

We recommend that:

1. MBCT (Mindfulness-Based Cognitive Therapy) should be commissioned in the NHS in line with NICE guidelines so that it is available to the 580,000 adults⁸ each year who will be at risk of recurrent depression. As a first step, MBCT should be available to 15%⁹ of this group by 2020, a total of 87,000 each year. This should be conditional on standard outcome monitoring of the progress of those receiving help.
2. Funding should be made available through the Improving Access to Psychological Therapies training programme (IAPT) to train 100 MBCT teachers a year for the next five years to supply a total of 1,200¹⁰ MBCT teachers in the NHS by 2020 in order to fulfil recommendation one.
3. Those living with both a long-term physical health condition and a history of recurrent depression should be given access to MBCT, especially those people who do not want to take antidepressant medication. This will require assessment of mental health needs within physical health care services, and appropriate referral pathways being in place.
4. NICE should review the evidence for Mindfulness-Based Interventions (MBIs) in the treatment of irritable bowel syndrome, cancer and chronic pain when revising their treatment guidelines.

We recommend that:

1. The Department for Education (DfE) should designate, as a first step, three teaching schools¹¹ to pioneer mindfulness teaching, co-ordinate and develop innovation, test models of replicability and scalability and disseminate best practice.
2. Given the DfE's interest in character and resilience (Character Education Grant programme), we propose a comparable Challenge Fund of £1 million a year to which schools can bid for the costs of training teachers in mindfulness.

We recommend that:

1. The Department for Business, Innovation and Skills (BIS) should demonstrate leadership in working with employers to promote the use of mindfulness and develop an understanding of good practice.
2. We welcome the government's What Works Centre for Wellbeing, and urge it to commission, as a priority, pilot research studies on the role of mindfulness in the workplace, and to work with employers and university research centres to collaborate on high-quality studies to close the research gap.
3. Government departments should encourage the development of mindfulness programmes for staff in the public sector – in particular in health, education and criminal justice - to combat stress and improve organisational effectiveness. One initiative could be seed-funding for a pilot project in policing where we have encountered considerable interest.
4. The National Institute of Health Research should invite bids to research the use of mindfulness as an occupational health intervention and its effectiveness in addressing occupational mental health issues such as stress, work-related rumination, fatigue and disrupted sleep.

We recommend that:

1. The NHS and the National Offender Management Service (NOMS) should work together to ensure the urgent implementation of NICE's recommended Mindfulness-Based Cognitive Therapy (MBCT) for recurrent depression within offender populations.
2. The Ministry of Justice (MOJ) and NOMS should fund a definitive randomised controlled trial of Mindfulness-Based Interventions (MBIs) amongst the UK's offender populations.