
A Service Evaluation Exploring the Experiences
of People with Physical Health Conditions
Accessing Mindfulness Based Cognitive
Therapy Follow-Up Practice Sessions

Zulaikha Ali

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1. Introduction

Since 2015, the Clinical Health Psychology (CHP) Service at St Luke's Hospital (Bradford Teaching Hospitals NHS Foundation Trust: BTHFT) has offered Mindfulness Based Cognitive Therapy (MBCT) to individuals with a range of physical health conditions accessing medical care. In 2016, the service introduced the option for participants who had completed the MBCT course to attend quarterly follow-up practice sessions to engage in mindfulness activities. Health care services are required to regularly evaluate the efficiency and effectiveness of the services, interventions, and programmes they deliver. Service evaluation projects (SEP) are considered an invaluable method to do this, enabling areas for quality improvement to be identified whilst revealing the intended and unintended effects of service provision (NHS England Institute for Innovation, 2015; Public Health England, 2018). A previous SEP has quantitatively explored the benefits of the initial MBCT course having demonstrated encouraging outcomes (Sitko, 2018; explained further in the report); therefore, the current SEP was commissioned to explore the value of the practice sessions using a qualitative methodology.

2. Background

2.1 Mindfulness Based Cognitive Therapy

'Mindfulness' in psychological terms is the practice of self-regulating attention to the present moment whilst embodying a non-judgmental and curious stance (Bishop et al., 2004; Kabat-Zinn, 1994). Mindfulness-based interventions are commonly used to treat various physical and psychological difficulties (Chiesa & Serretti, 2011). One of the most widely used interventions is MBCT, an eight-week group-based manualised psychotherapy programme developed by Segal et al (2002) which integrates aspects of mindfulness, cognitive behaviour therapy (Beck et al., 1979) and information processing theories (Teasdale et al., 1995). It was initially developed to help those with recurrent depression relate differently to their thoughts, feelings and bodily sensations and reduce enduring distress (MacKenzie & Kocovski, 2016).

According to Segal et al (2002) negative emotional states can be perpetuated by emphasis on trying to resolve them. Therefore, recognition of these states without trying to 'alter' them and re-focusing attention upon present experiences can allow distressing feelings to pass quicker. Mindfulness awareness can be developed through formal and informal practices such as breathing exercises, body scan and mindful movement, all of which are utilised in MBCT through guided and independent practices and homework tasks (Kabat-Zinn, 1994; Segal et al., 2002).

2.2 Effectiveness of MBCT

Whilst MBCT was originally developed to reduce relapse in individuals with recurrent depression, it has demonstrated effective in reducing psychological symptoms (such as anxiety, low mood and feelings of threat, loss, and shame) associated to a range of psychological and physical health difficulties (Carlson, 2012; Chiesa & Serretti, 2011; Gotlink et al., 2015). Growing literature has presented the success of MBCT in various conditions including bipolar disorder (Williams et al., 2008), anxiety disorder (Evans et al, 2008; Wong et al., 2016), cancer (Foley et al., 2010), fibromyalgia (Parra-Delgado & Latorre-Postigo, 2013), insomnia (Heidenreich et al., 2006; Yook et al., 2008), vascular health (O'Doherty et al, 2015) and medically unexplained symptoms (Van Ravesteijn et al., 2013). Some studies have also explored the effectiveness of MBCT in comparison to other psychological treatments and although results were comparable but not superior in effectiveness or relapse prevention, they have demonstrated promising results nevertheless (Manicavasagar et al., 2012; Meadows et al., 2014; Shallcross et al., 2015).

It is suggested that continued mindfulness practice following the completion of formal mindfulness interventions can increase benefits for participants, however practice can often decrease over time (Sephton et al., 2007). Langdon, Jones, Hutton and Holttum (2011) developed a theory describing a 'journey of mindfulness' where individuals move in and out of 'practice cycles' through time often because of day-to-day commitments, challenges, and obstacles (i.e., time, motivation, scepticism). Their research further highlighted factors that could support maintenance of mindfulness practice (developing routines, adapting practices,

protected time) including the opportunity to engage in ongoing practice or sessions (Langdon et al., 2011). However, the scarcity of research exploring the benefits of follow-up sessions emphasises the need for further exploration in the area. More importantly, formal guidance on the structure and implementation of refresher sessions is lacking, therefore an evaluation of existing follow-up practice sessions could help inform further implementation and inform the development of clear guidance around this.

2.3 MBCT at St Luke's Hospital

The MBCT program started in 2015 and was facilitated by clinical psychologists Dr Kate Ryder and Dr Emma Bishop working within the CHP Service. Both clinicians were formally trained in mindfulness practice in line with Good Practice Guidance for Mindfulness Teachers.

Initial Course

An overview of the initial MBCT course including the referral and screening process is provided below, however comprehensive details can be accessed within the previous SEP (Sitko, 2018). The MBCT course offered at St Luke's Hospital was open to individuals with a range of physical health difficulties accessing treatment at BTHFT. Referrals could be made by multidisciplinary team members across the service. These were screened by course facilitators; patients unknown to psychologists in the service were assessed for suitability for the course. Additionally, a group orientation session took place prior to the programme to enable participants to learn more about the course and aid their decision about whether this would meet their needs. The 8-week programme was delivered in 2-hour group sessions facilitated using the MBCT for depression manual (Segal et al., 2012, 2016) which involved meditation practices (i.e., body scan, mindfulness movement, seated meditation), enquiry and group discussions.

Follow-up practice sessions

In January 2016, the programme was extended to offer follow-up practice sessions. After completing the 8-week course, participants received written invitations for optional

follow-up practice sessions. Clients were initially contacted for two follow-up sessions with the opportunity to participate or express interest in future sessions by liaising with the course facilitators; if no attendance or contact took place, participants were not contacted for any further practice sessions. The practice sessions were originally offered face-to-face up to four times a year, lasting 1.5-hours in duration and involved formal practice of meditation in a group environment. To date, a total of 20 practice sessions have taken place with approximately a total of 30 individuals having participated; each session involved between 18-20 individuals at any one time. The recent three sessions (starting January 2021) were conducted online due to COVID-19 restrictions.

2.4 Current SEP

Previously, Sitko (2018) conducted a service evaluation exploring the effectiveness of the MBCT course (at St Luke's Hospital) on experiences of anxiety, depression, stress, and self-compassion in individuals with physical health difficulties. A quantitative pre and post design was implemented to gather questionnaire data using three scales: 1) Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983), 2) Perceived Stress Scale (Cohen et al., 1983), 3) Self-Compassion Scale - Short Form (Raes et al., 2011). The analysis of the findings revealed reliable and statistically significant results in reducing anxiety, depression and perceived stress scores whilst demonstrating an increase in self-compassion. As the previous project only evaluated the manualised MBCT course, the current SEP aimed to explore and understand the experiences and opinions of individuals voluntarily opting to access follow-up sessions. The focus was not regarding the 'effectiveness' of the intervention on symptoms whereby a quantitative evaluation may have been more suitable, but rather importantly the perceived impact this was having on individual lives and wellbeing. Furthermore, it sought to explore what was helpful and not so helpful about the sessions, including consideration of practicalities, to improve future practice. Subsequently, a qualitative methodology was used to gather in depth insight into participant perspectives regarding the impact and value of the follow-up sessions.

3. Method

3.1 Aim

To explore the experiences, views and opinions of individuals accessing follow-up practice sessions offered after the completion of the initial MBCT course.

- To understand the impact on physical and psychological wellbeing.
- To understand what was helpful and unhelpful about the sessions and what was most important.

3.2 Design

A qualitative approach was considered beneficial to gain insight into participant views and experiences towards follow-up sessions. Qualitative methods are regularly used in healthcare to enhance understanding and identify essential opinions and motivations for behaviour (Gill et al., 2008). One-to-one semi-structured interviews were conducted with participants. Due to the COVID-19 pandemic and current restrictions in place, it was not possible to conduct the interviews face-to-face; therefore, audio calls were deemed sufficient for the purpose of this project.

3.3 Measures

A semi-structured interview was developed with nine primary open-ended questions and additional follow-up questions to elicit further information (see appendix 1). In line with the aims, the interview schedule explored how the follow-up sessions and opportunity to practice mindfulness in a group setting contributed to mindfulness practice, overall daily living and functioning and more specifically physical and psychological health. The questions also explored what was helpful (i.e., what supported participation) or unhelpful (i.e., perceived barriers or required changes) about these sessions, allowing participants to reflect on both content and context. Where possible, participants were asked to provide examples.

3.4 Participants

The aim was to recruit between six-eight participants for this evaluation in line with thematic analysis guidelines for small projects (Clarke & Braun, 2013). All participants who had previously attended the follow-up practice sessions were eligible to participate. Ten individuals (accounting for approximately 1/3 of individuals who have attended sessions to date) were randomly selected using a random number generator to receive information packs (cover letter, information sheet and consent form – appendix 2, 3 and 4) offering an opportunity to participate in the SEP. This was to manage potential over recruitment. Clients were given ten days to express interest or provide consent. On the tenth day, individuals who had not returned contact were contacted by a member of the clinical team to verify their decision before confirming as ‘declined’ and offering the opportunity to others. In total, seven participants were recruited from the first set of ten individuals contacted; therefore, a second round of pooling potential participants was not required. All participants provided written consent, which was securely stored in a locked filing cabinet within the CHP Department at St Luke’s Hospital. Participant consent was re-established verbally on two further occasions (at point of scheduling the interview with the researcher and prior to commencing the interview) after having the opportunity to ask any questions.

3.5 Data collection and procedure

Participants who consented to take part were contacted by a member of the CHP admin team requesting verbal permission for the researcher to call them to arrange an appointment for the interview. The researcher reminded participants of the project aims and scheduled a time and date for the interview. Upon starting the interview, verbal consent was re-established, and participants were reminded of their right to withdraw. Interviews took place between March and April 2021 with each interview lasting between 25-45 minutes. Interviews were audio recorded by Dictaphone and stored securely on a secure electronic drive, in accordance with the University of Leeds data protection policy. Recordings were transcribed by the researcher and participants were assigned a number with all personal identifiable information within transcripts removed to maintain anonymity.

3.6 Data analysis

Interviews were transcribed and analysed using the six phases of Thematic Analysis (figure 1) by Braun & Clarke (2006) to establish common themes from the data. This approach, unlike other qualitative methods, offers flexibility as it is not bound by a particular epistemological position yet still allows a detailed and rich description and summary of the data to be formed (Braun & Clarke, 2006). An inductive approach was adopted whereby themes were derived from the data itself as opposed to a deductive approach which is influenced by theoretical preconceptions (Clarke & Braun, 2017).

Figure 1

Braun & Clarke's (2006) six-phase framework for thematic analysis.

Step 1: Data Familiarisation

This involved reading and re-reading the transcripts to establish familiarity with the data and note down initial thoughts or key ideas.

Step 2: Generating Codes

A systematic approach was undertaken to review transcripts and highlight key features of the data. Individual features were assigned a representative 'codes' and data was collated relevant to each code.

Step 3: Searching for Themes

Similar or associated codes were then grouped together which enabled initial themes to be established based on those that were reported most across participants.

Step 4: Reviewing Themes

This involved checking if the themes are accurately represented in relation to the code's associated data (level 1) and the entire data set (level 2).

Step 5: Defining Themes

Clear definitions and names for each theme were established which best reflected the content of each theme and presented an overall story of the analysis.

Step 6: Producing the report

The final opportunity for analysis involved selecting compelling extracts from the data to present the findings whilst relating back to the research question and literature. A scholarly report of the project was produced.

3.7 Credibility checks

To check the quality of the analysis and provide face validity, codes and themes were discussed and agreed with the academic tutor and shared with project commissioners. However formal triangulation processes (Patton, 1999) were not possible due to time and resource limits.

3.8 Ethical considerations

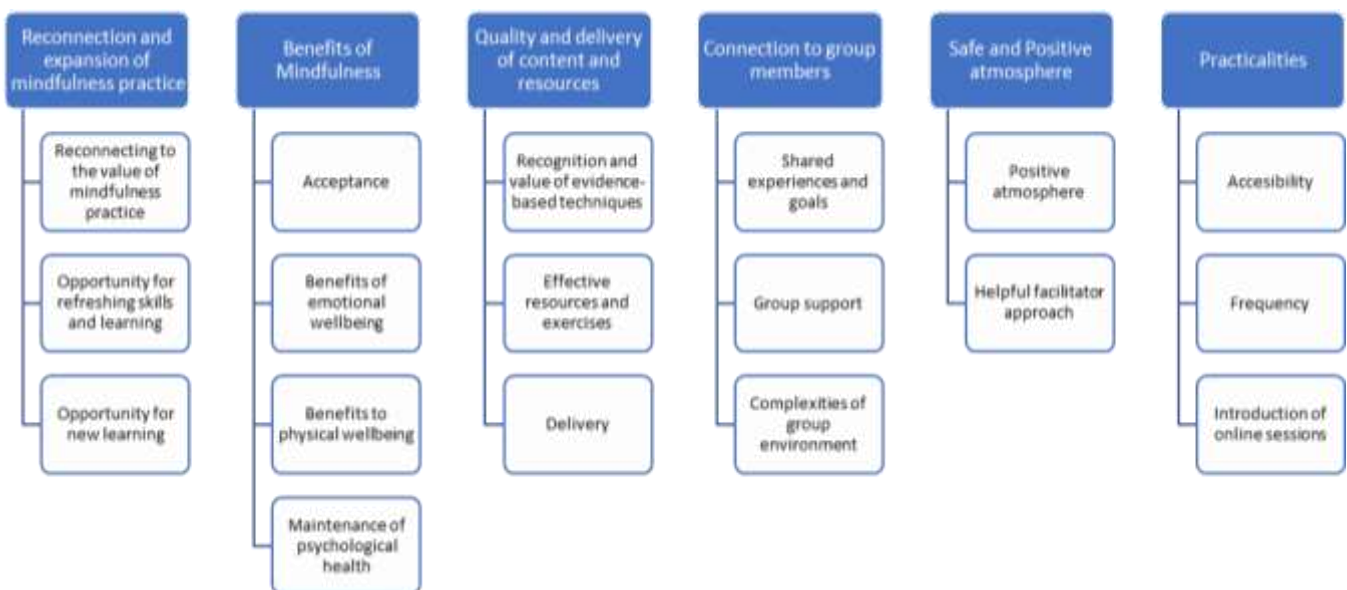
Ethical approval was granted by the School of Medicine Research Ethics Committee, University of Leeds (approval ID: Ref DCLinREC-20-001) and by the Head of CHP at BTHFT. The Trust's Research & Development Department confirmed their review or approval was not required for a SEP.

4. Results

Six core themes were identified from participant interviews (see figure 2). Themes and subthemes are explained below with an associated table providing example participant quotes which best represent the theme.

Figure 2

Themes and subthemes derived from data analysis



Note. To view example 'codes' related to themes see Appendix 5.

4.1 Theme 1: Reconnection and expansion of mindfulness practice

An important theme was related to the reinforcement and further development of mindfulness practice through reconnecting, refreshing and new learning (associated quotes in table 1).

Reconnecting to the value of mindfulness practice

Participants commonly experienced (n=5) that follow-up sessions reminded them of the value of mindfulness practice and acted as a prompt to re-engage in practice. Individuals described day-to-day life 'taking over' once the initial MBCT course had finished and therefore the follow-up sessions encouraged participants to revisit and engage in mindfulness activities.

Opportunity for refreshing skills and learning

Four participants shared that the practice sessions offered a means of reconnecting with and consolidating previously acquired mindfulness skills. Individuals found that the sessions reinforced their mindfulness learning and techniques subsequently increasing their confidence in this.

Opportunity for new learning

Several participants (n=5) also identified the sessions as being an opportunity to develop their mindfulness skills and techniques further as facilitators would bring new approaches to the session. This was also combined with opportunities to learn from other group members who may share additional helpful strategies and resources.

Table 1

Quotes related to 'reconnection and expansion of mindfulness practice.'

Subtheme	Quotes
Reconnection to the value of mindfulness practice	<p>“As you stop the actual course, obviously you know real life kicks in and so your practice is less focused. The chance to have to sort of focus again by looking in on the mindfulness practice every now and again to me was a very good idea.” P2</p> <p>“The reason I attended them was because I wanted to revisit things, we did on the course to kind of make sure I was using it. Remind myself to revisit it because I found it helpful at the time”. P3</p>
Opportunity for refreshing skills and learning	<p>“It reinforced your practise and your techniques and things like that. I thought that was the best bit about it really the fact you were actually doing a physical practice about breathing and techniques and everything else.” P2</p> <p>“So, it makes it a really positive practice, way of continuing with practicing and refreshing the practice”. P6</p>
Opportunity for new learning	<p>“You were learning from other people as well as from Emma and Kate” P2</p> <p>“Maybe learning some new techniques, every time we do it there’s a different twist or something new, it keeps it fresh and current and keeps it live”. P5</p>

4.2 Theme 2: Benefits of mindfulness

The second theme was regarding perceived benefits of mindfulness on individual wellbeing related to both physical and psychological health (quotes in table 2).

Enhanced awareness

Five participants shared that mindfulness facilitated development of self-awareness and awareness of surroundings. They expressed that mindfulness practice increased their ability to notice thoughts and feelings and recognise external stressors. For example, participants disclosed recognising feelings of impulsivity or distraction and situations where they were experiencing heightened anxiety. Subsequently, they felt they were able to better manage such feelings by refocusing attention to the present moment, prioritising, and considering coping strategies.

Table 2*Quotes related to 'benefits of mindfulness.'*

Subtheme	Quotes
Enhanced awareness	<p>“Look what you’re doing, I was just running about. You don’t have to do that, just take your time. Don’t rush around. Take a little step back and just decide what’s important on that day. Instead of thinking I’ve got a list of things to do.” P1</p> <p>“I definitely have felt more anxious in the last year and I think that mindfulness... really helped because I know I recognise it when it's there. And I know what it is. And I've got strategies for coping, and different strategies for coping it might just be going down to the river for a walk and listening to the birds, or it could be just sitting still and breathing. I've got those strategies; I can do those differently... It's really about awareness of what's going on. P4</p>
Acceptance	<p>“But it feels a bit like a marker in time, because they were sort of once every three months, I think so. It’s kind of a chance to reflect on how far you’ve come in 3 months and think about how far you’ve come in three months and think yeh I’m doing alright.” P5</p> <p>“I was able to be grateful for the good experiences. I was able to leave tomorrow till tomorrow and be present in the moment. This was what mindfulness was able to teach me. Don’t let that moment slip away from you because your worried about what’s around the corner.” P6</p>
Benefits to emotional wellbeing	<p>“Yeah, there’s times when I might go into a follow-up session feeling quite anxious o stressed about general life and come out feeling very different... I instantly feel like I go into a different space, its calming, it’s like an association, it helps me unwind.” P3</p> <p>“As I'm sure you know, it's not easy you know coming through something. When you get through it it's not the end of it, so the mindfulness meant that I could just cope with all that.” P4</p>
Benefits to physical wellbeing	<p>“It helps me to notice in my body like how tensed but sometimes you just kind of carry on and don't realise the impact it is having on your body. Also helps you notice your facial expression, so also feeds your physical health” P3</p>
Maintenance of psychological health	<p>“I feel like some of the treatment I’ve had is about fixing me, but not about maintaining me as I go through my life. So, I see the mindfulness like an MOT and ongoing maintenance of me rather than just waiting till I break down” P5</p>

Acceptance

Participants (n=5) also spoke about acceptance and normalisation of difficult experiences, particularly of those experiences beyond their control. This was alongside recognising the presence of more positive experiences, feelings, and circumstances.

Individuals shared that mindfulness allowed them to connect to positive feelings, acknowledge the good in life and live in the moment. One participant also shared that follow-up sessions acted as markers of progress in their wellbeing journey.

Benefits to emotional wellbeing

Five participants stated that mindfulness practice improved their ability to regulate their emotions (such as feelings of anxiety, stress, and low mood) and provided them with a strategy to ‘cope’ with and respond to their distress. For example, individuals reported feeling ‘calmer’ and relaxed during and after participating in mindfulness practice and attending sessions. One participant described the sessions as ‘reinvigorating’ to their emotional wellbeing.

Benefits to physical wellbeing

Some individuals (n=2) also described the benefits of mindfulness practice on their physical health such as enhanced recognition of internal sensations, body tension and facial expression (i.e., a tense jaw or poor posture). Mindfulness body practices and relaxing meditation techniques were found particularly helpful.

Maintenance of psychological health

Importantly, one participant emphasised the role of mindfulness in maintaining their psychological wellbeing in-between structured or formal therapy (such as counselling). Practice sessions therefore enabled preservation of wellbeing and prevented feelings of distress becoming overwhelming.

4.3 Theme 3: Quality and delivery of content and resources

Participants offered several reflections regarding the activities, content and resources involved in the practice sessions which appeared to be of value and well-suited for the group (see table 3 for quotes).

Table 3*Quotes related to 'quality and delivery of content and resources.'*

Subtheme	Quotes
Recognition and value of evidence-based techniques	<p>“When we did the orientation, and they were showing the evidence base and the neurological impact on the brain and when they were telling us about the potential impact, I really realised that I really need this.” P6</p> <p>“To me that's the kind of feels like a validation as well. It's something that's proven to be very helpful, and I like that aspect of it. It's a real thing it's not just being mindful in my head. It makes me feel like its evidence based and it's not airy fairy and I find that quite helpful.” P5</p>
Effective resources and exercises	<p>“The contents they introduced, the themes, the fact that they introduce something stimulating...a poem, the practice. All kind of elements to it, which is really practical.” P6</p> <p>“I mean, I found that the CDs were really helpful one of the ones that I like best was disc two and I used to find that I listened more to one of the sessions than others. What I found I was doing was I memorised the words and prompts on the cd itself, and so that what I would do if I was in a stressful situation, even in bed before going to sleep, I would go from these little sentences verbal prompts with myself.” P2</p>
Delivery	<p>“The pace fit really well, so I think the sessions were maybe 2 hours, but I think it's the way that it's broken up into shorts and longer practises with different focuses. Some time is about listening or other mindfulness practices, I think in the original course there was more discussion verbally, but in the follow-up, it was less of that, but it felt good, having a break in the middle having a cup of tea and chatting with other people. I think the 2 hours was great, it seems substantial enough to have an impact.” P5</p>

Recognition and value of evidence-based techniques

Two participants acknowledged the importance of understanding and recognising the evidence base for mindfulness interventions. This provided a sense of validation and reassurance about the programme and techniques being used and associated benefits. However, these reflections may relate to the MBCT course itself as the evidence base was scarcely discussed in follow-up practice sessions.

Effective resources and exercises

Six participants complimented the simplicity, variation and effectiveness of resources and content used. The different meditation techniques, session themes, CD's and poems used

as practice session material was considered stimulating and engaging. Participants found that being able to access and revisit these resources retrospectively outside of sessions was beneficial to their practice. However, one participant disclosed that mindfulness practice ‘homework’ was difficult due to personal commitments and busy schedules.

Delivery

Participants (n=3) shared positive reflections on the overall running of the group, the pace and delivery of information and session structure. More specifically, the duration of the sessions felt manageable, and coffee breaks and time to connect with others was valued.

4.4 Theme 4: Connection to group members

A substantial theme was regarding the value of being part of a group. Participants mostly expressed positive views and feelings regarding group participation however some apprehensions were shared (quotes presented in table 4).

Shared experiences and goals

Almost all participants (n=6) expressed a shared connection in the ‘journey’ individuals were experiencing. Despite the context of physical health difficulties and circumstances differing between individuals, participants felt the ability to relate to similar emotions, fears and worries provided a sense of shared understanding and normalisation.

More importantly, the ‘shared endeavour’ and voluntary commitment to the process provided a sense of cohesion.

Group support

Six out of seven participants also reported the value of being in a group setting due to the ability to talk to others, connect with old and new attendees and offer and receive support. Participants expressed that they felt part of a community, where the relationships and trust established between individuals allowed them to offer informal support and benefit through a shared process.

Table 4*Quotes related to 'connection to group members.'*

Subtheme	Quotes
Shared experience and goals	<p>"I think when I was in the group just being around people and talking to people. The likeliness of what I was going through". P1</p> <p>"Feel a connection with other people as we've been referred by health psychology and we know were all struggling with something." P3</p>
Group support	<p>"It [mindfulness practice] has such a great effect on you. More so than doing it on your own, So I think maybe it was also feeling that part that community." P5</p> <p>"It's not just about what you're getting out of this yourself but actually about sharing this benefit with other people. Whatever it is that's benefiting them is that its good and that it's been passed on... supporting each other with it" P6</p>
Complexities of group environment	<p>"I do miss the group I was in for the 10-week course. I do miss that, but I suppose this group I'm getting to know people now and seeing familiar faces. I definitely valued having familiar people who know." P3</p> <p>"It's a good thing I think, especially for people like me who are like shy. I mean like I am selective about how much information I give away. I never felt under pressure to say anything personal about myself and I don't. I'm quite private, don't normally share stuff with people..." "But just because I don't say very much that doesn't mean I'm not getting anything out of it." P4</p>

Complexities of group environment

However, one participant shared apprehensions and reservations about engaging in group sessions. This participant described a personal lack of confidence in contributing to group discussions however highlighted that this did not alter the benefits received from the sessions. Despite some expressed hesitance, individuals found these invaluable to their wellbeing particularly as follow-up sessions focused on mindfulness practice, rather than discussion.

Due to the optional nature of these sessions, group members varied; one participant acknowledged that they 'missed' previously established connections and friendships formed with members of the initial course. However, this was not perceived as a negative aspect of the follow-up sessions and was not considered to hinder experiences or new relationships.

4.5 Theme 5: Safe and positive atmosphere

An important theme established was regarding the session atmosphere and environment which included the role facilitators played within this (quotes in table 5).

Positive atmosphere

Five out of seven participants reflected that the atmosphere of the sessions felt safe, comfortable, and supported. Sessions were described as ‘warm and friendly’ and considered as a relaxed and confidential space to engage in with no pressure to disclose personal information (n=3/5). Nevertheless, follow-up sessions are focused on mindfulness practice, with the opportunity for discussion in small groups. Participants (n=3) also found that having protected time and space dedicated to mindfulness practice and personal wellbeing was invaluable.

Helpful facilitator approach

Several participants (n=4) complimented the approachable nature of the facilitators particularly their welcoming, non-judgmental, and genuine demeanour helping participants feel at ease. Individuals also described facilitators as validating of their experiences and feelings. Participants (n=2/4) also expressed that they found it helpful to be ‘led’ in mindfulness practice particularly for longer activities which they often lacked.

Table 5

Quotes related to ‘safe and positive atmosphere.’

Subtheme	Quotes
Positive atmosphere	“We weren’t asked to relay anything personal to the group. it was just in the small groups that we could or could not if wanted to relate anything personal. As a big group we were not asked to put ourselves in that situation.” P2 “I feel sort of safe, I don’t feel anxious or anything like that.” P7
Helpful facilitator approach	“With Kate and Emma there’s nothing ever judgmental about what they say either.” “They make you feel so welcoming, they make you feel like everything you contribute is valid so it’s a genuinely very enjoyable experience”. P6 “They’re so lovely. I mean, they’re always so welcome and smiling. You know they seem to know everyone’s name. If you want to talk to them either in private or just to say hello or something, you know they’ve always got time.” P4

4.6 Theme 6: Practicalities

The final theme highlights participant thoughts around the practical aspects of the sessions identifying some strengths and areas for development (see table 6 for quotes).

Accessibility

Participants did not express any concerns regarding the suitability of the location or any physical access issues regarding the setting itself. Two participants shared that the location was easy to access, and the physical space of the room, parking and building were suitable for the sessions.

Table 6

Quotes related to 'practicalities.'

Subtheme	Quotes
Accessibility	<p>“It was a handy place to get to. It was easy to park, the actual space itself was a nice space.” P2</p> <p>“I didn’t have any difficulties getting there or parking or getting time from work.” P7</p>
Frequency	<p>“They've increased the frequency to I think monthly. Now that was a positive thing for me coz it was like I said it was four times a year, so I think the frequency maybe at monthly is great. The more the better for me.” P3</p> <p>“Maybe just that if they were more frequent but if you miss one then it’s another 6 months before you can go again. I suppose I really like the little and often approach.” P5</p>
Introduction of online sessions	<p>“I think for me it might have been a struggle to go to a face-to-face session, so actually having them over zoom, on teams sorry, it has made it more accessible for me and possibly for some of the other people going. So, I know I would definitely have wanted to go anyway, but if I was having an unwell day then it would have been hard for me to go face to face.” P3</p> <p>“I would much prefer to do them in person. That’s to do with getting into the zone, going physically into a different room with people, walking there and walking back, it feels like a more in-depth session, where the benefits are deeper or last longer. But I’m glad we’ve had the online ones in the meantime otherwise we would have gone a long time without them and for people where it’s a far distance it’s nice to have the option, but I would definitely prefer face-to-face.” P5</p>

Frequency

Three participants reflected on the frequency of the sessions; as the initial face-to-face sessions were offered 4 times a year prior to the COVID-19 pandemic, the participants expressed that more regular sessions would have been helpful particularly in instances where you were unable to attend a session. However, increasing the frequency of these sessions following the pandemic was considered advantageous.

Introduction of online sessions

All participants expressed overall positive experiences and thoughts towards the sessions delivered online particularly during a climate where direct sessions could no longer be offered. This enabled ongoing support and continued engagement with mindfulness practice which was thought to work effectively. In fact, one participant explained that due to recent changes in physical health, an online alternative was fortunate as physical attendance would be challenging. However, five participants shared a preference for direct sessions where possible, as these were considered to allow a deeper, longer lasting experience within a protected space outside of their home. Furthermore, reported difficulties with internet connections, privacy or locating a quiet space could be avoided which understandably hindered practice. Overall, participants felt that online sessions were a suitable and viable option particularly if this enabled wider access for group members or where limited resources or pandemic restrictions prevented face-to-face sessions.

4.7 Overall findings

There was a shared consensus amongst the participants regarding the value and benefits of the practice sessions. All participants described these as worthwhile and expressed an overall sense of satisfaction throughout interviews. In fact, for some participants the benefits were significant.

“I know it sounds a bit dramatic, but I would describe it as life changing. Tried other courses in the past, but mindfulness has really changed how I manage difficult times I would

say. The fact I can use it daily and it helps to check in with yourself and how you how you're feeling emotionally, how your body is feeling." P3

"Mindfulness practice has genuinely been a life saver, it's like someone has thrown you a lifesaving ring, something you can hang on to and hold on to and find your way back to shore. It's not someone else saving you but enables you to save yourself." P6

Although these quotes may reflect the overall programme, it seemed essential to share the extent of the differences the follow-up sessions combined with the MBCT course have made on individual lives.

5. Discussion

This service evaluation aimed to explore the experiences, views and opinions of individuals accessing follow-up practice sessions offered after the completion of the initial MBCT course. Six core themes were identified: reconnection and expansion of mindfulness practice, benefits of mindfulness, quality and delivery of content and resources, group connection, safe and positive atmosphere, and practicalities.

Based on the findings, practice sessions considerably contributed to both physical and psychological health benefits and quality of life. Participants self-reported numerous changes including increased awareness and recognition of distress, improved self-control, increased ability to implement coping strategies, and enhanced awareness of positive experiences. The reduced need for formal psychological support due to ongoing practice sessions expressed by one participant demonstrated the degree of benefits possible; this supports the primary aim of MBCT in reducing potential relapse and remission (Segal et al., 2002). However, difficulty lies in separating the benefits of the follow-up sessions, from the initial MBCT course, despite focused interview questions. Areas where participants may have referred to the 8-week MBCT course were acknowledged in the results. Nevertheless, the follow-up practice sessions appeared to be meaningful and helpful for those who participated in this evaluation.

Participants shared numerous examples of successfully implementing mindfulness techniques in their day-to-day life, particularly in distressing situations. However, they

acknowledged, that daily practice was effortful and fluctuated due to responsibilities and distractions. As explained by Langdon et al (2011), transferring through the 'practice cycle' meant that engagement in regular mindfulness activity depended on immediate need coupled with experienced obstacles and barriers. Importantly however, this SEP reiterated that the opportunity for refresher sessions prompted ongoing practice with likely increased benefits upon wellbeing.

An imperative finding was the value participants placed on group support. Informal support combined with validated experiences and shared goals was evidently an important and therapeutic aspect of these sessions. According to literature, the presence of social support and universality experienced within a group can have positive effects on eliciting behavioural and psychological change and shaping wellbeing (Wallston et al., 1983; Yalom, 1985). In consideration of Ajzen's (1991) Theory of Planned Behaviour, intentions to engage in behaviour are determined by attitudes towards the behaviour, subjective norms, and perceived behavioural control (Ajzen, 1991). Therefore, recognising and observing others regularly using mindfulness can highlight and reinforce its perceived benefits and influence subjective norms. This combined with self-recognition of one's power to somewhat 'control' experiences of distress, could modify an individual's behavioural intentions and encourage engagement with practice.

Numerous contextual and environmental aspects were also discussed during interviews. The delivery and content of both online and face-to-face sessions were considered effective however, some participants expressed preferences based on personal circumstances (health, home setting, IT knowledge). It was important to have an accessible environment where individuals felt safe, comfortable and at ease to participate regardless of delivery method. A non-judgmental and friendly atmosphere enhanced by the compassionate approach of the group facilitators also lowered anxieties regarding need for personal disclosure. These findings reflect common factors identified in literature which are considered to contribute to a therapeutic environment and are essential in participant engagement, attendance, and sense of overall wellbeing (Jerome & Zaylor, 2000; Kornhaber et al., 2016; Wampold, 2015).

5.1 Strengths and Limitations

This SEP has implemented a methodological design to address the aims of the project however there are some areas for consideration.

Notably, it is difficult to distinguish benefits of the follow-up sessions from the initial MBCT course however participants may not necessarily perceive these in isolation. Further refinement of interview questions could assist in maintaining focus however the current interview schedule was tailored accordingly to remind participants of the primary purpose. Nevertheless, future evaluations may benefit from conducting post-session questionnaires or interviews to gather direct and immediate reflection of the sessions.

Whilst the number of participants recruited is sufficiently in line with guidelines for small qualitative projects (six-ten) using thematic analysis (Braun & Clarke, 2013; Fugard & Potts, 2015), participants who opted in may have held a preference to offer feedback and therefore potential sample and reporting bias must be acknowledged. There remains value in understanding the views and perspectives of those who chose not to attend follow-up sessions (or discontinued sessions) to identify other potential barriers.

Results suggest that participants hoped practice sessions would continue and therefore potential concerns that feedback may result in discontinuation of sessions could present further bias. Furthermore, offering remote feedback may have influenced the depth or reliability of information shared. However, participants were assured that the aim was to identify ways to improve sessions and ensure group needs are met.

Although credibility checks involving discussions of codes and themes with the academic tutor took place, triangulation in its formal format was difficult due to time and resource constraints. Triangulation can enhance the validity of results as analysis is conducted by multiple researchers allowing various perspectives, data interpretation and providing consistency of findings and themes (Patton, 1999). However, the researcher was independent to the clinical team responsible for the MBCT course, therefore an objective perspective towards the research and analysis process added credibility.

Finally, as this SEP took place during the pandemic where numerous restrictions were in place, participants may have expressed greater value and enthusiasm for practice sessions. As social connection was limited and individual wellbeing was challenged, the perceived impact of follow-up sessions could be accentuated. Nevertheless, services must respond to the needs of clients during global events and subsequently this project highlights an area of practice which could contribute to this effectively and efficiently.

5.2 Conclusions and recommendations

Overall, this SEP demonstrates the value of follow-up practice sessions for individuals who have completed the MBCT course in a physical health care setting. The positive impact upon physical and psychological health significantly outweighs the modest time and resource required to offer these sessions (1.5-hours several times a year). The SEP further provides an understanding of what aspects of the practice sessions are considered helpful and which areas require change.

Although most participants stated that they could not think of how to improve the course nor were any ‘unhelpful’ areas identified, some suggestions arose out of further discussion. The following recommendations are proposed based on the current findings:

- It is evident that attending the practice sessions has had a positive impact on overall wellbeing and the skills and strategies learnt through the sessions were beneficial. Therefore, it is recommended that follow-up practice sessions continue to be offered in addition to the 8-week mindfulness programme.
- Participants appreciated the resources used within the sessions; particularly the opportunity to refer to these at a later stage in their journey. It is recommended that supplementary resources and information continues to be provided as materials were considered valuable.
- Many individuals found that ordinary life and busy schedules would often get in the way of ongoing practice. Therefore, it may be helpful to incorporate some further

learning in practice sessions about how to overcome barriers and challenges and find ways to integrate mindfulness practice as part of one's routine and lifestyle.

- As participants expressed a desire for more frequent sessions, a mixture of online and direct sessions would allow more sessions to be delivered whilst not demanding substantial additional resources. This would mean time and cost efficiency whilst also meeting the differing needs of participants. As the use of digital technology is becoming more commonly used with psychology services, the integration of this could be fundamental.
- No concerns were raised regarding the physical location of the sessions; subsequently, same, or similar locations should be utilised for future sessions once these return to face-to-face.

5.3 Dissemination

The SEP findings were shared within a brief presentation at a programme conference, as part of the Doctorate in Clinical Psychology training course at Leeds University in October 2021. The report will also be shared with the commissioner and CPH Department at St Luke's Hospital.

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7. Appendix 1: Interview Schedule

Service Evaluation Project: Semi Structured Interview (v.2)

Service evaluation project titled: The experience of people with a health condition accessing a mindfulness service: do follow-up practice sessions benefit their physical and emotional wellbeing?

Introduction

My name is Zulaikha Ali, and I am a Psychologist in Clinical Training who will be conducting this interview with you today. In our previous phone call, you confirmed that you consented to this interview taking place today. Just to remind you, the interview seeks to evaluate your experience of accessing the follow-up mindfulness practice sessions which you previously participated in. The interview is gathering your views about what was helpful and not so helpful about accessing these sessions and what was the value of these for you.

It is ok if you wish to reflect on the initial mindfulness course itself as well, I understand some of your views may be linked to what you were offered within the initial course previously. However, this particular interview will focus on the optional follow-up sessions which were offered four times a year.

Can I just confirm that you are giving consent and you are happy to proceed?

The interview will take around 30 minutes however this can vary. Just to remind you, you can decline answering a particular question if you wish and you do have the right to stop and withdraw at any point. This will not affect your care in any way.

Do you have any questions before we start?

- START RECORDING -

Semi Structured Interview

1. If you think back to when you first found out about the follow-up practice session, what were your thoughts and why did you decide to attend?

FU What were your expectations and what were you hoping to get from the follow-up sessions?

2. Can you tell me a bit about the follow-up mindfulness sessions you attended?

FU How often did you attend these?

FU How did you find the content of these sessions?

FU How did you feel after attending these sessions?

FU Can you tell me about any moments that stand out for you?

3. Overall, what, if anything, did you find beneficial about these sessions?

FU: In what have they helped and why?

FU Can you tell me a bit more?

FU What supported your attendance or participation in these sessions?

4. Overall, what, if anything, did you find unhelpful?

FU: What would you change or add in the follow-up sessions and why?

FU Were there any parts you found difficult?

FU Were there any barriers to attending or participating in these sessions?

5. What has been the impact of practicing mindfulness meditation within these sessions on your personal mindfulness practice and your life?

FU Can you give any examples of a difference this has made?

FU How did you find the mindfulness resources and materials used within these sessions such as mindfulness meditations and poems?

6. Overall, how have these sessions impacted your physical or psychological wellbeing?

FU Have these sessions contributed to your quality of life and if so, how?

FU Were these helpful or unhelpful in supporting your psychological health?

FU Were these helpful or unhelpful in supporting your physical health?

FU Can you tell me more/how?

7. The mindfulness practice sessions are offered in group settings. How have you found meeting in a group setting to practice mindfulness-based activities?

FU: Is there anything particular about being in a group session or with others that you find helpful or unhelpful? Why?

8. Lastly, what are your thoughts on the mindfulness practice sessions being offered online.

9. This is the end of the interview questions. Do you have any other comments or reflections about the mindfulness practice sessions that you would like to add?

I would like to thank you for your time and participation today.

Just to remind you, you do have 7 days following today to withdraw your interview if you change your mind about your participation. Following this I will start exploring the findings from the interview to inform my evaluation.

Would you like to ask me anything before we finish?

Thank you once again for your time and taking part in this evaluation.

8. Appendix 2: Cover Letter



CHP
Extension Block
St Luke's Hospital
Little Horton Lane
Bradford
BD50NA

[name]
[Address]

Dear [name],

My name is Zulaikha and I am a Psychologist in Clinical Training working with Emma and Kate. We are writing to invite you to take part in a project about the **Mindfulness for Health and Wellbeing optional practice sessions** you have previously attended. We would like to find out about your experience of these optional sessions, including what you have found helpful about them and what could be improved. Whether you have attended one session, or several, your views will be extremely valuable. This would involve taking part in a short telephone call for approximately 20-30 minutes to share your views. Taking part in this survey is optional and will not affect your care in any way.

Please find enclosed a detailed information sheet for you to read with key information about the project and what you would be asked to do if you wish to take part.

Once you have read the information and have taken some time to consider it, if you wish to take part, please can you return a signed copy of the consent form to the address provided or contact a member of the research team to express interest by [insert date]. A self addressed envelope has been provided for you to return the consent form. You may receive a follow-up phone call from a member of the team to ensure you have received the information pack and have had the opportunity to consider.

If you would like further information, please feel free to contact Dr Emma Bishop / Dr Kate Ryder (01274 365176) to discuss this further.

Yours sincerely,

Zulaikha Ali
Trainee Clinical Psychologist

Clinical Psychology Training Programme
Leeds Institute of Health Sciences
Level 10 Worsley Building | Clarendon Way
University of Leeds | Leeds | LS2 9NL

9. Appendix 3: Participant Information Sheet

Service Evaluation Project Participant Information sheet: Version 3

You are being invited to take part in a service evaluation project. This project aims to evaluate the mindfulness for health and wellbeing optional follow-up practice sessions. Before you decide to take part, it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. This information sheet is for you to keep alongside one copy of the consent form. You are requested to only return one copy of the consent form if you wish to take part. Please feel free to ask if you require any clarification.

The title of the research project

The experience of people with a health condition accessing a mindfulness service: do follow-up practice sessions benefit their physical and emotional wellbeing?

What is the purpose of the project?

The purpose of this project is to explore your thoughts and views on the mindfulness follow-up sessions you attended following the completion of the initial mindfulness course. We are interested in hearing about people's experiences of the sessions, what encouraged you attend these sessions, including what you found helpful and what could be improved. We would like to gather your feedback to understand whether or not you have found these sessions useful and about the important aspects of this for you. We are particularly interested in the follow-up sessions as a previous project has evaluated the outcome of the mindfulness course itself.

Why have I been chosen?

You have been invited to participate in this study as you have previously attended the Mindfulness for Health and Wellbeing follow-up practice sessions at Bradford Teaching Hospital NHS Trust. You may have attended the optional sessions on one or more occasions

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form or have your consent recorded. You can still withdraw at any without this affecting your care in any way. You do not have to give a reason.

If you decide to take part but change your mind after the interview, your information can be withdrawn from the study up until one week after the interview has been completed. This can be done by contacting me Zulaikha Ali, Dr Emma Bishop or Dr Kate Ryder.

What do I have to do?

If you would like to take part, please can you complete the attached consent form and return this to the address prior to the date listed in the cover letter. If you are unable to return the signed consent form, we can arrange for verbal consent to be taken on the phone at the start of your interview. Please contact us if you wish to do this.

If you express interest in the project to a member of the research team, we will contact you to undergo the consent process and arrange an interview time. The telephone interview appointment would take place at an agreed time which is convenient for you. The telephone discussion would involve me asking some questions about your experience of attending the sessions. This would last approximately 30 minutes. You will not need to do anything following this – this will be the end of your active participation in the research.

If you agree to take part in the interview but then change your mind during this, you have the right to stop the interview and withdraw your participation. This will not affect your care or treatment. Alternatively, you have the right to withdraw up until one week after your interview. All related information will be erased.

Will my interview be recorded?

The telephone interview will be recorded using an audio recording device. I will also take notes during the telephone conversation. I will listen back to the recorded interviews afterwards to see if there are any key points of information and themes which were shared.

The audio recording will be removed from the recording device and will be stored securely in line with the University of Leeds data protection policy on a secure electronic drive. The recording will be deleted from the secure drive at the end of the project.

The audio recordings of your activities made during this research will be used only for analysis and for illustration in report write up and presentations. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those participating in this project, your input will help us think about how the service can be improved for the future and how things can be adapted to support ongoing participants of the group.

What are the risks of taking part?

Although we do not envisage any distress during this interview, if this was to occur, you have the right to stop the interview and withdraw without giving reason. If you disclose distress related to your physical or mental health, you may be advised to contact your GP or may be provided with contacts of relevant support services. However, if you disclose any risk to yourself or others, this information will have to be shared with relevant professionals to ensure safety of you and others. Therefore, confidentiality will need to be broken in this instance.

What will happen to my personal information and the research data?

All contact information will be kept strictly confidential and will be stored separately from the research data.

Audio recordings will be removed from the recording device and will be stored securely according to the University of Leeds data protection policy on a secure electronic drive. These will be deleted from this drive once the project is complete along with any other data stored. However, all consent files will be archived in the CHP Department (St Luke's Hospital) on the Trust's secure electronic drive for three years.

A report will be written, and findings will be presented to the commissioning service and University team. This report may use quotes directly taken from the interviews. Your name and details will be anonymised. If you wish, you can request a copy of the report upon completion by asking the facilitators of the Mindfulness group (Emma or Kate). The poster may be displayed on the Trust external webpage.

Interview data will not be re-used for any other purpose other than this project without your consent.

For further information on privacy, please see the privacy notice provided in this information pack.

Why is the collection of this information relevant for the research project's objectives?

We are seeking your views about your experience of attending mindfulness practice sessions which have taken place after the completion of the initial course. This will include information about how it has impacted on your wellbeing, what you found helpful and what could be improved. This information is to help us to evaluate the service we offer to people who have attended the Mindfulness for Health and Wellbeing course and choose to carry on attending practice sessions.

Who is organising/ funding the research?

This project is commissioned by Bradford Teaching Hospital NHS Trust and supported by University of Leeds.

Does the project have ethical approval?

Ethical approval has been sought from the School of Medicine Research Ethics Committee, University of Leeds. School of Medicine Research Ethics Committee (SOMREC) approval ID: Ref DClinREC 20-001.

Who do I speak to if I have any concerns?

If you have any questions about this project, or would like further information, please contact either myself, Zulaikha Ali Psychologist in Clinical Training on Zulaikha.ali@nhs.net, Dr Emma Bishop (01274 365176) or Dr Kate Ryder (01274 365176).

10. Appendix 4: Consent Form
Service Evaluation Project: Consent Form (v.2)

Service evaluation project titled: The experience of people with a health condition accessing a mindfulness service: do follow-up practice sessions benefit their physical and emotional wellbeing?

Print name:

Please insert
your initials

I confirm that I have read and understand the information sheet explaining the above project and I have had the opportunity to ask questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time by contacting the research team and without giving any reason until 7 days after the interview takes place: this data will then be erased.	
I agree to the researcher contacting me by telephone regarding participating in this Service Evaluation Project.	
In addition, should I not wish to answer any particular question or questions, I am free to decline.	
I agree to the interview being recorded and transcribed for the write-up of the project.	
I understand that my responses will be kept strictly confidential.	
I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or presentations that result from the research.	
If quotations are used from my interview, I understand that my anonymity will be preserved.	
I understand that the anonymised data and consent forms I provide may be archived in the CHP Department at St Luke's Hospital for three years.	
I understand that anonymised data collected during the study, may be looked at by course staff from the University of Leeds or from regulatory authorities where it is relevant and necessary to my participation.	
I agree to take part in the above research project and will inform the lead researcher should my contact details change.	

Signature:

Date:

11. Appendix 5: Example Codes related to themes & subthemes.

Example Codes	Subthemes	Overarching themes
Refocus on mindfulness (RF) Reinforcement of practice (ROP) Consolidate learning from initial sessions (CLS) Opportunity to practice (OTP)	Opportunity for refreshing skills and learning	Reconnection & expansion of mindfulness practice
Learning tips from others (T) Learning from others (LO) Develop new mindfulness ideas (NMI)	Opportunity for new learning	
Implementing skills in daily life (ISDL) Regular use of mindfulness Remembering its helpfulness	Reflecting on the value of mindfulness practice	
Good location (GL) Easily accessible Personal ease of access	Accessibility	Practicalities
Effective online Online platform ease for physical health difficulties (OPPHD) Privacy and connection difficulties at home (PCDH) Preference for f2f (f2f)	Into to online sessions	
Desire/value for increased frequency (DIF) Regular sessions	Frequency	
Learnt grounding skills (LGS) Improved ability to manage difficulty situation (IAMDS) Improved ability to recognise mood and body changes Improved strategies for coping (ISFC)	Enhanced awareness (internal and external)	Benefits of Mindfulness
Improved recognition of positives (IROP) Reminder/recognition of progress (TRRP) Reminder to live in the moment (LM)) Awareness and acceptance of feelings To help prioritise what's important (PWI)	Acceptance	
Sessions help with stress and anxiety (SHSA) Calming (CA) Helps regulate emotion (HRE) Improved Posture (IPOS) Relaxing body	Benefits to emotional & physical wellbeing	
Offers ongoing support between intense therapy (OSBIT) Provide ongoing psychological maintenance	Maintenance of psychological health	
Useful CD resource (UCR) Engaging poems (P) Able to refer back to resources Simplicity of exercises (SOE) Flexibility of strategies (FS)	Effective Resources and exercises	
Use of evidence base techniques (EBT) Understanding the evidence base	Recognition and value of evidence-based techniques	Quality & delivery of refresher content/resources
Well-paced Structured sessions	Delivery	
Warm and friendly atmosphere (WFA) Safe setting/safe space (SS) Protected space (PS)	Positive Atmosphere	Safe & Positive Atmosphere
Compassionate approach of facilitators (CAF) Non-judgmental approach of facilitators Varying facilitator styles Value of being led by someone (VLS)	Helpful Facilitator approach	

Talking to others (TTO) Social connection with group members (SCGM) Sense of group support Physical presence of others (PPO)	Group support	Connection to group members
Shared experience/common ground (SECO) Shared aim/goal & commitment (SAC) Shared practice (SP) Normalising experiences (NE)	Shared experiences	
Missing familiar group members Less confident to share in a group but still valued Personal apprehensions speaking in a group	Complexities of group environment	