

- | | |
|---|---|
| 1. Fibromyalgia, joint pain, fatigue, poor sleep | 14. Panic attacks, anxiety |
| 2. Chronic Fatigue Syndrome | 15. Recurrent depression, NIDDM, back pain, anxiety state, IBS, diverticulitis, dyspepsia, hypertension |
| 3. Chronic recurrent depression, OCD | 16. Recurrent depression, exhaustion, sugar addict, |
| 4. Chronic back pain, anger management issues around dealing with pain, psychology 1:1 only partial benefit | 17. Stress, anxiety, panic attacks since childhood |
| 5. Chronic Pain, Chronic Fatigue, Recurrent Depression | 18. NIDDM, Obesity, OA- neck pain, , Depression |
| 6. Post Viral Fatigue, recurrent stress, anxiety and depression | 19. Depression, hypothyroidism, dyspepsia |
| 7. Post viral fatigue | 20. Obesity, PCOS, arthralgia, hypermenorrhoea, Benign Intracranial hypertension |
| 8. Chronic Migraine/Pain | 21. Recurrent depression, anxiety, hypertension |
| 9. Chronic stress, anxiety, panic attacks | 22. Recurrent depression, reactive depression |
| 10. Chronic recurrent depression, hypothyroid, IHD, familial hypercholesterolaemia | 23. recurrent depression, hypertension, NIDDM, CFS |
| 11. Tired all the time, previous low B12 | 24. Chronic pain, Seronegative RA, back pain |
| 12. Fibromyalgia, obesity, recurrent depression | 25. Chronic pain, lower back, dyspepsia, insomnia, hypothyroid, hypertension. |
| 13. Depression, recurrent, anxiety state, Post viral fatigue, IHD, previous anorexia, and pelvic disease | |
- Nairn Patient PrimaryWEL Cohort 1 – Oct 2011**

First create the conditions to create, then create

Jane Kelly
Lead Artist on the new GHH Project



Is General Practice Delivering Holistic Care? The Views of Scotland's GPs.

- 2311 (62%) returns
- from 3727 GP's in Scotland's.

Haratuma Hasagawa,
David Reilly,
Stewart Mercer
Annemieke Bikker

BMJ 2002 Nov 23;325(7374).
Primary Health Care Research & Development, 2005; 6(4):320-328

Your Consultations?

- Average Length: **9.2 minutes**
- How often do **you feel rushed** by the end of your consultations?
Quite-Very Often 60%
- How often do you feel that you **rush the patient** in your consultations?
Quite-Very Often 45%

BMJ 2002 Nov 23;325(7374).
Primary Health Care Research & Development, 2005; 6(4):320-328

Holistic Approach?

- **Essential** to providing good health care?
– **9 out of 10 GPs (87.3%)**
- Primary Care **currently delivering it?**
– **1 in 5 (21%)**
- **Current organisation** of primary care made it possible?
– **1 in 15 (6.8%)**

Constraints on Holism Contributing Significantly to Increased?:

- **PRESCRIBING?** – **Yes 73%**
- **REFERRALS?** – **Yes 63%**
- **DEMAND FOR SERVICES?** – **Yes 57%**

Drug £ ↑120% 00-08 £11bn. by 2014 £15bn
1/2 Not Taken BMJ08: 995

Adverse Drug Reactions ADRs: 1/4M Admission UK '08
Hosp ADR >100K ↑ USA 4th -6th cause death JAMA 98

BMJ 2002 Nov 23;325(7374).
Primary Health Care Research & Development, 2005; 6(4):320-328



WEL PROGRAMME – NAIRN StaffWEL 2. – 31/10/11 – 22 mixed disciples

"Main Medical Complaints Or Health And Wellbeing Challenges?"

1. Multiple sclerosis
2. Anxiety, busy mind
3. Recurrent UTI and vaginal infections, anxiety and self dislike
4. Low energy, sore joints and along with this, mood can be low at times
5. Angina, depression/anxiety, menopausal symptoms
6. Diet – overweight, lack of exercise, stress at work
7. Joint pains, low self esteem, low self confidence, poor motivation
8. Anxiety, fatigue
9. Stress, migraine, lethargy, tiredness
10. Hypertension, Type II diabetes, overweight
11. Stress, sore back
12. Stress, endometriosis
13. Lupus, stress levels, weight loss, stress, migraine, PMT
14. Eat more healthily and exercise more
15. Limited time for myself
16. Mild asthma
17. Sore joints, stress and insomnia
18. Obesity, diabetes, lack of healthy eating/lifestyle
19. Aches/pains in general, weight problem, low self esteem
20. Help me promote well being to my clientele
21. Dark depression clouds
22. Low energy, low mood

16 (73%) mention mental health challenges (stress, anxiety, depression, low self-esteem)

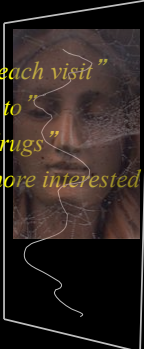
7 (35%) some aspect of metabolic syndrome spectrum (diabetes (2), obesity/weight (4) angina, hypertension).



1988

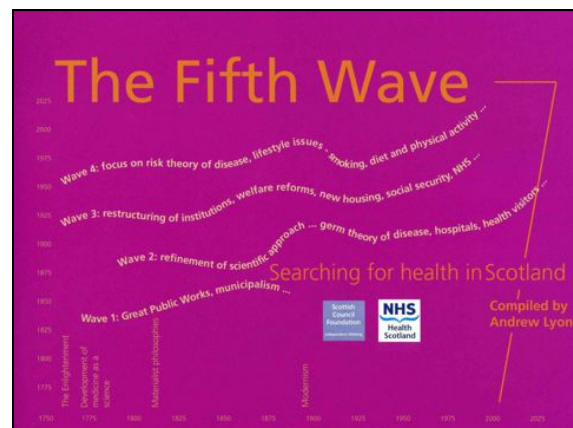
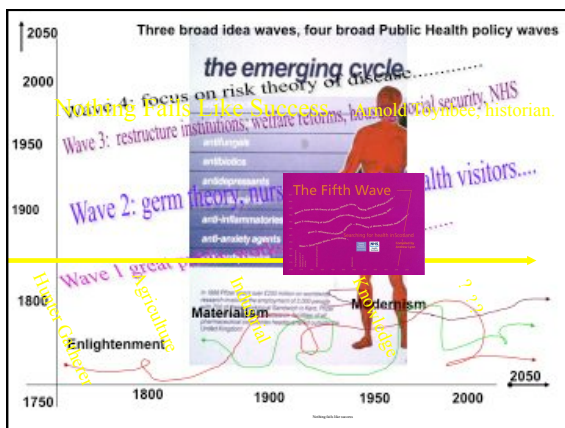
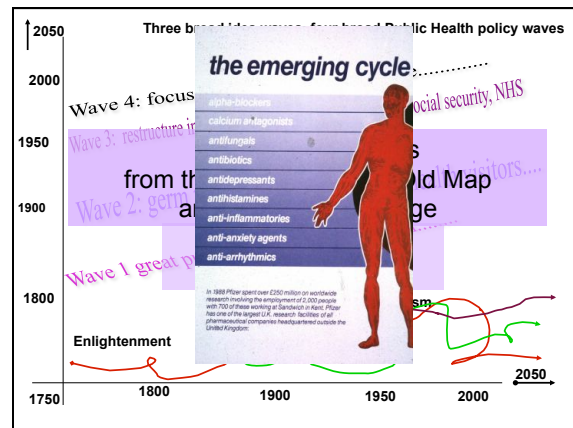
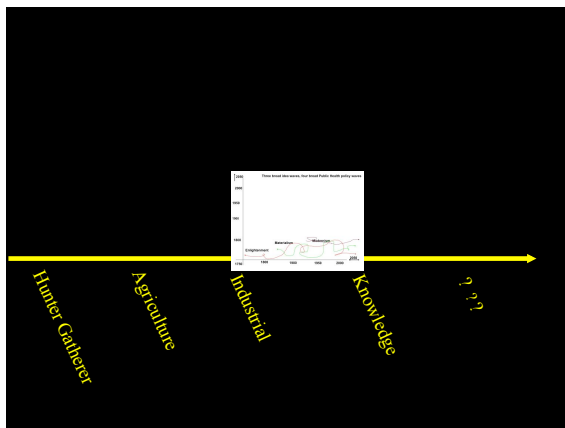
Patients As Our Teachers

"See a different doctor at each visit"
"I feel rushed.. unlistened to"
"Only seem to prescribe drugs"
"Ignore me as a person, more interested in my disease"



A Different Way?

What Shall We Create Now?



It is impossible to create a world that differs from our inner map of the world

The Age of Intervention
the emerging cycle

- alpha-blockers
- calcium antagonists
- antifungals
- antibiotics
- antidepressants
- antihistamines
- anti-inflammatories
- anti-anxiety agents
- anti-arrhythmics

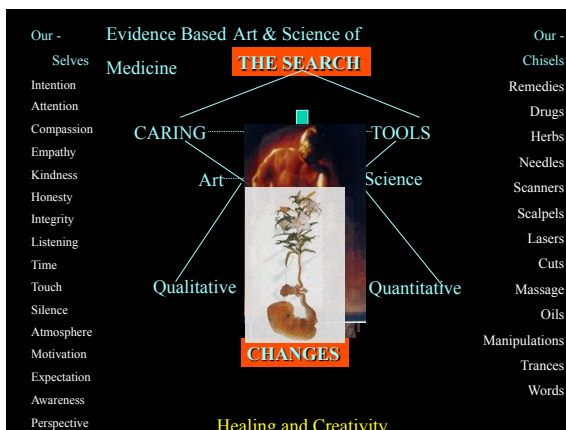
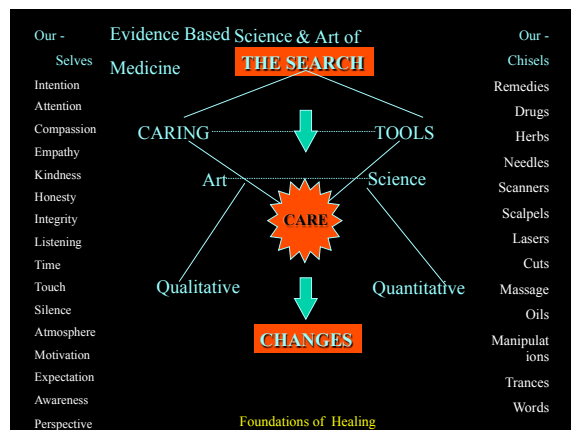
In 1988 Pfizer spent over £250 million on worldwide research involving the employment of 2,000 people with 700 of these working at Sandwich in Kent, Pfizer has one of the largest U.K. research facilities of all

First (4 waves) Great Question
 What can we do to help this situation?
outside in

The Age of Enablement **The Fifth Wave**

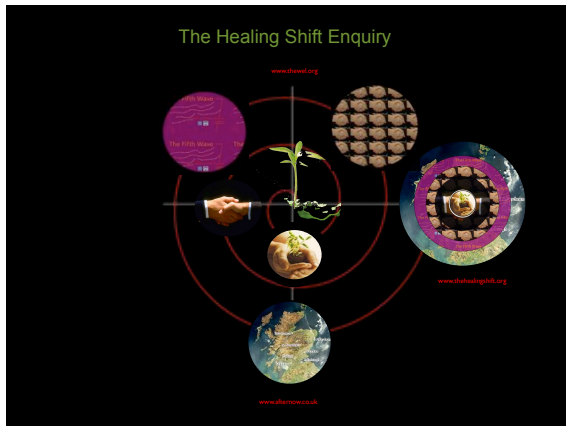
The Fifth Wave
 2nd Great Question
 What can be done to help people and situations release their capacity?
inside out

self-healing
 self-care
 conditions
 meaning
 relationship

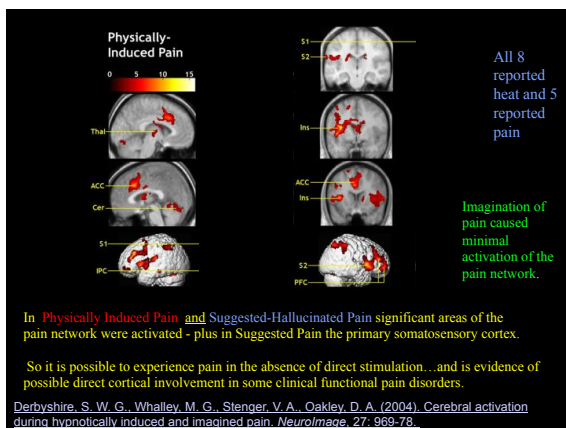
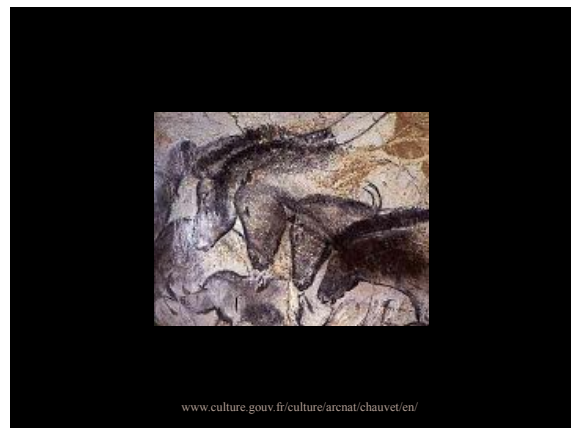


"Brenda" ... Glasgow. One-to-one work

Short term follow up from the first consultation. She looked much better. She said the meeting had had "a massive effect, I left here feeling so good and changed, went home, went through all that we had gone through and began to review my life... how I had been behaving and how it wasn't helping me. I am seeing things clearer and more realistic... realise I have to bring some focus and self care and focus on everybody else. I used to get really stressed over a range of things. Now I am not caring about that, I am just doing what I can do... I have gone back to work and ... I am more relaxed. The pain is also slightly better... I am moving better in the morning... not using the crutches. I am noticing that I am thinking differently about everything."




Multiple Languages




I'm Healing

I'm healing, I see myself as healing. This is just a personal thing, I've seen myself with like an open wound that's never healing, and now I can see it's closing down you know it's like you know how if you've got a scar it's open, so now this is closing in, its healing, that's how I feel. It's not open anymore.



Fuente-Fernandez, R. et al. Expectation and dopamine release: mechanism of the placebo effect in Parkinson's disease. Science, 293, 1164 - 1166, (2001).



Dopamine - brain chemical lacking in Parkinson's
 Placebo injection - released comparable amounts to real drug of the brain chemical


Jon Stoessl -leader- brain-imaging study.

"The magnitude of the response is striking,"

"suggests in some patients most of the benefit obtained from an active drug might derive from placebo effect"

"Expectation can be an effective drug".

Psychoneuroimmunology?



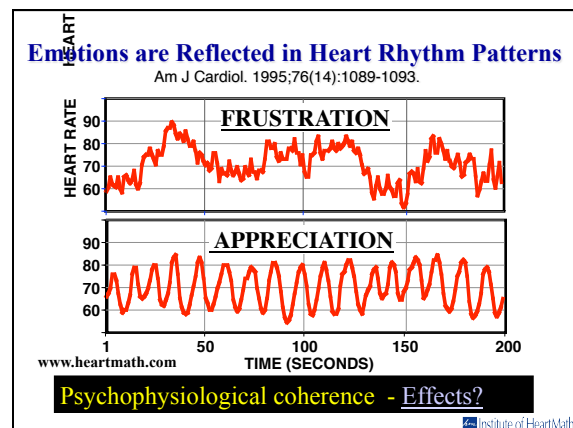
White cell

Psychological Stress and the Human Immune System: A Meta-Analytic Study of 30 Years of Inquiry, S S gerstrom & G Miller. Psychological Bulletin, 2004, Vol. 130, No. 4.

293 independent studies, peer-reviewed scientific journals 1960 – 2001, 18,941 individuals:

3 main findings

1. Powerfully confirms the core fact that **stress alters immunity.**
2. Short-term: "revs up" immune system, adaptive for threat eg: injury or infection, **Long-term or chronic stress impairs immunity.**
- 3) immune systems of **old or sick are more prone** to stress-related change



Changes in brain function of depressed subjects during treatment with placebo

Leuchter et al

American Journal of Psychiatry, 159(1):122-129, January, 2002

Response to antidepressant showed objective change in the prefrontal cortex.

BUT so did response to placebo

HOW TO HARNESS THIS POWER FOR OURSELVES?

Quantitative EEG



Monk meditating: dramatic increase gamma electrical activity in prefrontal cortex (middle frontal gyrus) - the area of positive emotions - striking changes especially meditation on **compassion.**

From 'Destructive Emotions' narrated by Daniel Goldman

(Link .Empathy Research)

A Key



What is the difference between illness and wellness?

Illness

Wellness

Tich Naht Hahn

(Link ..Empathy Research)

Empathy & Enablement

- Empathy did not necessarily result in enablement
- But – it was a necessary pre-condition
- There were no cases (i.e. not 1 in 200) of high enablement with low empathy.
- Since confirmed in >8000 cases.

BMJ 2001; 322:865. Br J Gen Pract 2002 Nov;52(484):901-5. davidreilly.net.

3 Links in Therapeutic Process. → Outcome?

THE ENCOUNTER → THE IMPACT → THE OUTCOME

for example

EMPATHY [CARE] → ENABLEMENT [PEI] → OUTCOME [ORIDL]

- Physicians – scored on Jefferson Scale of Empathy
- Results: Diabetics hemoglobin HbA1c & LDL-Cholesterol
- **Patients of high scoring physicians vs low scorers - Good control:**
 - HbA1c (<7%): 56% vs 40%
 - LDL-C: 59% vs 44%

Hojat, M., D. Z. Louis, et al. (2011). "Physicians' Empathy and Clinical Outcomes for Diabetic Patients." Academic Medicine 86(3): 359-364

Understanding Grows Compassion

Can You Train in Compassion? Yes

Experts:

- ↑ detection of emotional sounds
- ↑ mentation

fMRI - Areas of empathic response

Novices vs Expert meditators of a loving-kindness-compassion. Voluntarily generated compassion as listened to another's pain in emotional human vocalizations.

Lutz et al. 2008. Emotion by Compassion Meditation: Effects of Meditative Expertise." PLoS ONE 3(3): e1897

The Role of Physiological Coherence in the Detection and Measurement of Cardiac Energy Exchange Between People
R. McCraty, M. Atkinson and W. Tiller.
Proceedings of the Tenth International Montreux Congress on Stress, Montreux, Switzerland, 1999.

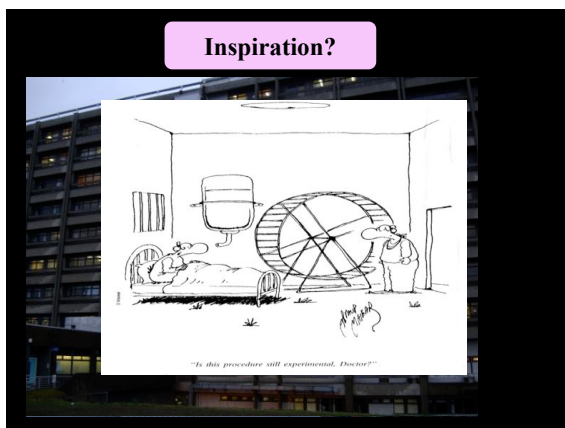
Electricity of Touch
(Heartbeat Signal Averaged Waveforms)

Healing Space & Join-Up

♥ *"..heart generates the strongest electromagnetic field produced by body,*

♥ *when two people touch or are in proximity, one's electrocardiogram (ECG - heart) signal is registered in the other person's electroencephalogram (EEG - brain)."*

www.heartmath.org



INTEGRATIVE CARE- GHH

94% of 200 in-patients 3-6 month

- 100% previous conventional care, 97% by Consultant

CLINICAL IMPROVEMENT (ORIDL ≥ 2)

- 73% "enough to change daily life" & 70% Mood

IMPACT ON CONVENTIONAL CARE:

- 41% ↓ consultations with GP.
- 41% ↓ conventional drugs
- 53% ↓ admissions to hospital
- 39% ↓ outpatient visits

[Background](#)

FACT 1998;3(4):190 & update on www.adhom.com.



The WEL
The Wellness Enhancement Learning Programme

Part of The Healing Shift Enquiry

thehealingshift.org thewel.org

The WEL
The Wellness Enhancement Learning Programme

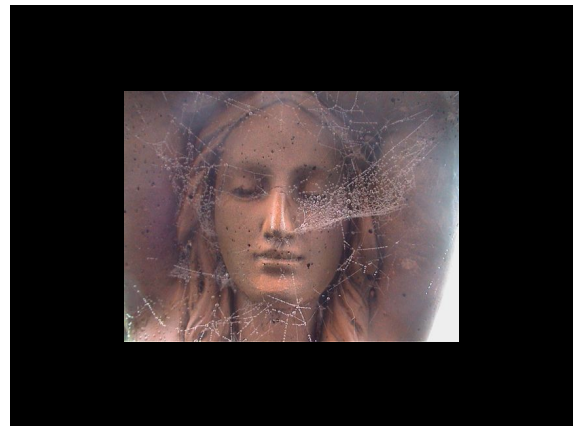
I Foundations of Wellbeing 4 Half Days: + 5th in Nairn
BASIS *Activating a sustaining transformation in self-care*
 The why and how of change, self-capacity & mind-body, **compassion based self-care**

PRACTICE Meditation (eg Heartmath), nutrition, stress management, mindfulness & cognitive skills (eg 'The Work')
 ↓ *Option only in Glasgow version:*

II Moving Into Balance 3 Half-Day Working insightfully with the body to find steadiness and a platform on which to build better health - inc sessions on energy, rhythms, sleep, movement
 ↓ *Option only in Glasgow version:*

III MBCT: MINDFULNESS BASED COGNITIVE THERAPY
 8 half-days: physical, emotional and personal awareness and care.

Participant-Centred & Biological Evaluation **RESULTS** www.thewel.org



What Shall We Create Now?

Imagine?

It is impossible to create a world that differs from your (unquestioned) inner MAP of the world

The Map

Thoughts Make Wiring
Neurons Connect

Practice Makes Perfect
Myelin Maps


Change The Map?

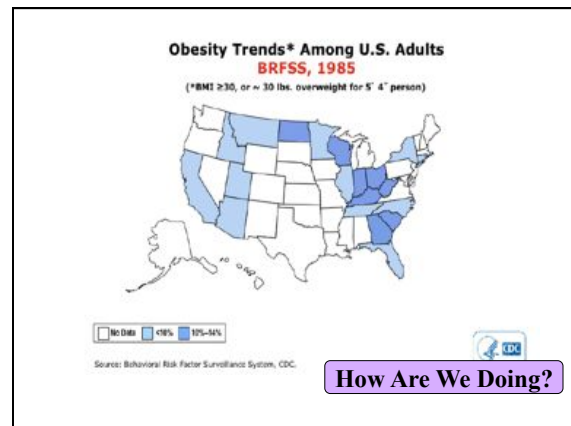
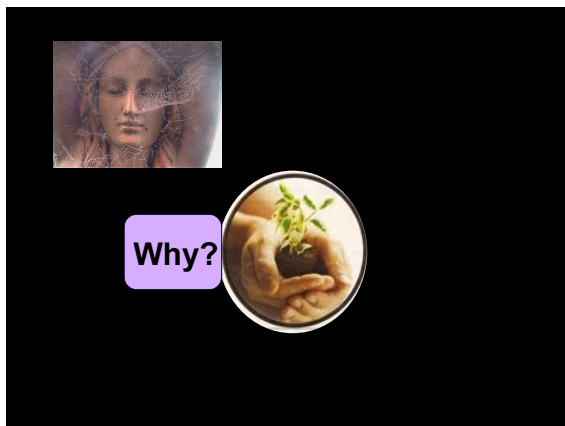
Those who cannot change their mind cannot change anything. GB Shaw

The Map




What?





This Is Not About Diets
 Diets Don't Work

With permission: felixbennett.com

Eat Food!

SUMMARY PROMPTS

CORE IDEAS: Change & Maps -
 Anti & Pro - Creating 5th Wave - Outside-in to Inside-out
 Pro: Inner Capacity & Mindbody

CONDITIONS: for the plant to grow
 Why Do It? Compassion & Self-Care - "Gardening"
 External Environments - Beauty & Nature
 Nutrition - the Bridge
 How You Use Your Body - Breath - Sleep - Movement
 Internal Environments
 Writing - a bridge -
 Thoughts and Feelings - Snake in the grass?
 Mindfulness - Traffic Lights
 Meditation - Heartmath
 Self-Care Kit

End of Part 4 Feedback
 Continued Improvements Since Phase I Evaluation

April 2009	POOR	ADEQUATE	GOOD	EXCELLENT	OUTSTANDING
TODAY'S SESSION			3 (18%)	8 (47%)	6 (35%)
THE WHOLE PROGRAMME SO FAR			3 (18%)	7 (41%)	7 (41%)
					82%

April 2010	POOR	ADEQUATE	GOOD	EXCELLENT	OUTSTANDING
TODAY'S SESSION			2 (10%)	8 (40%)	10 (50%)
THE WHOLE PROGRAMME SO FAR				9 (45%)	11 (55%)
					95%

Feb 2012	POOR	ADEQUATE	GOOD	EXCELLENT	OUTSTANDING
PROGRAMME OVERALL				10 (48%)	11 (52%)
					100%

WEL Course Feedback

I've thoroughly enjoyed the whole course - feeling some benefit already.
 Fantastic, will be great to see it rolled out into community in a mindful way.
 Very very good. Everybody should do this!
 Thank you for helping me to look at myself in a different way - a healthier way.
 DVDs should be shown at all schools
 I think something ongoing where we can catch up, exchange views and experiences and find out about new research and development


End of the 4 Parts Foundation Module

Wellness Enhancement Learning
The WEL Programmes – General & CFS/ME

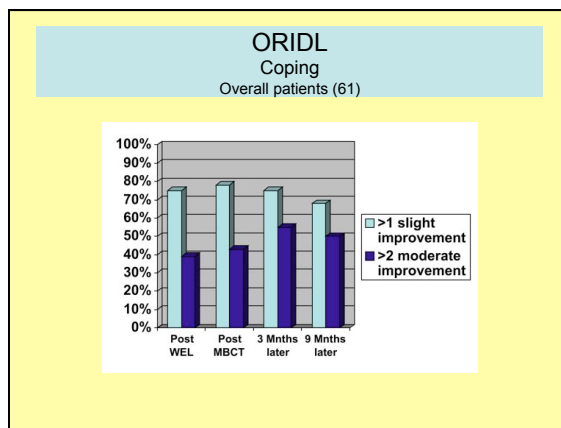
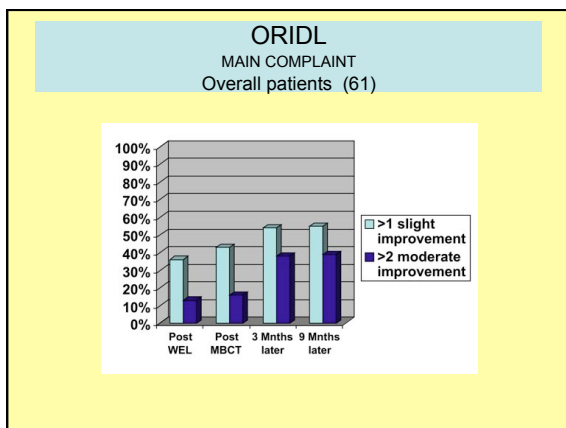
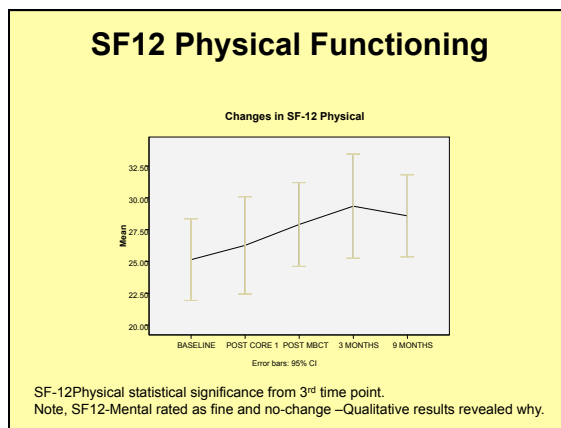
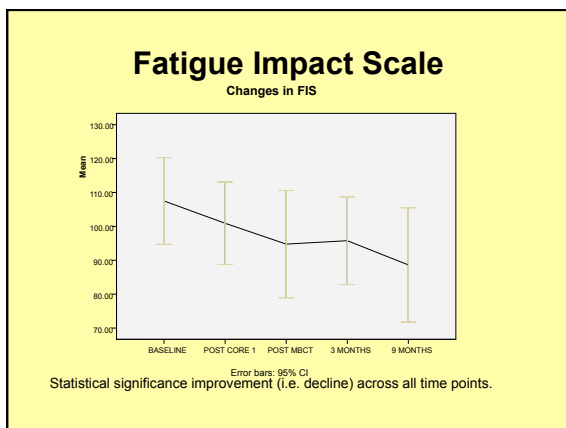
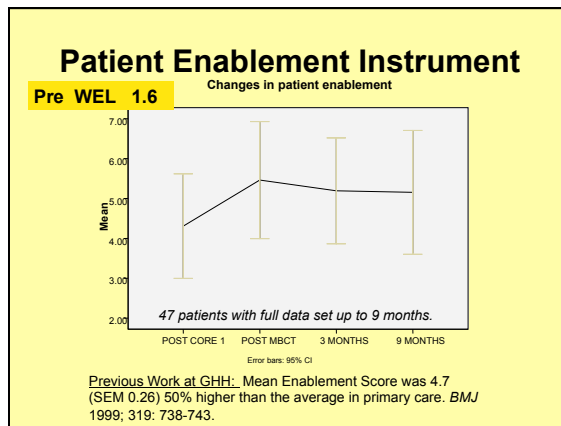
Evaluation Report of the Pilot Phases of The Wellness Enhancement Learning Programme for Patients with Chronic Fatigue Syndrome CFS-ME, 2009.

Higgins M, Reilly D, Mercer S, Hopkins D.

www.thewel.org



The NHS Centre for Integrative Care



The WEL
The Wellness Enhancement Learning Programme



PHASE II The PrimaryWEL The StaffWEL

Part of The Healing Shift Enquiry

thehealingshift.org thewel.org

The WEL
The Wellness Enhancement Learning Programme

PARTNERS – NHS Services, and Adhominem Charity’s Academic Department, The NHS Centre for Integrative Care; The AfterNOW Project, Dept of Public Health, University of Glasgow; Department of Public Health, GG&C Health Board; Clinical Priorities Team & CNOPPP –Chief Nursing Officer, Patients, Public and Health Professions, Scottish Government; Nairn Healthcare Group; Highland R&D Institute; Nurse Consultant Sandra Campbell, Forth Valley NHS. Director: David Reilly

FOUNDATION COURSES: Stage1: Dr David Reilly. Stage2: In Glasgow Physio Stephanie Wilson, & in Nairn, PrimaryWEL co-director Dr Audrey Banks

MBCT Dr Leonora Coll, Nurse Katrina Bissett, Dr Michelle McAspurn, Dr Moira McGuigan, Dr Bridie O’Dowd and formerly Dr Andy Finucane.

ADMINISTRATION: Glasgow: Isabella Leese, Karen McNee, Nairn Healthcare Group - Aileen Bain.

EVALUATION: Phase I – Maria Higgins, Stewart Mercer. Phase II –Patrick Quinn, Prof Charles Clark, Fiona Smith, Desiree Cox., Librarian: Isabella Leese.

Part of The Healing Shift Enquiry thehealingshift.org thewel.org

1.5 Year Follow-Up - Summary Findings
Consecutive sample of Glasgow Cohorts (1.5 years, n=61/150, 60% CFS)

‘Strongly Agreed’ or ‘Agreed’ had positive impact on their:

- Ability to cope with their problem (86%)
- Sense of well being (83%)
- Eating (80%)
- Health difficulties for which they came for treatment (72%)
- Self care (77%)
- Ability to cope with stress (77%)
- Levels of self-compassion (73%)
- Ability to cope with pain (67%)
- Relationships with family(66%)
- Relationships with friend(66%)
- Physical symptoms(58%)
- Relationships with work (56%)
- Fatigue (55%)
- Pain (50%)
- Medication use reduced(42%)

Phase II - Evaluation Groups

- 8 cohorts Nairn - 4 patient/ 4 staff
- 5 Cohorts in Glasgow, 1 Cohort Forth Valley
- 3 cohorts reached 9 month mark
- Results still arriving
- Analysis ongoing/ interim report expected early 2013

StaffWEL - Part of Nairn PrimaryWEL
End of Part 4 Feedback May 2011

95% Excellent or Outstanding

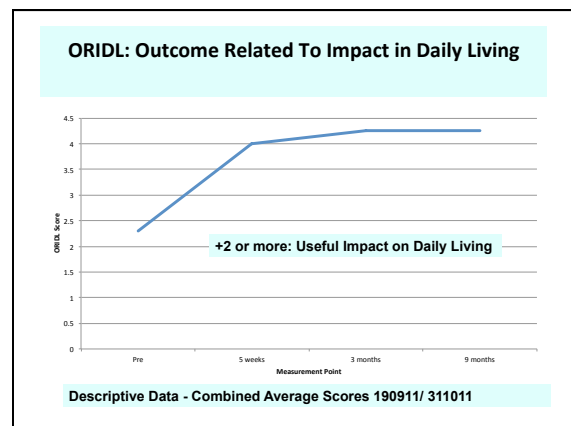
	POOR	ADEQUATE	GOOD	EXCELLENT	OUTSTANDING
TODAYS SESSION			2 (10%)	12 (64%)	5 (26%)
THE COURSE OVERALL			1 (5%)	10 (53%)	8 (42%)

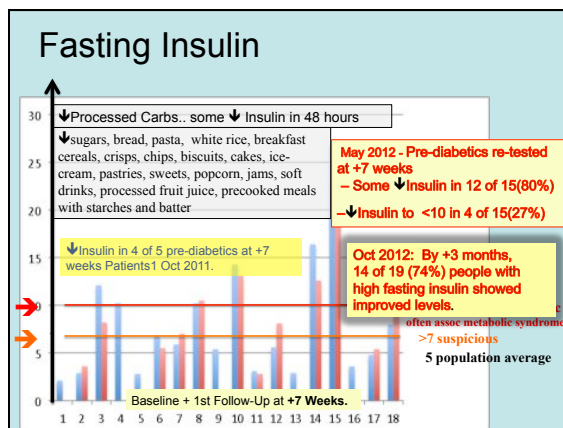
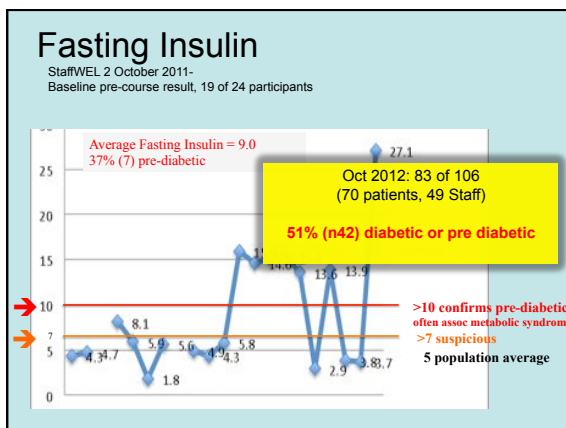
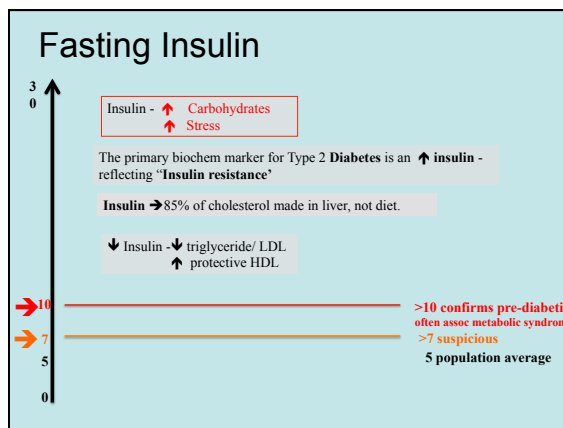
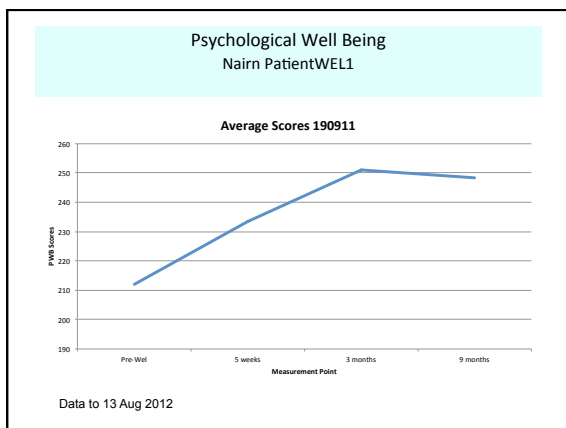
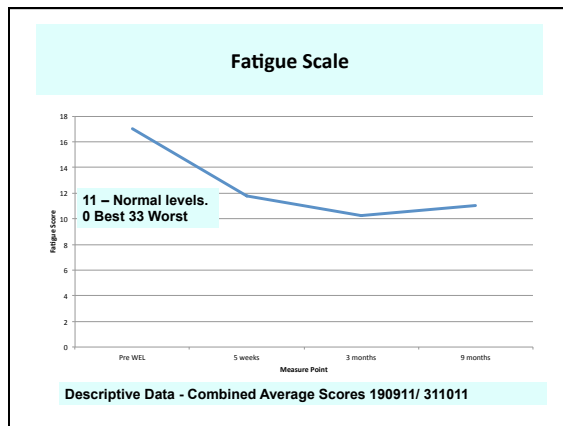
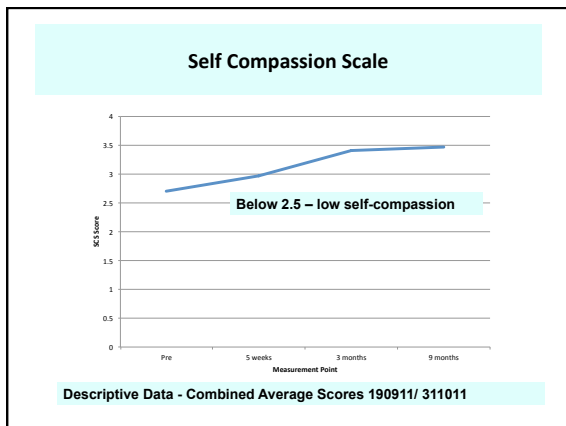
◆ I started out the course thinking about how to use if for patients but quickly realized how much I needed to do the work – that has been incredibly useful... many new concepts... which I will explore, and use with patients

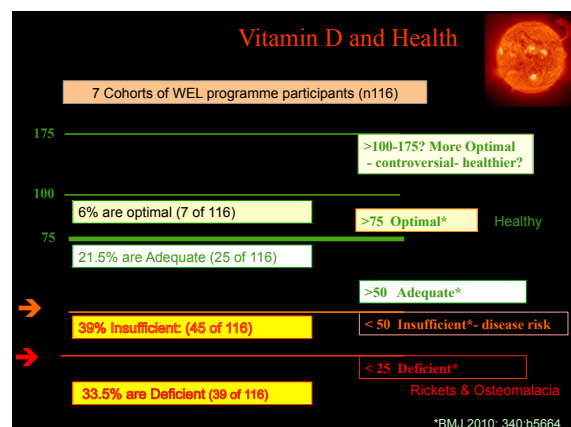
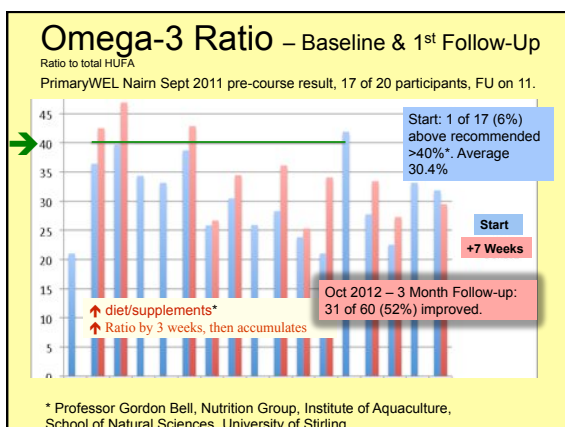
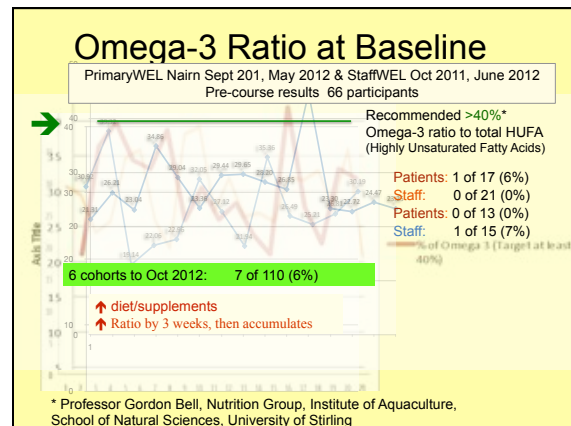
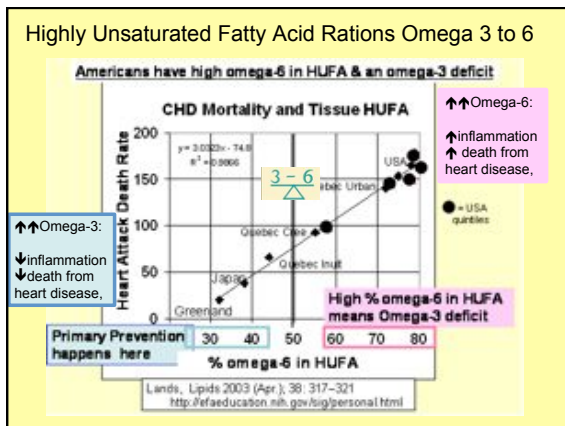
◆ 1. Invaluable in keeping me well so I can continue to work in NHS.
2. Great concepts to use with patients – already using them.

◆ This course has changed my life and the lives of my family. It opens my eyes to other possibilities of coping and having a happier, healthier life. This will make it easier to explain to patients and help them if I am going through this myself.

◆ This course has allowed me to think differently about how others may be viewing themselves. It has also allowed me to step back and give them the opportunity to allow them (the patient) to view their illness/condition without my input/solutions!







Main Results

John's Case

John is 66. Retired from the army after a back injury - spent the rest of his career working in an office 'sitting all day'.

Diagnosed type 2 diabetes 11 years ago.
Joined the WEL programme 14th May 2012.
No pre-course questionnaires but had his bloods checked.

John's Medication

- Metformin 250mg twice daily -since 11/07
- Glipizide 5mg once daily- since 11/07
- Enalapril 5mg twice daily - since 01/08
- Simvastatin 40mg at night- 01/08
- Aspirin 75mg daily- 01/08

85

Reflecting on his diabetes

- It's in the family, my father's youngest brother had it, so I had both the genetic disposition and the lifestyle... I wasn't living a conducive lifestyle... I caused my own condition.
- I took very little exercise... if I could take a cab instead of walking, I'd do that... I ate basically what I liked... I wouldn't eat a bag of crisps, I'd eat three sitting in front of the telly,

John's interview (15/10/12)

- Lost 12 kilos (1st 12lbs)
- Has taken up rowing
- Set goals- 'to get off the medication'
- Understands his diabetes for 1st time in 11 years- 'the real meaning'
- Now feels in control of his condition
- 'Completely' changed eating habits
- Doesn't consider this a 'diet'
- Sister is 'buddying' him with changes

John's follow up (biomeasures)

POST WEL- 3 months:

- | | |
|--------------------------|-------------|
| • Fasting insulin | 21.7 (54.8) |
| • Triglycerides | 1.6 (1.8) |
| • HbA1c | 49 (53) |
| • Cholesterol/ HDL ratio | 3.9 (3.8) |
| • LDL | 2 (1.6) |
| • Omega 3 | 37 (30.9) |



Interview Extract

- The wellness programme is the first time somebody has put it (diabetes) in context, and also provided a tool which I thought was incredibly powerful, which was the idea of a map.... .. change the map rather than go on a diet... It just struck me, that's so simple, but at the same time it's incredibly elegant because in explaining that it, it gave me a way to feel in control of a condition that otherwise is something you feel is not in your control... this actually gave you a lever over your condition.'

Brian's Case

Brian is a 48-year-old single man. He has been on disability benefits since 2003 after suffering an accident at work. This accident resulted in a serious back injury that left him with limited mobility (uses a stick), chronic pain, severe fatigue and depressive symptoms.

Brian's Baseline (Interview)

Major themes throughout his interview were how his condition had *diminished* the scope of his life.

- 'taking one day at a time'
- how his condition 'had made me a recluse'
- being in a 'vicious circle', one that he 'can't get out of'
- leaving him unable to 'participate in things'
- Debilitated by pain

Brian's Baseline Questionnaires

Pre- 3 Month Scores
 Brian's interview account of living with his disability was reflected in his questionnaire scores:


- **Main symptoms: Pain, Depression** - MYMOP Well Being: 4 (Group average n15, 3.6)
- **Significant Negative Impact on Daily Living** ORIDL: minus 2 (n15, 1)
- **High Medications: 11 *** (n15, 2.5)
- **Low Self-Compassion** SCS: 2.2 (n15, 2)
- **High Fatigue Levels** : 24 (n15, 20)
- **Very Low Psychological Wellbeing** - PWB: 132 (n15, 193)
- PEI: 4 (n15, 2.7)

*4 for pain: Gabapentin; Dihydrocodiene; Voltarol, Diazepam.
 (Cohort number, and Cohort mean scores)

Brian's Post 3 Month Interview

- Changed diet 'completely'
- Swims 5 days a week
- Lost stone in weight
- Stopped morning and afternoon painkillers
- No longer has afternoon nap
- Routinely practices 'Heartmath' to help pain and sleep
- Stopped smoking
- 'More aware of things... Steps back'
- Set goals- 'lose the stick and lose more weight'

I am looking after myself more. I am taking more care, sometimes I am taking a step back, sometimes I have really got to stop myself and re-think things over and maybe address things... I have noticed I am doing that, I think I am more aware. I am thinking more, it has certainly made me think more, you know... It's been an eye opener. I took everything for granted really and over the course kind of made me realise a few things, you know. I'm supposed to look after the plant but I always say I am looking after the dog* better cos I prefer a dog- although I did get a plant so I make sure I water it and it's growing.



Note – *the dog" or "the plant" refers to the metaphors for self-care responsibilities

Summary of Findings from a Learning Journey The WEL programme in Nairn

Visiting team: Phil Hanlon, Andrew Lyon, Sandra Carlisle, Margaret Hannah (Cultural Influence on Wellbeing Project & AfterNOW); Cath Krawczyk (Public Health Advisor, late of GG&CHB); Research Team: Desiree Cox, Patrick Quinn, Charles Clark.

Visited over three days in January 2012

Met senior practice staff, & 29 of the 61 Nairn WEL
 - 18 StaffWEL - from a range of healthcare disciplines
 - 11 Primary WEL

Extended and in-depth conversations, supplemented by a range of individual interviews

Report from the Afternow.co.uk Team thehealingshift.org thewel.org

Summary of Findings from a Learning Journey The WEL programme in Nairn

"It became clear that

We were witnessing evidence of a remarkable qualitative change in participants' capacity for self-care, resilience and wellbeing – staff and patients alike.

They recognized their experience as one of a 'healing shift' and described a developing sense of compassion for themselves and for others.

Staff had developed greater understanding of and empathy for their patients, and understood the importance of self-work,

whilst their patients now understood the healthcare relationship as a joint enterprise, with shared responsibility.

Report from the Afternow.co.uk Team thehealingshift.org thewel.org

**Summary of Findings from a Learning Journey
The WEL programme in Nairn**

I think the WEL programme helps you to look at people rather than their symptoms. Why is this lady or this man in this condition, why haven't they been able to [use information]? I would say at least 50-60% of them (patients) have had a reasonably good education but it (information) hasn't been taken on board, they actually haven't done anything about it. Why? If we can give everyone that information but we can't actively make people change (their lifestyle). The WEL programme helps you understand how people can change.

(Diabetic Nurse ..Interviewee 3, StaffWEL, Nairn, 301011 StaffWEL)

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**Summary of Findings from a Learning Journey
The WEL programme in Nairn**

The sense of energy and purpose, enthusiasm and renewed meaning in life and work generated by participation in this programme was readily apparent to the observing group.

Although the precise nature of the subtle but deep changes which had evidently taken place sometimes proved hard to articulate, these were nevertheless manifest in
patients' new acceptance of their condition
and their responsibility for purposeful work on their own health and wellbeing.

We also heard of the unexpected but positive effects on family life, not least in terms of healthy eating and improved family relationships.

People saw benefits of staff and patients together . 'Ten years ago you'd never have thought your GP would be training with you.'

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**Summary of Findings from a Learning Journey
The WEL programme in Nairn**

From a personal point of view it (WEL) has made a big difference to my work... I expected myself to cope with everything- teenage family, husband who has work pressures. I am supposed to hold everything together, do everything for everyone else, not for me. If I didn't do that I would feel guilty... The nursing part of things puts more pressure on... you want to care for people and do your best for them. Everything was building up to the point that there was no 'me time'... you are just stretched to the limit. It has physical impacts on you as well. That's not fixed yet but I am definitely on the right track.

(Interviewee 3, StaffWEL, Nairn, 301011 cohort)

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**Summary of Findings from a Learning Journey
The WEL programme in Nairn**

Effects also extended into the working lives of staff participants, where 'care' had a new, deeper meaning.

Staff commented that 'preventative medicine' is not necessarily exciting or stimulating, whereas 'encouraging flourishing and well-being is'.

For some, particularly staff participants, the knowledge provided was not always new but had never been fully internalised or practised.

Agreement that success of the programme pivoted on the concept of compassion, 'presence', and the competence and authenticity of the facilitator and enhanced capacity for self-compassion.

The 'healing shift' appears to be embodied and lived, rather than simply a cognitive change.

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**Summary of Findings from a Learning Journey
The WEL programme in Nairn**

A lot of people are talking about it (WEL) in Nairn. Before I came on it a lot of the people I spoke to who had been on it were very positive about it. When I said I was going on it they were 'What a difference it has made'.

(Interviewee 1, StaffWEL, Nairn, 301011 cohort)

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**Summary of Findings from a Learning Journey
The WEL programme in Nairn**

Participants at all levels were eager to see this approach transferred to the broader community, and other service sectors.


We are convinced that the implications of this approach for public health policy, and for the future of the NHS in Scotland, now deserve the most careful consideration.

*Phil Hanlon
 Andrew Lyon
 Margaret Hannah
 Cath Krawczyk
 Desiree Cox
 Patrick Quinn
 Sandra Carlisle
 Charles Clarke*

January 2012

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Human Healing in The Age of Science



The Healing Shift Enquiry

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