

Original Research

Compassionate Mind Training for All: An Evaluation of a One-Day Compassionate Mind Training Workshop for Mental Health NHS Staff as Part of Compassion Focused Staff Support

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Abstract

It has become increasingly evident that individuals who work in the NHS can be heavily impacted by the nature of their work; for instance, PTSD, work related burnout, vicarious trauma, moral injury, anxiety, and depression. In turn, individuals who experience said psychological difficulties often require work-related mental health leave from work. This paper examines the experience of a One-day Compassionate Mind Training workshop (CMT), available for all NHS staff. This day has an emphasis on developing multidirectional flows of compassion, which starts with exploring and understanding compassion. Furthermore, following the completion of CMT workshop, a monthly group reflective space is offered to support the continuation of the work of turning back to and not away from the challenges faced by healthcare workers. 445 NHS staff from a variety of disciplines participated in the one-day CMT, which is part of a wider Compassion Focused Staff Support initiative. A post workshop feedback form which asked about the participants' experience of CMT was collected. The data were transcribed and analysed using thematic analysis. The findings of the thematic analysis show an overwhelmingly positive response to the experience of the CMT for



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ALL workshop. The data identified themes of a new comprehension of compassion, enthusiasm for self-compassion, and an intention towards incorporating CMT exercises into daily life. The findings of this study strongly indicate that Compassionate Mind Training for All workshops were well received and the material accessible. As well as achieving the stated aim of increasing awareness of and capacity for compassion in the workplace and beyond.

Keywords

Compassionate mind training; staff support; thematic analysis; compassion focused staff support

1. Introduction

It will likely come as no surprise that many healthcare professionals (HCP) within the National Health Service (NHS) can suffer with negative psychological symptoms produced by continuous exposure to challenging or sometimes traumatic work-based experiences [1]. Furthermore, recent research shows a rise in work-related mental health difficulties such as burnout, stress, anxiety, depression, vicarious trauma (VT), and moral injury (MI) amongst NHS workers post Covid-19 pandemic [2-5]. Ravalier et al. [6] conducted a cross-sectional organisational survey of 1,644 NHS employees investigating working conditions, psychological wellbeing, stress, presenteeism (attending work despite being unwell), and job satisfaction. Their findings revealed that the NHS exceeds the average level of stress-related illnesses and absences when compared to other corporate and private sector industries within the United Kingdom (UK).

A review of the current literature pertaining to the particular experience of mental health professionals reveals a similar picture of high levels of burn out associated with workload, lack of supervision, role conflict and safety issues and managing inappropriate referrals [7]. Those working in generic Community Mental Health teams, rather than specialist services seem to be at greater risk of emotional exhaustion, depression and depersonalisation in the context of work, likely linked to workloads and inadequate infrastructure [8]. Helpfully many studies exploring the prevalence of burn out in Mental Health Workers (MHW) utilise the same variables; emotional exhaustion, depression, depersonalisation and personal accomplishment which allows for a broader picture across disciplines and areas to be visible [8, 9]. Volpe et al. [10] conducted a study into early career MHW and found that there were predictably high levels of burn out and depression within this group of staff. There were however profession specific variations with medical staff experiencing higher levels of emotional exhaustion, coupled with a lower sense of personal accomplishment, whereas their non-medical colleagues experienced higher levels of depression and depersonalisation. Imo [11] presented a similar picture of a negative correlation between high emotional exhaustion, depersonalisation and low personal accomplishment in medical professionals with Consultants Medics and GPs having the highest scores. Gravestock et al. [12] reported a correlation between leadership and burn out indicating that staff with increased responsibility for others are prone to suffer burn out. Together this data indicates that a more preventative approach is needed to support MHW during and beyond their professional training [10].

1.1 What Works and What Helps

Several studies have identified broadly similar themes of personal accomplishment, experiencing fairness and autonomy, in combination with regular and supportive supervision, in house training, strong managerial support, supportive relationships and positive communication [8, 12-14]. These factors have been associated with a reduction in and perhaps a prevention of workplace burn out and stress.

Further studies have reported discreet interventions offered within organisations to support staff with the impact of workplace stress and burn out. Many such studies have incorporated elements of teaching and practice with links to mindfulness, self-compassion, Compassion Focused Therapy, psychoeducation as well as strategies to encourage greater team cohesion and connection [15-17]. These early data indicate the acceptability of such interventions, however, methodological limitations were reported in all studies and a call for more longitudinal data. It is of note that none of the reported studies included follow up support following the initial intervention.

1.2 Introducing Compassion Focused Staff Support

“The Compassion Focused Staff Support (CFSS) model proposes a service configuration which addresses the compassionate care needs of the staff and provides a buffer against the impact of the work” [18].

The CFSS model is a multilayered preventative staff support offer, which combines Compassionate Mind Training for ALL (CMT) workshops and follow up reflective groups [18, 19]. Compassionate Mind Training (CMT) is an integral component of compassion-focused therapy (CFT), an integrative therapeutic model founded by Professor Paul Gilbert [20] that incorporates ideas from evolutionary psychology, neuroscience, Buddhist psychology, developmental psychology and social psychology.

1.3 CMT for ALL Workshops

CMT is a term used to describe the combination of psychoeducation and practice that forms the basis of CFT. In the context of CFSS, this is used as a foundation for ongoing personal practice in compassion and the use of the model to support staff to manage the impact of the work, turning towards the suffering of others. CMT aims to first offer a model of the mind and its complexities and to equip individuals with the knowledge and competencies necessary to practice compassion independently [21-23]. CMT for ALL, is the term used to describe the one day workshops which are described in more detail in Table 1 below.

Compassionate Mind Training helps us to understand, and work with, our tricky brains. It builds our abilities to use our bodies to support our minds and develop the courage and wisdom to address our life difficulties and flourish. The compassionate mind tries to live to be helpful not harmful.

Table 1 Overview of components of the CMT for ALL.

CFSS Programme	Goal/aim objective
One day Workshop CMT for ALL	Develop understanding of and practice in compassion; To explore, understand and bring compassion to the personal impact of the work undertaken within the organisation; To learn how, by understanding our own minds (i.e. our emotions, behaviours, thinking styles), we may be better placed to offer compassionate, supportive care to others in need; Explore the Fears, Blocks and Resistance to Compassion. The explicit compassion practices are embedded in this understanding that our brain design is “not our fault” Practicing with imagery, play and connection with others can bring change to how our brains are designed
CFSS regular monthly group	Provision of a place of safeness to explore the impact of the work; Space to explore the unconscious communications and processes with and between group members

CFSS combines a *Compassionate Mind for ALL Workshop (CMT for ALL)* with regular, process-driven support groups. This goes beyond traditional reflective practices with the addition of a structure which explicitly focuses on cultivating compassion and its three flows, which has a growing evidence base for wellbeing [21, 24].

The CFSS model takes a more proactive approach, in that it aims to provide a preventative rather than curative intervention [18, 19]. As Professor Paul Gilbert reminds us, “*we would not wait until we are overboard in the storm before learning to swim*” (2009 personal communication). The intention is therefore to provide a group based and individual buffer against the impact of the work, through the development of compassionate competencies. CFSS also aims to provide a joined up supportive space for all staff regardless of occupation or seniority, in hope of initiating executive change across the organisation, hence the name.

There is increasing evidence for the efficacy and effectiveness of CMT for healthcare workers [23, 25]. An example is the Nursing and Midwifery Council (NWC), which has embedded CMT within the curriculum for trainee and qualified nurses and midwives. This research concludes that supporting the capacity to identify, balance and regulate threat, drive, and soothe systems, could enable midwives to better care for themselves [26].

Although the growing evidence base for the positive impact of CMT is a cause for some cautious optimism, CFSS is not a panacea for eradicating work-based stress and distress. It can however facilitate the acknowledgement of and turning back towards suffering with a compassionate and wise mind, as a way of bearing the psychological distress [18, 27, 28]. CFSS has become a foundational construct in a new modality of staff support [18, 19].

1.4 Understanding Compassion

Truly understanding compassion and adopting the philosophy and practices into everyday life can have significant positive implications for those who have endured psychological distress such as

PTSD, work related burnout, VT, MI [29-33]. In addition, there are benefits to being able to identify and regulate emotions to maintain good general mental health [23].

The concept of compassion, however, is sometimes mis-conceptualised. Often compassion is defined as giving kindness or empathy to another, however ‘kindness’ and ‘empathy’ are elements of compassion rather than compassion as a whole [18, 19]. Compassion is often believed to be solely an act from oneself to another. Gilbert [27] instead invites us to consider compassion as a multidirectional process, i.e., giving compassion from: *self to self, from self to other, or from other to self*, also known as ‘the flows of compassion’ [19, 21, 27]. Compassion can be defined as a sensitivity to the suffering of self and others, coupled with a deep commitment to try and relieve and prevent it [18, 27].

1.5 The Flows of Compassion

The term “*flows of compassion*” refers to the three distinct directions in which compassion can be both experienced and expressed, see Figure 1 below:

- Compassion to Others – extending kindness and understanding to others.
- Compassion from Others – receiving care, empathy, and support from others.
- Self-Compassion – offering kindness and non-judgmental understanding to oneself.

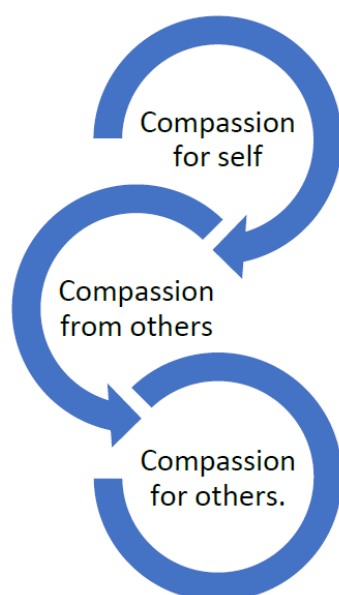


Figure 1 A diagrammatic representation of the Three Flows of Compassion.

Each of these flows can operate independently, but these flows also interact with each other. This means that someone may be able to offer compassion to others while struggling to receive it or to direct it toward themselves. Likewise, one flow being blocked doesn’t necessarily impede the others. Conversely the offering of compassion to another is “*neurobiologically rejuvenating*”, meaning that the genuine offering of compassion is associated with positive brain and body states, which challenges the idea of compassion fatigue ([34], p. 750; [19, 28]). Often staff working in caring professions experience blockages and misunderstanding of the concept of compassion, believing that compassion is what we are required to offer others [19, 35, 36]. The authors are curious as to what drives this, perhaps the blocks are linked to dysfunctions within the system,

“It is rare for clinicians to feel fatigued by suffering, rather it is the excessive and unrealistic expectations from themselves and others to relieve suffering in such limiting contexts that drives a sense of exhaustion and failure” [37].

Gilbert [27] emphasizes that these flows are tied to evolved motivational systems linked to caregiving and care-receiving. As such, the Compassion Focused Therapy model provides a useful theoretical framework for developing support systems for staff, especially in high-stress environments [18, 19]. Hofmeyer et al. [28] also highlight the model’s relevance in designing interventions that address well-being in professional settings.

2. Method

This is the first formal study exploring the impact of the one-day workshop element of a CFSS programme and builds on previously published work offering anecdotal qualitative feedback on the model [18, 19]. The aim of this study is to use qualitative methods to explore the acceptability and feasibility of a CFSS one day workshop for those who participated. Participants were recruited from within Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), using a variety of methods. Opportunity sampling was conducted during staff induction days. Email, multi-disciplinary team (MDT) meetings, intranet advertisements, and face to face communication across multiple departments within BSMHFT were used to raise awareness of the one-day CMT for ALL workshop and the follow on CMT reflective groups (see Table 1 above for details).

This study was evaluating the first three years of a permanently funded CFSS team within a large city Mental Health Trust. The CMT for ALL team consists of a Lived Experience Practitioner (LEP), Consultant Psychotherapist, a Research Assistant, and Administrator.

The data collection period was three years from 19th May 2022 - 28th March 2025. The CMT for ALL sessions typically consisted of 6-18 participants from professions (admin & clerical, Allied Health Professionals, corporate, L&D, Management, medic, nursing) within BSMHFT, see Figure 2 below. 589 (86%) of participants from 2022 to present were female, and the majority of participants (308) were AHPs by profession, see Figure 3 below.

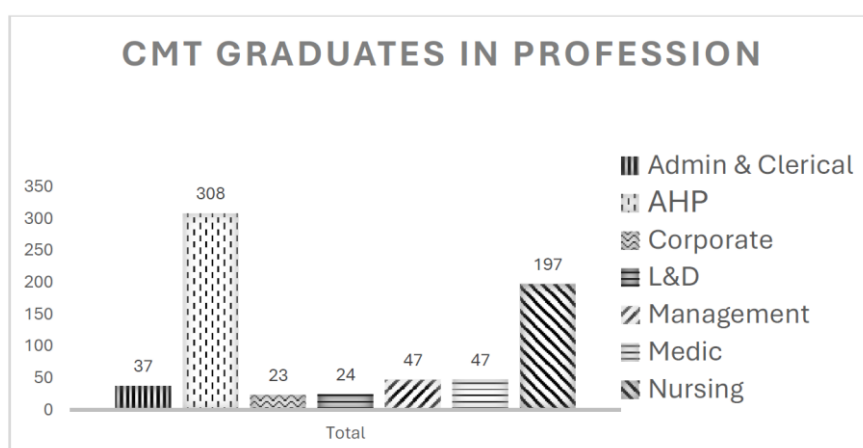


Figure 2 Bar chart of CMT for ALL participants’ occupation status from May 2022 - March 2025.

CMT GRADUATES IN GENDER

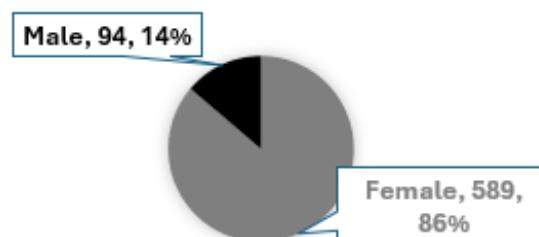


Figure 3 Pie chart illustrating gender difference of CMT for ALL participants from May 2022 - March 2025.

At the end of each CMT for ALL workshop (see description below) participants are invited to complete an evaluation form. This study reports on the analysis of 455 forms which were gathered between 19th May 2022 - 28th March 2025, which was a 71% response rate.

2.1 Compassionate Mind Workshop for All Workshop

The CFSS programme begins with a one-day workshop which is designed to stand alone as a therapeutic offer to staff and to encourage engagement with the follow up reflective groups [19]. The CMT for ALL workshops run for approximately 7 hours. Participants were required to start at 09:30 and typically finished around 16:30. The workshops are offered face to face in a central location with a small group of up to 16 staff designed to facilitate safeness and trainer-group interaction. Participants are invited to take a seat in a semi-circle, assuring the participants can see each other, as well as the facilitator(s). All facilitators are well versed in the theory and application of compassionate mind training, and aspects of compassion focused therapy (CFT).

This workshop is offered to all staff across the organisation, irrespective of discipline or banding thereby supporting the message of our common humanity. The various elements of the programme are described in Table 2 below, which are offered through the medium of play, group-based discussion and embodied movement. The workshop begins with an emphasis on the personal experience through enquiry about the origins of and personal associations to the participants names, rather than professional roles. The group also start by using scarfs, to symbolise strengths and compassionate qualities that they are bringing to the workshop, which are laid on the floor to create a 'circle of strength' and the group are the invited to 'step into the circle' to name what they would like to gain from the day [38]. Thus, offering the group an opportunity to begin different conversations with each other designed to support the cultivation of safeness in the shared space (All games and activities are taken from Compassion Focused Group Psychotherapy programme, developed by the lead author and explored more depth in Lucre [38]).

Table 2 Compassionate Mind Training for All workshop.

Not your fault, but your responsibility	Introducing the evolutionary psychology model – using key neuroscientific ideas about brain structure to support the concept of ‘not your fault’ (cf. [18, 19, 27, 36]).
Compassion - what it is and what it isn’t	An understanding of the two elements of compassion, engagement with suffering and followed by action to alleviate, is an important component of the model of CFSS. Once staff have this understanding they can then begin to explore the core qualities of compassion and common confusions [18, 19].
Three circles	This model proposes that we have three main motivational systems that are in a constant state of interaction and inter-relation. Supporting an understanding of these systems through formulation is thought to be key to developing strategies to regulate and bring balance to these internal systems ([18, 19, 27]).
Fears, blocks and resistances	These are some examples of FBRs Fears: Feeling vulnerable, weak, or judged when engaging with compassion Blocks: Misunderstanding compassion or lacking resources/time to engage Resistance: Beliefs that needing support reflects failure or incompetence
Personal practice	Personal practice is a fundamental aspect of the CFT model and as such it has been translated into the CFSS model to form the basis of the experiential work within the workshops [39, 40]. Gale [39] reported that staff who engaged in the study spoke of personal practice as becoming a ‘ <i>way of life</i> ’ in both personal and professional lives.

The workshop used games and movement to explore and introduce the group to the basic model. For example, after introducing the concept of the Three Circles, using stories and metaphors relevant to the group. Coloured glasses are also used to illustrate the impact of threat, drive and soothing as the “lens” through which we viewed everything when in that emotional regulation system or state. The group are invited to use a variety of art materials and objects to create their own or their teams three circles, which has given rise to creation of maps with buttons, beads, scarfs and coloured glasses which represent the different systems, how big they are and what stimulates them.

The LEP is the lead trainer of the CMT for ALL and is supported by professional trainers who are all practicing Compassion Focused Therapists, employed in other areas of the Mental Health Trust. All facilitators are in supervised practice with the programme lead. The LEP lead trainer role was developed as it is believed that lived experience of Compassionate Mind Training, through completion of the Compassion Focused Group Psychotherapy programme is key to the cultivation of a safe and de-shaming environment [38].

The LEP was previously a patient in the Mental Health Trust and following a number of years of consolidation of their therapy experience, they returned to work alongside the CMT for ALL lead to develop the current CMT for ALL programme. The LEP completed a one-year training in CMT offered by Balanced Minds Ltd and also received other relevant training to support the development of the necessary knowledge and skills to offer Compassionate Mind Training.

The relationship between LEP trainer and other professionals have been managed carefully with thought and external supervision. The professional trainers who work alongside the LEP have not been involved in any way with the LEP during their therapy journey [38]. Further exploration of the role of LEPs can be found in Lucre [38]. Their experience of CFT from the inside out is key to the programme.

Part of the LEP role is to recruit and training others LEPs who have had CFT within the Trust. People are invited to opt in and contact the LEP lead trainer after a minimum of 12 months post therapy, to begin the recruitment, selection and CMT for ALL LEP training programme.

2.2 Procedure

At the end of the CMT for ALL workshop, participants were asked to complete an Evaluation Form (see Appendix A), comprised of 5 open ended questions relating to the participants’ experience of the CMT for ALL workshop. The following is an example of the type of questions asked of participants from the post workshop survey *“Today, what interested me most was... (please explain why)”*.

2.3 Data Analysis

The Evaluation Form which were hand written were transcribed and analysed using Thematic Analysis, a method used for “identifying and interpreting patterns in qualitative data” [41]. This approach is recursive rather than linear, requiring ongoing movement between stages of analysis [41]. The analysis followed Braun and Clarke’s [41] six-phase framework, which is designed to develop observable themes that can be used to interpret the data and extrapolate meaning see Table 3 below.

Table 3 The six phases of Thematic Analysis [41].

Phase 1: Familiarisation with the data	Involved transcribing the interviews and repeatedly reading through the transcripts to become immersed in the content.
Phase 2: Generating initial codes	Codes were developed by systematically re-reading the transcripts and highlighting notable features across the data set.
Phase 3: Searching for themes	Codes were grouped and reviewed to identify broader patterns or potential themes across the data.
Phase 4: Reviewing themes	Initial themes were refined by checking them against the coded extracts and the full data set, ensuring consistency and relevance.
Phase 5: Defining and naming themes	Each theme was clearly defined, with its core essence articulated and supported by relevant data extracts ([41], p. 92).
Phase 6: Writing the report	The final phase involved weaving together the narrative, analysis, and evidence to present a coherent and compelling interpretation of the data.

2.4 Ethics

This study was granted ethical approval as a service evaluation for BSMHFT (Birmingham and Solihull Mental Health Foundation Trust).

3. Thematic Analysis Results (See Figure 4 Below)

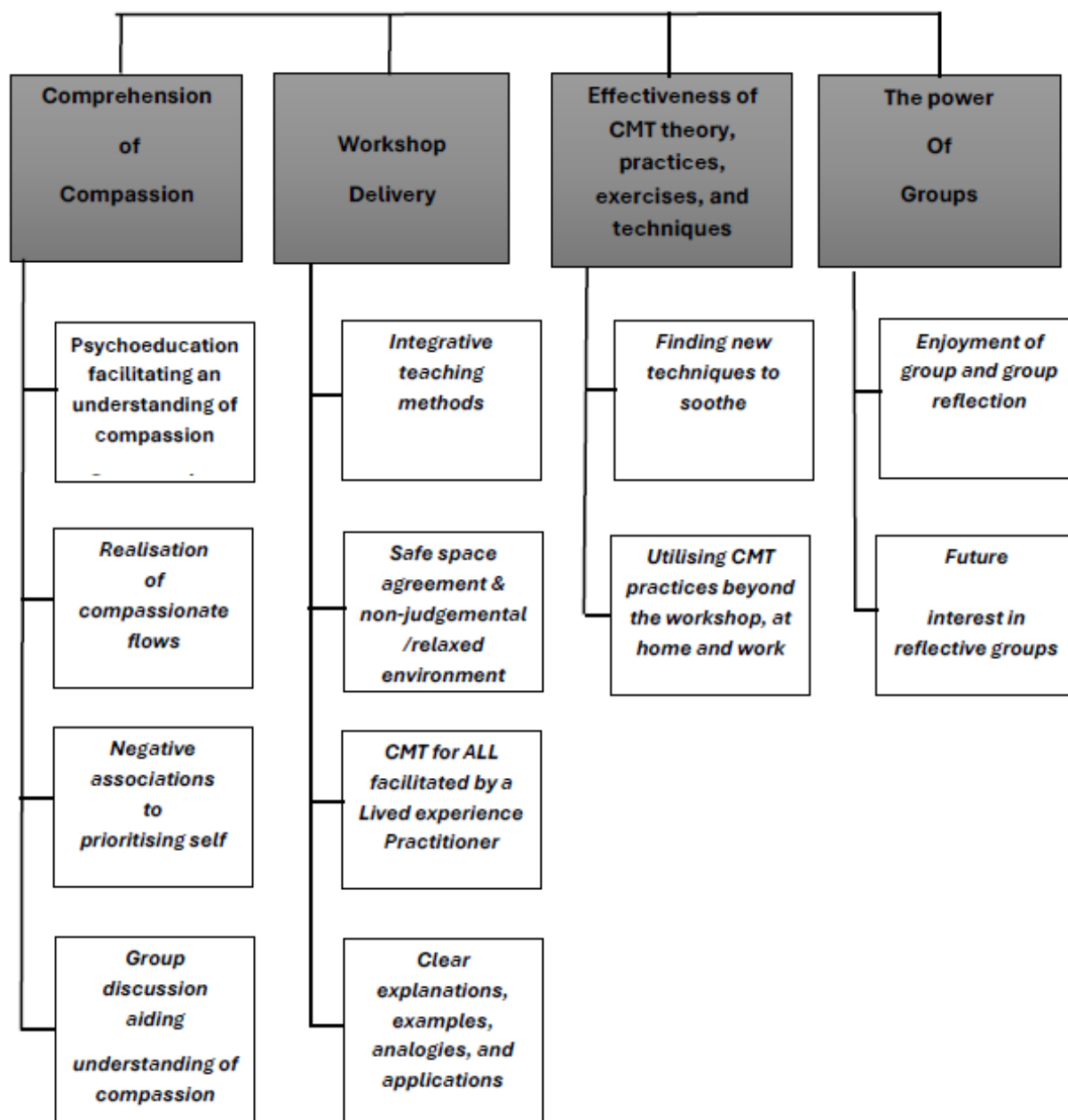


Figure 4 Tree diagram of superordinate themes and subthemes.

3.1 Theme One: Comprehension of Compassion

Comprehension of compassion was the main superordinate theme that was generated from the data. This was reported by most participants and expressed in various ways. Five subthemes emerged from this superordinate theme that illustrate participants' experience of further understanding compassion and the importance of this.

3.1.1 Subtheme One – Psychoeducation Facilitating an Understanding of Compassion

Many participants reported the benefits of the compassion focused psychoeducation, which consist of an integration of theories deriving from cognitive neuroscience, evolutionary psychology and the scientific exploration of compassion.

“Having compassion psychoeducation and tools modelled to us. Helps with my own understanding and also demonstrates how to explain it and model it to those around me”

“The 3 circles model. It was good to get an understanding of how the threat and drive systems overlap. Bringing awareness to it allows me to step into my compassionate mind and use resources from the soothing side”

“The fact that I have 0 experience of the ‘compassionate mind’ so learning the 3 circles helped this & reflecting it back to myself”

“How our mind works is not our fault, how our “new brain” is shut off when in a situation that threatens our safety, so we act fast and don’t think”

“The fact that I have 0 experience of the ‘compassionate mind’ so learning the 3 circles helped this & reflecting it back to myself”

“Learning how to be compassionate and reflecting on why I haven’t been”

“, 3 circles – really interesting to reflect on which area I feel I am functioning from and question if they’re in balance”

“The reflective stance and topic of being more compassionate to ourselves”

“Reflection on self-compassion & others – self. Different flows, all needed. Were all on the same boat, all have the same brains”

3.1.2 Subtheme Two – Realisation of Compassionate Flows

The data shows that many participants had a misunderstanding of compassion as a unidirectional process (compassion from self to other), perceived as a service to others. The workshop had supported a new understanding of compassion as made up of multiple flows and many then reported that they noticed that self to self was the least applied flow.

“Just how little compassion I have towards myself! The session helped me to see how much I need it for myself!”

“Thinking about how to be compassionate to myself. Realised I think of compassion as a service to others and not to myself”

“Compassion to self. Most times I’m being compassionate to others and not to self”

“Understanding self-compassion. Being able to recognise, give and receive compassion”

“Learning about the ‘other to self’ process was interesting. I had only really thought about self to other and self to self”

“Compassion from others to self as I never considered that relevant”

3.1.3 Subtheme Three – Negative Associations to Prioritising Self and Self-Compassion

The exploration of the concept of compassion as a multi-directional flow, seemed to be a precursor for many participants reporting feelings of guilt and discomfort. These observations were noted in the context of participants considering taking time out of their day to prioritise themselves

in a compassion manner, compassionate acts to self, or utilising CMT exercises. This was coupled with a heartening commitment to address and overcome the discomfort and cultivate their capacity for compassion.

“Being able to think solely about myself without feeling guilty”

“The whole day was really interesting and made me realise what I need to do to keep myself well and not feel guilty for it”

“Dealing with any difficult situation and being able to stop and breath and be kind to myself”

“Understanding that its okay to take time out. Today is more like a group therapy session for me and it came at the right time with the personal struggles I am currently going through”

“Understanding what it means to be compassionate to myself. Not feeling guilty to have space”

“Realising that taking time to breath makes a big impact on the day positively”

3.1.4 Subtheme Four – Group Discussion Aiding Understanding of Compassion

The data demonstrated that participants found the small group context of the workshops supportive and beneficial to learning about compassion and the application of CMT. The participants’ willingness to share in a comfortable/safe space allowed for the normalisation of thoughts, feelings, experiences, and reflections.

“The open discussions allow me to realise that A) I am not alone in some line of thought and B) that others interpretations allow me to shape my own”

“The group discussions and reflections were also really valuable and helped normalise therefore helping compassion”

“The warmth from others around me. Sharing helps me open up more and burdens (some) off my shoulder”

“discussion & reflections with other attendees to explore fears & resistance to compassion. Felt like a safe space to share with others”

“To learn that people in the team had similar threat/drive/soothe circles”

“Listening to others experiences and realising I’m not on my own in the way I think”

“I found discussing as a group to be extremely beneficial, listening to shared and personal experiences”

3.2 Theme Two: Workshop Delivery

The delivery of the workshop was identified as the second key theme of the study, with many participants commenting on particular elements of the course, which had been helpful in creating a space of safeness.

3.2.1 Subtheme One – Integrative Teaching Methods

Participants expressed their appreciation of the mixed experiential method of teaching and how this strategy kept participants attentive, interested, and engaged.

“Interactive session – not death by PowerPoint”

“Found it useful with different mediums e.g., slides/talking activities – keeps it interesting and engaging”

“Combination of teaching methods, exercises & visual aids”

“The different types deliveries. e.g., activities as well as teaching from PowerPoint. And regular breaks/I lose concentration easily”

“Also, a good balance of different ways of learning-visual, oral and kinaesthetic”

“Interactive delivery of compassionate mind theory. Engaging and informative on a personal level as well as professionally”

3.2.2 Subtheme Two – Safe Space Agreement & Non-Judgemental/Relaxed Environment

Many participants shared their appreciation of the safe environment created by the facilitator(s), in addition to the comfort felt from the informal/relaxed approach. A safe space agreement is set and agreed at the start of each CMT for ALL session, with all who participate, including the facilitators. This is a flip chart exercise where the group are invited to identified what needs to be agreed at the outset to establish an environment of trust, for example confidentiality, respect etc. This forms a collaborative contract for the day and can be returned to if there are breaches to this [38, 42]. Once established participants commented on how this created a framework that held the sessions.

“How it felt like a non-judgemental safe space”

“The space felt safe and allowed me to stop and give myself time”

“The group being so supportive and knowledgeable”

“Having a space which felt open and safe to share with reassurances and reminders throughout (e.g. “it’s okay to be angry”)”

“Face to face, relaxed small group. Would not have been so good/helpful via teams”

“Being in a group setting with colleagues. Facilitator also helped to ensure its fun and informal”

“The gentle pace & option to partake or not. There was no pressure”

“Discussion & reflections with other attendees to explore fears & resistance to compassion. Felt like a safe space to shar with others”

3.2.3 Subtheme Three – CMT for ALL Workshops Facilitated by a Lived Experience Practitioner

The thematic analysis identified an appreciation that CMT for ALL was facilitated by someone with lived experience of Compassion Focused Therapy. The insight into the efficacy of CFT, coupled with the honesty and willingness to share personal journeys, seemed to support engagement with the day for participants.

“Hearing about the lived experience of the trainer and how CMT is such a powerful tool. Living evidence it works!”

“Also to have a trainer with a lived experience made it more real”

“Sharing of lived experience = very validating”

“It was great! Keeping it face to face and having someone with lived experience was invaluable”

“I really liked hearing about LEPs stories about her journey and connection with CFT”

“LEPs own experience very helpful-thank you for sharing”

“I really enjoyed the experience of hearing from the instructors (LEP)”

3.2.4 Subtheme Four – Clear Explanations, Examples, Analogies, and Applications

Participants found the clear and thorough explanations of the content helpful, furthermore examples, analogies and real-life applications (both self and work-related scenarios) extremely helpful.

“The clear explanations LEP gave of the science, the activities and their purpose”

“Having someone explain how and why (guiding)”

“Also, real life examples helped me make sense of the content/exercises and apply it to myself”

“I loved the use of metaphors to explain complex ideas, I enjoyed learning from the group facilitators”

“Clear illustrations and life experiences. Discussions and question answering by tutor”

“All topics were explained clearly, with relevant examples – given lots of opportunity to engage with all topics and ask questions”

3.3 Theme Three: Effectiveness of CMT Exercises, Practices, Techniques, and Theory

The findings of the thematic analysis demonstrate that participants found the CMT exercises and practices (Compassionate kitbag, mindfulness/breathing exercises, activities, and reflective exercises) helpful and accessible. Many participants also reported that this was the first time they had been able to make use of mindfulness and/or breathing techniques, regardless of prior experience. An interest in and commitment to utilising the CMT techniques outside of workshop was also evident from the analysis.

3.3.1 Subtheme One – Finding New Techniques to Soothe

Regardless of participants' previous experiences of mindfulness exercises, many found a CMT technique that worked for them during the workshop, such as mindfulness practices and the compassionate kit bag, learning new techniques and ways of thinking to help them reach a state of soothe.

“Breathing technique. Never worked for me before”

“Kit bag was great! Learning new tools”

“Doing the mindfulness practise made me realize and find something that is soothing for me”

“Mindfulness exercises – I felt like the final exercise worked”

“Breathing exercises, not experienced it before”

“New way of thinking, new approaches to self”

3.3.2 Subtheme Two – Utilising CMT Practices Beyond the Workshop, at Home and Work

A number of compassionate mind training exercises and the concept of the compassionate kitbag were introduced during the workshop. Many participants spoke of finding these exercises and concepts useful and expressed a commitment to home practice. Each participant was invited to take an object as a gift from the workshop to start their compassionate kitbag [43]. The items available were small, coloured pebbles, buttons, small beanbags and group members were invited to use the objects to symbolise and act as a reminder of what was being taken from the workshop.

“Compassionate toolkit. This is something I hope to integrate in my own life”

"The kitbag – something that I could do for myself"

"The compassion bag was very good. It helps me remind good things and I will start building my bag soon"

"Breathing exercise. It appears simple however it has given me something to help when I'm stuck in a cycle of rumination"

"To remember to be self-compassionate and plan to do this each day"

"Compassionate kitbags. Reflecting on what we could add to our bag"

3.4 Theme Four the Power of Group

The findings highlight the significance of group dynamics within the CMT for ALL. Participants expressed that hearing other participants and/or facilitators share their thoughts, feelings, and experiences regarding various aspects of compassion facilitated their understanding of compassion. Others shared feelings of safeness within the group, enabling them to share their own experiences. Some participants also shared their appreciation of group reflective practice, in addition to their enthusiasm to join future CMT reflective group sessions.

3.4.1 Subtheme One – Enjoyment of Group and Group Reflection

Many participants spoke of the value of being part of a reflective group. The core elements seemed to be engaging in thought provoking discussions, observing and learning from others, interactive CMT exercises, and the realisation that many of us face similar challenges regarding compassion to be both reassuring and fun. These elements seemed to highlight the importance of group reflection in facilitating an understanding of compassion.

"The group discussions and reflections were also really valuable and helped normalise therefore helping compassion"

"Group discussions. Reflecting on differences of experiences. Compassionate others"

"Reflection on self-compassion & others – self. Different flows, all needed. Were all on the same boat, all have the same brains"

"Group discussion and reflection after thought provoking exercise"

"Discussion & reflections with other attendees to explore fears & resistance to compassion. Felt like a safe space to share with others"

"But my favourite part was the group discussions and group work"

"Group really made the workshop for me – hearing others stories, sharing experiences"

"Group sharing – I feel better knowing I am not the only one that feels guilty when I couldn't help someone. I am happy to know how to get past the feeling"

3.4.2 Subtheme Two – Future Reflective Groups

Many participants reported an interest in and a commitment to engaging in the follow up reflective groups and further sessions which are offered at the end of the CMT for ALL workshop (n: 150).

"I would like to revisit everything/core concepts at future reflective groups or on app"

"More time to facilitate group discussion. I think the reflective groups are such a great idea to do this"

"I would be interested in reflective practice groups to develop my understanding/connect with others who are learning. Unfortunately, I don't work on Fridays"

"The reflective groups seem like a good follow up"

"More quiet/confidential room! Looking forward to app and reflective groups"

4. Discussion

This study has evaluated the accessibility and acceptability of a one-day Compassionate Mind Training for All workshop, offered as the introductory component of a Compassion Focused Staff Support initiative within a Mental Health NHS trust. These workshops were offered to all staff within the Trust who wished to take part and are embedded in the organisation which seems to be key to the longevity of such programmes [18, 19, 44]. The individual participant's experience of the workshop was elicited via a feedback form which was then gathered, collated and analysed utilising a Thematic Analysis. The results of this analysis, which covered workshops offered over a three-year period, suggest that the workshop programme raised awareness of the necessity of compassionate mind training and provided the intended 'springboard' for future practice in compassion at work and home [19].

This study is the first published paper to explore the impact of CFSS in the NHS and therefore this summary of the key themes will draw on generic compassionate mind training programmes for healthcare professionals.

Overall, the data demonstrates that participants appreciated a creative, play based approach to the delivery of the workshop. This is a novel finding as most published studies report a cognitively orientated theory training, with the addition of CMT practices [26, 29, 45] The reflective, small, group-based nature of the workshops with an emphasis on discussion and play was also identified as instrumental in the development of a deeper felt sense and understanding of compassion.

The realisation that compassion isn't just a service to others, it is instead a multidirectional process, was a key theme of the study and is supported by a body of evidence across the spectrum of CMT programmes in all sectors [19, 21, 29, 45, 46] Similarly, the shared experience of the challenges associated with engaging in CMT and making time for personal practice is reflected in the literature pertaining to CMT in all areas, from staff support to psychotherapy [18, 19, 20, 38, 46-48].

The reported enthusiasm for the CFSS monthly follow up groups was heartening and is believed to be an integral element of the integration of the model [18, 19]. This is supported by McEwan et al. [46] which identified a need for ongoing training and support to embed the model at a personal and organisational level. Anecdotally these CFSS groups have now been running for over 3 years and as the programme expands, we look towards a robust evaluation of the impact of the monthly support space to turn back and bring compassion to the impact of the work.

The significance of the programme leadership and coordination by a Compassionate Mind Trainer with lived experience of Compassion Focused Group Psychotherapy, was identified as a recurring theme in the feedback forms. Many reported an appreciation of the candid and thoughtful use of the trainer's lived experience in the workshops which served to validate the model and instil a motivation to engage with process. It is also hoped that the role offers the LEPs an opportunity to continue to revisit and develop their own practice through their teaching, thus bringing an authentic

example of the flows of compassion in action. In the words of Sarah, Compassionate Mind Trainer and LEP,

“So, this year finds me exploring new ways to hold space, both for myself and for others, with that particular balance of softness and strength that feels like absolute flow when you are in it, in my newest role as Compassionate Mind Trainer and Lived Experience Practitioner for our Trust.

Continuing to stay open to the feeling of uncertainty as I embrace new challenges and opportunities to work with both staff and clients is exhilarating, at times terrifying, sometimes sad, other times hilarious and always rewarding in a way that nourishes my courage and curiosity.” ([38], p. 296).

4.1 Study Limitations and Suggestions for Further Research

It is understood that this study has significant limitations and as such recommends further, more robust evaluation. The validity of this study is undermined by the use of feedback forms to evaluate the efficacy as opposed to a structured qualitative study involving interviews or focus groups. Although the form invites feedback on elements of the programme which were ‘unhelpful’, it is possible that those who did not find the workshop helpful many not have completed the form (accounting for the 29% non-response rate). It is therefore not known how those who did not complete the forms felt about the workshop and why they choose not to complete an evaluation from.

The immediacy of the request for feedback means that we only get people’s initial reflections on the experience without the benefit of time and hopefully implementation of the learning. This learning provides the basis for the next stage of the evaluation.

There is, however, a strong indication that this method of CMT delivery has been found to be acceptable to a wide various of mental health staff clinical and non-clinical alike. This study is an evaluation of the first element of a larger and more comprehensive CFSS offer and as such should be treated with caution.

It is suggested that the next stage will explore the impact of the addition of CFSS monthly staff groups which will be followed up over a longer period, using both qualitative and quantitative measures.

The programme continues to expand with an intention to address the gender imbalance through specific invitations to the Trust’s Men’s Network, first to explore the barriers and second to engage with staff to address them.

It is hoped that this small study with the limitations outlined above not withstanding contributes to the literature which supports preventative CMT as a means of addressing in a small way the significant impact of supporting people in emotional and mental distress.

Author Contributions

Dr. Katherine Lucre: Principle investigator – project development and management. Lead author. Mr. Louis Brown: second round data analysis and literature review. Fatema Bhalloo: first round data analysis. Dr. Angela Foster: project development support and supervision of data analysis.

Competing Interests

The authors have declared that no competing interests exist.

Additional Materials

The following additional materials are uploaded at the page of this paper.

1. Appendix A.

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