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# The Mindfulness-Based Social Work and Self-Care Programme: A Mixed Methods Evaluation Study

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## Abstract

During their social work education, students engage in a number of stressful learning activities, often simultaneously, which can negatively impact their well-being, mental health and social work practice. Mindfulness practices are beginning to be integrated into social work curricula globally to enhance student self-care along with key social work practice skills and values. This mixed methods study examined the effects of a bespoke six-week online mindfulness-based social work and self-care (MBSWSC) programme on the stress, burnout, well-being, anxiety and depression levels of thirty social work students from two universities in the UK. This study also examined the effects of MBSWSC on a number of mindfulness-based mediators of change in these outcomes. Participant perceptions of the benefits of the MBSWSC programme on their well-being and social work practice are further explored via a thematic analysis of an open-ended questionnaire. Statistically significant changes in all variables were found post-programme except for depression and loss of empathy/depersonalisation, a facet of burnout. The qualitative data provided a deeper insight into the potential benefits of the programme for the enhancement of student well-being, mental health and anti-oppressive social work practice (AOP).

**Keywords:** mindfulness, self-care, social work practice, stress, student mental health, well-being

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## Introduction

Social work students during their education are expected to engage in a number of activities, often simultaneously, which can push them out of their comfort zones (Birnbaum, 2008; Griffiths *et al.*, 2019). Students are required to focus on and examine social work cases in the classroom, which can contain the high levels of trauma, abuse or discrimination experienced by social work service users, across a range of modules (Teater, 2011; Gockel and Deng, 2016). Social work students are then consistently assessed on their ability to integrate the knowledge acquired from these case and role play activities along with the relevant skills, knowledge and values necessary to be an effective social worker (Teater, 2011). Students subsequently go out on their field placements and begin to experience the visceral reality of the suffering experienced by service users due to the multiple ways they have been oppressed within society (Thompson, 2012; Gockel and Deng, 2016). These experiences can lead to students having intense psychological and emotional engagements with service users, at a time when they may feel that they have fewer resources to offer, both materially and in practice experience (Cunningham, 2003, 2004). Some social work students may also begin their practice within what can often be a contentious working environment, for example, within a mental health multidisciplinary team where the professional role may feel less defined and/or valued (Maddock, 2015). The student's practice is then consistently evaluated, with their practice teacher present, on their ability to effectively implement the social work process in an anti-oppressive manner while justifying their approaches to social work situations using social work knowledge, skills and values (Teater, 2011; Gockel and Deng, 2016). Each of these challenging experiences, either the classroom or during their field placement, could challenge a student's sense of self and professional self-concept (Birnbaum, 2008). The building up of a number of challenging experiences, over a short period of time, may lead to students experiencing difficult thoughts (e.g. thoughts of not being good enough) and emotions (e.g. feeling overwhelmed) that may be unfamiliar and very stressful to experience (Cunningham, 2004; Napoli and Bonifas, 2011). These difficult thoughts and emotions, if not safely supported or coped with, may lead to: high levels of stress which may hinder the student's ability to practice successfully; perpetuate student burn out before graduation; and/or negatively impact their mental health and well-being (Pottage and Huxley, 1996; Napoli and Bonifas, 2011; Kinman *et al.*, 2020).

Self-care is increasingly recognised in social work as a key buffer against occupational stress, burnout, and the mental health and well-being deficits associated with social work practice (Grant *et al.*, 2015; Griffiths *et al.*, 2019). The need for self-care training has been

consistently highlighted in social work education literature; however, it remains a key gap in social work training internationally (Grant *et al.*, 2015; Bloomquist, 2016; Griffiths *et al.*, 2019). Mindfulness-based training has been recommended as a means by which social work students can develop self-care skills (Bonifas and Napoli, 2014; Gockel and Deng, 2016). Mindfulness training programmes among other allied health and social care professionals and students have been found to be associated with reduced stress (Shapiro *et al.*, 2007) and burnout (Cohen-Katz *et al.*, 2005). The evidence base within social work education also provides some promising preliminary evidence. Roulston *et al.* (2018) found that a six-week modified mindfulness-based stress reduction (MBSR) training programme significantly improved social work student stress, resilience and well-being. Bonifas and Napoli (2014) found that a 16-week mindfulness-based quality of life curriculum for social work students significantly increased quality of life but did not decrease perceived stress. Mindfulness practices have also been integrated into social work curricula globally to enhance a range of social work skills and values, including enhanced: critical reflection skills (Chinnery and Beddoe, 2011); active listening skills leading to more meaning and effective client engagement (Goh, 2012); reflexivity (McCusker, 2021); awareness of one's assumptions, values and intentions (Birnbaum, 2008); non-judgement (Wong, 2004; Gockel *et al.*, 2013); feelings of relatedness, empathy and compassion along with reduced hostility and defensiveness (Crowder and Sears, 2017; Kinman *et al.*, 2020).

In order for students to be able to practice sustainably over the longer term, the development of a toolbox of mindfulness-based social work and self-care skills and strategies could be important (Grant and Kinman, 2012; Kinman *et al.*, 2020). The development of such skills and strategies is likely to improve students' ability to cope with the demanding physical, cognitive and emotional aspects of social work (Shulman, 2006). It would also likely lead to social work interventions being delivered by practitioners who are more critically reflexive, compassionate, non-judgemental, empathetic and emotionally resilient (Grant and Kinman, 2012; Crowder and Sears, 2017). This study sought to further explore the potential benefits that mindfulness-based training could have for social work practice and social work student self-care. It did so by developing a bespoke and innovative six-week online Mindfulness-Based Social Work and Self-Care (MBSWSC) programme, which incorporated a range of features drawn from the authors' earlier studies and the broader research evidence base. Specifically, MBSWSC is underpinned by a clinically modified Buddhist psychological model (CBPM), which is an evidence informed theory of how mindfulness-based programmes (MBPs) might improve mental health and well-being developed by Maddock *et al.* (2019a,b, 2020a,b). The CBPM postulates that mindfulness-based practices provide an internal observing space for expanded self-awareness, allowing participants to

observe any thoughts, emotions or physical sensations, for example, tension in one's neck, that are present in that particular moment with curiosity (Maddock *et al.*, 2019a). Consistent mindfulness-based practice has been shown to facilitate enhanced experiential learning about the nature and function of thoughts, emotions and physical sensations (Maddock *et al.*, 2019a,b) for example, tension in one's neck may highlight that one is experiencing stress. This in turn, can help reduce tendencies to react to or be absorbed by thoughts (e.g. worries about the future), emotions or physical sensations (Maddock *et al.*, 2019a). The CBPM hypothesises that by engaging in consistent mindfulness-based practices, that a participant strengthens their capacities in: (i) attention regulation/decentering skills; (ii) mindfulness; (iii) acceptance of thoughts, emotions and physical sensations; (iv) non-attachment to thoughts, emotions and physical sensations; (v) non-aversion of thoughts, emotions and physical sensations; and (vi) self-compassion (Maddock *et al.*, 2019b). The increased capacities in these areas can work individually or combine to facilitate a sustained approach-oriented coping style, in which participants attend to and mindfully observe difficult thoughts, emotions and physical sensations, allowing them to arise, pass and, in effect, be processed in the moment (Maddock *et al.*, 2019a). This process helps reduce tendencies to avoid or passively engage with these phenomena, for example, through ruminative thinking about the past (Nolan-Hoeksema, 1998; Moos, 1984), and allows feelings of stress and/or burnout to be relieved and improved mental health and well-being to accrue (Maddock *et al.*, 2019a,b).

The research outlined identifies the potential for social work education to lead to increased social work student stress, burnout, along with well-being and mental health deficits. MBSWSC could potentially improve these outcomes while also enhancing social work practice. This study had three aims: (i) to investigate the effectiveness of the MBSWSC programme on stress, burnout, anxiety, depression and well-being of social work students; (ii) examine if MBSWSC is effective at improving mindfulness, attention regulation, acceptance, self-compassion, non-attachment and aversion, worry and rumination; (iii) explore the experience of social work students who completed the MBSWSC programme.

## Methods

### Design

This study used mixed methods to evaluate the effects of the MBSWSC programme. The quantitative aspect of the study utilised a non-randomised, pre-post pilot study design to identify if statistically significant changes in each of the CBPM domains of mindfulness, outlined in Maddock *et al.* (2019a,b; 2020a,b), along with the stress, burnout, well-

being, depression and anxiety levels of social work students occurred post the MBSWSC programme. Participants were also asked quantitative questions about their experience of the MBSWSC programme. Qualitative data were attained from the programme's participants through an open-ended qualitative questionnaire at the end of the programme.

## Participants

The original purposive and convenience pre-programme (T1) sample comprised of thirty social work students from two universities in the UK who were either third year undergraduate ( $n=21$ ) or first year Masters social work students ( $n=9$ ). The third year undergraduate students were allowed to claim professional development hours for their participation in the MBSWSC programme. The sample was 90 percent female with a mean age of 30 years (SD: 1.55) and most identified (96 percent) as White or White Other. The number of participants who completed the questionnaires reduced from thirty to twenty-seven post-programme (T2).

## Procedure

Following receipt of ethical approval, an invitation to participate in the MBSWSC programme was communicated, via email, to the above students who were due to undertake their field work placements during the COVID-19 pandemic in early 2021. Participants were asked to complete an online quantitative and qualitative questionnaire via an email link at two time points at T1: three days before the first session, and T2: within one week after programme's completion. To match the two questionnaires, participants were allocated ID numbers.

## MBSWSC programme

The MBSWSC programme was delivered to both social work student cohorts separately on Microsoft Teams over the same six-week period. Single weekly sessions were 1.5 h in duration. MBSWSC is the first bespoke MBP for social work and self-care which was developed to be delivered fully online. This was in order for the programme to be more accessible to social work students in Northern Ireland and Scotland who were learning remotely due to the COVID-19 pandemic. Each session adhered to the standardised MBSWSC protocol, which is based on the theory set out in (Maddock *et al.* 2019a,b). The MBSWSC programme's weekly structure is provided in [Supplementary Material S1](#). Facilitators assessed the fidelity to the protocol after each session using a treatment fidelity tool based on [Kechter \*et al.\* \(2019\)](#) recommendations for

reporting treatment fidelity in MBP trials. Each session introduced different mindfulness-based practices and psychoeducation on the potential role that mindfulness could play in both social work practice and self-care. These practices included different forms of mindfulness meditation, which were refined or adapted to support student development of the different domains of mindfulness outlined in [Maddock et al. \(2019a,b\)](#) each week, for example, through separate acceptance and self-compassionate body scans. Students were then provided with psychoeducation on practical ways in which to apply the experiential learning attained from these practices when confronted with stressful personal and/or social work situations. Each session included a social work practice role-play and discussion. This allowed the students to have an opportunity to apply their evolving experiential learning to a social work case context. This programme is also the first MBP, to the author's knowledge, which combined didactic input, the application of mindfulness-based theory and the experiential learning from the mindfulness-based practices and applied these three modes of learning to social work case contexts through the use of social work role-plays. The development of mindfulness and the other domains set out in [Maddock et al. \(2019a,b, 2020a,b\)](#) is predicated upon regular and repeated practice, thus participants entered upon enrolling into a commitment to carry out daily homework assignments. These were primarily in the form of engaging in regular meditation practice for twenty minutes per day, six out of seven days per week, and applying the learning from this practice in their everyday lives and in social work practice situations.

## Measures

Standard participant demographic information was collected at T1. The CBPM domain and mediating variables along with the relevant outcome measures were collected at T1 and T2 using validated scales. The details of these measures are contained in [Supplementary Material S2](#).

## Results

### Quantitative results

The means and standard deviations for the programme participants at T1 and T2 are contained in a table in [Supplementary Material S3](#). The Wilcoxon signed-rank test was used to assess changes in each variable from T1 to T2. The Wilcoxon signed-rank tests showed significant decreases in stress ( $p < 0.05$ ), anxiety ( $p < 0.05$ ), rumination ( $p < 0.01$ ),



worry ( $p < 0.05$ ), general burnout/emotional exhaustion ( $p < 0.05$ ) and significant increases in mental well-being ( $p < 0.01$ ), personal achievement ( $p < 0.05$ ), mindfulness ( $p < 0.01$ ), non-attachment ( $p < 0.05$ ), non-aversion ( $p < 0.01$ ), non-judgement ( $p < 0.01$ ), observation skills ( $p < 0.01$ ), self-compassion ( $p < 0.01$ ), decentering ( $p < 0.01$ ) and acceptance ( $p < 0.01$ ). There were no significant changes in depression ( $p = 0.11$ ) or in loss of empathy/depersonalisation ( $p = 0.26$ ).

Analysis of the data obtained at T2 indicated that 93 percent of the participants felt that the MBSWSC programme improved their mood; 89 percent felt that it reduced feelings of anxiety; 89 percent felt that it improved their sense of well-being; 85 percent felt that the programme allowed them to cope with feelings of burnout; and 82 percent felt that it reduced their stress levels. After the programme had been completed, 56 percent of the participants reported that they engaged with the mindfulness practices every day, 41 percent practiced every couple of days, with 3 percent practicing once a week. Eighty-one percent of participants said that they felt that the learning from this programme would be extremely beneficial to their day-to-day lives.

Ninety-three percent of the participants felt that the MBSWSC programme would help them to practice in an anti-oppressive manner more skillfully. Eighty-two percent of participants felt that the MBSWSC programme would be extremely beneficial to their social work practice, with another 11 percent reporting that they felt it would be moderately beneficial. Eighty-nine percent of the participants, either strongly agreed (74 per cent) or agreed (15 per cent) with the statement that the MBSWSC programme should be a mandatory part of their social work training. Ninety-two percent of participants reported that they would recommend the MBSWSC programme to other social work students. Eighty-six percent of participants felt that the online format made it more likely that they would attend the programme.

## Qualitative responses

Braun and Clarke's (2006) approach to thematic analysis informed the qualitative data analysis which included reading and re-reading the extracted data, developing initial codes, exploring emergent themes before refining these and reporting our analyses in the findings section. Methodological rigour was enhanced by two of the authors undertaking the first three stages of this process independently (Bryman, 2008) before coming together to discuss and compare emergent themes. This allowed for regular review of the rationale and quality of supporting evidence for each theme before reaching consensus on the final selection and the identification of apposite quotes. Of the study's thirty participants, twenty-seven provided answers to the qualitative semi-structured



questionnaire and their narratives conveyed an overwhelmingly positive impression of the MBSWSC programme and its impact on them. Only one participant reported no benefit, commenting that the course was 'too focused on mindfulness theory' for their liking. In contrast, the others reported significant change resulting from the programme, which was captured in rich and detailed descriptions. These focused on the following two themes, which are discussed below: (i) promoting well-being and positive mental health, and (ii) reflexivity and anti-oppressive social work.

### Promoting well-being and positive mental health

Participants spoke openly about the challenges they faced with stress and anxiety. They recounted repeatedly how their engagement in the programme's mindfulness practices and growing awareness of the processes at play had substantially improved their ability to manage stress, anxiety, overall mood and well-being, and, where relevant, feelings of burnout:

I found, particularly the breathing exercises, extremely helpful when I could feel my mood shifting. It helped to bring me to realise what was altering my mood, deal with the issue and bring my mood back to normal (or as close to it as possible!) (ID15).

Participants often referred to mindfulness as having equipped them with tools to slow down, feel less controlled by thoughts, emotions and events and be more accepting of the unpredictability of life:

I think for me mindfulness is about acknowledging that life is constantly throwing curve balls at us. Mindfulness is really just acquiring a set of skills that helps you deal and cope with the inevitable stresses life presents (ID30).

Attendance at the mindfulness course also appeared to underscore the importance of self-care for participants personally and as future social workers. Furthermore, it was acknowledged that self-care should be core to offering high-quality social work support. One student referred to the 'emotionally charged situations that could be quite traumatic in the long run', which highlights the importance of prioritising or 'looking after yourself and not to feel guilty about it' (ID30). The importance of using mindfulness to create headspace, feel grounded, be still or feel present in the moment were all identified. A number of students realised that self-care was more than a 'physical pamper session' but should be an essential component of daily life, with dedicated time on a daily basis:

The mindfulness practice I have learnt during this course has become an integral part of my daily routine... Practicing everyday has helped me

become grounded...This programme has helped me manage negative feelings and emotions through a variety of ways to self-care (ID11).

A number of students identified stress or anxiety regarding academic assignments, with some feeling guilty about their commitment levels, and others recognising that they felt less stressed because of the practices taught on the mindfulness course:

I have always become really stressed around the submission deadlines for assignments. I tend to procrastinate a lot and worry about potential failure. I found the 3-minute breathing exercises were particularly useful when writing the assignment. This helped me to achieve greater mental clarity about what I wished to put across and prevented me from becoming distracted (ID8).

## Reflexivity and anti-oppressive social work

Almost all students reported that they felt the learning from the programme and their increased mindfulness-based skills enhanced their capacity for reflexivity and their confidence in their ability to practice anti-oppressively with service users. This was evident at a number of levels, including recognition of how self-care, while 'important for yourself' also 'increases your capability to best support your service users to the best of your ability' (ID5).

For a number, increased capacities in a number of mindfulness domains supported reflexivity by providing insight into bias and prejudice:

We will meet every sort of person in this line of work, and as hard as we try not to, we will have biases. This course has enabled me to allow that, accept this and helped to deal with these thoughts and feelings into acceptance (ID6).

Relatedly, there was a strong sense of the course supporting more empathic responses to other people, deriving from greater self-awareness, acceptance, self-compassion and an increased capacity to decenter and be less reactive:

I feel that this programme has improved my awareness of myself but also the experiences of others. It has encouraged me to take a step back and think about the situation before reacting to it (ID9).

The compassion meditation and acceptance meditation were and are the most useful for me. While I found them quite uncomfortable at the start, they helped me develop my sense of empathy and warmth on a deeper level...I accept myself for who I am...I can tune now into situations more accurately. I reflect and learn from experiences, with acceptance. I feel empathy and warmth towards everyone now, even people I hadn't

really liked before. I feel calm, grounded, peace and joy most of the time (ID11).

The group learning context and social work case studies were found to play a key role in allowing students to integrate the experiential learning they attained during the programme and transfer this knowledge to their social work practice. For example, hearing other participants' stories prompted one student to be 'mindful that everyone can suffer in different ways, and not to be judgemental' (ID7). Others indicated that the case studies helped them to tune into the habitual thoughts and emotional reactions they may have during their social work practice. These participants identified that they were now aware that if they acted out of these thoughts and emotions unwaveringly, unhelpful judgements were likely to manifest in their practice. This increased self-awareness, when coupled with the increases in each domain of mindfulness experienced during the programme, allowed students to be more accepting of the service users in the case study and less judgmental of the case material:

The course has added another dimension within my own reflectivity for others. I am accepting of others to a high level (I feel) but, certainly, the case studies supported realisations into why I may be getting certain thoughts and feelings during a situation (ID26).

While participants did not name specific causes of oppression, such as poverty or racism, they alluded to broader factors that mindfulness practice would encourage them to be more cognisant of during their social work practice:

The [mindfulness] tools will also be useful [to] have a better understanding of a person's background and their stressors that could be impacting their lives etc. ...in turn promoting AOP (ID15).

## Discussion

This study has extended knowledge of the value of MBPs for the social work practice and self-care of social work students. This study is the first which has examined the impact of a bespoke online MBP for social work practice and self-care, which is based on an integrative evidence-based theory on how MBPs may positively impact the stress, feelings of burnout along with the mental health and well-being of social work students. This study indicates that not only is MBSWSC effective at reducing stress, feelings of burnout, anxiety and mental well-being of social work students in two UK universities, but it is also effective at improving a number of potentially important mediating variables which may help to explain why these outcomes improved. Improvements were found in attention regulation/decentering, mindfulness, acceptance, self-

compassion, non-aversion and non-attachment, in line with Maddock *et al.* (2019a, 2020b) along with important social work practice values and skills, including increased non-judgement, empathy and observation skills. These quantitative findings were supported by the qualitative findings, where the students evaluated the programme very positively, with the consensus being that the programme enhanced their mental health and well-being along with their capacities for self-care, reflexivity and AOP.

The findings in this study that the MBSWSC programme significantly improved social work student stress and well-being are in line with Roulston *et al.* (2018) who found that a six-week modified MBSR programme significantly improved these outcomes for social work students. The significant changes in the anxiety and well-being of this group of social work students in this study are also consistent with the findings of a number of RCTs, systematic reviews and meta-analyses on the impact of MBPs on these outcomes with other clinical and non-clinical populations (e.g. Bolier *et al.*, 2013; Gu *et al.*, 2015). The decrease in anxiety in this study appears to be particularly strong, with the MBSWSC programme participants showing a 2.45 decrease in anxiety on HADS-A at T2, which is larger than the 1.5-point decrease needed to be deemed a clinically important difference (Puhan *et al.*, 2008). Maddock *et al.* (2019a) found that Mindfulness-Based Cognitive Therapy (Segal *et al.*, 2002), the most renowned clinical MBP globally, reduced the anxiety levels of a group of psoriasis patients, with very similar anxiety mean scores at T1 on the HADS-A by 1.52 points. This indicates that even though MBSWSC was developed to support social work self-care and practice, it may also have the potential to outperform clinical MBPs in important mental health outcomes. Crowder and Sears (2017) found that versus a waitlist control group, an 8-week MBSR programme delivered to social workers improved perceived stress but did not improve any of the three domains of burnout on the MBP. This supports our findings that MBSWSC changed perceived stress on the PSS but not depersonalisation on the MBP. Our findings diverge from Crowder and Sears (2017), in that MBSWSC did significantly change student social work feelings of general burnout/emotional exhaustion and personal achievement on the MBP in this study. The MBSR participants in Crowder and Sears (2017) did, however, experience similar changes in each domain of burnout on the MBP as our findings, but unusually, so did their waitlist control group, minimising the differences in treatment effects between the intervention and control group. This highlights the need for the promising findings of MBSWSC potential effectiveness from our pilot study to be tested in a randomised control trial (RCT) design. Crowder and Sears (2017) using the SCS and EQ as measurement tools reported that MBSR improved resilience in social workers by improving both self-compassion and

decentering significantly simultaneously using these measures. Our findings, which found that self-compassion (measured by the SCS) and attention regulation/decentering (measured by the EQ) improved significantly post the MBSWSC programme are thus supported by [Crowder and Sears \(2017\)](#) and mean that MBSWSC also improved social work resilience in this group of students. MBSWSC did not change depression on the HADS-D significantly in this study. This non-significant finding may mean that the CBPM theory, which underpins the MBSWSC programme, may be a better explanatory theory for changes in stress, burnout, anxiety and well-being, rather than depression. The low levels of student depression on the HADS-D at T1, however, may have meant that floor effects may have impacted the capacity of MBSWSC to significantly improve this group's depression levels.

By engaging in the MBSWSC programme and engaging in the homework practices, it appears that the social work students in this study have developed increased capacities in mindfulness, self-compassion, attention regulation/decentering, acceptance, non-attachment, non-aversion along with reduced worry and rumination. These results are consistent with the findings of a number of RCTs with a range of clinical and non-clinical populations, which found that MBPs have significant effects on mindfulness ([Kuyken \*et al.\*, 2008](#); [Labelle \*et al.\*, 2010](#); [Van Aalderen \*et al.\*, 2012](#)); self-compassion ([Kuyken \*et al.\*, 2008](#)); attention regulation/decentering ([Bieling \*et al.\*, 2012](#)); acceptance ([Bédard \*et al.\*, 2014](#)); non-attachment and non-aversion ([Maddock \*et al.\*, 2019a](#)), rumination ([Labelle \*et al.\*, 2010](#); [Van Aalderen \*et al.\*, 2012](#)); and worry ([van Aalderen \*et al.\*, 2012](#); [Batink \*et al.\*, 2013](#)). The participants identified that the increases in these domains of mindfulness, when coupled with the learning about their application to social work cases through role-play activities, supported their capacity for enhanced reflexivity and would increase their capacity to practice anti-oppressively. Future research, as part of an RCT design, should investigate if significant changes in each of the mindfulness variables outlined in [Maddock \*et al.\* \(2019a,b\)](#) post-MBSWSC programme remain significant when compared with a control group.

This study also highlights the potential suitability and acceptability of the delivery of MBSWSC to social work students. In order to support student engagement and compliance with the programme and homework practices, the programme took place online and over a shorter duration than a typical MBP. MBSWSC took place over six weeks rather than eight weeks, with sessions lasting 1.5 h rather than the typical 2–2.5 h session duration of more established MBPs e.g. MBSR ([Carmody and Baer, 2008](#)). The programme also only required students to engage in twenty minutes of homework practice rather than

the typically required forty-five minutes, six out of the seven days (Carmody and Baer, 2008). These changes seemed to have supported compliance and engagement with the programme as the majority of the students in this study practiced at least once every two days and attended all of the programme sessions. The low attrition rate (10 percent at T2) provides a further indication of the programme's suitability to social work students. By comparison, a recent review suggests that RCTs in MBPs have high rates of attrition, with a mean of 29 percent (Nam and Toreatto, 2016). A significant majority of the students reported that they felt that the MBSWSC programme would be extremely beneficial to their emerging social work practice and that it should be a mandatory part of social work training. This supports calls made by a number of authors globally, including Grant *et al.* (2015) and Griffiths *et al.* (2019), on the need for MBPs of this nature to be embedded within social work education. The social work case studies, which are a unique feature of MBSWSC, were found to be particularly important in linking the experiential learning derived during the mindfulness practices to the development of anti-oppressive social work practice. Students reported that case studies enabled them to develop insights into their own biases and prejudices while enhancing their capacity for empathy and non-judgement through increased self-awareness and reduced reactivity, supporting the work of McCusker (2021). A significant majority outlined that the online format made it more likely that they would attend the programme, which was of particular relevance given that this programme took place during the COVID-19 pandemic, supporting the growing evidence base that online mindfulness-based training could be both convenient and cost-effective (Spijkerman *et al.*, 2016; Kinman *et al.*, 2020).

It should be recognised that although the findings from this study are promising, individual programmes such as the MBSWSC are unlikely, on their own, to be able to support the well-being of social work students and social workers over the duration of their career (Kinman *et al.*, 2020). Programmes such as MBSWSC are more likely to be effective if they form a part of a systematic approach to supporting social work student and social worker self-care and well-being (Kinman *et al.*, 2020). This systematic approach could allow students and social workers to develop a toolbox of self-care techniques, such as writing poetry, painting or yoga, from which they can select which they deem to be the most appropriate at any particular time to enhance their coping strategies and well-being (Kinman and Grant, 2017). Programmes such as MBSWSC should also only be used to complement the organisational interventions that are critical in addressing the structural causes of stress in social work, for example, inadequate supervision, high caseloads and limited access to appropriate services and resources (Ravalier, 2019; Kinman *et al.*, 2020).

## Study limitations

The results of this study should be interpreted with caution due to several limitations. This study was non-randomised and included no control group with which to compare participants completing the MBSWSC programme. As such, it is impossible to know if changes were attributable to the programme itself or to merely the passage of time. The MBSWSC programme occurred in a supportive group environment with trained mindfulness facilitators. The impact of this environment, in which participants could share and learn from each other and have a positive social experience, is another important confounding variable that may have impacted MBSWSC's effects. The participants in this study opted into the programme, most of the students received an incentive in the form of the accruing of professional development hours due to programme participation and most completed the majority of the programme's sessions and homework, meaning that this group of social work students were positively biased towards the programme. Using purposive and convenience sampling (which are non-probability sampling approaches) and a single positively biased group of participants means that the findings from this research cannot be generalised to a larger population of social work students (Unrau and Grinnell, 2011).

As indicated, the participants in this study self-selected for inclusion, and they represented a small proportion of the year groups from both participating universities. It is unclear why others chose not to participate and therefore if MBSWSC would have universal appeal with all social work students. More research on the acceptability of MBSWSC with more diverse groups of social work students to address questions of intersectionality and cultural acceptability is needed. To validate the findings of this research, larger samples are required with extended follow-up as benefits gained from interventions often diminish (Biron *et al.*, 2012). In light of this study's results, in order to move the literature on the use of MBSWSC forward, RCT research examining the impact of MBSWSC on social work student stress, burnout, mental health and well-being along with the mindfulness variables examined in this study is needed.

In conclusion, this study provides promising preliminary evidence that MBSWSC is effective at reducing social work student's feelings of stress, burnout and anxiety while also improving their well-being and emerging social work practice. MBSWSC was also found to improve a number of potentially key mechanisms of change in MBPs in line with the CBPM, set out in Maddock *et al.* (2019a,b). MBSWSC was deemed acceptable to this group of social work students, and increased access to MBSWSC within social work education may allow students to develop the self-care and social work skills necessary to deal with the challenging cognitive, emotional and physical demands of professional social work practice.



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## Supplementary material

[Supplementary material](#) is available at *British Journal of Social Work* Journal online.

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