

Institution: University of Derby		
Unit of Assessment: 3		
Title of case study: The impact of compassion-based interventions on mental health		
Period when the underpinning research was undertaken: 2004–2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
P. Gilbert (UoA4)	Professor	1992–present
K. McEwan	Researcher; Senior Research Fellow	2004–2012; 2016–present
F. Maratos (UoA4)	Associate Professor	2006–present
J. Stubbs	Professor	2013–2017
J. Elander	Professor	2006–present
L. Minou	Research Fellow	2018–present
Period when the claimed impact occurred: August 2013–December 2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact (indicative maximum 100 words)		
<p>Around 1 in 12 people globally suffer from a mental health disorder where shame and self-criticism are common factors (ourworlddata.org). Researchers at the University of Derby (UoD) have developed a compassion-based therapy that is effective in treating over 17 health conditions, with RCTs showing significant improvements in depression, anxiety, shame, and self-criticism. The UoD model has been applied and adapted to improve the wellbeing of employees in health services, education and businesses, leading to improvements in staff wellbeing, retention, and productivity. Compassion therapies are the preferred treatment delivered by clinicians in over 20 UK NHS Trusts and the UoD model has impact in 25 countries across six continents where it has become a favoured psychological therapy.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>The UoD Compassion-Based Interventions (CBIs) team includes 15 staff and 7 PhD students across the College of Health and Social Care and the College of Life and Natural Sciences. From 1 September 2020, the Colleges combined to form the College of Health, Psychology and Social Care.</p> <p>Gilbert's research identified a need for an intervention to address common characteristics of mental health issues such as self-criticism and shame, leading Gilbert to develop CBIs which are suitable for a range of conditions in patients and public. CBIs are unique in being empirically and clinically derived; based on theories of attachment and evolution. Original theoretical studies of evolution and social roles highlighted a disparity between the 'new' and 'old' brain that provided a framework to address previously untreated mental health issues. Practical therapeutic techniques developed in 2006, such as compassionate imagery protocols were used in the first ever CBIs clinical trial by Gilbert [3.1]. In recognition of the need to address mental health and wellbeing in both clinical and public populations, UoD developed and evaluated two therapies, Compassion Focused Therapy (CFT) and Compassionate Mind Training (CMT).</p> <p>Introduction of the 'Three Circles Model' as a framework underpinning both therapies became central to further research and is still at the core of any therapeutic delivery and evaluation today. Research conducted by Gilbert and McEwan developed measures for the 'Three Circles Model', which were published between 2008 and 2011.</p> <p>The initial evaluation of CBIs in a mixed-clinical population [3.1] provided proof of concept which led to a further 5 RCTs conducted by UoD, including evaluation of CBIs in depression, psychosis and eating disorders [3.2]. Evidence of efficacy in broader ranges of patients led to further studies to tailor and evaluate CFT for over 17 patient groups. Twenty-three validated measures (translated into 15 languages) developed by Gilbert and McEwan are widely used by practitioners and researchers in assessing therapeutic processes, patient needs, patient outcomes and CBIs efficacy. This includes development of the first measure of Gilbert's model of compassion [3.3], now used in 25 countries making it the second most commonly used measure of compassion and leading to guidance for clinicians on how to address fears, blocks and</p>		

resistances in patients undergoing CBIs. McEwan [3.4, G3.4] developed a compassion stimulus set opening a new research field and initiating cognitive assessment of the impact of CBIs.

Studies have also explored the application of CMT to organisations [3.2, 3.5, 3.6] (e.g. healthcare, businesses, and schools), providing a framework and evidence to bring CBIs to the public and improve workplace mental health [G3.1-G3.2]. Development and evaluation of online CBIs, three of which were developed by McEwan, have established their acceptability in the public, providing affordable, wider access to CBIs [G3.1, G3.3, G3.4].

3. References to the research (indicative maximum of six references)

UoD researchers are indicated by black, underlined text:

3.1 Gilbert, P. and Proctor, S. (2006) 'Compassionate mind training for people with high shame and self-criticism: overview and pilot study of a group therapy approach', *Clinical Psychology and Psychotherapy*, 13, 351-379. DOI: <https://doi.org/10.1002/cpp.507>. [This paper was the first pilot of CFT and the impetus for wide-scale implementation.]

3.2 Gale, C., Gilbert, P., Read, N. and Goss, K. (2014) 'An evaluation of the impact of introducing compassion focused therapy to a standard treatment programme for people with eating disorders', *Clinical psychology & Psychotherapy*, 21, 1-12. [Provided evidence of effectiveness of CFT for a new patient group, eating disorders.]

3.3 Gilbert, P., McEwan, K., Matos, M. and Ravis, A. (2011) 'Fears of compassion: Development of three self-report measures', *Psychology and Psychotherapy: Theory, Research and Practice*, 84, 239-255. DOI: <https://doi.org/10.1348/147608310x526511>. [Developed the first outcome measure of compassion based on Gilbert's model of compassion.]

3.4 McEwan, K., Gilbert, P., Dandeneau, S., Lipka, S., Maratos, F., Paterson, K.B., and Baldwin, M. (2014) 'Facial expressions depicting compassionate and critical emotions: The development and validation of a new emotional face stimulus set', *PLOS ONE*, 9(2), e88783. DOI: <https://doi.org/10.1371/journal.pone.0088783>. [Developed a compassionate facial stimulus tool and pioneered the use of cognitive assessment for CBI's.]

3.5 McEwan, K., Minou, L., Moore, H. and Gilbert, P. (2020) 'Engaging with distress: Training in the compassionate approach', *Journal of Psychiatric and Mental Health Nursing*, 1-10. DOI: <https://doi.org/10.1111/jpm.12630>. [First qualitative assessment of CBI's for healthcare professionals, first longitudinal study assessing the success of CBI implementation.]

3.6 Duarte, C., Matos, M., Stubbs, R.J., Gale, C., Morris, L., Gouveia, J.P. and Gilbert, P. (2017) 'The impact of shame, self-criticism and social rank on eating behaviours in overweight and obese women participating in a weight management programme', *PLOS ONE* 12. [First to assess the use of CMT and the 'Three Circle Model' in a large business-Slimming World.]

Grant funding

G3.1 2015–2020, European Commission-Horizon 2020: NoHow: Evidence based ICT tools for weight loss maintenance. Stubbs at UoD, 2013–2017, GBP853,819 (GBP60,666.89 to UoD between 2014–2017).

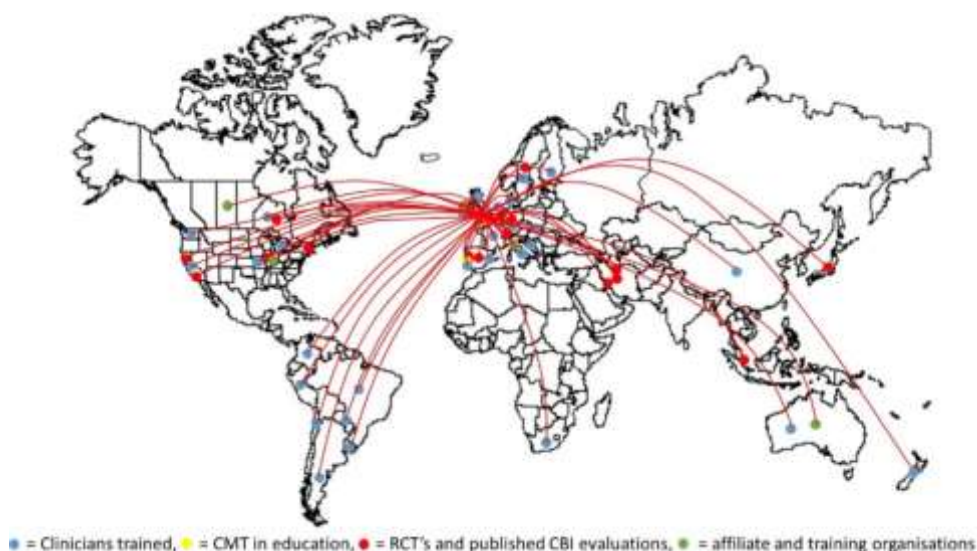
G3.2 2017–2020, Reed Foundation: Charity donation for implementing the compassion in schools programme in collaboration with University of Coimbra (Portugal). 'The Compassionate Mind Training Schools Programme'. Gilbert, Maratos and Matos, GBP106,000 (GBP33,000 to UoD).

G3.3 2012–2014, MRC: Overcoming Self-Critical Attitudes in Virtual Reality. Ref: MR/J009210/1. Brewin, Slater, Gilbert and King, GBP447,488 (GBP11,968 to UoD).

G3.4 2010–2012, Leverhulme: Evaluation of a Novel Compassion Visual Search Task to Reduce Self-Criticism. Gilbert, McEwan, Maratos and Elander, GBP82,345.00.

4. Details of the impact (indicative maximum 750 words)**The growth and implementation of CBIs**

The WHO has called for “*scalable psychological therapies*” to address the global priority of improving mental health and wellbeing. Since the inception of CBIs at UoD, two scalable psychological therapies (CFT and CMT) have emerged as efficacious treatments for over 17 health disorders and have been used to improve public health and wellbeing [5.1]. CBIs have resonated so strongly that there are now 25 countries with clinicians trained to deliver the Derby CBIs model, as detailed in the following figure:

The reach of CBIs resulting from UoD research [5.1, 5.2, 5.3, 5.4, 5.5]

A survey of 246 clinicians from 22 countries showed CFT was rated highly for improving patient outcomes ($M=7.32$, 9= ‘improved outcomes a lot’) [5.3]. It is also efficacious in addressing public health challenges as one clinician noted, “*Living in South Africa, I found the compassionate approach is so important when working with communities who have experienced inter-generational trauma*” [5.3]. An RCT in the Netherlands recognised its utility, “*as a public mental health strategy for enhancing wellbeing and reducing psychological distress*” [5.6].

UoD researchers coordinate global training and research alongside Gilbert’s charity ‘The Compassionate Mind Foundation’, founded in 2006 with a network of 9,453 clinicians and 5 affiliate organisations (Italy, Australia, Canada, Ireland, USA) founded since 2014, with a further 5 organisations in development (South America, Portugal, Japan, Scotland and Sweden) [5.4]. An Irish clinician noted: “*Gilbert (UoD) has fostered a community of researchers and practitioners who share research, knowledge, and experience. The training offered by the Foundation keeps me current in terms of research findings, allows me to hone my skills as a practitioner, and provides a supportive and stimulating forum for learning and creativity*” [5.4]. A PGCert course at UoD has trained 68 healthcare professionals to use CFT since 2013, and the UoD model is incorporated in a Diploma at the University of Birmingham [5.2] and at Salford University. Since 2018, Gilbert has trained over 1,420 clinicians and since 2015 has delivered 18 UK and 58 international workshops across 15 countries, enabling clinicians worldwide to deliver CBIs and improve patient mental health [5.2].

Improving wellbeing in patients

RCTs (4) by UoD and RCTs (11) by others, established effectiveness for CBIs across 17 health conditions including: depression, anxiety, psychosis, personality disorders, bipolar disorder, self-harm, eating disorders/body-dysmorphia/obesity and trauma/PTSD [5.1]. Evaluations found significant improvements in patients’ depression, anxiety, self-criticism, shame, and self-compassion, which has provided the evidence-base for CBIs to be implemented in 25 countries including more than 20 UK NHS services [5.2]. A patient noted: “*It’s easier to deal with situations because...I recognise that there’s my emotions at play, and the three systems...it gives me a choice now...and I can actually be objective and look at it and think about it, it only takes a few*

seconds to be able to deal with things in a much more measured way. It's had such a profound effect; it's working on every day every level" [5.7]. In Birmingham and Solihull Mental Health NHS Foundation Trust, CFT has successfully treated over 8,000 patients for a variety of disorders, whilst in Derby, Birmingham, Coventry and Warwick NHS Trusts CFT has successfully treated over 3,000 eating disorder patients [5.7]. A patient noted: *"I'm far more compassionate to myself than I used to be, I feed myself now, I may have a meal a day"* [5.7]. A network of 77 CFT clinicians in Canada regularly use the Derby model, with the founder stating: *"My clients find the model easy to understand and the concept of accepting that what they are experiencing is not their fault comes through very strongly. They can then empower themselves to work with their tricky brain rather than feel like they are not able to do anything"* [5.8]. A UK clinician from our survey noted: *"I absolutely love using CFT. This deshaming and experiential approach works so well with most clients. The person in front of me is transformed. And it gives them hope!"* [5.3]. A clinician from Australia noted *"CFT has offered a clear and easy to grasp conceptual tool that supports my clients and myself to navigate through critical voice conversations"* [5.3]. Two patients noted: *"Looking at evolution and... the way the brain works, you realise that actually we do need anxiety. I've found it's helped me dramatically with my anxiety. I haven't taken diazepam the whole time I've been on this course"* [5.7]. And, *"I was in such a bad state when I came here, suicidal, so to go through the course, and have some self-belief, some self-worth, I could sooth myself, I think I've been very lucky, in seeing how if I use it, what a profound effect it can have in such a small time"* [5.7].

Improving wellbeing in healthcare professionals

Healthcare professionals often experience difficult and traumatic experiences that affect wellbeing, leading to burnout, high staff turnover and loss of productivity. A workplace mental health organisation, 'Wellbeing Works', uses the 'Three Circles Model' to develop reports providing GP practices and NHS Trusts with data about how their work environment influences the wellbeing of their teams. For example, Barts NHS notes: *"The reports enabled us to transform how we work to the benefit of staff and patients...it reduced labour turnover of nurses by 20% between 2018-2019 saving £380,000"* [5.9].

Improving wellbeing in organisations

Wellbeing Works has applied the reporting model in over 20 organisations and 80 teams including universities, RAF, police, law firms, schools, call-centres, accountancy and insurance companies. Their client Manchester Metropolitan University noted: *"It enabled us to improve staff mental health significantly, enhance our staff retention levels and reduce our operating costs. We saved £600k in the first year!"* [5.9].

Another workplace wellbeing company based in Denmark (Mindwork) utilised the 'Three Circles Model' and CMT in over 40 organisations, with over 12,000 individuals, including business leaders, lawyers, engineers, mental health workers, a pension company (1,200 employees), union workers, and the largest Nordic bank (9,000 employees). Mindwork's CEO noted: *"Employees report being more self-compassionate, having improved listening and communication with colleagues, being more involved in organisation decision-making, using the 'Three Circles Model' to regulate their emotions"* [5.9].

In 2014 UoD researchers, led by Stubbs, collaborated with Slimming World, who implemented CMT across their 400,000 membership. A representative reports: *"Slimming World has been working with the University of Derby and the Compassionate Mind Foundation, looking at how developing tools to help people be more reassuring to themselves, and to calm their inner critic, can help them to better manage their eating behaviour for the long term. Slimming World's unique group support system...uses elements of techniques including CMT, to help individuals overcome their personal barriers to change and avoid relapse"* [5.10]. A compassion-based app has been introduced into the company that reduced weight-loss program drop-out by 10% and improved treatment effectiveness [5.10].

CBIs have been more widely implemented in other areas of public life, with evaluations demonstrating efficacy in: forensic/prison service, armed-forces/veterans, sexual minorities, parenting, intellectual difficulties and firefighters [5.1]. A clinician from our survey noted: *"CFT is heavily influencing many services within our NHS Trust. At the request of our psychology lead, I have been rolling out CFT awareness training to all staff across our 'Health and Justice Directorate', which includes 15 services"* [5.3].

A recent evaluation of CBIs by Maratos and a Portuguese collaborator, in 700 educators in the UK and Portugal has seen improvements in teacher mental health [5.5]. *FE News* noted: “*The initiative helped staff respond to children’s distress effectively and understand why some children behaved negatively... exercises helped enhance staff mental health by enabling them to engage with self-dialogue which was far more supportive and encouraging and helped them to feel good about themselves*” [5.5]. The Vice-Director of the Agrupamento de Escolas de Nelas (Portugal) states that: “*The Compassionate Mind Training program truly helped our teachers to deal with problems that cause them great emotional distress and stress, providing them with skills to accept and face what is difficult in their profession and personal life*” [5.5]. The Portuguese Ministry of Education has now implemented the CMT program for the benefit of the entire educational community, including teachers, students, parents, and non-teaching staff [5.5].

To conclude, CBIs are having a significant impact in improving mental health and wellbeing and have been effective in a wide range of settings including healthcare, education, business, and large organisations in the UK and globally. One clinician from our survey noted: “*I think this is the most effective form of treatment I have used. My clients have had amazing results*” [5.3].

5. Sources to corroborate the impact (indicative maximum of 10 references)

5.1 Published trials since 2014 from 12 different countries demonstrating efficacy of CBIs for 17 different health conditions and across 7 different sectors of society.

5.2 List of clinicians trained using UoD model of CFT, including number of graduates from PGCert. Statement from Founder of Motivacion Compasiva (12-12-2019).

5.3 Results from survey of 246 CMF members during October–December 2019.

5.4 Compassionate Mind Foundation evidence group: website

<https://www.compassionatemind.co.uk/>; affiliate organisations founded from 2014-2020; statement from founder of Irish Centre for Compassion Focused Therapy (09-05-2019).

5.5 Compassion in schools evidence group: website (<https://www.cmtschoools.org/node/45>); articles in press; published paper - Maratos *et al.* (2019) ‘Evaluation of a Compassionate Mind Training Intervention with School Teachers and Support Staff’, *Mindfulness*, 10, 2245-2258; statement from Clinical Psychologist, University of Coimbra, and Vice-Director of the Agrupamento de Escolas de Nelas, Portugal (11-11-2020).

5.6 Sommers-Spijkerman, M. P. J., Trompetter, H. R., Schreurs, K. M. G. and Bohlmeijer, E. T. (2018) ‘Compassion-focused therapy as guided self-help for enhancing public mental health: A randomized controlled trial’. *Journal of Consulting and Clinical Psychology*, 86(2), 101-115. DOI: <https://doi.org/10.1037/ccp0000268>

5.7 Patient wellbeing evidence group: Factual statements from Psychotherapist, Birmingham and Solihull Mental Health NHS Foundation Trust (30-01-2020) and Head of Eating Disorder Clinic, Coventry and Warwickshire NHS Trust (21-02-2020). Patient quotes from CFT trial (27-02-2020).

5.8 Factual statement from founder of Canadian Network of CFT (23-07-2020).

5.9 Group of workplace wellbeing factual statements: Chief Executive of Wellbeing Works (21-01-2020) and CEO of Mindwork (13-04-2020).

5.10 Slimming World evidence group: published paper - Duarte *et al.* (2019) ‘Effect of adding a compassion-focused intervention on emotion, eating and weight outcomes’, *Journal of Health Psychology*. DOI: <https://doi.org/10.1177/1359105319890019>; press articles, accessed from: <https://www.slimmingworld.co.uk/health/how-sw-works/behavioural-change.aspx>, and https://www.slimmingworld.co.uk/health/news/learning_to_be_self_reassuring.aspx. All websites referenced in 5.1–5.10 were accessed on 07-01-2021.