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Adapted Mindfulness-Based Interventions Guidance

Guidance regarding the delivery of brief and adapted Mindfulness-Based interventions (MBIs) that are not the 8-week Mindfulness-Based Cognitive Therapy (MBCT) or Mindfulness Based Stress Reduction (MBSR) course (or equivalent), in Sussex Partnership NHS Foundation Trust

Please note that the following are governance requirements for psychological professionals who deliver formal psychological interventions that are brief or adapted MBIs (e.g. Person-Based Cognitive Therapy, LIGHTMind). Where mindfulness is offered as a standard part of a broader psychological intervention that is covered by alternative governance guidance (e.g. DBT), that guidance can be followed instead (please see the notes at the end of this document for further details). For other clinicians, who are not psychological professionals, but who are offering psychologically informed interventions in which formal mindfulness meditation practice is an essential, significant and regular component, the following are recommendations that should be considered in the context of their own professional governance requirements.

When taking the lead role in delivering an intervention that is not the 8-week MBCT/MBSR course (or equivalent), but where formal mindfulness meditation practice is an essential, significant and regular component, the following is recommended/required (see previous paragraph) for Sussex Partnership staff:

1. Clinical staff with a professional clinical qualification (e.g. psychological professionals [including psychological practitioners], nurses, occupational therapists, social workers) who are trained to deliver adapted/briefer mindfulness interventions and who meet all other criteria below may teach shorter and adapted mindfulness interventions to service users, staff and other groups.
2. Members of staff who are trained to deliver briefer/adapted mindfulness interventions but who do not have a professional clinical qualification (e.g. peer support workers, assistant psychologists, occupational therapy assistants, health care assistants) may co-deliver brief/adapted mindfulness interventions to clinical groups with a member of staff listed in point #1 above or with an MBCT/MBSR teacher who meets SPFT governance criteria for teaching MBCT/MBSR to clinical groups, or may deliver a mindfulness intervention alone to non-clinical groups. The MBI Practice Network recognises and welcomes the unique skills and experience that peer support workers and others may bring that cannot be provided by a mental health worker and seeks to ensure that they are properly supported in their role, for example through liaison with the People Participation team.



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3. An established, regular personal mindfulness practice.
4. Attended an annual day retreat (sometimes called an 'all-day') of mindfulness practice.
5. Attended at least one 8-week MBCT/MBSR course as a participant.
6. Attended the year-long SMC 'Adapted MBI Training', or training deemed equivalent by the MBI Practice Network.
7. On-going mindfulness supervision with an experienced mindfulness teacher. The frequency of this should be established in agreement with the supervisor and depends on the intensity of the mindfulness work undertaken but, as a minimum, should be sufficient to be able to discuss all issues of risk and safety.
8. At least one yearly mindfulness CPD event, such as attending a mindfulness master class.
9. An up-to-date knowledge of the evidence-base for mindfulness-based interventions (standard and adapted) in the setting in which the intervention is being offered.

Please note that these criteria represent a minimum recommendation only and greater experience and training in mindfulness than that listed above may be necessary for people to lead mindfulness interventions confidently.

Staff assisting in the delivery of mindfulness interventions alongside a lead teacher who meets the above criteria need not themselves meet all these criteria.

Person Based Cognitive Therapy (PBCT) has a significant mindfulness component that is used in a way that is similar to MBCT. Therefore, psychological professionals offering PBCT groups need to adhere to these governance arrangements.

Clinicians offering Acceptance and Commitment Therapy (ACT) interventions have a range of views regarding the relevance of this guidance to their work. Discussion in supervision is advisable where staff are offering an ACT intervention with a substantial mindfulness component, and in such cases, the use of this guidance is recommended. Please also refer to guidance re ACT provided by the CBT Practice Network.

Staff using Dialectical Behaviour Therapy (DBT) should refer to their own governance arrangements, but a discussion with their supervisor about the guidance in this document is advisable.



An audit will be conducted every two years amongst SPFT MBI Practitioners. Information will be requested 3 times and if there is no response and it is not possible to draw up a plan with the teacher concerned about how the criteria will be met over a specific timescale, then Trust approved MBI Practitioner status will be removed until such a plan is drawn up and met.

It is recommended/required¹ that practitioners wishing to deliver MBIs after an absence from teaching should have maintained the required mindfulness CPD and personal practice stated above, and if they have not taught for 3 years or more, should ideally deliver MBIs with another mindfulness practitioner and access additional supervision.

May 2025
MBI Practice Network

¹ Please refer to the paragraph in *italics* on page one.