

International Journal of Mental Health & Psychiatry

A SCITECHNOL JOURNAL

Research Article

Beginning Mental Health MDT Meetings with a Short Mindfulness Practice

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Received date: 10 November, 2022, Manuscript No. IJMHP-22-78427; Editor assigned date: 14 November, 2022, PreQC No. IJMHP-22-78427 (PQ); Reviewed date: 28 November, 2022, QC No. IJMHP-22-78427; Revised date: 13 March, 2023, Manuscript No. IJMHP-22-78427 (R); Published date: 22 March, 2023, DOI: 10.36648/2471-4372.1000218

Abstract

Background: One of the major challenges facing the NHS is the need to improve workforce wellbeing and resilience. The NHS has been identified as having a higher-than-average level of stress related sickness absence in all job sectors across the country with 44% of staff reporting feeling unwell as the result of work related stress in 2020. Introducing a workplace mindfulness practice in a supportive work environment can help equip professionals to deal more skillfully with stressful events and improve their well-being and resilience.

Aims: The aim of this study was to practice starting weekly MDT (Multidisciplinary Team) meetings with a 3 minutes breathing space mindfulness exercise and to evaluate whether this had any impact on staff mental well-being and in improving their engagement as a team in a working environment.

Methods: Over 12 weeks; weekly MDT meetings started with a 3 minutes mindfulness breathing space exercise. Prior to commencing this, staff filled out anonymous surveys before and after the 12 weeks to evaluate the impact that this had on their mental wellbeing.

Results: 90% of the team found the mindfulness exercises beneficial and 95% of the team would recommend this exercise to other teams. 84% of the team felt that this exercise improved their wellbeing and team togetherness.

Conclusion: Practicing mindfulness at work as a team can help to foster a positive, compassionate and inclusive workplace environment and culture, to support psychological safety and mental wellbeing of healthcare workers.

Keywords: Mindfulness at workplace; Mental well-being; Team meetings; Staff engagement; Resilience; Stress; 3 minutes breathing space practice

Introduction

People are the most important resource in the NHS, yet sometimes staff can feel undervalued, powerless and invisible. This can lead to burn out, increased time off work, low productivity, reduced empathy and compassion for others and prompting some to leave the NHS altogether. The psychological wellbeing of staff is crucial as it impacts the ability to provide high quality patient care, it can affect staff retention and the ability to meet the broader workforce challenges [1-3]. Stress, alongside anxiety and other psychiatric illnesses, is consistently the most reported reason for sickness absence in the NHS. Numerous factors contribute to elevated stress among health care workers, including heavy workloads, long shifts, high pace, lack of physical or psychological safety and workplace related bullying or lack of social support. Further studies have indicated that health care professionals are likely to suffer in silence due to the perceived stigma associated with experiencing "stress" and "mental illness". This can have an impact on the willingness of health care professionals to seek help or disclose mental health problems [4]. These challenges highlight the need for NHS provider organisations to not only support those experiencing stress but to also put in place preventive measures to help reduce the chances of professionals experiencing stress. The NHS has a duty to create conditions for staff to flourish and thrive to allow them to feel and reach their best potential.

Most health care professionals are trained to put patients first. Selfcare is not always prioritised amongst healthcare workers; this may be related to their fear of judgement from others or they may feel selfish at the thought of attending to their own needs. Research indicates that effective self-care involves self-awareness and self-compassion, which can both be cultivated by practicing mindfulness. Practicing mindfulness and meditation is an evidence based self-care strategy. Mindfulness practice has evidence of efficacy and measurable outcomes for reducing burnout and increasing resilience in clinicians. Mindfulness has also been shown to be associated with lower stress and higher work engagement [5]. Over time, mindfulness brings about long-term changes in mood and levels of happiness and well-being. Studies have shown that mindfulness not only prevents depression but that it also positively affects the brain patterns underlying day to day anxiety, stress, depression and irritability so that when they arise, they dissolve away again more easily [6].

By definition, mindfulness means paying attention in a particular way; on purpose, in the present moment and non-judgmentally. Although it has its roots in the Buddhist tradition, it is a universal concept as it is about attention and awareness. While it may be simple to practice it is not necessarily easy and it requires effort and discipline [7]. The easiest and most effective way to begin cultivating mindfulness as a formal practice is to simply pay attention to your breathing for longer than 3 minutes.

Objectives

Based on the literature reviewed, the following question was posed: What is the effect of practicing the 3 minutes mindfulness breathing space exercise together as a team in a work environment; on the wellbeing of staff members and on the feeling of connectedness as a team?



Materials and Methods

This mindfulness intervention study evaluated the acceptability and feasibility of a time specified, 3 minutes mindfulness exercise; on the mental wellbeing of staff working within a MDT setting in an older adults community mental health team based in Wolverhampton. All participants provided verbal consent in engaging with the practice. Ethics approval was not required for this study.

Prior to commencing the 3 minutes mindfulness exercise, team members were requested to fill out anonymous surveys; the aim of this was to understand how much experience and background each team member had in mindfulness prior to the intervention.

The 3 minutes breathing space exercise used in this study was developed by Zindel Segal, John Teasdale and Mark Williams [8]. It is the shortest practical exercise from the MBCT (Mindfulness Based Cognitive Therapy) course [9-11]. This particular exercise was chosen for this study, because it is a concise mindfulness exercise that can be applied relatively easily within teams with little investment. It is a form of a mini meditation that can act as a bridge between longer meditations and the demands of everyday life. The breathing space meditation concentrates on the core elements of the mindfulness programme into three steps of roughly one minute each.

Over a 12 weeks period, each MDT weekly team meeting began with the 3 minutes breathing space exercise. The instructor conducted the exercise at the start of the meeting and after the exercise, the team would start its meeting. In total 9 sessions of the 3 minutes breathing space exercise took place over 12 weeks. The 3 minutes breathing space exercise was carried out virtually for 7 sessions (as team meetings were held virtually and then transitioned to in person meetings where 2 sessions were carried out face to face with the team.

At the end of 12 weeks, all team members were invited to a teaching session on mindfulness; this was provided by the instructor. The aim of this session was to consolidate the participant's practical experience of mindfulness, to form the basis of their understanding on what mindfulness. In addition to this, at the end of the 12 weeks, all participants that took part in the breathing space exercise were invited to answer an anonymous survey. The questions asked were: Did you find the 3 minutes mindfulness sessions beneficial? Did you feel that the 3 minutes sessions made the team meeting even longer? Did the 3 minutes mindfulness

better? Did you feel that the time duration of 3 minutes was the right amount of time prior to MDT meetings? Did you feel that the 3 minutes sessions enhanced your wellbeing and brought the team together? Would you recommend other teams to start their meetings with a 3 minutes mindfulness practice? Has the 3 minutes mindfulness practice positively influenced you to practice mindfulness in your own private time?

Results

The 3 minutes mindfulness practice was carried out with the MDT team. This included psychiatry doctors, junior doctors, clinical and trainee psychologists, community mental health nurses, crisis team mental health nurses, team managers, social workers, administrative staff, student nurses and occupational therapists. There was no exclusion criteria and all regular people who attended the MDT meeting on a weekly basis were welcome to join in with the exercise. Staff members who chose not to engage with the exercise were kindly requested to respect the space and time for other members who chose to engage with the exercise; the majority, however, did engage with the exercise.

22 MDT members completed the anonymous pre-mindfulness survey. 50% (n=11) already practiced mindfulness in their personal/ private time. 91% (n=10) of these individuals have been practicing for more than 6 months and 9% (n=1) had been practicing for less than 1 month. 82% (n=9) of these individuals have been practicing less than 30 minutes per week and 18% (n=2) have been practicing 5 hours or more per week. All (n=11) health professionals who were already practicing mindfulness were practicing mindfulness as they found it beneficial to their wellbeing.

The whole sample (n=22) were asked what their personal challenges towards practicing mindfulness were; 73% (n=16) reported that it was a lack of time, 13% (n=3) felt it was due to a lack of understanding and knowledge, 4.5% (n=1) due to a lack of perceived benefit, 4.5% (n=1) stated it was due to other reasons and 4.5% (n=1) said it was not applicable for them to answer this question.

36% (n=8) of the team reported having formal training in mindfulness and 77% (n=17) reported an interest in getting some training or teaching in mindfulness (Table 1).

Did you find the 3 minutes mindfulness session beneficial?	Yes 90% (n=17)
	No 10% (n=2)
Did you feel that the 3 minutes sessions made the team meeting even longer?	Yes 5% (n=1)
	No 95% (n=18)
Did the 3 minutes mindfulness sessions help you to learn/understand mindfulness better?	Yes 84% (n=16)
	No 16% (n=3)
Did you feel that the time duration of 3 minutes was the right amount of time prior to the MDT meetings?	Yes 95% (n=18)
	No 5% (n=1)
Did you feel that the 3 minutes sessions enhanced your wellbeing and brought the team together?	Yes 84% (n=16)
	No 16% (n=3)

Would you recommend other teams to start their meetings with a 3 minutes mindfulness practice?	Yes 95% (n=18)
	No 5% (n=1)
Has the 3 minutes mindfulness practice positively influenced you to practice mindfulness in your own private time?	Yes 84% (n=16)
	No 16% (n=3)

Table 1: Summary of the results of the anonymous post-mindfulness survey. 19 healthcare workers filled out the post mindfulness survey anonymously.

Discussion

With 90% of staff finding the exercise beneficial and 84% stating that the exercise improved their sense of wellbeing and team togetherness, it can be concluded that our study has shown that practicing mindfulness as a team in a work environment can enhance the effectiveness of team co-operation and create a positive, inclusive and compassionate work environment that can help to improve the sense of wellbeing of staff and reduce the stigma associated with experiencing stress and mental health illness in health care workers. This study has shown that practicing 3 minutes of mindfulness at the start of team meetings is an effective team building exercise and can also help to provide a practical taster session of mindfulness to all people of all types of backgrounds and roles working within the organisation. This in turn can allow health care workers to understand mindfulness better and experience the benefits first hand. This has a positive impact on providing high quality patient care as staffs are more likely to discuss mindfulness with their patients if they understand what mindfulness is, practice this themselves and also experience benefits from mindfulness. Teaching and discussing mindfulness with patients can empower them to proactively protect their own mental health and allow them to take ownership of responsibility over their health.

This study has shown that by allowing healthcare workers to practice mindfulness at work, this has positively influenced the majority of team members to practice mindfulness in their own private time. Prior to the study, 50% of the team was practicing mindfulness in their private time and after the study this has increased to 84% of the team practicing mindfulness in their own private time. At times, team meetings can be challenging, with a long list of agendas to meet such as discussing complex and difficult cases with the added time pressure on the meeting. The majority of the team (95%) felt that the exercise did not prolong the team meeting and 3 minutes was the ideal amount of time prior to the team meeting.

It can be challenging for health professionals to carve out extended periods of time for mindfulness given the highly stressful and demanding nature of the job. This is reflected by 73% of the team perceiving a lack of time as their biggest challenge to mindfulness. For people who are just curious about mindfulness but have no strong reason to push the limits of convenience and their own sense of time pressure or comfort, it can be challenging to carve out extended periods of time for mindfulness. For this reason, a flexible approach to mindfulness is essential. It is also important to know that meditation has little to do with clock time. Five minutes of formal practice can be as profound as or more so than forty-five minutes. The sincerity of the effort matters more than the elapsed time, since we are really talking about stepping out of minutes and hours and into moments. Having the motivation to practice even if it is little is more important than the time spent.

Long and short periods of practice are both good, but "long" may never flourish if frustrations, challenges and obstacles to mindfulness still exist. It is far better to adventure into longer periods of practice gradually on your own pace than to never taste mindfulness or stillness because of the perceived obstacles. A journey of a thousand miles really does begin with one step.

Conclusion

Unfortunately, no measures to prevent burn out or other mental health issues will be effective unless attention is paid to enhancing a positive work environment. Health care leaders should seek to lead by example and work towards reducing the stigma associated with experiencing stress and mental health issues amongst staff. A work culture of transparency, trust, openness, respect, equality, empathy and support should be fostered. Practicing mindfulness with MDT members in a work environment is one way to do this.

The 3 minutes breathing space exercise is effective as its impact is twofold. It is a meditation that can be used to punctuate the day, so that you can more easily maintain a compassionate and mindful stance, whatever comes your way, building resilience and tolerance to stress in a working environment. Secondly it is an emergency meditation that allows you to see clearly what is arising from moment to moment when you feel under pressure, which makes it even more effective and suitable for team meetings which at times can be stressful. The 3 minutes breathing space exercise allows you to pause when your thoughts threaten to spiral out of control, by helping you to regain a compassionate sense of perspective and to ground yourself in the present moment.

Mindfulness as a practice provides endless opportunities to cultivate greater intimacy with your own mind to tap into and develop your resources for learning, growing, healing and potentially transforming your understanding of who you are and how you might live more wisely; with greater well-being, meaning and happiness in the world. This has direct positive implications for NHS organisations, a happier and more resilient workforce means there is reduced stress related sickness and effective teamwork; allowing staff to provide patients with high quality care.

Limitation

Although the intention was for the 3 minutes breathing space exercise to take place over 12 weeks on a weekly basis; only 9 sessions took place over 12 weeks. This was due to only one instructor within the team leading the exercise. 3 sessions were missed due to the absence of the instructor. In order for the exercise to continue within team meetings with consistency and regularity, there is a need to provide staff members with training in mindfulness to help increase confidence in leading such exercises. 77% of the team expressed an interest in receiving training in mindfulness.

Although the sample size was small (a total of 22 health care workers completing the pre-mindfulness survey with 19 health care workers out of the 22; completing the post-mindfulness survey, the sample size was a sufficient size to meet the objective of the study and demonstrate that staff members felt their well-being improved by having weekly MDT mindfulness exercises prior to team meetings.

The 3 minutes breathing space exercise is the easiest and quickest type of meditation to do however remembering to do it is the biggest challenge. In order to meet this challenge, a regular and consistent weekly meeting was chosen. A set time prior to starting the meeting was selected. The instructor carried the responsibility of ensuring that this exercise happened regularly, at the same time and every week. The instructor also used a timer to ensure that exactly 3 minutes were spent on the exercise.

Conflict of Interest

None.

References

- 1. Navon M, Nelson D, Pagano M, Murphy M (2001) Use of the pediatric symptom checklist in strategies to improve preventive behavioral health care. Psychiatr Serv 52:800-804.
- 2. Raine R, Wallace I, NicaBhaird C, Xanthopoulou P, Lanceley A, et al. (2014) Improving the effectiveness of multidisciplinary team meetings for patients with chronic diseases: A prospective observational study. Health Serv Deliv Res 2:1-72.
- 3. Raine R, Xanthopoulou P, Wallace I, Bhaird CN, Lanceley A, et al. (2014) Determinants of treatment plan implementation in

multidisciplinary team meetings for patients with chronic diseases: A mixed-methods study. BMJ Qual Saf 23:867-876.

- 4. Pinto Wiese EB, Burhorst I (2007) The mental health of asylumseeking and refugee children and adolescents attending a clinic in the Netherlands. Transcult Psychiatry 44:596-613.
- 5. Lloyd C, King R (2003) Consumer and career participation in mental health services. Australasian Psychiatry 11:180-184.
- Arredondo DE, Kumli K, Soto L, Colin E, Ornellas J, et al. (2001) Juvenile mental health court: Rationale and protocols. Juv Fam Court J 52:1-9.
- Parker AM, Sricharoenchai T, Needham DM (2013) Early rehabilitation in the intensive care unit: Preventing impairment of physical and mental health. Curr Phys Med Rehabil Rep 1:307-1314.
- Bhome R, Huntley J, Dalton-Locke C, San Juan NV, Oram S, et al. (2021) Impact of the COVID-19 pandemic on older adults mental health services: A mixed methods study. Int J Geriatr Psychiatry 36:1748-1758.
- Somasundaram DJ, Van De Put WA, Eisenbruch M, De Jong JT (1999) Starting mental health services in Cambodia. Soc Sci Med 48:1029-1046.
- Martin MH, Nielsen MB, Petersen SM, Jakobsen LM, Rugulies R (2012) Implementation of a coordinated and tailored return to work intervention for employees with mental health problems. J Occup Rehabil 22:427-436.
- 11. Douglas N, Mays N, Al-Haboubi M, Manacorda T, Thana L, et al. (2022) Observations of community based multidisciplinary team meetings in health and social care for older people with long term conditions in England. BMC Health Serv Res 22:758.