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GPs should prescribe meditation for depression, says Mental Health Foundation

Sam Lister, Health Editor

Meditation therapy should be routinely available on the NHS to treat recurring depression and to help tackle Britain's growing mental health problems, according to a new report.

The study, commissioned by the Mental Health Foundation, found that fewer than one in 20 GPs prescribed meditation therapy for patients suffering depression, despite NHS guidance suggesting that it could halve depression relapse rates.

The report calls for much wider use of "mindfulness" treatment, which combines meditation with orthodox "thought training". The report argues that if more GPs offered the therapy it would sharply reduce the financial burden of depression, which costs Britain £7.5 billion a year.

Mental health specialists said that greater use of meditation would reduce an over-reliance on antidepressants. They said that while the drugs were effective, they did not help address the possibility of future depressive episodes.

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Mindfulness-based Cognitive Therapy (MBCT), which has its roots in Eastern philosophy and Buddhism, trains people to focus attention on one place instead of allowing the mind to be "hijacked" by emotional issues, regrets, worries about the past and future, and other distractions. This can be done in a number of ways, for example by focusing on breathing, parts of the body, or movement.

The National Institute for Health and Clinical Excellence issued guidance on meditation in 2004 after studies suggested that it might bring benefits.

Five years later, only a fifth of GPs said they can access the treatment for their patients, and just one in 20 regularly prescribes the therapy, according to the Mental Health Foundation report *Be Mindful*.

MBCT costs on average £300 per patient for a course of two-hour sessions over eight weeks. Since patients are treated in groups of up to 20, the cost is said to be much lower than one-to-one cognitive behaviour therapy (CBT).

A key difference between the new approach and traditional CBT is that patients are seen between episodes of depression, and not when they are in the grip of the illness. Another difference is the inclusion of meditation, as research has shown that relying on CBT alone to prevent recurrent depression does not work as well.

Mark Williams, Professor of Clinical Psychology at the University of Oxford, who contributed to the report, said that meditative therapy enabled people to switch off "brooding recrimination" and, while acknowledging these thoughts, move beyond them.

"People begin to see thoughts and feelings as a temporary weather pattern in the mind, and realise they don't have to judge themselves," he said.

More than 100 studies, some involving Buddhist monks, have shown that brainwave activity changes during meditation, and that areas of the brain linked to controlling emotion are bigger in people who have meditated regularly for five years.

Mindfulness training has also been shown to increase activity in the pre-frontal cortex, a part of the brain associated with positive emotion that is normally subdued in depressed individuals.

One in 10 people in Britain is affected by clinical depression — defined by a range of symptoms within a single two-week period — and 50 per cent of sufferers experience it more than once. After two bouts of depression, there is a 70 per cent risk of relapse, which rises to 90 per cent after three episodes.

Andrew McCulloch, chief executive of the Mental Health Foundation, said that doctors prescribed antidepressants too often. "Mindfulness-based therapy could help prevent thousands of people from relapsing into depression every year. This would have huge knock-on benefits both socially and economically, making it a sensible

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