

Dear Colleagues,

I am writing to thank the FPSA for its very generous £800 of funding towards Year 2 of the Studies in Mindfulness MSc I am engaged in. The MSc is a three-year, part-time course run by Aberdeen University and tutored by a combination of mindfulness teachers from the Mindfulness Association (<http://www.mindfulnessassociation.org/>) and university lecturers. A copy of the university's course information can be found at: <http://www.abdn.ac.uk/education/programmes/mindfulness/index.shtml>.

In brief, this MSc, as well as being in one sense an ordinary academic endeavour, offers training in clinical, secular applications of mindfulness and compassion techniques. As students we are all required to maintain our own daily practice, based on each practice as it is taught and the very reasonable principle that if we are going to teach mindfulness to other people, we should understand the practices and their benefits and consequences intimately- if not actually embody mindfulness and compassion principles. Simultaneously, the academic and ultimately the research year of the course allow us to question and explore aspects of this promising area. The students on the course come from a variety of backgrounds, including education, healthcare and business management. The course is taught on planned weekends at Samye Ling Buddhist centre in the Scottish Borders, online and at year-end retreats on Holy Isle, just off the west coast of Scotland.

There are so many exciting and rewarding aspects to being on this course it is hard to know here to start, not the least of which is the opportunity to study at Samye Ling and Holy Isle. Then there are the excellent teaching skills of the tutors, including Rob Nairn, author of *Diamond Mind*, and the support and encouragement of a diverse student group sharing the MSc journey. But if that's all sounding a bit glamorous or idyllic then this would be a good moment to mention that the course is also very hard work, as I imagine is the case on any MSc, if, for example, like me, you want to see your family sometimes and are also working full-time!

The course definition of mindfulness, helpfully much more succinct than others you can find, is:

“Knowing what is happening, while it is happening, without preference.”

The first part, *knowing what is happening, while it is happening*, is the easy-sounding, technical aspect of mindfulness. The second part, *without preference*, is the crux of the matter, referring to acceptance of the present moment just as it is, i.e. learning to just *be*, and perhaps in doing so not following our habit of trying to avoid, alter or distract ourselves from the present moment. One key potential clinical (and universal) benefit of this is that if we can learn to just be then we can develop a new relationship with our thoughts and feelings. For example, we might be able to identify what we are thinking and feeling more clearly and we might also see that we do not have to respond to every thought and feeling which arises, a process which can help people improve, amongst other things, impulse control and the capacity to contain feelings in a more balanced way.

Marsha Linehan, in developing Dialectical Behavioural Therapy, was arguably the first clinician to bring mindfulness to mainstream mental health practice in the 1980's and 1990's, and adapted versions of her work for adult women with a diagnosis of borderline personality disorder exist in UK NHS Child and Adolescent Mental Health Services (including the CAMHS I work in). This course draws on techniques from the other main evidence-based mindfulness and compassion approaches:

- Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) course
- Mark Williams (et al.) Mindfulness-Based Cognitive Therapy (MBCT), itself based on MBSR

- Steven Hayes (et al.) Acceptance and Commitment Therapy (ACT)
- and Paul Gilbert's Compassionate Mind Training (CMT).

I do not have space here to describe the techniques these approaches offer or the experience of trying to practice them, although I would be happy to do so at a later date. In the meantime, I would say that there is a growing evidence base for MBSR, MBCT, ACT and CMT particularly for adults. In CAMHS, the evidence is at a more nascent stage, with some of these approaches having been trialled but none of them appearing (to my knowledge) as mainstream approaches. Further, although they have much to offer, this is perhaps not a bad thing.

Caution needs to be applied in considering introducing mindfulness. First, despite the myth of blessed-out, Zen-like states of calm, mindfulness is not a relaxation technique. Feeling calmer may be a consequence of mindfulness practice, but in the meantime its purpose is to wake you up. And if you have ever tried sitting in silent practice you might know that you can then be faced with uncomfortable thoughts, feelings or memories. For some young people this could be overwhelming and considerable thoughtfulness and skill are required to select young people and then time, teach and support mindfulness training in CAMHS.

There is also a relatively unexplored tension in mindfulness and compassion research highlighted by Paul Gilbert. His CMT proposes that people who have been traumatised and/ or experience high levels of shame or self-criticism need to learn to self-soothe first before being exposed to broader mindfulness approaches. I do not have the wisdom to settle that argument, but I do think that CMT is one of the most exciting approaches I have encountered on the course- and not just for young people in CAMHS and their families, but actually for staff too.

As J. Ballatt and P. Campling, in their 2011 book *Intelligent Kindness: Reforming the Culture of Healthcare*, and many others point out, NHS healthcare's capacity to be compassionate is under threat. Where my own profession, nursing, is concerned, its relationship with compassion is both strained and strange. The myth persists that we are all 'angels', compassion is viewed as being synonymous with nursing and yet I do not know of any training that helps nurses develop and sustain compassionate qualities from within themselves. Simultaneously, there are of course edicts *prescribing* compassionate acts nurses should carry out. What I would like to do next on this course, either as a work-based project or dissertation in Year 3, is explore this whole area in relation to CAMHS mental health nurses.

Finally, I would like to offer some recommended reading. The following are consistently inspiring books and researchers encountered on the course. They are all secular (book titles are in italics):

- Karen Armstrong's *Twelve Steps to a Compassionate Life*. See also her international 'Charter for Compassion' online at: <http://charterforcompassion.org/site/>
- Paul Gilbert's *The Compassionate Mind*. See also a growing series of CMT self-help manuals for anxiety, anger, social confidence and over-eating, and the more academic *Compassion: Conceptualisations, Research and Use in Psychotherapy*
- Richard Davidson's neuro-scientific research, which you can access via: <http://www.investigatinghealthyminds.org/>
- Kristen Neff's *Self-Compassion: Stop Beating Yourself up and Leave Insecurity Behind*. See also her website: <http://www.self-compassion.org>

Kind regards, Gavin Cullen, Senior Charge Nurse, NHS Lothian CAMHS.