

Mindfulness and Wellbeing

*Mental Health and Humanitarian Aid Workers:
A Shift of Emphasis from Treatment to Prevention*

Author

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Introduction

Mindfulness and wellbeing have become terms that have become almost universal in their usage in everyday parlance. In recent years, there has been an ever increasing awareness of mindfulness-based approaches to stress reduction, along with well documented scientific evidence on its benefits towards supporting personal and organisational wellbeing.

Whilst 'wellbeing' may be the more accessible and readily accepted term, mindfulness, on the other hand, seemingly needs a little more of a helping hand in removing preconceived veils to reveal its simplicity and efficacy.

This paper aims to elaborate and explore the current state of wellbeing support available to aid workers within the humanitarian sector. In doing so, it will also endeavour to unpack the concept of wellbeing itself, an often vague and undefined subject matter, that itself, also often manifests in an equally vague and undefined strategy within our organisations.

Importantly, this paper will introduce the concept of mindfulness, and in particular, Mindfulness-based approaches, such as Mindfulness-Based Stress Reduction (MBSR), and champions the need to explore how wellbeing within our organisations could benefit from such preventative based, and scientifically robust, approaches. In this respect, this paper also aims to provide that 'helping hand' in lifting any potential veils and to clarify what mindfulness is in a simple and accessible manner. It supports the notion, that a measured approach, with a stronger preventative focus, may support more well defined and balanced wellbeing strategies within the sector.

This is of critical importance, as the need for improved and authentic wellbeing strategies in our organisations, is juxtaposed with the current context of chronic stress in the humanitarian sector, as significant numbers of staff are being overwhelmed by increasing levels of anxiety and depression.

Moreover, the humanitarian sector is currently at a unique phase in its journey, with increasing global crises and previously unseen humanitarian demands being identified. The demands of this changing global context are placing yet more burdens on our personnel. This is exacerbating an already chronic situation for many of our staff, who are already stressed and stretched, and required to build yet more capacity.

As such, the issue of wellbeing in the humanitarian sector is not just highly relevant, but given the scientifically documented evidence regarding burnout amongst aid workers, perhaps, also needs to be considered as an emergency in its own right. A shift of emphasis from treatment to prevention is critically overdue.

This paper, therefore, offers a possible approach for reviewing current wellbeing practices in the sector, and provides an example of a potential pilot programme utilising MBSR, that may help the sector address these chronic levels of stress and anxiety experienced by our personnel in a more effective and prevention based manner.

1. Here and now

‘Wellbeing’, according to the World Health Organisation (WHO) is inextricably linked with mental health. They express it as follows,

‘Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’¹

So, at this very moment whilst you begin reading this paper, perhaps take a small pause and bring to mind our respective friends and colleagues within the humanitarian sector around the world. No doubt, they will be continuing the noble work across all four corners of the world, and are busy in their efforts in delivering upon our humanitarian mandate.

And in reflection, in terms of wellbeing, and the definition above, what does the ‘here and now’ actually look like for many of these friends and colleagues? For us?

This is an extremely pertinent question. For many of us, the visceral reality of working in the humanitarian sector, to tight deadlines, in juggling multiple priorities, struggling with heavy workloads, working in often challenging and insecure environments, in meeting the needs of demanding colleagues, beneficiaries, and management, is enough to very quickly acquaint us with exhaustion, stress, and anxiety. Potentially, this may deteriorate our mental health and consequently decrease our sense of wellbeing.

The often life or death context associated with humanitarian work, and the need, both actual and perceived, to alleviate the suffering of others, compels us to work harder, longer, and to stretch ourselves much further than we might have expected initially. This ‘stretching ourselves’ is not only physical and intellectual, through working long hours on numerous complex pieces of work, but often emotionally and spiritually also, where our feelings and ethics may also be challenged via moral dilemmas and pivotal decisions that significantly affect the lives of real people.

“Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” - World Health Organisation (WHO)

Given the nature of the sector, with agencies chasing a finite number of donors, with an even more finite pot of available funds, amidst a backdrop of overwhelming humanitarian needs, resourcing in most humanitarian agencies is inevitably sub-optimal. Hence, the unavoidable stretching to meet the demands of an excessive workload frequently means that we continually, and perhaps subliminally, normalise the excessive workloads, which then often translate into what is ‘expected’ of us. This normalisation of expectation is not only self-administered, but can

¹ ‘Mental Health – A source of wellbeing’ - Definition sourced from the World Health Organisation website http://www.who.int/features/factfiles/mental_health/en/

inadvertently or not, become an expectation that is then further normalised by our organisations. This applies equally to those working in the field, as well as those who are office-based and far from the actual crises.

For example, how many of you skipped lunch, worked late, or took work home over the weekend recently? How many of you checked work emails late in the evening or at weekends? *And for how many of you, is this the norm?*

As the workload and demands increase, as they inevitably do in an emergency responsive sector, it seems so does our ability to shift our idea of 'normal' and 'expected' working to ever dizzying heights, that are, anything but normal.

Research published in 2010, by Penelope Curling & Kathleen B. Simmons, to identify the key source of stress amongst 4,000 humanitarian staff, both international and national workers, from across 135 countries revealed that the top five stressors were²;

1. Workload
2. Ability to achieve work goals and objectives
3. Working hours
4. Status of employment contract
5. Feeling undervalued and/or unable to contribute to decision making

Seem familiar to you? But this is not an isolated piece of research; this was also highlighted previously in separate research by Larissa Fast & Dawn Wiest conducted in 2007, where a survey amongst 180 aid workers across 60 countries found that, '*work stress was the most commonly cited experience across respondents*', with 57.8% indicating they had experienced it³. What is interesting about this earlier research, is that work stress was indicated and ranked high in relation to their exposure to other more potential and ambient high-level and mid-level threats and stressors such as, armed conflict, carjacking, crime or banditry, assault, and even sexual violence.

More recently, UNHCR's Mental Health & Psychosocial Report for Staff, published in 2013, also echoed the earlier research studies above, indicating that the top 3 stressors for their staff were again,

1. Workload – and the inability to achieve work goals
2. Feeling undervalued
3. Status of their employment contract

UNHCR also pointed out that these stressors, '*were nearly identical to those identified by UNICEF staff in 2003 and 2009*'⁴. It is clear that these disparate studies are revealing a very clear and worrying pattern of experience amongst aid workers.

² 'Stress and staff support strategies for international aid work' – Penelope Curling & Kathleen B. Simmons (2010) – Sourced from Psychotraumanet.org - <http://www.psychotraumanet.org/en/stress-and-staff-support-strategies-international-aid-work>

³ 'Security Perceptions Report' – Larissa Fast & Dawn Wiest (2007) – Sourced from The European Interagency Security Forum website - <https://www.eisf.eu/wp-content/uploads/2014/09/0009-Fast-Wiest-2007-Security-Perceptions-Survey10.pdf>

⁴ 'Mental Health & Psychosocial Support: for Staff' UNHCR (2013) – Sourced from UNHCR website - <http://www.unhcr.org/51f67bdc9.html>

The research also indicated that these stressors are virtually equal for both genders, however, the 2010 research also noted, that for females working at international HQ level, stress is perceived to be higher than compared with male counterparts⁵. This also has specific implications for humanitarian aid organisations in the UK. The National Council for Voluntary Organisations (NCVO) states that, *'more than two-thirds (68%) of the voluntary sector workforce are women'*⁶. Whilst the humanitarian sector is one slice of this larger sector, given the larger proportion of women generally, and traditional gendered family care responsibilities, this becomes an even more important issue for agencies to consider.

Clearly then, these research studies are indicating that work stress is a very real and important aspect that needs to be addressed within our sector.

2. Red herrings and reality checks

Often however, addressing this issue of workload can also become lost or hidden behind one 'red herring' in particular. For example, how many of you have experienced appraisals and meetings with line managers, where the well-trodden organisational 'remedy' for a large workload ends up in the suggestion that you need to prioritise better and to improve your time management? How many of you have ended up feeling inadequate somehow, questioning yourself why you cannot do more or work faster, or, am I slower than others? And how many of you were left feeling even more stressed, wanting to scream that time management is not a solution to being oversaturated with work, especially when you are already feeling like a sponge fully soaked in a bucket of water being asked to manage soaking it up even more efficiently?

In some ways, we could say that we are predisposed to stretching ourselves and normalising this expectation. After all, what brought us to this sector, to this work, to become a humanitarian worker, to change the world for the better, other than our own willingness, compassion and kindness to help those less able and more vulnerable than ourselves?

However, in the same way we are supporting our beneficiaries and communities with a sense of kindness, compassion, and duty of care to help and support them to help themselves, why is it that the same humanitarian ethos for ourselves, and our own staff, often gets overlooked? Why is it that we hold the wellbeing of our beneficiaries centre stage, but not our own?

Well, of course we do, at least to some extent. We are not completely blind to it. However, it seems safe to say, that we don't exactly do this particularly well in our sector.

⁵ 'Stress and staff support strategies for international aid work' – Penelope Curling & Kathleen B. Simmons (2010) – Sourced from Psychotraumanet.org - <http://www.psychotraumanet.org/en/stress-and-staff-support-strategies-international-aid-work>

⁶ 'Who works in the voluntary sector' - National Council for Voluntary Organisation (NCVO) – Sourced from NCVO Website - <http://data.ncvo.org.uk/a/almanac12/who-works-in-the-voluntary-sector/>

3. Sending out an SOS

Not only are we able to see this unfolding amongst ourselves and our staff within our own organisations, but it is also becoming increasingly evident via the growing body of clinical research papers highlighting the effects of stress on humanitarian workers. For many, these excessive workloads, challenging environments, and the relentless nature of humanitarian work, coupled with the burden of our own and organisational expectations, leads many aid workers to experience stress, anxiety, burnout, and depression.^{7,8.}

Another research paper on the issue of burnout, by Susan Macgregor from 2008, simply states, ‘*not surprisingly, it has been determined that those who work excessive hours at any job over a period of time are more susceptible to burnout symptoms*’⁹. Therefore, given the very clear evidence highlighting the excessive workloads within the sector, is it any wonder that humanitarian workers are inexorably susceptible to exhaustion and burnout?

In a recent article entitled, ‘*A crisis of anxiety among aid workers*’, published in *The New York Times* in March 2015, Rosalie Hughes, a former UNHCR worker, vividly illustrates the effect of burnout following her experience working with refugees in Tunisia fleeing conflict in Libya. She writes,

‘They had under-treated bullet wounds and desperate, traumatized minds. I was working seven days a week to fulfil the expectations of a humanitarian organization and a people in distress. A month after I arrived in Tunisia I stopped sleeping. My mind raced, replaying the stories I’d heard, stories of homes burning, mothers wounded, children left behind. From my air-conditioned bedroom I saw the faces of those I’d interviewed that day and wondered if they were lying awake in the sweltering tents, thinking of all they had lost. Increasingly sleepless, it became harder to pretend that everything was fine. Finally, I realized I needed help. I emailed a human resources officer asking if mental health support was available. I never heard back. I survived the remaining months of my contract and then left the organization. I spent the next couple of years dealing with recurring insomnia’.

In the case study of Rosalie Hughes¹⁰, we observe the intensity of working seven days a week with an excessive workload, but also that exhaustion and burnout can lead beyond anxiety, stress and depression, into more serious longer-term mental health issues.

⁷ Lopez Cardozo B, et al, ‘Psychological distress, depression, anxiety, and burnout among international humanitarian aid workers: a longitudinal study’, PubMed (2012) <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3440316/>

⁸ ‘Managing stress in humanitarian workers: Guidelines for good practice’ – Third Edition (2012), The Antares Foundation and the Centre for Disease Control. <https://antaresfoundation.org/FileLibrary/file6782.pdf>

⁹ ‘Burnout: Why do people suffer, and why do international relief workers suffer more than domestic response workers and first responders?’ – Susan Macgregor (2008) Sourced from CHS Alliance website <http://chsalliance.org/files/files/Resources/Articles-and-Research/Burnout-susan-macgregor-april-2008.pdf>

¹⁰ ‘A crisis amongst aid workers’ – Rosalie Hughes – New York Times (8/3/2015) Sourced from New York Times website - http://www.nytimes.com/2015/03/09/opinion/a-crisis-of-anxiety-among-aid-workers.html?_r=0

Another example, again brought vividly to life, is illustrated by Amy Brathwaite, an aid worker with ten years of experience, formally with UNDP, UNOCHA, and Save the Children, working in various development and emergency response programmes around the world. Affected by one of her experiences, she writes,

'..the smell of tear gas, the sound of women and children screaming intersect the sounds of explosions and etch themselves in my memory. The headaches they come quickly and last for hours. A door slams in the wind and I wince with an almost physical pain. I rub the knot underneath my rib cage trying to massage the ill feeling out of my stomach. The counsellor used the word traumatized and as if on cue, something inside of me shattered in to a million little pieces. Tears started and did not stop. I was not ok. I was not the same joyful person who had arrived. My hope had fallen down'.

Regarding her response to the trauma, she elaborates further,

'I noticed a pattern amongst myself and my peers: reduced resiliency to physical, emotional and spiritual stress; risky behaviour and negative coping strategies. The more I explored, the more common I discovered these trends were'.

Importantly, in subsequent correspondence with the author regarding wellbeing approaches, including the practice of mindfulness, Rosalie reflected on the lack of support previously available to her, and further elaborated on activities that could have been useful if they had been provided at the time. She writes,

'I have used mindfulness activities -- mainly yoga and meditation -- during other periods of my life. There is no doubt that they help me to de-stress and keep matters in perspective. If I had such activities available to me when I was going through a very difficult time in Tunisia, I believe it could have helped immensely.'

Tantalisingly, whilst Rosalie's words represent only a single voice, it may perhaps elaborate what many others have also glimpsed in their own experience of using mindfulness practices to help alleviate stress from within other sectors. Indeed, these individual anecdotal experiences are now steadily being backed up with an immense body of scientific evidence also.

However, in both Rosalie's and Amy's¹¹ testimonials, it is clear that for many aid workers, especially those in the field, stress and anxiety, not only caused by the burden of an overwhelming workload, but also by the proximity of contextual stressors, can develop into far more serious trauma and mental health consequences. Moreover, it also highlights the often-ineffective response received by aid workers from within their organisations, and potential consequences thereafter.

¹¹ Quoted from Amy Brathwaite's website - <http://www.amybrathwaite.com/kick-at-the-darkness/>

4. Are we a slow onset or a chronic emergency?

The evidence regarding these mental health consequences is alarming. In 2012, the joint study by the Antares Foundation and the Center for Disease Control & Prevention (CDC), exploring the emotional status of 1,032 national workers across Uganda, Jordan and Sri Lanka, revealed that, *'between half and two thirds of the staff in all three countries showed clinically significant levels of depression, and about half in all three countries showed clinically significant signs of anxiety. Between one-fifth and one-quarter of the staff showed prominent signs of PTSD (post-traumatic stress disorder)'*.

As part of the same study, when they looked at expatriate aid workers, the research revealed an even more alarming finding, that, *'approximately 30% of international staff of five humanitarian aid and development agencies surveyed after their return from their assignments reported significant symptoms of post-traumatic stress disorder'*.

The Antares Foundation and CDC research also echoed the previously mentioned research, with expatriate and national aid workers both stating, *'excessive'* and *'over-high'* workloads as key stressors.

For some, the symptoms can shift even further into the extremes of the mental health spectrum. Kaz de Jong, a psychologist with Médecins sans Frontières in Holland, reported in an IRIN news article in 2010, that, *'3-4 percent of MSF workers developed severe mental illness, mainly depression or psychosis, when in the field'*¹².

The same IRIN article also highlights the resultant negative coping strategies that aid workers find themselves turning to, stating that, *'alcohol, excess sleep, drugs, social withdrawal and sex are some of the tools that humanitarians facing burnout use to switch off from the constant stress they face in a typical emergency response'*. This echoes Amy Brathwaite's own experience in resorting to, *'risky behaviour and negative coping strategies'*. These negative coping strategies can therefore potentially exacerbate an already extreme situation, creating an even more toxic cocktail for aid workers, and severe consequences for aid agencies.

So it seems that the topic of staff wellbeing itself is also in need for some intensive care.

5. Meeting standards?

The *Humanitarian Emergency Response Review (HERR)*, led by Paddy Ashdown, and published in March 2011, was a seminal independent review for the British government, commissioned by the then Secretary of State Andrew Mitchell. It presented a sobering account of how the world has changed, and the need to address the way in which the UK government responds to humanitarian emergencies. The review painted a vivid picture of a world in flux, and presented an array of 'killer

¹² <http://www.irinnews.org/report/90226/health-aiding-aid-workers>

statistics' that seemingly laid down the gauntlet for change, encouraging the sector to pause and reflect and adapt to this changing world¹³.

In the often quoted foreword of the HERR, Paddy Ashdown passionately sums up the core fears and impetus behind the whole HERR vision, and states, '*we are caught in a race between the growing size of the humanitarian challenge, and our ability to cope; between humanity and catastrophe. And, at present, this is not a race we are winning*'.

As such, it seems, that in order to win the race, then '*our ability to cope*' is of paramount importance and also needs to be robustly addressed. And here is where wellbeing, at an individual level, arguably, needs to be added to the vision.

Inevitably, *obviously*, our organisations are made up of individuals. And, it is at this individual, and granular level, that our wellbeing, and consequently our abilities to cope, personally, and ultimately organisationally, needs to be supported further.

It was therefore of concern that, despite the picture painted throughout the 76 pages of the HERR document, along with its killer statistics, and urgent call for action, and subsequently, even within the 62 pages of the Department for International Development's (DFID) business case for the Disasters & Emergency Preparedness Programme (DEPP) business case, in direct response to the HERR, there was not a single mention of staff wellbeing made. Indeed, the word 'wellbeing', or any similar attributes to staff welfare do not appear at all in either of these two documents.

Whilst it is important to stress that this is not in any way a negative critique on either document, and their contained visions, rather, it demonstrates how our very personnel, and our innate human needs, that are driving change within our organisations and the sector, can often be forgotten in the very process designed to support our capacity to do more. So, whilst the HERR mentions the need to recognise potential 'gaps' to help improve humanitarian emergency response, it again demonstrates how easy it is to inadvertently overlook important gaps, even with the very best of intentions to positively identify them.

In addition to the HERR, which has since profoundly influenced the humanitarian sector and organisational strategies since its publication, agencies are likewise, influenced by other the key standards and frameworks guiding principled work and behaviour. Two of these important guidelines are the '*Core Humanitarian Competencies Framework*¹⁴', and the '*Core Humanitarian Standard on Quality & Accountability*¹⁵'.

People in Aid have been instrumental in the genesis of both these key guidelines. It previously led the then 15 agencies of the Consortium of British Humanitarian Agencies (CBHA – now renamed as The Start Network) in the creation of the *Core Humanitarian Competencies Framework*, and more

¹³ For example, We were introduced to the fact that, '*experts predict that climate related disasters could affect 375 million people every year by 2015*', a worrying and increasing trend from 263 million in 2010, and alarmingly that, '*there has been an unprecedented growth in violent attacks on humanitarian workers (177% increase from 1997 to 2008)*'. We were also informed that, '*humanitarian aid fell by 11% from 2008 (\$16.9 billion) to 2009 (\$15.1 billion)*', due to the global economic crisis, another worrying downward trend juxtaposed with the increasing global needs. - 'Humanitarian Emergency Response Review', DFID,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67579/HERR.pdf

¹⁴ '*Core Humanitarian Competencies Framework*' CBHA & People in Aid – Sourced from the People in Aid website -

http://www.peopleinaid.org/pool/files/CBHA_Core_Humanitarian_Competencies_Framework_2012_col_WEB%5B1%5D.pdf

¹⁵ '*Core Humanitarian Standard*' – 2014 – sourced from website - <http://www.corehumanitarianstandard.org/the-standard>

recently as part of the Joint Standards Initiative, along with the Sphere Project, and Humanitarian Accountability Partnership (HAP), in the creation of the *Core Humanitarian Standard on Quality & Accountability*. Both these documents highlight the need for ensuring that agencies employ and maintain personnel with the key skills, qualities, and competencies to support delivery of effective and efficient humanitarian interventions.

And here again, is where the wellbeing of staff and the potential of mindfulness based training intersect with these key standards. For example, in the Core Humanitarian Competencies Framework, one of the core competencies and behaviours required for *'demonstrating leadership in humanitarian response'* is *'self-awareness'* to *'show awareness of your own strengths and limitations and their impact on others'*. Additional behaviours required under the framework, also include, *'critical judgement'*, and *'listening and creating dialogue'*.

The wellbeing of staff and the potential of mindfulness based training intersects with key international standards on behavioural competencies, accountability and good people management practice

As the evidence presented above indicates, with the overwhelming proportion of personnel affected by stress and anxiety, without doubt, this will have a tangible effect on how they will execute these core competencies in times of humanitarian crises. With such demanding qualities required of our workers, it becomes clear that the need for ensuring wellbeing and resilient staff is a necessary precursor to supporting the actualisation of these core competencies, and in maintaining them in the face of the challenges inherent in the sector. Arguably, without a robust sense of wellbeing, a stressed and overworked aid worker is more likely to have a diminished sense of *'self-awareness'* and *'critical judgement'*, than one who has been properly prepared and supported prior to, during, and after, deployment.

If we look at the macro-level requirements of the Core Humanitarian Standards also, it becomes clear that within the *'nine commitments and quality criteria'* expounded in the document, that personnel will also need to be well prepared at the micro, or individual level.

Indeed, the *'quality criterion for Commitment 8'* states that staff should, *'be supported to do their job effectively'*. A closer inspection of this Commitment's key actions states that staff will need to work, *'to agreed objectives and performance standards'*, and, *'that staff develop the necessary personal, technical and management competencies to fulfil their role and understand how the organisation can support them to do this'*¹⁶. Most importantly, the concluding responsibility highlighted under the *'Organisational Responsibilities'* section for this commitment states that they must ensure, *'policies are in place for the security and the wellbeing of staff'*.

If this is the case, then Commitment Nine of the Core Humanitarian Standard, which requires that, *'resources are managed and used responsibly for their intended purpose'*, could, or perhaps should,

¹⁶ Commitment 8 in the Core Humanitarian Standard states, *'Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers'*, whilst its corresponding *'Quality Criterion'* reads, *'Staff are supported to do their job effectively, and are treated fairly and equitably'*. Core Humanitarian Standard – page 17 – sourced at website - <http://www.corehumanitarianstandard.org/the-standard>

easily support the argument that a responsible use of resources means that funds need to be allocated and invested in the preparedness and wellbeing of personnel.

Crucially then, the issue of wellbeing for our personnel is not just about having policies enshrined within guidelines and standards, such as these two core documents, but it is also about ensuring a living and breathing pragmatic implementation of wellbeing provision that genuinely supports the delivery of humanitarian interventions which honour the principles within them.

Wellbeing, and the way we deal with it in the humanitarian sector, it seems, is one more paradigm where we are waiting for that clichéd ‘shift’ to occur.

6. Improving the wellbeing of “Wellbeing”

So why are we not quite good at this within the sector?

Of course the issue of wellbeing, as elaborated by the handful of research studies referenced above, is now becoming a greater priority for many aid organisations. Agencies are now beginning to fully understand that stress, anxiety and burnout, as well as other negative mental health consequences, not only leads to severe personal distress for staff, but may also, have serious effects on the functioning and effectiveness of aid organisations and programme delivery.

As such, some agencies now have Employee Assistance programmes in place, providing pre-deployment briefings, links to remote counsellors whilst deployed, and debriefing sessions on their return. *MSF*, for example, also, ‘sends counsellors on “stress visits” to emergency zones to do group work with field-workers and take stock of how they are feeling’¹⁷. *Red R* also provides a *Critical Incident Stress Management (CISM)* course for agencies, to enable staff, ‘to cope with working in such a difficult environment so they can continue to provide vital humanitarian aid to local populations’¹⁸. Many aid organisations are also publishing their own internal guidelines on managing stress and supporting staff wellbeing¹⁹.

For example, since 2001, the *International Federation of Red Cross and Red Crescent Societies*, has produced a, ‘*managing stress in the field*’ guide. The guide, produced by their Psychological Support Programme (PSP), has been designed as a practical manual for staff to use in the field, and incorporates short chapters which define stress, cumulative stress, burnout, and traumatic stress. A short self-assessment questionnaire to evaluate stress levels is also included, and staff are encouraged to, ‘take the time to fill it out every three months in order to compare the scores’. Details are also provided for two named stress counsellors if staff wish to contact them²⁰.

The ‘*UNHCR’s Mental Health and Psychosocial Support for Staff*’ report in 2013, is another welcome, and highly detailed, 116 page document outlining the research they carried out to help support the development of a new policy to support their personnel. The document highlights and analyses the

¹⁷ <http://www.irinnews.org/report/90226/health-aiding-aid-workers>

¹⁸ Article, ‘*RedR’s staff welfare programme continues to make an impact in Sudan*’, sourced from Red R website -

<http://www.redr.org.uk/en/News/aid-worker-stories.cfm/redrs-staff-welfare-programme-continues-to-make-an-impact-in-sudan>

¹⁹ An example of such stress management guidelines is ‘*Stress and humanitarian work*’ by Ray Whitaker for Islamic Relief – Sourced from CHS Alliance website - <http://chsalliance.org/files/files/Resources/Policies/Islamic-Relief-Stress-and-Humanitarian-work.pdf>

²⁰ ‘*Managing stress in the field*’ – International Federation of Red Cross and Red Crescent Societies (IFRC) (2009 – Fourth Edition) – Sourced from IFRC website - <https://www.ifrc.org/Global/Publications/Health/managing-stress-en.pdf>

data collected from a major survey involving 1,351 UNHCR staff, between May and November 2012. Whilst not a handbook for field staff, it does refer to the guidelines provided by Antares Foundation and the Inter-Agency Standing Committee (IASC) as the key set of guidelines that, ‘*set the standard for the field and [which] played a significant role*’ in their evaluation process²¹.

The Antares Foundation is a training and support services organisation based in the Netherlands, with a key focus on managing stress and increasing wellbeing for humanitarian aid workers. ‘*Managing stress in humanitarian workers: guidelines for good practice*’, is the foundation’s key document outlining how organisations can, ‘*define their own needs in relation to stress management and develop their own staff care system*’. The in-depth document, not only provides detailed analysis of surveys it has conducted on stress and wellbeing within the sector, but also provides guidance to aid organisations via the application of eight key principles. These range from policy creation, screening and assessing, through to post assignment support²².

Likewise, the Inter Agency Standing Committee’s (IASC’s), ‘*Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings (2007)*’, have been designed as a, ‘*a set of minimum multi-sectoral responses to protect, support and improve people’s mental health and psychosocial wellbeing in the midst of an emergency*’. The guidelines incorporate a section entitled, ‘*prevent and manage problems in mental health and psychosocial well-being among staff and volunteers*’ (Action Sheet 4.4)²³, which again provides a set of key actions similar to, and informed by, the eight principles provided by the Antares Foundation.

Within the above IFRC, IASC, UNHCR, and Antares Foundation documents, whilst the preparation and training to manage stress is clearly highlighted, with each organisation’s document providing some helpful information to manage stress, it becomes increasingly clear that this preventative side of the mental health continuum, is seemingly less developed and less robust than the treatment based side.

For example, the *International Federation of Red Cross and Red Crescent Societies* field guide, provides only a single page containing two short breathing and active relaxation exercises. The IASC *Action Sheet 4.4*, in the section on preparing staff for emergency contexts, simply suggests, ‘*ensure that all staff are briefed on a spectrum of stress identification (including but not restricted to traumatic stress) and stress management techniques and on any existing organisational policy for psychosocial support to staff*’. However, no further details are provided regarding stress management techniques²⁴. For the Antares Foundation, their preparation and training section suggests the following, ‘*training in specific stress management techniques and coping skills (e.g. relaxation techniques, anger management techniques, self-care, the value of sharing experiences with colleagues)*’. Whilst the Antares Foundation document does not go into much detail also, one of

²¹ ‘*Mental Health & Psychosocial Support: for Staff*’ UNHCR (2013) - Sourced from UNHCR website - <http://www.unhcr.org/51f67bdc9.html>

²² ‘*Managing stress in humanitarian workers: Guidelines for good practice*’ – Third Edition (2012) - The Antares Foundation and the Centre for Disease Control. Sourced from website - <https://antaresfoundation.org/FileLibrary/file6782.pdf>

²³ ‘*Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings*’ (2007)- Inter-Agency Standing Committee – Sourced from IASC website https://interagencystandingcommittee.org/system/files/legacy_files/Guidelines_IASC_Mental_Health_Psychosocial_%28with_index%29.pdf

²⁴ With kind respect, the author fully appreciates that further guidance may of course be directly provided by the ICRC during training events and other literature and resources not currently available publicly or online. No intention is made to suggest that the staff wellbeing is not a priority for ICRC.

their training module presentations, on *'Individual Stress Management'*²⁵, however, does suggest preventative and coping strategies such as, physical exercise, relaxation exercises, and indeed, meditation. Once again, no details are provided on this, other than the suggestions provided²⁶.

The UNHCR document also candidly states, *'there is no regular pre-departure training for all staff, although the mandatory UNDSS (United Nations Department of Safety and Security) online security trainings have a brief stress management component'*. The UNHCR document further elaborates, *'the online staff well-being survey included the question: "Have you ever received information about common stressors of humanitarian work, how to recognize stress reactions, and/or how to cope with stress? (check all that apply)"'. Only 12 per cent said they received such information prior to their first assignment and fewer (5 per cent) received this information before being posted to a hardship duty station'*. For an organisation employing 8,600 personnel across 125 countries²⁷, it is a sobering perspective on the status quo, and probably a telling barometer of the situation reflected across the humanitarian sector more widely.

Nonetheless, the UNHCR initiative to improve wellbeing, informed and supported by the Antares Foundation and IASC, amongst others²⁸, is to be applauded and welcomed.

7. Catch you when you fall

But it remains to be seen how any new wellbeing approach will be pragmatically introduced within aid organisations. With resourcing an issue, it may be that many agencies will still not have the time, resources and manpower to ensure proper preventative preparation for their staff. For example, how many agencies are able to realistically implement the training of breathing exercises, relaxation techniques, or even meditation lessons? Clearly then, even if a new wellbeing approach is introduced within agencies, there will need to be, *in parallel*, a concerted change in the way this important duty of care is prioritised and resourced.

Currently, it seems that the wellbeing approach has defaulted into the form of a *'catch you when you fall'* model, where organisations have found it easier to manage their duty of care on the treatment end of the *'preventative-to-treatment'* continuum. In other words, we tend to deal with the problems as they arise, and often, only when they have entered the more serious extremes of the mental health spectrum. With our sub-optimally resourced and stretched working conditions, this is in some ways easier as a duty of care option within organisations, as we only need to deal with a problem as it occurs. However, as illustrated in the testimonial of Rosalie Hughes above, even this is seemingly not effectively managed. When we consider the two named counsellors on the IFRC guidelines, and then reflect on the alarming proportion affected by anxiety and depression within

²⁵ *'Individual Stress Management'* Training module presentation – Antares Foundation (Istanbul 2012) – Sourced via SlideShare.net - <http://www.slideshare.net/pugacioff74/antares-workshop-individual-stress-management-istanbul-2012>

²⁶ With kind respect, the author fully appreciates that further guidance may of course be directly provided by Antares Foundation during training events and other literature and resources not currently available publicly or online. No intention is made to suggest that the staff wellbeing is not a priority for the Antares Foundation.

²⁷ Data sourced from the UNHCR website - <http://www.unhcr.org/pages/49c3646c2.html>

²⁸ The UNHCR report has been primarily informed by the IASC and Antares Foundation wellbeing guidelines. However, they also cite the work of Interhealth & People In Aid, 2009 (*'Approaches to Staff Care in International NGOs'*) and The Sphere Project, 2011 (*The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*).

large agencies, and the level of psychosocial support realistically available to a large workforce, it soon becomes clear that even the treatment based emphasis currently in play is ineffective.

To support this duty of care, treatment for staff suffering with trauma or stress may even be outsourced to a third party organisations, or via our organisations' health insurance provider, to deal with the staff member independently for their wellbeing needs. However, whilst the psychosocial support provided by external organisations may be of top quality, *and this is not at all being questioned*, doing so may also have wider implications on a number of other important fronts.

For example, by dealing with stress and trauma affected personnel via a third party, it can mean that stigma and taboos around mental illness in the workplace may continue to find niches to thrive, as organisations quietly send affected staff off to 'outside experts'. Whilst external expert help may of course be required, the practice of purely defaulting to this treatment based '*catch you when you fall*' approach means that an open and more proactive approach to mental health *within* aid organisations is not taking place. This then may delay an important opportunity to unpack the myths and fears around mental health issues. But by creating a more open environment within the humanitarian sector, where personnel are able to openly discuss and freely raise concerns about their mental health and wellbeing, to talk about anxiety and depression, without fear of stigma in a matter of fact manner, could help normalise the situation for many of our staff.

An organisational focus on wellbeing that includes a more robust approach to the preventative side of the 'preventative-to-treatment' continuum needs to also be explored, and balanced with an improved treatment side

Given that many stress affected personnel find it a challenge to even discuss issues related to their mental health, in fear of being seen as weak, unable to cope, or labelled as different, the stigma and taboos may still continue to fester. As such, an organisational focus on wellbeing that includes a more robust approach to the preventative side of the 'preventative-to-treatment' continuum needs to also be explored, and balanced with an improved treatment side.

To enable this balance, the focus on the preventative side is essential, as it is the entry point for discussions to begin, training to be provided, myths and stigmas to be broken, mental health understanding to be normalised, and tools for stress management provided. This involves a complete project cycle approach to wellbeing, where the discussion around mental health begins openly and proactively at the preventative side of the continuum, rather than reactively at the treatment based end.

So, if we again return to the issue of resourcing such a balanced wellbeing approach, how is this going to materialise as a genuine strategy?

Well, as the Antares Foundation guidelines highlight above, it may help to reflect again on the implications of a workforce where nearly a half to two thirds showed significant levels of clinical

depression and anxiety, and where a quarter were affected by PTSD²⁹. Clearly, not addressing this issue has serious organisational costs associated with it also.

8. Sorry.....how much?!

The Antares Foundation report identified such potential implications and costs on an organisational level, highlighting the following negative behaviours and outcomes³⁰,

1. Increased absenteeism and lateness
2. Clique formation or scapegoating or frequent intra-team conflict
3. High job turnover
4. Lack of individual initiative
5. Difficulty making team decisions
6. Lowered work output
7. Decreased quality of service
8. Higher accident rates
9. Higher rates of illnesses

This is also echoed by the European Centre for Safety and Health at Work's 2014 report on *'calculating the cost of work-related stress and psychosocial risks'*³¹, which cites virtually the same major cause, of excessive workload, resulting in the identical key characteristics and adverse cost-related outcomes due to employees affected by stress and anxiety. Importantly, the report also describes the effect of *'presenteeism'*, which is described as the reduced performance of an employee due to health or illness, even when present at work. Alarming, the study cites that costs related to such presenteeism can be, *'multiple times higher than absenteeism cost'*.

As such, the implications on organisational costs in the humanitarian sector, where staff are required to be present and flexible in emergency contexts, or 'expected' to work long hours and with large workloads whilst suffering from stress, anxiety, and with reduced performance, are therefore worrying.

However, an interesting example of the effects of actually investing in staff wellbeing to mitigate some of these negative outcomes, is highlighted in a case study from World Vision, presented in People in Aid's *'Surge Capacity in the humanitarian relief and development sector'* report 2007, as follows,

'Dan Kelly of World Vision identifies the support of staff wellness as one of his agency's key lessons. The organisation has invested heavily in providing staff support through contracting an external

²⁹ The full quote from the Antares Foundation guidelines reads, *"between half and two thirds of the staff in all three countries showed clinically significant levels of depression, and about half in all three countries showed clinically significant signs of anxiety. Between one-fifth and one-quarter of the staff showed prominent signs of PTSD (post-traumatic stress disorder)"*. - The Antares Foundation and the Centre for Disease Control, Sourced from Antares Foundation website - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3440316/>

³⁰ *'Individual Stress Management'* Training module presentation – Antares Foundation (Istanbul 2012) – Sourced via SlideShare.net - <http://www.slideshare.net/pugaciov74/antares-workshop-individual-stress-management-istanbul-2012>

³¹ *'Calculating-the-cost-of-work-related-stress-and-psychosocial-risks'* (2014) - European Agency for Safety & Health – Sourced from their website - https://osha.europa.eu/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks

team. Though this is ‘very expensive’, a recent staff-care survey showed that staff satisfaction levels were some of the highest in the agency and wellness support has led to increased retention³²,

Clearly, whilst the World Vision case may be a singular example, this nonetheless suggests that investing in wellbeing support has the potential to mitigate negative organisational costs related to stress in the workplace.

9. Return on investment

In a report commissioned by DFID entitled, *‘The Economics of Early Response and Disaster Resilience: Lessons from Kenya and Ethiopia’*, an example is provided which shows that for every \$1 spent on disaster resilience it resulted in a saving of \$2.90 in subsequent humanitarian spending³³. In the same vein, when we consider the organisational costs related to stress and burnout, an investment in increasing wellbeing and staff resilience becomes paramount.

And such evidence is available. For example, encouraging data for such return on investment in a proactive and preventative approach can also be seen in a similar study cited in the European Agency for Safety & Health report, which estimated that for, *‘every €1 of expenditure in promotion and prevention programmes generates net economic benefits over a one-year period of up to €13.62’*, as a result of investing in, *‘mental health promotion and mental disorder prevention in the workplace, including improvements in the work environment, stress management and psychological treatment’*³⁴.

Given such potential economic organisational cost benefits are possible through increased wellbeing and productivity in other sectors, and also given that all employers, including agencies, have a legal responsibility and duty of care to reduce risks to workers, the rationale for increasing and prioritising resources for staff wellbeing within the workplace becomes self-evident. Whilst we are not out to make a profit, nevertheless the potential to increase productivity and impact is likely to benefit the sector extremely positively.

With an ever-increasing push by donors to ensure ‘value for money’ from grantees, and with evidence on such return on investment now available, as illustrated in the examples above, the need for joint donor-agency studies on the cost-benefits of investing in wellbeing within agencies

³² Taken from People in Aid’s *‘Surge Capacity in the humanitarian relief and development sector’ report 2007* - An interesting example of the effects of actually investing in staff wellbeing to mitigate some of these negative outcomes, is highlighted in a case study from World Vision, *‘Dan Kelly of World Vision identifies the support of staff wellness as one of his agency’s key lessons. The organisation has invested heavily in providing staff support through contracting an external team. Though this is ‘very expensive’, a recent staff-care survey showed that staff satisfaction levels were some of the highest in the agency and wellness support has led to increased retention’*.

³³ Taken from the DFID Website – The full text reads, *‘A UK-funded study found that in Kenya - over a 20 year period - every \$1 spent on disaster resilience resulted in \$2.90 saved in the form of reduced humanitarian spend, avoided losses and development gains. We have commissioned a second phase of the study in Bangladesh, Mozambique and Niger’*. - <https://www.gov.uk/government/policies/helping-developing-countries-deal-with-humanitarian-emergencies>. Note – this data is from a report entitled, *‘The Economics of Early Response and Disaster Resilience: Lessons from Kenya and Ethiopia’* available at - <https://www.gov.uk/government/publications/the-economics-of-early-response-and-disaster-resilience-lessons-from-kenya-and-ethiopia>

³⁴ *‘Calculating-the-cost-of-work-related-stress-and-psycho-social-risks’* (2014) - European Agency for Safety & Health – Sourced from their website - https://osha.europa.eu/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psycho-social-risks – (NOTE: The data cited is based on the Matrix 2013 paper – *‘Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives’*, Executive Agency for Health and Consumers, Specific Request

EABC/2011/Health/19 for the Implementation of Framework Contract EABC/2010/Health/01 Lot 2, 2013. Available at: http://ec.europa.eu/health/mental_health/docs/matrix_economic_analysis_mh_promotion_en.pdf

becomes increasingly important. If we consider the mutual benefits to be derived from donors providing funding to agencies to support wellbeing programmes to increase resilience amongst their personnel, and the potential return on investment in terms of mental health outcomes, productivity, and value for money, the proposition becomes even more compelling. Even more important is how these benefits could increase the positive impacts of interventions for beneficiaries. This aspect is also compellingly highlighted as part of the wider vision for the sector within the HERR, mentioned earlier, which also explicitly states,

'Some aid agencies may be reluctant to invest in training for fear of increasing the percentage of their funds spent on administration. They know the public are rightly sensitive about this. If they increased their administration budgets from, say, an average of 10p in the pound, to 12p in order to pay for training, they might worry that it would appear wasteful. But if the 2p spent on training increases the impact of the remaining 88p, everyone should be pleased. Aid agencies should explain to donors and the public that their beneficiaries will be better served if there is a modest investment in staff development. Skilled staff will make better use of the funds they have been entrusted with³⁵.

However, this is an area seemingly little explored, and one which donors and agencies need to proactively venture into with greater curiosity.

This rationale for resourcing wellbeing within organisations is perfectly summed up in the European Agency for Safety & Health report as follows,

'Employers have a legal responsibility to reduce risks to workers' health and safety stemming from the Framework Directive (89/391/EEC), and this also includes psychosocial risks. Nevertheless, in many organisations there is an erroneous perception that addressing psychosocial risks is challenging and will incur additional costs when, in fact, the evidence suggests that failure to address these risks can be even more costly for employers, workers and societies in general³⁶.

The above statement presents a compelling case, both legally and economically, urging organisations to take a more proactive and preventative approach to psychosocial support, and supporting the need to invest resources on mental health promotion, including stress management and psychological treatment. In a nutshell, it presents a clearly persuasive case to ensure a balanced approach across the full 'preventative-to-treatment' continuum, but with an emphasis on the preventative side.

10. Prevention is better than cure

Cue the need for the aforementioned paradigm shift regarding staff wellbeing within the humanitarian sector. In particular, it focuses greater emphasis on how the preventative aspects can be strengthened and improved, as well as supporting earlier preparation and training available to staff, in order to increase their wellbeing and resilience. More importantly, this will reduce the

³⁵ 'Humanitarian Emergency Response Review', DFID,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67579/HERR.pdf page 22

³⁶ 'Calculating-the-cost-of-work-related-stress-and-psychosocial-risks' (2014) - European Agency for Safety & Health – Sourced from their website - https://osha.europa.eu/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks

current overreliance of using the seemingly default ‘*catch you when you fall*’ treatment based approach, replete with its related organisational costs, personal suffering, and potentially, ethical implications around organisational duty of care.

This also resonates with a key findings in the HERR document, which states that, ‘*typically professional military forces spend 95% of their time training and 5% of their time in action. For humanitarians this figure is reversed; 95% of their time is spent in action and 5% of the time training would be a high figure*’³⁷.

It is a powerful statement, and one that again highlights this critical gap and reiterates the need to ensure staff are adequately prepared and trained prior to deployment within high stress environments. Indeed, given the pandemic of stress across the sector at all levels, field based or at HQ level, the need to prepare and train our staff, wherever they may be positioned within our organisations, is desperately needed.

As part of its vision for change, it also suggests the need to be, ‘*more anticipatory*,’ in order to better prepare, ‘*the creation of resilience at the heart of our approach*’, and the ‘*need to innovate to become more efficient and effective*’³⁸. Whilst these approaches are clearly elaborated in macro level terms, without real implementation strategies highlighted for the micro-level, by preparing, anticipating, and innovatively training our staff to actually and genuinely embody resilience, it is hard to see how the grander vision of ‘*resilience at the heart of our approach*’, that it aims for in the humanitarian sector, can be addressed without first addressing the wellbeing of those tasked to achieve it.

This issue of preparedness and resilience is succinctly summarised in a line from the HERR document itself, which states, ‘*being prepared, and being able to recover is what makes nations resilient*’³⁹. Arguably, and more persuasively perhaps, the word ‘*nation*’ in this line could just as easily be replaced with the word ‘*individual*’, to allow for a more prepared and mindful approach to ensuring the wellbeing of our personnel. As the above evidence suggests, this micro-level approach may be the critical precursor that is required to ensure that macro-level humanitarian ambitions are achievable.

And here is where being mindful in our approach to wellbeing, literally does mean just that, in actually *being mindful*.

11. Mind the gap

So here is where this gap in the Core Competencies Framework, the Core Humanitarian Standard, and the HERR, and the potential use of mindfulness could come into perfect alignment, in working towards creating a well prepared and effective humanitarian sector.

Mindfulness is one such potential ‘best practice’ approach in preparing our personnel, at an individual level, to anticipate and manage the stress, anxiety and potential for burnout inherent in

³⁷ ‘*Humanitarian Emergency Response Review*’, DFID,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67579/HERR.pdf

³⁸ Ibid

³⁹ Ibid

the humanitarian context. And it is precisely in recognising this critical situation, which is the motivation behind why the Mindfulness & Wellbeing project has been included as a key component of the Start Network's Transforming Surge Capacity project⁴⁰.

And indeed, as this paper was being finalised in late November 2015, as part of this project, the initial set of four 6-day pilot trainings in Mindfulness-Based Stress Reduction (MBSR) have just been concluded in the Philippines by the author. With over 60 staff from several agencies attending, including Christian Aid, Action Aid, Oxfam, International Medical Corps, Plan International, Care International, Muslim Aid, and Save The Children, these trainings in Manila and Tacloban, explored how mindfulness-based approaches could help to contribute towards greater individual resilience through a more proactive and preventative based methodology in an openly supportive manner within our organisations⁴¹.

So, without doubt, the term 'mindfulness' has indeed become ubiquitous in the last few years, and in addition to the term 'wellbeing' has also become increasingly part of the vocabulary of a growing number of the population.

But, before we explore further, it would be useful to understand what mindfulness actually is.

12. Mindfulness

For the definition, it is perhaps best to allow a certain Dr Jon Kabat-Zinn, to elaborate.

*'Mindfulness is basically just a particular way of paying attention and awareness that arises through paying attention in that way. It is a way of looking deeply into oneself in the spirit of self-inquiry and self-understanding'*⁴².

Jon Kabat-Zinn, is the founding Director of the *Stress Reduction Clinic* and Professor of Medicine emeritus at the University of Massachusetts Medical School, where he founded the original *Mindfulness-Based Stress Reduction (MBSR)* course in the late 70's⁴³. He is attributed in bringing mindfulness into the mainstream of medicine, as well as society.

⁴⁰ This Mindfulness & Wellbeing Pilot project is a component of the larger *Transforming Surge Capacity* programme, led by Action Aid as part of the Start Network's portfolio of projects funded by DFID under the DEPP programme. The *Transforming Surge Capacity* project aims to improve the efficiency and effectiveness of how the sector responds to humanitarian emergencies during the immediate and initial stages of a crisis. It is anticipated that through this piloting and testing, especially innovative approaches, that a distillation of 'best practices' will be disseminated to improve the 'surge' response across the sector. This specific project is a consortium comprising of Action Against Hunger-UK, Christian Aid, CAFOD, Care, International Medical Corps, Islamic Relief, Muslim Aid, Plan, Save the Children, and Tearfund. In addition, the consortium also includes non-Start Network members, Communicating with Disaster Affected Communities (CDAC Network), and of course, CHS Alliance.

⁴¹ Given that the Philippines is often a crisis affected country, due to the regular exposure to typhoons and storms in the region, the project agencies recognised the potential value in exploring how mindfulness-based approaches could also contribute towards post-response wellbeing support for their personnel. With the majority of agency staff participating in the two pilot trainings held in Tacloban, having personally experienced suffering and loss due to the devastation caused by Super-Typhoon Yolanda (Haiyan) in November 2013, their support and kindness in participating and contributing to the exploration of mindfulness-based approaches has been invaluable in informing the development of further trainings scheduled for early 2016. Indeed, the initial feedback from personnel attending these trainings has been overwhelmingly positive, and is further elaborated in section 15.

⁴² *'Full Catastrophe Living- How to cope with stress, pain and illness using mindfulness meditation'* (2013 edition) – Jon Kabat-Zinn – Piatkus Books – p.lxii

⁴³ Biographical data for Dr Jon Kabat-Zinn – Sourced from Centre for Mindfulness in Medicine, Health Care, and Society (CFM) website- University of Massachusetts Medical School - <http://www.umassmed.edu/cfm/about-us/people/2-meet-our-faculty/kabat-zinn-profile/>

Through personal experience of Buddhist meditative practice, Dr Kabat-Zinn began to explore the use of mindfulness meditation amongst patients within hospital, whilst applying a robust scientific and clinical approach to exploring its efficacy. In particular, he wanted to present it, *'in a language and framework that regular people could understand'*, and to help, *'medical patients to mobilise their own interior resources for learning, growing, healing, and transformation'*⁴⁴.

From this work was born the *Mindfulness-Based Stress Reduction (MBSR)* course, a robust and scientifically researched approach to applying the age old meditative practices in a step by step experiential manner to cultivate self-awareness in an accessible manner, to help develop resilience against stress, and to help improve wellbeing.

Whilst based on ancient Buddhist practices, the course is singularly secular, and based on the inherently natural tendencies and qualities of the human mind. This is eloquently, elaborated in a Los Angeles Times interview with Dr Kabat-Zinn in 2010,

"'Is silence Jewish or Christian or Buddhist? Is awareness Jewish or Christian?'" said Kabat-Zinn. Mindfulness principles are found on every continent in every culture, he added. "We're born with this capacity. It's about cultivating it'"⁴⁵.

The MBSR course is one means to cultivate this awareness, and it is this precise secular approach that makes it an attractive proposition to pilot within the mindfulness and wellbeing project. Together with its scientific background, it means the course can be freed, and separated, from faith-

'Is silence Jewish or Christian or Buddhist? Is awareness Jewish or Christian?'" said Dr Kabat-Zinn, founding director of the Stress Reduction Clinic in the U.S. 'Mindfulness principles are found on every continent in every culture.' he added. 'We're born with this capacity. It's about cultivating it' Kabat-Zinn

based and pre-conceived notions regarding meditation, making it far more accessible as a purely human approach to acquainting ourselves with our minds, and developing individual resilience and wellbeing.

Essentially, participants on an MBSR course learn how to bring awareness to thoughts, feelings, and sensations as they occur, as openly and without judgement as possible.

This 'mindful' approach then allows participants to more deeply understand how their thoughts, feelings, emotions, and habitual patterns of thinking arise. This mindful awareness consequently allows insight to arise, and provides an opportunity to respond with conscious awareness, rather than react 'unmindfully' from the habitual patterns of behaviour.

The original course, developed at the *Stress Reduction Centre* at the University of Massachusetts Medical School, is based around an experiential learning approach, which usually comprises of participants attending a 2 to 3 hour class once every week for 8 weeks. The sessions themselves are conducted by trained and experienced mindfulness instructors who provide instructions on the meditation practices, simple physical movement exercises, as well as facilitating group discussions

⁴⁴ *'Mindfulness-Based Stress Reduction: An Interview with Jon Kabat-Zinn'* - (20-3-2015) – Huffington Post – Sourced from their website - http://www.huffingtonpost.com/suza-scalora/mindfulnessbased-stress-r_b_6909426.html

⁴⁵ *'Fully experiencing the present: a practice for everyone, religious or not'* - Los Angeles Times (2/10/2010) - <http://articles.latimes.com/2010/oct/02/local/la-me-1002-beliefs-meditation-20101002>

and inquiry⁴⁶. The time between classes is where much of the important experiential aspects happen, with participants applying the learning from classes and undertaking daily mindfulness meditation practice. Resources such as guidebooks and audios of guided meditations are also provided for participants to use during home practice.

Why is it 8 weeks? Well, very simply the original 8-week format of the MBSR course is now regarded as the *de facto* or standard teaching methodology, due to the fact it has been clinically tested for over 35 years.

Indeed, much of the scientific research data on the efficacy of mindfulness has been substantiated through clinical trials using this 8-week course⁴⁷. The CFM quotes, *‘over the past thirty-five years [MBSR] has shown consistent, reliable, and reproducible demonstrations of major and clinically relevant reductions in medical and psychological symptoms across a wide range of medical diagnoses, including many different chronic pain conditions, other medical diagnoses and in medical patients with a secondary diagnosis of anxiety and/or panic, over the eight weeks of the MBSR intervention, and maintenance of these changes in some cases for up to four years of follow-up’*⁴⁸. With such a positive evidence base, there has been a proliferation of 8-week MBSR courses around the world, all closely following the original standard course, as well as in parallel, an on-going explosion and exponential research into mindfulness over the last 35 years⁴⁹.

This research into mindfulness has revealed an astonishing set of benefits for mindfulness, which can be achieved via the 8-week MBSR training. The UK Mental Health Foundation’s ‘BeMindful’ campaign highlights the following benefits;

- A 70 per cent reduction in anxiety
- Fewer visits to your GP
- An ongoing reduction in anxiety three years after taking an MBSR course
- An increase in disease-fighting antibodies, suggesting improvements to the immune system
- Longer and better quality sleep, with fewer sleep disturbances
- A reduction in negative feelings like anger, tension and depression
- Improvements in physical conditions as varied as psoriasis, fibromyalgia and chronic fatigue syndrome.

Furthermore it states that, ‘the evidence in support of MBSR is so strong that almost three-quarters of GPs think it would be beneficial for all patients to learn mindfulness meditation skills.’⁵⁰ As Dr.

⁴⁶ Paraphrased from ‘MBSR 8-weeks – How it works’- Centre for Mindfulness (CFM) –University of Massachusetts Medical School. Sourced from website - <http://www.umassmed.edu/cfm/Stress-Reduction/MBSR-8-week/>

⁴⁷ An example of such research into the 8-week MBSR courses can be found in the recent paper, ‘Mindfulness-based therapy: A comprehensive meta-analysis’ – by Bassan Khoury, *et al* - Clinical Psychology Review 33 (2013) 763 – 771 – sourced from website - <http://www.mindfulnessstudies.com/wp-content/uploads/2014/01/1-Khoury-Meta-analysis.pdf>

⁴⁸ ‘History of MBSR’- extract Sourced from Centre for Mindfulness in Medicine, Health Care, and Society (CFM) website- University of Massachusetts Medical School - <http://www.umassmed.edu/cfm/stress-reduction/history-of-mbsr/>

⁴⁹ This explosion of research over the last 30 years can be graphically seen in a table outlining the number of research papers on Mindfulness since 1980-2014 produced by the American Mindfulness Research Association (AMRA) – sourced from AMRA website - <https://goamra.org/resources/>

⁵⁰ ‘MBSR Evidence’ – taken from the BeMindful.co.uk website - <http://bemindful.co.uk/mbsr/mbsr-evidence/>

Kabat-Zinn sums up, 'It's like an antioxidant for the mind, we have so much scientific evidence about how we can participate in our own well-being'⁵¹.

Much of the scientific understanding related to mindfulness is now also coming from advances in neuroscience and brain imaging, which is demonstrating the remarkable ability of the brain to physically change and adapt, via a process known as neuroplasticity⁵²⁵³. Through the use of magnetic resonance imaging (MRI), the effects of mindfulness meditation on activation of different brain areas, and its effects on the physical changes in the brain itself are becoming better understood⁵⁴. For example, the *Mindfulness Report*, published in 2010 by The Mental Health Foundation, describes how, 'compared with non-meditators, it has been shown that people who practise mindfulness meditation for 40 minutes a day have greater cortical thickening in areas of the right prefrontal cortex and right anterior insula. These areas have been associated with decision-making, attention and awareness'⁵⁵.

In a nutshell, these benefits have been attributed to the MBSR practice, through a trained approach of, 'paying attention on purpose moment by moment without judging'⁵⁶.

Over the last 35 years, this proliferation of research has focussed on mind-body interactions in relation to healing, the effects of MBSR on the brain and immune system, and on emotional expression under stress. With such a strong evidence-base MBSR has grown steadily and become incorporated into the worlds of medicine, psychology, neuroscience, and within schools, prisons, corporations, sports, and even the military⁵⁷.

Effectively, mindfulness has become mainstream.

13. Mindfulness in the mainstream

As we consider the use of mindfulness within the humanitarian sector, it is useful to see how it has been mainstreamed and adopted in a number of sectors over the last decade or so.

And this mainstreaming is evidenced in many high profile ways. For example, *Time* magazine's February 2014 edition's front cover boldly presented the picture of a young girl in meditative pose to highlight their lead article, 'The Mindfulness Revolution'.

The *Time* article, highlighted the fact that mindfulness and mental training techniques are now gaining acceptance amongst, 'Silicon Valley entrepreneurs, FORTUNE 500 titans, Pentagon chiefs and more'. The article also elaborates how the vice-president of General Mills, after initiating a

⁵¹ 'Fully experiencing the present: a practice for everyone, religious or not' - Los Angeles Times (2/10/2010) - <http://articles.latimes.com/2010/oct/02/local/la-me-1002-beliefs-meditation-20101002>

⁵² 'Tools of the trade: theory and method in mindfulness neuroscience' - Yi-Yuan Tang & Michael I. Posner (2012) - Social Cognitive and Affective Neuroscience - sourced from Oxford Journals website <http://scan.oxfordjournals.org/content/early/2012/10/25/scan.nss112.full>

⁵³ 'Interaction between Neuroanatomical and Psychological Changes after Mindfulness-Based Training' - Emiliano Santarnecchi *et al*, (October 2014) - research conducted by Harvard University and the University of Sienna - sourced from PLOS One website - <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0108359>

⁵⁴ A short 12 minute BBC News piece from 2012 follows a participant through an 8-week MBSR course and also highlights the use of neuroscience research and the use of MRI scanners to demonstrate these changes. The video can be viewed on YouTube via this link - https://www.youtube.com/watch?v=sMsUGB_KV7s

⁵⁵ 'Mindfulness Report' 2010 - The Mental Health Foundation - sourced from The Mental Health Foundation website - http://www.mentalhealth.org.uk/publications/be-mindful-report/Mindfulness_report_2010.pdf?view=Standard

⁵⁶ Quote by Dr Jon Kabat-Zinn - as quoted in the Centre for Mindfulness Research & Practice website - <http://www.bangor.ac.uk/mindfulness/about.php.en>

⁵⁷ Biographical data for Dr Jon Kabat-Zinn - <http://www.umassmed.edu/cfm/about-us/people/2-meet-our-faculty/kabat-zinn-profile/>

mindfulness programme within the company, and setting up meditation rooms at each of their company buildings, then left to set up an organisation called the 'Institute of Mindful Leadership' in 2011⁵⁸.

Likewise, *The Economist* magazine, in 2013, also elaborated how organisations, such as EBAY now have meditation rooms, and how one of Twitter's former founders has introduced regular meditation sessions within his new company. Additionally, it highlights how a board member at Goldman Sachs has introduced mindfulness at Harvard Business School⁵⁹.

Highlighted in both publications, is the use of mindfulness at Google. The search engine giant has not only introduced regular mindfulness courses within the company, aptly named as the '*search inside yourself*' course, but has also built a special 'labyrinth' for mindful walking.

Beyond the corporate sector, mindfulness is also becoming mainstreamed in other sectors also, such as schools, where there is evidence that it can boost focus, attention and memory, as well as reduce stress and improve academic performance⁶⁰.

More importantly, mindfulness based approaches are now also being used within sectors that expose their personnel to high-impact stress contexts also. This not only includes, prison workers, health workers⁶¹, and emergency first responders, such as fire-fighters and police, but also military personnel exposed to extreme level of stress and potential trauma⁶².

14. Mindfulness in the workplace: the benefits

Within this mainstream, the evidence of the efficacy of mindfulness within the workplace remains compelling. For example, in a randomised trial with 239 employees within a large insurance company, it was found that utilising a mindfulness based stress reduction intervention, against a control group, showed greater improvements on perceived stress and sleep quality. The findings also positively stated that, '*this study demonstrates not only the effectiveness, but also the viability of integrating mind-body stress management programs into the workplace using interventions of relatively short duration*', such as MBSR courses⁶³.

Interestingly, for those who are stressed due to their bosses, two research studies conducted by Singapore Management University, and published in 2012, explored how varying mindfulness traits amongst 175 leaders from financial, educational, and manufacturing industries, affected the wellbeing and performance of their employees. Their analysis revealed that, '*leader mindfulness was*

⁵⁸ Time Magazine – February 2014 edition – article, 'The Mindful Revolution: The science of finding focus in a stressed out, multitasking culture'. Sourced from Time Magazine's website - <http://time.com/1556/the-mindful-revolution/>

⁵⁹ The Economist – article, '*The Mindful Business*' (16/11/2013 edition) sourced from The Economist Website - <http://www.economist.com/news/business/21589841-western-capitalism-looking-inspiration-eastern-mysticism-mindfulness-business>

⁶⁰ Research/Evidence on the Mindfulness in Schools Project – sourced from the Mindfulness in Schools project website - <http://mindfulnessinschools.org/research/research-evidence-mindfulness-schools-project/>

⁶¹ '*meditation may prevent absenteeism by stressed civil servants, MPs claim*' – The Guardian (14/01.2015) – Sourced from the Guardian website - <http://www.theguardian.com/lifeandstyle/2015/jan/14/meditation-help-stressed-public-servants-mps-inquiry>

⁶² Time Magazine – February 2014 edition – article, '*The Mindful Revolution: The science of finding focus in a stressed out, multitasking culture*'. Sourced from Time Magazine's website - <http://time.com/1556/the-mindful-revolution/>

⁶³ '*Effective and viable mind-body stress reduction in the workplace: A Randomised Clinical Trial*' – Ruth Q. Woelver et al, Journal of Occupational Health Psychology 2012, Vol17 No.2 246-258 – sourced from website – Yogahaven website - <http://www.yogahaven.com/wp-content/uploads/wolover-2012-copy.pdf>

related to different dimensions of employee well-being and performance’, and that it, ‘suggests a potentially important role of leading mindfully in organisations⁶⁴.

And this evidence of increased wellbeing is being supported and recognised by a growing number of bodies. In 2014, Cranfield University hosted the ‘Mindfulness at Work’ conference, and continues to explore the *‘emerging evidence base for mindfulness in the workplace’*, to explore organisational performance⁶⁵.

Beyond the confines of academia and clinical research, mindfulness is also now being nurtured within high profile think tanks and personnel development organisations. Indeed, such recognition of the importance of introducing mindfulness to enhance good leadership has led Cranfield University to introduce a course on ‘Mindful Leadership’ which they elaborate, *‘helps cultivate the primary elements of sustained attention and emotional intelligence, enabling executives to improve their ability to devise strategy, innovate, and manage organisations⁶⁶.*

The New Economics Foundation, an independent ‘think tank’, has recently provided secretariat support to the all parliamentary group on wellbeing economics, and published the, *‘wellbeing in four policy areas’* report in September 2014. The report, which consists of five main recommendations to increase wellbeing within society, suggests mindfulness training to doctors, health care workers and education professionals as one of these key recommendations⁶⁷.

Additionally, the Chartered Institute of Personnel and Development (CIPD) is also promoting a neuroscience approach to learning and development in the Human Resources arena, and cites numerous corporate organisations that are incorporating mindfulness into the their organisations to improve staff performance⁶⁸.

More importantly, the UK Government now also has a *‘mindfulness all-parliamentary working group’*. Recently, in 2015, with support from *The Mindfulness Initiative*, an advocacy project to create awareness on the benefits of mindfulness to society, the all parliamentary group published an interim report entitled, *‘the mindful nation’*. This report follows an eight month inquiry exploring how mindfulness training could support key areas in public life, including health, education, in the workplace, and within the criminal justice system⁶⁹.

Without doubt, it can be seen that mindfulness is now very much part of the mainstream. And, with the evidence base of its effectiveness in helping individuals deal with stress, as well as the positive

⁶⁴ *‘Leading mindfully: Two studies of the influence of supervisor trait mindfulness on employee wellbeing and performance’* – Jochen Matthias, Jayanth Narayan & Sankalp Chaturvedi (February 2014) Singapore Management University – Research Collection Lee Kong Chian School of Business – sourced from website - http://ink.library.smu.edu.sg/cgi/viewcontent.cgi?article=4319&context=lkcsb_research

⁶⁵ Mindfulness at Work conference website – quote taken from the 2014 conference brochure - Hosted by Mindfulnet.org - <http://www.mindfulnet.org/page39.htm>

⁶⁶ Mindful Leadership Course synopsis – taken from Cranfield University website - <http://www.cranfield.ac.uk/courses/training/the-mindful-executive.html>

⁶⁷ *‘Wellbeing in four policy areas: Report by the all parliamentary group on wellbeing economics’* – Published by the UK Government and New Economics Foundation (NEF) – Sourced from NEF website - <http://www.neweconomics.org/blog/entry/five-steps-for-a-high-well-being-society>

⁶⁸ *‘Neuroscience in Action: Applying Insight to L&D Practice’* – Research Report (November 2014) – Chartered Institute of Personnel & Development (CIPD) – Sourced from the CIPD website - http://www.cipd.co.uk/binaries/neuroscience-action_2014-applying-insight-LD-practice.pdf

⁶⁹ *‘The Mindful Nation’* Interim Report – (2015) – Mindfulness All-Parliamentary Group – sourced from The Mindfulness Initiative website - <http://www.themindfulnessinitiative.org.uk/>

implications on organisational costs and performance, there are important lessons that can be learned by exploring the use of mindfulness based approaches within these other sectors, and customising an approach for the humanitarian sector.

And this is where mindfulness and its relationship with positive wellbeing has important implications for the all of our organisations, and in particular our respective leaders.

15. Putting mindfulness into practice: a positive prognosis

From the experience of putting mindfulness into practice thus far, the prognosis looks good.

Like many new approaches, they often take time to bed in, to move from a position of scepticism to a willingness to explore, and finally to a healthy exploration with an open mind. In essence, for the *'right time to come'* before it becomes accepted and potentially mainstreamed. Mindfulness, and even the concept of wellbeing perhaps, is one such subject that has seemingly followed this path.

Indeed, the topic of meditation itself has been heavily pregnant for years with preconceived notions, the paraphernalia of misunderstood ideas, and amusing stereotypes. So in many ways, it has had to navigate through more obstacles and hurdles than most before the time has become *'right'*.

In this respect, Action Against Hunger-UK may have been ahead of the curve, or perhaps just a little more bolder, in jumping in to fully explore and to seriously begin investigating how mindfulness based approaches, such as MBSR, can be utilised within the sector.

The early exploration into the use of mindfulness-based approaches to support staff in managing stress was initially modest, with the first practical trainings conducted as half-day workshops, during the Horn of Africa crisis in 2011. These took place at Action Against Hunger's Training Centre in Nairobi, and later at the Save the Children compound at the Dadaab refugee camp in northern Kenya, where the author was being hosted at the time.

Jean-Michel Grand, Executive Director of Action Against Hunger-UK, reflecting on these first steps into the use of mindfulness within the organisations, writes,

'Whilst admittedly ad hoc and experimental, these early experiences led Action Against Hunger-UK to explore the use of mindfulness further, and we introduced similar half-day and all-day workshops in 2012 and 2013 during our annual organisational away days for UK staff. Whilst the approach was decidedly informal, and very much a jump into the unknown somewhat, these workshops were nonetheless very much part of the agenda for us as they related to the importance of staff wellbeing.'

The first of these away day trainings in the UK was a full-day training workshop delivered by Andy Puddicombe, the Director of HeadSpace⁷⁰, and then another half-day training subsequently delivered in-house by the author. Following these workshops, Jean-Michel continues,

⁷⁰ HeadSpace is a mindfulness training organisation, utilising app-based and electronic media –Andy Puddicombe is the founder and main meditation teacher - for more information see their website - <https://www.headspace.com/>

‘We were, however, and perhaps unexpectedly, pleasantly surprised at the level of genuine interest they initiated across the organisation, leading many of our staff to undertake one to one mindfulness sessions at the office, and some to attend an 8-week MBSR course thereafter’.

Given the interest and compelling positive anecdotal evidence provided by Action Against Hunger – UK staff that had experienced these early impromptu forays into mindfulness-based approaches in helping them reduce their stress, it became obvious that a more structured and formal exploration became necessary. In taking the seeds of learning from these initial experiences, Jean-Michel elaborates,

‘Importantly, for Action Against Hunger, given our care practices expertise and experience, it seemed a natural step to take some of the anecdotal findings that were seeded by our earlier ad-hoc experiences and to invest in a more dedicated exploration into the use of mindfulness-based approaches for stress reduction for all of our staff. As such, our current three year mindfulness and wellbeing pilot, as part of the Start Network’s Transforming Surge Capacity project, will enable us to learn more, as we take a more robust and scientific approach in exploring the potential use of mindfulness in relation to staff wellbeing within our respective agencies, and the wider sector as a whole’.

This more structured approach, will ensure a more a more rigorous scientific approach, allowing a baseline to be established, and the experience of mindfulness meditation amongst staff to be monitored via a longitudinal research study linked to the project. It is envisaged that through such a robust and credible approach in exploring the use of mindfulness within Action Against Hunger UK, and the agencies in the wider pilot, that learning may be shared within the sector on the potential efficacy of mindfulness-based approaches for stress reduction amongst humanitarian aid workers. Importantly, it will also explore and investigate the potential organisational benefits to be gained by agencies⁷¹. The initial pilot trainings just delivered in the Philippines mark the beginning of this structured and rigorous approach.

In addition to the ardour and support provided by the Executive Director, the view from the Human Resources department within the organisation was equally open-minded and curious in support of a further exploration in rolling out mindfulness within the organisation.

Maria Eaton, Human Resources Director at Action Against Hunger-UK, describes her experience of the organisational journey thus far, and writes,

‘From an HR perspective, these early forays into the use of mindfulness in helping staff to deal with the stress of their everyday workloads were compelling. Anecdotally at least, staff seemed to welcome the approach with an open mind, with many responding positively to the training. In part, the training is perceived to be very down to earth and rooted in a scientific and credible context. I believe this really helped to dispel any lingering popular preconceptions regarding esoteric, faith-based and mystical practices, especially as the training offers simple ‘tools’ that can be used by staff

⁷¹ **Note:** The Mindfulness & Wellbeing component led by Action Against Hunger is also kindly supported and advised by the Centre for Mindfulness Research and Practice at the University of Bangor, where the author is currently in the final stages of completing his MSc in Mindfulness Based Approaches, and also with additional ad-hoc support from the Oasis Institute at the Centre for Mindfulness at the University of Massachusetts Medical School. In addition, the longitudinal research over the course of this three-year pilot will feed into a PhD these that the author will be commencing from 2016 onwards.

in their everyday lives. Indeed, the ‘tools’ available in the training can be very simply and effectively applied, even whilst being busy in the various activities during the working day, whatever they may be. This simplicity and effectiveness makes it a very attractive proposition in supporting staff wellbeing’.

On the link between the potential individual benefits of using mindfulness-based approaches to stress reduction, and how they link to improving organisational aspects within the agency, Maria further elaborates,

‘More importantly, we recognized that mindfulness could not only potentially help at an individual level - by supporting staff to become more self-aware in managing their exposure to stress more effectively - but that the benefits might also improve organizational effectiveness. These are not just tangible benefits such as the potential to reduce absenteeism and staff turnover, but also an opportunity to holistically provide a safer, more open and supportive working environment, one where the promotion of wellbeing reinforces a positive workplace culture and demonstrates our duty of care towards our people. As individuals make up an organization, this could also potentially increase the wellbeing of the organization itself, and ultimately the impact of our work on those we are supporting in our global interventions’.

Following on from these early experiences, two separate mindfulness-based courses were also trialled over the last year, and which included staff from other agencies also. These were received positively by participants, and helped capture further learning to inform future trainings.

The first 8-week course was conducted with a mixed group of 12 participants from within the humanitarian sector, students from London South Bank University, and participants from other backgrounds. The participants included, among others, personnel from Action Against Hunger -UK, International Rescue Committee (IRC), WaterAid, and the NHS.

Feedback from participants from this course was positive overall, and as the course was delivered to a mixed audience, it followed the traditional 8-week MBSR format, with one two and a half hour evening session taking place over the eight weeks.

Feedback from Mariagni, a former *Evaluations, Learning and Accountability Assistant* for Action Against Hunger -UK, echoes similar testimonials given by other participants.

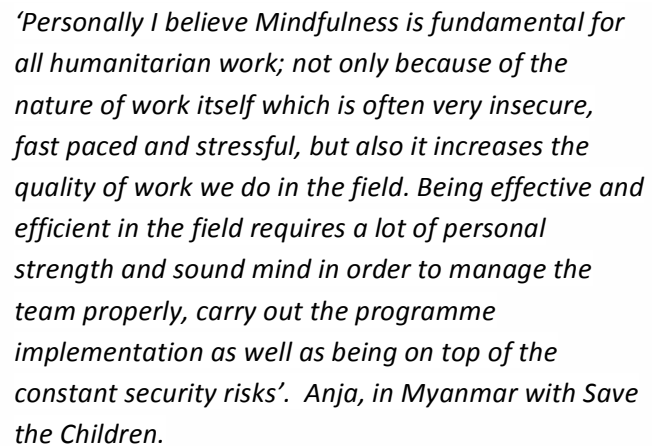
‘Mindfulness has helped me re-connect to myself and to the present moment. I hadn’t even realised how many stressful thoughts were crossing my mind every day at that time, until I started the mindfulness sessions. Although challenging in the beginning, since I had to take a step back from how I was used to doing things, and insisted on completing each practice, the sessions revealed that accepting and being grateful for what is going on at this moment is far more meaningful than constantly worrying about the past and the future. I am glad that I could finally slow down and enjoy “being” rather than “doing” or “thinking”, or constantly worrying about the past and the future’.

The second training course was an abbreviated mindfulness-based course, conducted over 5 days, with Save the Children trainees and staff, participating in their Advanced Field Training (AFT) in Wales. The AFT is the culmination of the Humanitarian Leadership Academy’s six-month

Humanitarian Operations Programme (HOP)⁷², and part of their key training prior to deployment to the field. The invitation from Save the Children to include mindfulness training for the first time, in what is an exceptionally challenging and stressful two week training programme, provided a first trial of how MBSR training could be adapted and customised into real-world humanitarian contexts. The group consisted of approximately 22 trainees, and a dozen staff and volunteers.

One of the Save the Children trainees participating on the course, Anja, subsequently deployed to their Myanmar Country Office as the *Child Protection in Emergencies Officer* gave her reflections and importantly, regarding the issue of wellbeing and the need for organisational support for personnel, stated,

'Personally I believe Mindfulness is fundamental for all humanitarian work; not only because of the nature of work itself which is often very insecure, fast paced and stressful, but also it increases the quality of work we do in the field. Being effective and efficient in the field requires a lot of personal strength and sound mind in order to manage the team properly, carry out the programme implementation as well as being on top of the constant security risks'.



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Recognising the importance of organisational aspects related to wellbeing, Anja adds,

'Moreover, having mindfulness implemented in humanitarian training shows an organisational attitude towards their own staff - every organisation recognises the importance of personal wellbeing, however more often than not organisations do not invest enough in their staff's wellbeing – this is something every individual has to work out for themselves. By having mindfulness as part of the training, to me personally, this shows that the organisation cares and values their staff'.

In addition, the initial feedback from local field workers from the recent mindfulness trainings piloted in the Philippines in August and September 2015 also resonates with the experience of participants from these earlier courses.

Athena, a Community Coordinator with Save The Children, attended the pilot training in Tacloban. As a resident of the city, she experienced Typhoon Yolanda at first hand, tragically losing two members of her immediate family at the time. She describes her experience of mindfulness after completing the 6-day course,

⁷² Details of the Humanitarian Operations Programme course structure are provided on this fact sheet – sourced from the ELRHA (Enhancing Learning and Research for Humanitarian Assistance) website - <http://www.elrha.org/wp-content/uploads/2014/11/HOP1.pdf>

'The stillness afforded by the practices helped me see a much deeper insight into myself. I experienced some sort of freedom from a repressed emotion related to my tragic experience with Typhoon Yolanda. It seems that when you get to master the discomfort, the person becomes stronger, braver, and more resilient'.

Athena's reflections are deeply moving, and perhaps offer a compelling glimpse of how mindfulness may support workers, not only in a preventative way, but also, where appropriate, in potentially helping them in coping and managing trauma and grief when suitably ready⁷³.

However, much of the feedback also related to the issue of stress arising from overwhelming workloads and pressures related to work and performance. Lyziel, a Programme Manager based with Action Against Hunger in Manila, describes how she had 'normalised' such high levels of stress, until she realised her illness was actually directly connected with it. She writes,

'I did not think I was stressed, but all the people around me told me that I was. I was getting sick and was confined in the hospital, but I did not think that it was related to my work. Though I was still recovering, I needed to work because there were activities, which only I could do. That was what I thought, so it stressed me out. Having to work despite being unwell. The course was very helpful. First, I was able to realize and put more emphasis on the fact that emotions, which are results of situations, have a direct impact on body processes and sensations. I learned that the reason why I said I was not stressed was because I have raised my tolerance level to the high demands of personal life and work'.

Interestingly, in sourcing testimonials for this paper, it highlighted once again how, for many, the issue of stress and workload, and how we cope with it, can be a sensitive and private issue. Most participants approached were happy to provide an anonymous quote only, and preferred to maintain their privacy. Whilst of course, it is understandable that individuals may want to shy away from being quoted, in some ways this may also be a reflection of the challenges ahead in creating open and safe environments within our organisations where the issues of wellbeing can be discussed, and fear of stigma and taboos around mental health can be dissolved.

Nonetheless, the experience of Action Against Hunger-UK, and the positive testimonials presented above are, overall, generally representative of the wider experience of numerous participants attending the courses and engaging in one to one sessions.

This is an encouraging sign, and as the mindfulness and wellbeing project steadily gains momentum, and continues delivering customised mindfulness and wellbeing training across the Start Network agencies, it is hoped that the gathering evidence from the pilot may help to begin the shift in how wellbeing can be improved, be better resourced and become prioritised within our organisations across the sector.

Essentially, this means moving away from the current default 'catch you when you fall' treatment based approach to one that is more balanced, proactive, preventative and which ensures staff are prepared for the challenges, stresses and realities of the humanitarian context.

⁷³ **NOTE:** pre-screening of participants is extremely important and was conducted prior to all pilot courses to ensure suitability of participants, and to only carefully approach difficult emotions or difficulties when suitably ready. See section 21 - regarding the 'gentle note of caution'.

16. The Myth of the Panacea: A Gentle Note of Caution

Whilst seeking this balanced approach to wellbeing, and becoming enthused by new approaches, it would be wise to pause and add a note of caution also.

With the chronic issues described within this paper, and the compelling need for change, the enthusiasm that has fuelled MBSR into the mainstream needs to also be tempered with a measured and thoughtful approach as it is potentially rolled out within our sector.

The first of these cautious steps is to ensure that a realistic and open-minded understanding of mindfulness and its benefits are genuinely recognised. So whilst it has an increasingly positive and growing scientific evidence base as an effective mental health approach, it is by no means a panacea for all ills, nor for everyone.

So whilst we may wish to roll out MBSR to our stressed-out personnel, and in some ways be compelled to join the growing bandwagon that is mindfulness, it needs to be approached very carefully, as for some participant groups this may be inappropriate. For example, in a recent Guardian article, Dr Christina Surawy, a clinical psychologist explains that for those that are currently experiencing a severe episode of depression, addiction, or have been recently bereaved, they may first need to '*recover to a mild or moderate state*' before engaging with a mindfulness practice⁷⁴.

Hence, care and due process in screening participants in MBSR courses needs to follow clear guidelines to ensure that staff receive the appropriate support when required, and only participate in MBSR or mindfulness-based courses when suitably ready. This is an important point, as MBSR courses invite participants to eventually learn to turn towards their difficulties with a sense of acceptance, non-judging, and compassion. These difficulties can often be in the form of challenging emotions, situations, past traumas, or even physical pain, all of which need to be managed skilfully by the participants themselves, and with a kind and mindful teacher supporting them. Therefore, participants need to be screened initially, and monitored when on MBSR courses, so that the skills and awareness they develop through experience of the practice are developed gradually, rather than starting at a stage in their lives that may already be overwhelming for them.

The Centre for Mindfulness (CFM) at the University of Massachusetts Medical Center, where MBSR was born, and The Centre for Mindfulness Research & Practice (CMRP) at the University of Bangor, as well as Oxford University and Exeter University, have all developed Standards of Practice that MBSR teachers need to adhere to for the safety of participants, and to ensure integrity and quality of practice^{75,76}. Given that there is currently no professional or statutory registration required to teach mindfulness courses such as MBSR and MBCT (Mindfulness-Based Cognitive Therapy), these

⁷⁴ Taken from the article, '*Mindfulness: An effective mental health treatment but not a panacea*', by Kate Bermingham, The Guardian, 14/05/2015. Sourced from website <http://www.theguardian.com/healthcare-network/2015/may/14/mindfulness-mental-health-treatment-nhs>. Note: this article is predominantly focussed on Mindfulness-Based Cognitive Behavioural Therapy (MBCT), developed by Prof. Mark Williams from Oxford University, which is a mindfulness based approach for anxiety and depression that has shown to cut the relapse rate of depressive episodes by 44%, and is based on the original MBSR course developed by Dr Jon Kabat-Zinn at the University of Massachusetts Medical School.

⁷⁵ Center for Mindfulness (CFM) 'Standards of Practice' (2014), University of Massachusetts Medical School - Sourced from https://www.umassmed.edu/PageFiles/63144/mbsr_standards_of_practice_2014.pdf

⁷⁶ Centre for Mindfulness Research & Practice (CMRP) 'Good Practice Guidance for Teaching' (2010), University of Bangor - Sourced from <http://www.bangor.ac.uk/mindfulness/documents/MBA%20teacherGPG-Feb%2010.pdf>

standards of practice and guidelines become even more important in ensuring the quality of such courses and the teachers delivering them safely and securely⁷⁷.

Following on from the above, a second cautious approach, is to ensure that any roll out of Mindfulness-based courses within our organisations are indeed delivered by genuinely trained and qualified teachers from such recognised institutions and training pathways. This is an extremely important point, as delivering training requires teachers to embody the essence of mindfulness through their own regular established practice, and to ensure a deep and authentic experiential source for their teaching, rather than purely from an intellectual and didactic approach. Hence the need to screen mindfulness teachers is equally as important, and cannot be stressed highly enough.

Given the need to ensure such high standards and quality, the mindfulness and wellbeing pilot project will seek advice from both the Centre for Mindfulness Research & Practice at the University of Bangor and from the Center For Mindfulness at the University of Massachusetts Medical School, in adapting and customising mindfulness courses, such as MBSR, for the pilot to ensure authenticity and integrity.

17. From this Baseline....Onwards!

In many ways, the issues detailed in this paper can be seen as a sort of cursory Knowledge Attitudes and Practices (KAP) survey of the state of play regarding wellbeing within the humanitarian sector. So let's consider it our starting point. Our baseline.

As reasoned above, the proverbial shift to a more proactive, mindful, and preventative position within the 'preventative-to-treatment' continuum is needed if we are to effectively meet our own standards, and increase the effectiveness of our humanitarian mandates.

So what would this shift look like for an HR department, as it moves away from the treatment based model, towards a more balanced approach to wellbeing, with a stronger focus on the preventative side?

i. Questioning Notions of Wellbeing

Perhaps the first invitation, to explore what this change could be for our HR departments, is for organisations to have a genuine reappraisal of perceptions of what 'wellbeing' actually means. Indeed, for many, 'wellbeing' is also fraught with a similar 'set of baggage' and misconceptions that the term 'mindfulness' may also initially have had.

A good example of the challenges in discussing wellbeing can be found in a surprising place. The Prime Minister, David Cameron, in an unexpected, and perhaps quite surprising, speech back in 2010, highlighted the importance of 'wellbeing' within society. In a thoughtful, almost philosophical, manner, he stated that, *'it's time we admitted that there's more to life than money and it's time we*

⁷⁷ The Director of the CMRP at Bangor University, Rebecca Crane, along with senior colleagues from Oxford and Exeter Universities, published a paper entitled, *'Competence in teaching mindfulness-based courses: concepts, Development and Assessment'* in 2011, which highlights these concerns and explores ways to ensure quality and competence remain undiluted as the growing interest and uptake of mindfulness based courses increases. The paper can be sourced directly from the University of Bangor websites at http://www.bangor.ac.uk/mindfulness/documents/Competencyarticle_000.pdf

focused not just on GDP but on GWB – general wellbeing⁷⁸. In a similar manner, his speech also addressed this potential ‘baggage’ that the term wellbeing often elicits, by explaining that, *‘there is a suspicion that, frankly, the whole thing is a bit woolly, a bit impractical. You can’t measure wellbeing properly, so why bother doing it at all? Finally, let me try and address the suspicion that all this is a bit airy-fairy and a bit impractical’⁷⁹*.

As the Prime Minister astutely picked up on, there is still a prevalent mind-set that wellbeing is still perceived as a vague, mystical, nebulous and insubstantial area to invest time and resources in.

As such, it seems that the current emphasis on the treatment side could be as a result of the above mind-set described by Mr Cameron, and because the science and approach behind the treatment based side is perceived as being more robust and acceptable somehow, than that previously offered on the preventative side.

With limited resources available, and given the robust and excellent nature of external trauma and psychosocial care, it may indeed possibly make the preventative side look a little more amateurish, with its breathing and visualisation exercises and going out for walks, let alone meditation and the preconceptions attached therein. As such, wellbeing and the preventative side of the ‘preventative-to-treatment’ continuum has seemingly been less valued and seen as less robust. This may explain why we may have placed too many eggs in the basket on the treatment-based side till now. This behaviour seems to tally with the European Centre for Safety and Health at Work’s 2014 report, which reiterates how this, *‘erroneous perception that addressing psychosocial risks is challenging and will incur additional costs when, in fact, the evidence suggests that failure to address these risks can be even more costly’⁸⁰*.

As this paper has also presented, the organisational costs for not addressing the alarming and massive prevalence of stress and mental health concerns endemic within the humanitarian sector may only make matters worse, for both individuals, and for our organisations.

To challenge this mind-set, this paper has also presented the robust and growing scientific evidence for the efficacy of mindfulness-based approaches, such as MBSR, in supporting wellbeing and resilience for individuals. As elaborated, mindfulness is now truly mainstream, with organisations from across all sectors benefiting from the positive evidence available in ever increasing neuroscience and clinical trials.

With such a robust and substantiated evidence-base, the idea of wellbeing, and the introduction of cost-effective and eminently practical mindfulness-based approaches on the preventative side, should make a compelling case for all HR departments to reappraise and dispel notions of wellbeing as being ‘woolly’, ‘airy fairy’ and ‘impractical’.

In essence, the potential change envisioned, is a more balanced approach within HR departments, utilising robust and practical approaches on both the preventative and treatment sides, to help

⁷⁸ Transcript of David Cameron’s ‘PM Speech on ‘Wellbeing’ 25/11/2010 – sourced from Gov.uk website - <https://www.gov.uk/government/speeches/pm-speech-on-wellbeing>

⁷⁹ Transcript of David Cameron’s ‘PM Speech on ‘Wellbeing’ 25/11/2010 – sourced from Gov.uk website - <https://www.gov.uk/government/speeches/pm-speech-on-wellbeing>

⁸⁰ ‘Calculating-the-cost-of-work-related-stress-and-psychosocial-risks’ (2014) - European Agency for Safety & Health – Sourced from their website - https://osha.europa.eu/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks

mitigate the excesses of stress and damage to staff wellbeing currently being observed. In turn, this more balanced approach, as the early evidence suggests, is also likely to ensure staff are optimised for the core competencies and humanitarian standards, as well as improve return on investment for the entire organisation.

ii. Normalising Mental Health Issues

A second invitation is for HR departments to consider how the introduction of robust preventative approaches, such as MBSR, within organisations will support change at a more sectoral, or perhaps even societal, level.

As elaborated earlier, the entry point to begin dialogue and engagement on mental health issues in an open and frank manner is best placed at a responsive and proactive early preventative stage, as opposed to a more reactive and urgent point at the treatment stage (where dialogue may not even be possible).

Such a proactive approach, across an organisation, has the potential to normalise and make discussions around stress, anxiety, depression and other mental health issues more acceptable and as a normal part of the potential experience within the humanitarian landscape. Thus, HR departments investing and utilising such an approach may also help to dispel the stigmas and taboos around mental health within, and possibly beyond, the sector.

iii. Resourcing Reconfigured

The third invitation is for HR departments to explore how budgets and resources could be reconfigured towards this shift in wellbeing strategy towards the preventative side. No doubt, the shift to the preventative side requires 'more hands on deck', and inevitably a greater requirement for resources to enable this proactive and preventative approach to preparedness. This is a tricky one, and will bring up the perennial challenge of how to manage limited budgets. So whilst there are no easy solutions on how to boost our HR budgets, it may be helpful to approach this reconfiguration of existing organisational budgets based on considerations around return on investment and the negative organisational costs related to *not* investing in a robust wellbeing approach. Whilst this paper is unable to offer any solutions at the present moment, this is an area that will be explored more deeply as the project progresses. As such, it is hoped the Mindfulness and Wellbeing pilot will provide a better understanding of the benefits of establishing a balanced wellbeing strategy in the future.

And so, if we return to the KAP survey analogy, it would be hoped that if a follow-up KAP survey was again conducted at some point after the project, then HR departments may be able to see a shift from the present baseline position, to one which embodies the above considerations. In essence, HR departments that are better resourced to work with their personnel at the preventative end in a genuinely committed and proactively engaged manner will be better able to help staff to build resilience to stress. That, at least, is the hypothesis. However, in addition, it will also help staff feel that they are fully supported with training and services along the entire preventative-to-treatment continuum as necessary. This support needs to be maintained throughout the full life cycle of their projects.

This may sound like utopia, but what then are the alternatives?

When we consider the implications, that this is part of an organisation's legal duty of care, and the issue of negative organisational costs, and potential positive returns on investment related to increased staff wellbeing, the need for changing our current '*knowledge, attitudes, and practices*', and moving onwards from the *status quo* of our present 'baseline', becomes compellingly apparent.

18. An Invitation to CEOs and senior management

In order to challenge this status quo, the final invitation within this paper, is offered to our Chief Executives, Directors, and Senior Managers, who are, inevitably, the key nodes of influence and catalysts for change within our agencies.

Given the deep experiential aspect of mindfulness and the need for an embodied approach, this invitation to explore the possibilities of mindfulness within our workplaces, by simply exploring its potential individually at first, as leaders, is suggested as a pragmatic initial step.

Bill George, a Professor of Management and founder of the *Authentic Leadership Development* course at Harvard Business School, which utilises mindfulness, refers to this approach as '*learning to lead yourself*'⁸¹. In a 2012 Harvard Business Review article, he elaborates further on how mindfulness relates to better leadership,

*'The practice of mindful leadership gives you tools to measure and manage your life as you're living it. It teaches you to pay attention to the present moment, recognizing your feelings and emotions and keeping them under control, especially when faced with highly stressful situations. When you are mindful, you're aware of your presence and the ways you impact other people. You're able to both observe and participate in each moment, while recognizing the implications of your actions for the longer term. And that prevents you from slipping into a life that pulls you away from your values'*⁸²

This once again echoes the Singapore Management University study conducted in 2012, which highlighted this very inter-relational aspect of mindfulness within supervisors and how their own increased self-awareness positively affected their employees' job satisfaction and performance at work⁸³. Additionally, we have seen how many of the most respected academic institutions and corporate organisations worldwide, including Harvard Business School⁸⁴, Google⁸⁵, Goldman Sachs⁸⁶, and a myriad of other businesses⁸⁷, have also discovered the benefits of their leaders choosing mindfulness.

⁸¹ 'Lead Yourself First' – True North Team – YouTube - <https://www.youtube.com/watch?v=rXzAPLKaXw>

⁸² 'Mindfulness Helps You Become a Better Leader' – Bill George, Harvard Business Review (26/10/2012) – <https://hbr.org/2012/10/mindfulness-helps-you-become-a>

⁸³ 'Leading Mindfully: Two Studies on the Influence of Supervisor Trait Mindfulness on Employee Well-Being and Performance' Jochen Reb, Jayanth Narayan, & Sankalp Chaturvedi Singapore Management University - http://www.smu.edu.sg/sites/default/files/smu/podcast/Leading_mindfully.pdf

⁸⁴ Authentic Leadership Development Course - Harvard Business School website <http://www.exed.hbs.edu/programs/ald/Pages/default.aspx>

⁸⁵ 'Search Inside Yourself Leadership Institute' - Google - website - <https://siyli.org/>

⁸⁶ 'The surprising way Goldman Sachs employees maintain their 'competitive edge' website - <http://uk.businessinsider.com/goldman-sachs-resilience-programs-2015-7?r=US&IR=T>

⁸⁷ 'The Mindfulness Business' article in The Economist Magazine (16/10/2013) - <http://www.economist.com/news/business/21589841-western-capitalism-looking-inspiration-eastern-mysticism-mindfulness-business>

Beyond the hype, zeal and the often evangelical promotion and bandwagon of mindfulness currently, Cranfield University is also deeply exploring the relationship between mindful leadership and organisational performance in a sober and measured manner. Dr Jutta Tobias, a lecturer at Cranfield University's Centre for Business Performance writes,

'It is early days in understanding how organisations can benefit. More work is needed to understand the organisational constraints affecting mindfulness and its link with performance. We need to widen our lens in this field and shift our focus away from zooming exclusively in on the individual and her cultivation of mindfulness, and towards helping leaders in organisations support their employees more effectively (through mindfulness-based approaches and others) and/or removing situational constraints that make it difficult to practise mindfulness as much as possible. In this way we have a better chance of successfully bringing mindfulness into our organisations'⁸⁸.

Given the very focus of humanitarian work, in dealing with human suffering, and the very real need for a major shift in how we look after ourselves within our organisations, then this invitation to our leaders, hopefully, is understandable. Seeding a preventative-based approach using Mindfulness as a key component in our organisational wellbeing strategies may offer a positive solution for many of us here and now, as well as for the next generation of humanitarian workers entering the sector. As we have seen this has implications, not just individually, with better resilience and wellbeing on a personal level, but also organisationally, in terms of cost-effectiveness and improved performance also.

As many of the leaders in the various organisations mentioned have found, the single step that started their journeys was in cultivating a genuine experience of mindfulness first. And the easiest way to begin such a journey of exploration may simply start by taking up an 8-week MBSR course, or exploring mindfulness through recommended guided practices online, or even reading a book initially.

As Bill George further elaborates,

'The best time to start a mindful practice is now, but don't take the word "practice" lightly. Maintaining the discipline of your practice isn't easy. To become a mindful leader, you need to make this a daily introspective act. As you do so, you'll worry less about day-to-day problems and focus on what is most important. As you become more mindful, you will be a more effective, successful and fulfilled leader. That's worth twenty minutes a day, isn't it?'⁸⁹

With the compelling prevalence of chronic stress, anxiety, and burnout within our sector, and the critical need for significant changes in our wellbeing practices, our best catalysts for real change may indeed rest within our senior positions of leadership.

⁸⁸ 'How Mindfulness Impacts Organisational Performance' - Article by Dr Jutta Tobias - Cranfield University School of Management - website <http://www.som.cranfield.ac.uk/som/p20894/Think-Cranfield/Think-Cranfield-2013/November-2013/How-Mindfulness-impacts-Organisational-Performance>

⁸⁹ 'The Power of Mindful Leadership' – Bill George, in Huffington Post 27/7/2015 – Bill George is Senior Fellow, Harvard Business School - http://www.huffingtonpost.com/bill-george/the-power-of-mindful-lead_b_7878482.html

19. Here and Now..... Once More

As this paper comes to a close, just as we began, perhaps it may be useful to bring our awareness back to the here and now again. And once more, to take a pause and reflect on where we all are regarding wellbeing within our organisations.

The initial section started with the World Health Organisation definition, which describes good mental health as being a key source for wellbeing. Once more, the definition states,

‘Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’⁹⁰

So on reflection, for our own organisations, *where are we really?*

As evidenced earlier, in the scientific papers and personal testimonies highlighted, within the context of the chronic levels of stress and anxiety within our sector, if we ‘unpack’ the WHO definition and consider the key components of it, on reflection, are we comfortably in a position to say that we, as staff, are really ‘coping’? That we are working ‘productively and fruitfully’, and ‘realising our potential’? Not just as individuals, but also as organisations?

Perhaps on the surface, this may seem so, especially in the short-term. But again, as the evidence reveals, our continual exposure to stress caused by overwhelming workloads, and in parallel, our noble and conscientious ability to normalise our levels of exposure to it, and to not bring attention to ourselves, may eventually take its toll.

As organisations, are we able to genuinely say we are preparing our staff and ourselves for the realities of the humanitarian sector? Are we doing enough to prevent and reduce the levels of anxiety, depression and burnout experienced by so many of us? And indeed, are we really tackling the stigma and taboo associated when our mental health actually deteriorates?

These questions and self-reflections continue to remain pertinent, especially in the face of a rapidly changing world, which is making increasingly more demands and asking for greater flexibility and responsiveness from us as humanitarians. In recognising these demands, we have, understandably, yet also inadvertently, placed greater burdens on ourselves to meet the challenges of this changing world by creating further portfolios of competencies and expectations. As we have seen, the HERR, and the various core competencies and humanitarian standards that have followed, whilst positive in their bold aspirations to improve the sector, have nonetheless, seemed blind in proactively factoring in the need to ensure *wellbeing as the key prerequisite* towards achieving them.

From the research presented, there is now increasing evidence that supporting and improving wellbeing at this individual level, has tangible and positive effects at the organisational level also. As such, this paper has endeavoured to present a potential approach to catalyse a major shift of

⁹⁰ ‘Mental Health – A source of wellbeing’ - Definition sourced from the World Health Organisation – website http://www.who.int/features/factfiles/mental_health/en/

emphasis from the current treatment based *'catch you when you fall'* approach, to one that is genuinely preventative and which proactively supports building resilience in our personnel.

Importantly, with the scientific evidence of its benefits in increasing mental health and general wellbeing now becoming better understood, as we have seen, mindfulness has now become increasingly mainstreamed across a myriad of sectors. From the initial overwhelmingly encouraging feedback from multi-agency participants from the recent pilot trainings in the Philippines, early indications seem to confidently align with the positive experience of other sectors that have incorporated mindfulness into their wellbeing strategies.

In essence, mindfulness has been demonstrated as an effective preventative approach in increasing individual resilience to stress, and the initial experience of participants seems to indicate this also. As the pilot project progresses, a larger longitudinal study of participants, over 3 years, will further explore in detail how mindfulness supports individual wellbeing. In turn, this will help us to understand the links between individual wellbeing and organisational wellbeing. Whilst this evidence-base is being collected, nonetheless, the prognosis, based on the pilots thus far, remains positive.

So, the old adage that, *'prevention is better than cure'*, still rings true it seems. A sensible emphasis placed on prevention, to avoid escalating an issue into a greater problem which consequently may require drastic intervention to cure or correct, embodies a wise simplicity. And it is this same simplicity that resonates in regards to our own wellbeing.

In this spirit, a balanced wellbeing strategy that emphasises a robust and engaged preventative approach, to mitigate an escalation of mental health problems, and which reduces or removes the need for correction or subsequent treatment seems profoundly pragmatic. Mindfulness-Based approaches, such as MBSR, coupled with traditional psychosocial support where appropriate, may be key components in such a balanced and effective wellbeing strategy.

As such, over the next three years, the pilot project will endeavour to make a genuinely bold effort in catalysing this transformative shift towards informing a more preventative, balanced and credible wellbeing approach within the wider humanitarian sector.

The WHO definition of wellbeing provides a good starting point as we begin our journey. However, there still seems to be much to do and a long way to go. Authentic engagement, in particular at senior levels, seems paramount in making this transformation a reality. In this spirit, this paper is also respectfully offered as part of our collective debate, and as a positive step towards achieving this shift.

Ultimately, perhaps inevitably, with our own wellbeing supported, potentially, we may all be better placed to support the wellbeing of those we seek to help more effectively also.

After all, isn't that the very inspiration for why we are all here in the first place?

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