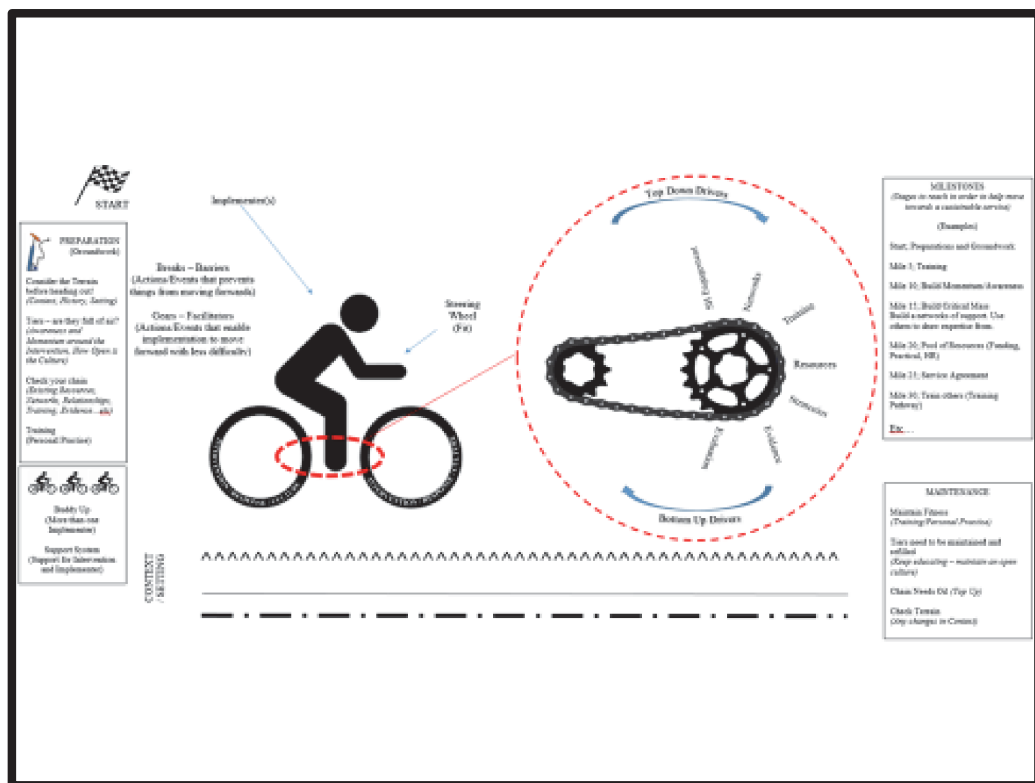
“Maintaining the quality of MBCT is dependent on training and supervision arrangements.”

Emerging Themes and Explanations

Pivot Points

“An accumulation of top down and bottom up activities/factors led to ‘pivot point,’ which enabled implementation to develop further or not”





Case Studies Exercise -2

How can we understand the implementation journey in this setting ***using the ASPIRE findings?***

Take each developmental stage for the case study ***as if it were happening right now***. How might the framework be used to support and enable the next phase of implementation?
What is the approach to management / commissioners / training supervision?

Scribe / presenter

Worked Case Example

Person wishing to implement describes position,
what do they want help with (5 minutes)

Observers ask questions based on ASPIRE
framework (8 minutes)

Person reflects on what they have learned (5
minutes)

Quick round of all participants to gather: How
was it for you, and what did you notice (1
minute each)

Implementation Guidance

What type of Implementation Guidance
would be helpful to you and others?