Different strokes for different folks: 
The BodyMind Approach™ - supporting people with MUS to self-manage

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OVERVIEW

• Definition, Prevalence and Cost
• Patient profile/experience
• The BodyMind Approach™
• Outcomes
• Best practice: our experience
• Questions
DEFINITION, PREVALENCE AND COST

• Clinical & social predicament, includes broad spectrum of presentations, difficulty accounting for symptoms based on known pathology (Edwards et al 2010)

• We know MUS are very common, accounting for as many as 1 in 5 new consultations in primary care (Bridges; Goldberg, 1985)

• Extremely costly approximately £11.64 Billion, 10% NHS budget 2015/16
PATIENT PROFILE/EXPERIENCE

• Often non-psychologically minded
• Distressed/desperate due to **bodily** experiences
• Chronic
• Co-morbid anxiety/depression
• Isolated/abandoned
• Intimidated by stigma/fear of MH label
PARITY OF ESTEEM FOR MH

In order to realise parity of esteem services need to:

• Provide holistic, integrated care

• See our emotional and physical health as one
THE BODYMIND APPROACH™: A UNIQUE PRIMARY CARE SERVICE

• Works from the body to the mind - action, perception, emotion and cognition integrate (Varela et al., 1991; Lakoff & Johnson, 2003) in an expressive, creative, relational, embodied approach

• Ideal for the non-psychologically minded

• Terminology, theory and philosophy

• Structure and content informed by practice

• Referral criteria
THE BODYMIND APPROACH (TBMA)™

- Assessment – tools and procedure
- Facilitation
- Group – approach and heterogeneous nature
- De-medicalisation
- Action planning
- Follow up
RESILIENCE IS THE ABILITY TO BOUCE BACK
TBMA helps patients to:

- value their internal subjective bodily experience

- rather than seeing their body as an object to be fixed

- results in a change in both perception and action.
**CLINICAL OUTCOMES**
To show pre to post course reliable change

<table>
<thead>
<tr>
<th></th>
<th>Reliable Improvement</th>
<th>Reliable Deterioration</th>
<th>No Reliable Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHQ9 Depression</strong></td>
<td>35% (11/31)</td>
<td>3% (1/31)</td>
<td>61% (19/31)</td>
</tr>
<tr>
<td><strong>GAF General Functioning</strong></td>
<td>35% (11/31)</td>
<td>0% (0/31)</td>
<td>65% (20/31)</td>
</tr>
<tr>
<td><strong>Overall Profile MYMOP2</strong></td>
<td>55% (17/31)</td>
<td>0% (0/31)</td>
<td>45% (14/31)</td>
</tr>
<tr>
<td><strong>GAD7 Anxiety</strong></td>
<td>42% (13/31)</td>
<td>3% (1/31)</td>
<td>55% (17/31)</td>
</tr>
<tr>
<td><strong>MYMOP2 Symptom Distress</strong></td>
<td>63% (39/62)</td>
<td>8% (5/62)</td>
<td>29% (18/62)</td>
</tr>
<tr>
<td><strong>MYMOP2 General Wellbeing</strong></td>
<td>55% (17/31)</td>
<td>19% (6/31)</td>
<td>26% (8/31)</td>
</tr>
<tr>
<td><strong>MYMOP2 Activity</strong></td>
<td>58% (18/31)</td>
<td>23% (7/31)</td>
<td>19% (6/31)</td>
</tr>
<tr>
<td><strong>Either PHQ9 or GAD7 combined</strong></td>
<td>65% (20/31)</td>
<td>3% (1/31)</td>
<td>32% (10/31)</td>
</tr>
</tbody>
</table>
To show the effect of participants’ symptoms on ability to work

<table>
<thead>
<tr>
<th></th>
<th>Before Course</th>
<th>After Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping well with symptoms</td>
<td>4% (1/24)</td>
<td>52% (12/23)</td>
</tr>
<tr>
<td>Coping well at work</td>
<td>14% (3/22)</td>
<td>50% (11/22)</td>
</tr>
<tr>
<td>Category</td>
<td>Satisfaction</td>
<td>(Responses / Total)</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Overall Service</td>
<td>75%</td>
<td>(18/24)</td>
</tr>
<tr>
<td>Telephone Monitoring</td>
<td>75%</td>
<td>(18/24)</td>
</tr>
<tr>
<td>Venue</td>
<td>83%</td>
<td>(19/23)</td>
</tr>
<tr>
<td>Facilitator’s Listening Skills</td>
<td>100%</td>
<td>(23/23)</td>
</tr>
<tr>
<td>Overall Facilitation</td>
<td>88%</td>
<td>(21/24)</td>
</tr>
<tr>
<td>Course Administration</td>
<td>71%</td>
<td>(17/24)</td>
</tr>
<tr>
<td>Waiting Time to Intake Meeting</td>
<td>79%</td>
<td>(19/24)</td>
</tr>
<tr>
<td>Type of Treatment</td>
<td>74%</td>
<td>(17/23)</td>
</tr>
<tr>
<td>Overall Experience</td>
<td>75%</td>
<td>(18/24)</td>
</tr>
</tbody>
</table>
PARTICIPANT SATISFACTION II

Highlights

• 88% (21/24) received a resource list at the exit meeting

• 70% (16/23) felt they had enough help to go forward

• 79% (19/24) would use the service again without hesitation

• 97% (20/21) would recommend the service to friends and family without hesitation
“It was helpful to be in a group of people sharing similar problems”

“It wish it had been available 5 years ago when the symptoms started”

“The group was good in that we spoke and listened to each other”

“There was a freedom of expression and an alternative way to consider coping with my problems”

“Achieved a return to work and overcoming of fibromyalgia”

“The focus was on the MUS issues”

“I wish it had been available 5 years ago when the symptoms started”
PREVIOUS STUDY FOLLOW UP

Compared to **post group**: Improvements not only sustained at 3 months post group (as in pilot) but maintained or improved further at the 6 month stage in:

- functioning
- wellbeing
- anxiety
- depression
- symptom distress

Compared to **pre-group**:

- Improvement or maintenance of **activity** levels - 50% of people becoming more active / 50% remained the same
- Improved **wellbeing** maintained in 50% of people
- Improvement in **social, occupational and overall functioning** in 75% of people
BEST PRACTICE I

• Understanding the patient experience
• Physical underpinnings link the functioning of the body and mind
• Psycho-education helps find a way to live well with their condition
• Therefore, the bodymind link can be used to manage the distress of this condition

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The focus for all practices is the lived body experience

Employ the sensory experience of the symptom

The facilitated group cultivates a sense of belonging

Opportunities for finding meaning in the symptom


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Please contact us for details of training
and introductory courses
Questions

Over to you!
Suggestion

• Invite interested delegates to collaborate to produce a shared strategy to address primary care services training in, and engagement with, the best practice offered by all presentations today