Accessibility and implementation in UK services of an effective depression relapse prevention programme: Mindfulness-based cognitive therapy

The ASPIRE Project

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&

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Outline

- Background
- Study framework & approach
- Plan of work
- Benefits to the NHS

ASPIRE Team & Governance

Chief and Co-Investigators

Jo Rycroft-Malone, Willem Kuyken, Rebecca Crane, Andy Gibson, Stewart Mercer

Research Team

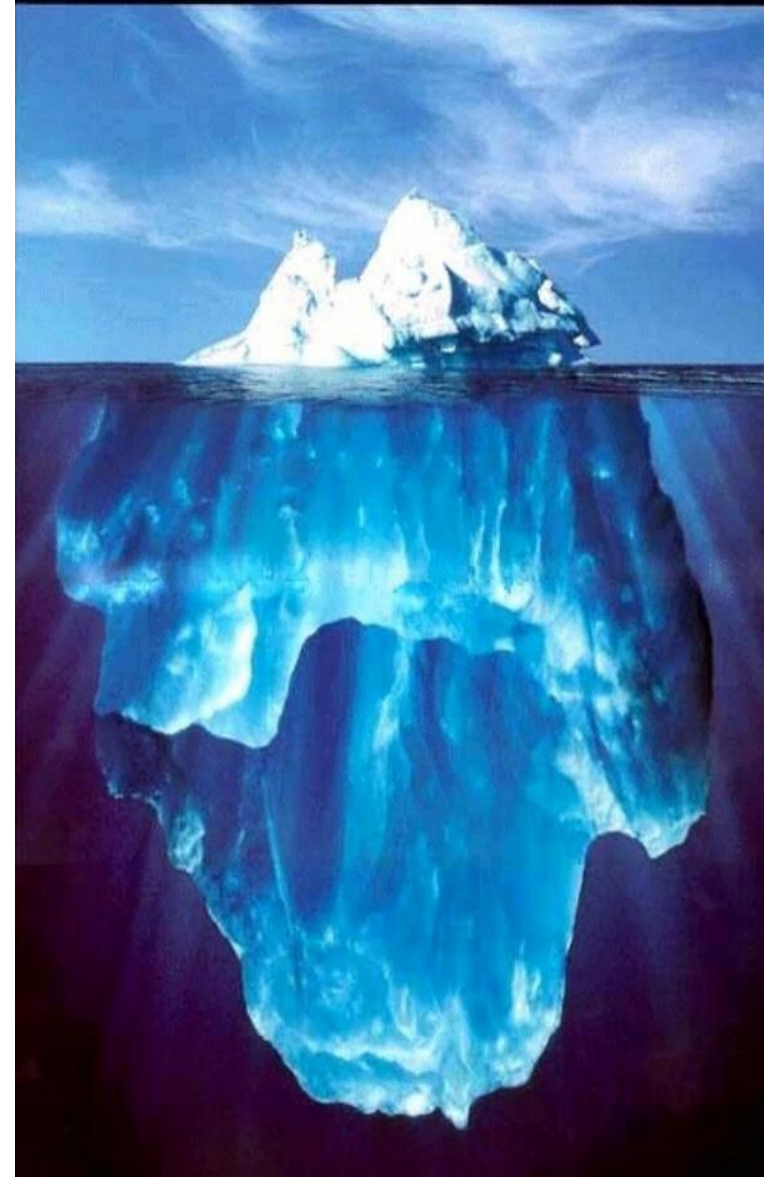
Felix Gradinger and Heledd Owen

Patient and Public Involvement:
Convenor: Andy Gibson

Project Advisory Group
Independent Chair, Dr Val Moore
2 service users
1 MBCT trainer/therapist, Prof Anne Speckens
1 service manager, Dr David Crossley
Commissioner, tbc
Public engagement, Ruby Wax
Co-investigators

Background: Accessing Evidence-based Treatments

- Mood Disorders: *A public health & health services challenge*
- Unrecognised and untreated
- Modally treatment is anti-depressant medication
- Small minority of people who could benefit, receive evidence-based psychological treatments

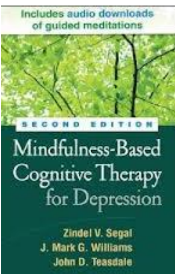


Time Course of Recurrent Depression

& Points of Intervention

Treatment

Secondary prevention



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Premorbid

Onset

Depressive episode

Remission

Relapse Onset

Recurrent episode

Remission

Recurrence

Remission

Sustained remission

Stage of disorder

BMJ

BMJ 2012;345:e7194 doi: 10.1136/bmj.e7194 (Published 9 November 2012)

Does mindfulness based cognitive therapy prevent relapse of depression?

Willem Kuyken *professor*[1], Rebecca Crane *director*[2], Tim Dalgleish *professor*[3]

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Recommendations for further research

- Among patients at high risk for depressive relapse, how does MBCT compare with maintenance antidepressants alone or both treatments together in preventing relapse? Can MBCT provide an alternative for people wishing to discontinue antidepressants?
- Among patients at high risk of depressive relapse, how does MBCT compare with other psychosocial approaches (such as cognitive behavioural and interpersonal therapies) in preventing relapse?
- How acceptable is MBCT to a broad range of patients (for example, patients with different sociodemographic and cultural backgrounds and patients with varied psychiatric and medical comorbidities)? Can the early indications that MBCT is effective only for patients with three of more previous episodes be replicated?
- What are the facilitators and barriers to implementation of NICE's recommendations for MBCT in the UK's health services? Can this knowledge be used to develop an implementation plan for introducing MBCT consistently into NHS service delivery?

Mindfulness
DOI 10.1007/s12671-012-0121-6

ORIGINAL PAPER

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

Rebecca S. Crane · Willem Kuyken

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

Theory, treatment development and proof of concept → Efficacy: Does it work? → Implementation and effectiveness

Implementation Challenge

‘Getting a new idea adopted, even when it has obvious advantages, is difficult…’

Everett M Rogers

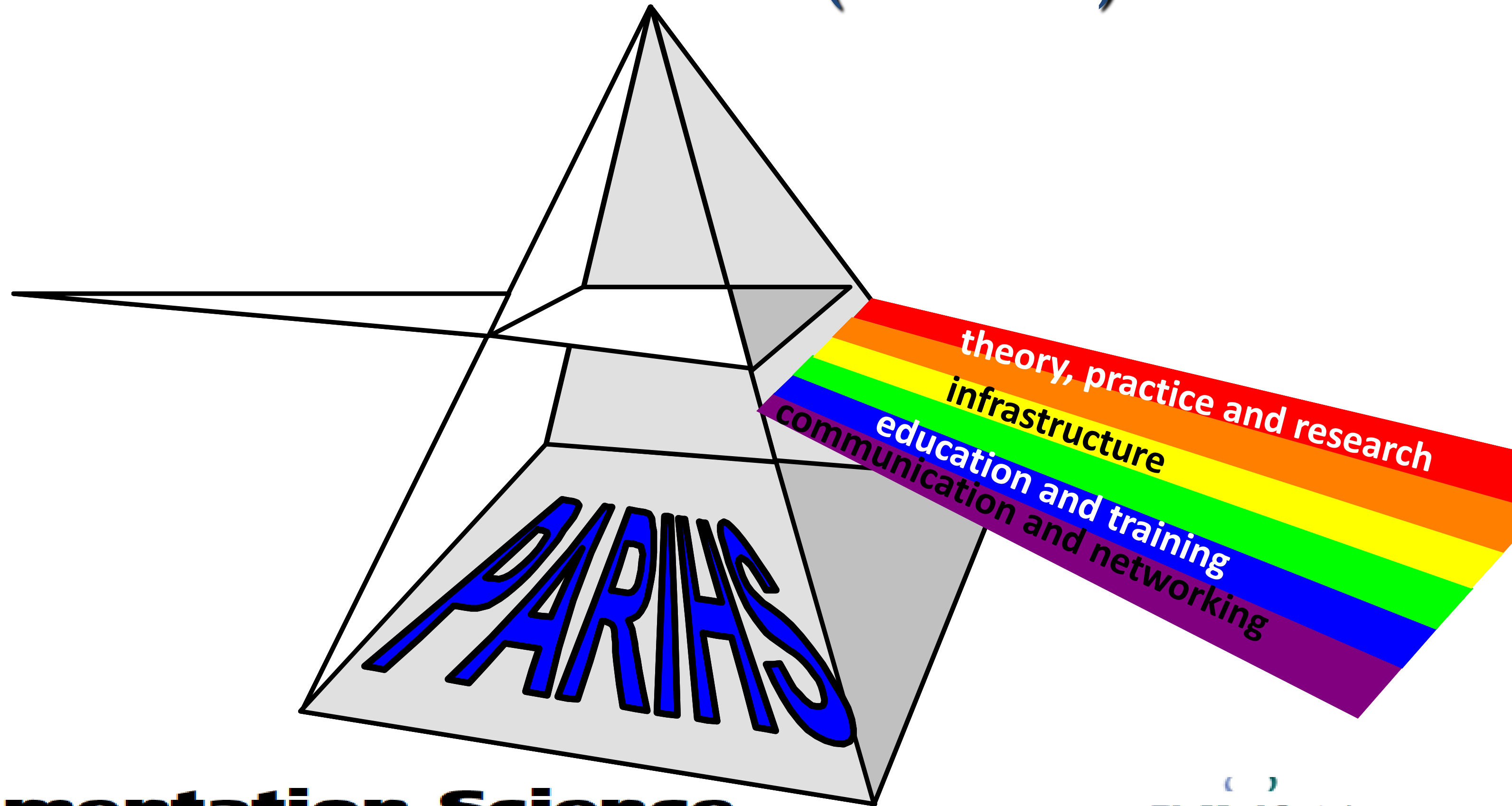
- Evidence is interpreted in different ways
- Action is contextually situated
- Implementation requires active effort
- Therefore, complicated & not value free

ASPIRE Project Aims

1. Scope existing provision of MBCT in the health service
2. Develop an understanding of the perceived benefits and costs of embedding MBCT in mental health services
3. Explore facilitators that have enabled services to deliver MBCT
4. Explore barriers that have prevented MBCT being delivered in services
5. Articulate the critical success factors for the routine and successful use of MBCT as recommended by NICE
6. Synthesize the evidence from these data sources, and in consultation with stakeholders, develop an Implementation Plan that services can use to facilitate the implementation of MBCT

Study Framework

Promoting Action on Research Implementation in Health Services (PARIHS)



Implementation Science BioMed Central

Debate — Open Access

Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges

Alison L Kitson*[1], Jo Rycroft-Malone[2], Gill Harvey[3], Brendan McCormack[4], Kate Seers[5] and Angie Titchen[6]

Successful implementation is a function of the relation between:

- the nature of the evidence
- the context or environment in which the proposed change is to be implemented and
- the way or method by which the change is facilitated

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

Approach

Qualitative interview and case study approach:

Phase 1 - Descriptive, broad overview of current implementation

-70 purposively sampled semi-structured interviews
-Scoping provision

Phase 2 - Contextually rich, explanatory and interpretative case studies

- 10 case studies
- Uncovering critical success factors, and what impedes the routine use of MBCT

Data synthesis and implementation plan

Knowledge transfer & exchange

Progress to date

- Ethics approval
- Study adoption
- Governance approvals underway
- Research team appointed and project team meetings started
- Established Project Advisory Group
- Protocol for publication drafted

Benefits & impact

Implementation plan based on findings & principles of good practice in knowledge transfer & exchange