

Contents

One Page Summary	3
A Nine Week Pilot of Contemplative Practice in Public Health	4
Background.....	4
The 9 week <i>Practicing Clarity in Public Health</i> Pilot.....	4
Structure of Sessions	5
Participants	6
Evaluation Methods	6
Results.....	7
Participation and interest in future programs.....	7
Reported impacts of the program	7
Practice outside the sessions	8
Suggestions for future sessions.....	9
Conclusion	10
Recommendations	11
Future directions for this program – systems and complexity theory	11
Background resources	12
Appendix 1. How contemplative practices work.....	13
Appendix 2. May 12 th Introductory Session Feedback.....	14

A Nine Week Pilot of Contemplative Practice in Public Health

One Page Summary

Background

Public health practice is a highly complex and busy undertaking. We “do” many things that have far reaching societal impacts and make choices among an almost infinite number of public health activities. Rarely do we have the opportunity to stop and step back from the sweeping flow of this activity and reflect upon our role in it. Participants reflected on their motivation for public health and examined the often conflicting drives of personal ambition or ego, organisational priorities and service to the public. While contemplative practices are rooted in the religious, spiritual traditions and ancient philosophical traditions, they have an important place in intellectual and ethical inquiry. While these practices have unfortunately been lost from the practice of philosophy in the west, eastern contemplative practices are being reintroduced into universities in North America and from there back into eastern universities and public service settings.

Hunter New England Population Health (HNEPH), is conducting an AusAID funded project which will integrate contemplative practice into a public health surveillance course in Bhutan. This project inspired a nine week trial of contemplative practice at HNEPH. Participants engaged in meditation and active contemplation of ethical and complex issues in sessions that ran for 45-60 minutes each week.

Findings

An online survey of the 23 participants was conducted with a 100% response rate. Attendance ranged from 10 to 16 participants with a median of 12 participants. Participants attended from one to eight sessions with a median of 5 sessions. On a scale of 1 to 10, the participants rated their general satisfaction with the program from 5 to 10, with a median of 8 and seven (30%) participants rating the program at 10. When asked if they would like to participate in weekly sessions in 2012, 19 participants responded “yes” and 4 participants responded “maybe”.

The attendees reported important insights from the practices that impacted on their interpersonal relationships with colleagues and encouraged them to actively reflect on their public health practice. Participants expressed a desire for even greater emphasis on active contemplation of issues rather than passive meditation to “relax”.

Recommendations

Based on this evaluation and the evaluation of the introduction session, the following recommendations are made:

1. Offer the weekly program in 2012 for 45-60 minutes each week.
2. Offer several “catch up sessions” for people who miss the beginning of the program.
3. Extend the program to 14 weeks to allow extra time on the more challenging themes.
4. Increase the focus on active contemplation of challenging issues
5. Offer a 2 day intensive workshop off-site to assist participants deepen their understanding and practices.

A Nine Week Pilot of Contemplative Practice in Public Health

“A human being is part of the whole called by us “universe”, a part limited in time and space. We experience ourselves, our thoughts and feelings as something separate from the rest. A kind of optical delusion of consciousness...The true value of a human being is determined by the measure and the sense in which they have obtained liberation from the self. We shall require a substantially new manner of thinking if humanity is to survive” ~ Albert Einstein

Background

Public health practice is a highly complex and busy undertaking. We “do” many things that have far reaching societal impacts and make choices among an almost infinite number of public health activities. Rarely do we have the opportunity to stop and step back from the sweeping flow of this activity and reflect upon our role in it. While contemplative practices are rooted in the religious and spiritual traditions, they have an important place in intellectual and ethical inquiry. Contemplative practice has been at the core of all great wisdom traditions including Greco-Roman philosophical schools, eastern religious and Christian contemplative traditions. Greco-Roman philosophers saw contemplation as much more than a passive reflection on ethics and action but a method for transforming the way they saw the world. Many of the major philosophical schools engaged in a daily formal contemplative practice – a formal analysis and examination of the nature of reality and the subjects role in it - held in the environment of a meditative practice. These practices have unfortunately been lost from the practice of philosophy in the west. However, eastern contemplative practices have gained increasing popularity in North American universities since their introduction in the 1960’s and are now being reintroduced from North America back into Bhutan’s universities and public service settings.

The facilitator of this pilot program (Craig Dalton) became aware of the reintroduction of contemplative practice in higher education in Bhutan while teaching public health and studying Gross National Happiness in Bhutan in 2010. Contemplative practice is viewed as a core foundation of the Gross National Happiness development philosophy in Bhutan. An AusAid grant to teach public health surveillance with a contemplative practice theme in Bhutan was the inspiration to conduct a pilot program within Hunter New England Population Health from August to October of 2011.

An introductory talk on contemplative practice and a 20 minute experiential contemplation was conducted and evaluated prior to the 9 week pilot (Appendix 2).

The 9 week *Practicing Clarity in Public Health Pilot*

The program comprised weekly lunchtime sessions of 45 to 60 minutes. The initial sessions focused on the relationship between mindfulness, meditation, and contemplation (Box 1). During the sessions we investigated how contemplative practices increase our awareness of our thoughts and emotions, the role of our ego or self-centred motivations, the power of rekindling our altruistic motivation for entering a public health career and how the combination of these reflections assists us to find new ways of seeing the world and making different choices (Appendix 1).

The goals of the program were to:

1. Introduce participants to the theory and practice of meditation and contemplation.
2. Explore how meditation and contemplation helps us to work with our thoughts and emotions with greater clarity.
3. Provide an opportunity for participants to actively contemplate complex or ethically challenging public health issues and share any insights in a safe environment.

Box 1

Contemplation: focused thinking on a particular topic or question in a meditative state of mind. Interchangeable with “reflection”.

Meditation: an exercise used to achieve a state of non-distraction often with single point of focus (e.g. awareness or mindfulness of breath).

Mindfulness: focused attention on a particular object (such as the flow of our breath).

How do they relate to each other? One uses the exercise of meditation to produce the atmosphere of mind required for deep contemplation. In meditation we purposefully avoid following thoughts in order to develop mental discipline and peacefulness without distraction. In the initial stages we may focus or be “mindful” of an object, such as the breath, so that other distracting thoughts do not carry us away. Eventually, when we really settle our mind, we can even drop the focus on the breath and sit in a state of heightened awareness that is open, holistic, compassionate and less bound up in personal and organisational habits, stories, hopes and fears.

Structure of Sessions

A typical session was structured as follows:

1. 5 minute guided meditation beginning with arousing and reflecting on our altruistic motivation for working in public health
2. Review of prior week’s contemplative theme
3. Contemplative exercise with new theme introduced (see list in Table 1).
4. Discussion of insights or difficulties arising from contemplation exercise
5. End with guided meditation

Participants reflected on their motivation for public health and examined the often conflicting drives of personal ambition or ego, organisational priorities and service to the public. In the contemplative exercise participants chose an issue to contemplate (ethically challenging, difficult, an issue associated with confusion or discomfort) associated with the weekly theme (see themes in Table 1). The participants were guided first in a mindfulness meditation practice for a few minutes, followed by an analytical contemplation (analysing the issue or “problem”) and then the analytical component of the contemplation was “dropped” and the participants were guided to sit in an open “resting meditation” without concepts or discursive thinking - not following after thoughts or concepts.

Table 1. Themes explored in weekly contemplative sessions.

Note: These themes attempt to describe what is essentially an experiential activity – hence the descriptor may appear somewhat opaque to nonattendees

Week	Theme
1.	Introduction to mindfulness/meditation/contemplation Left/right brain neuroscience and contemplative practice, role of contemplation in philosophical/ethical endeavours, practice meditation using breath as focus
2.	The practice of meditation Video of Mingyur Rinpoche dispelling myths about meditation. Practice of meditation watching breath.
3.	Interdependence and interbeing A reading of Interbeing by Thich Nhat Hanh, from “The Heart of Understanding” using contemplative reading technique of lectio divina. Contemplated the interconnectedness of all things in a complex world and how transcendence of the ego removes the artificial boundaries and divisions created by the concept of “I”.
4.	Helping or hurrying – the natural compassion of an undistracted mind. Reading of study that showed how seminary students were more likely to ignore a plea for assistance from an injured actor when told they needed to hurry. Contemplation on how our speedy mind or environment can impact on our natural compassion.
5.	We shape our tools, then they shape us Reading extracts of Marshall McLuhan’s work and contemplation on how we shape our tools (e.g. public health methods) and then they shape us – limiting and narrowing our practice.
6.	Different ways of seeing – Indigenous art Observed a series of Indigenous art works in a meditative state. Practiced observing without conceptualising our response to the work and being open to the artists “state of mind”.
7.	Remember we must die Contemplation on the certainty of our death, the uncertainty of its timing, and what will be important at the time of our death - the power of an open question – recognising there is wisdom and nonconceptual insight in a contemplation that seeks to analyse without necessarily resolving paradox.
8.	The 8 worldly concerns – fear and hope Contemplation of the fears and hopes (attachments and aversions) that drive most of our daily thoughts, emotions, actions, and decisions.
9.	Integrating meditation and contemplation into our life Explored methods to continue meditation and contemplative practices in every day life at the conclusion of this program.

Participants

The participants were a diverse range of public health practitioners including project officers, managers at different levels of the organisation, nurses, and statisticians.

Evaluation Methods

An online survey was conducted 3 weeks after the pilot program. The survey was sent to every participant who attended one or more sessions. Two reminders were sent to the participants. The questions were designed to provide feedback on the content of the program and the benefits perceived by the participants. Many of the questions were open ended text responses.

Results

Participation and interest in future programs

Twenty three of 23 participants completed the survey. Attendance at each session ranged from 10 to 16 participants with a median of 12 participants. Participants attended from one to eight sessions with a median of 5 sessions. On a scale of 1 to 10, the participants rated their general satisfaction with the program from 5 to 10, with a median of 8 and seven participants rated the program at 10. When asked if they would like to participate in weekly sessions in 2012, 19 participants responded “yes” and 4 participants responded “maybe”.



Participants rating of general satisfaction did not vary meaningfully with the number of sessions attended (Figure 1 – note some data points overlaid in this figure), with ratings of 9 and 10 among those who attended the most and least sessions and the lowest satisfaction level in the mid-range of session attendance.

When asked if they would like to participate in a two-day intensive workshop to consolidate the learnings from the program, the responses were 8 – yes, 11 – maybe, 3 – no.

Figure 1. General satisfaction rating by number of sessions

Attended [■ = overlaid data points]

Reported impacts of the program

Did the program support or encourage you to actively reflect upon or question aspects of your public health practice?

No	1 (4%)
Yes, somewhat	14 (61%)
Yes, significantly	8 (35%)
Total	23

Did the program lead to any changes in your interpersonal relationships with colleagues?

No	3 (13%)
Yes, somewhat	18 (78%)
Yes, significantly	2 (9%)
Total	23

What aspects of the program did you find most useful? (and general comments)

Several respondents spoke to the opportunity to think differently:

“Being encouraged to reframe personal and professional issues using meditation”

“I am now looking at journal articles with an eye for underlying values, whether they are explicitly stated or not. There are some that explicitly state this and are related to the area in which I work. It would be good to be able to discuss this with others. The contemplative practice program has helped me to start to draw together the bits that have intrigued and bothered me over the years, it is another (large) step in the journey.”

“It was a worthwhile exercise that contributed to my ability to deal with issues and approach to work and life.”

“I loved it. The sessions created an intimate comfortable environment to share our experiences and be taught meditation and contemplation.”

“It should be compulsory for managers and directors.”

“An excellent course. I think that it offered a taste test of a lot of complex issues and I would like to spend more time on these topics/issues in the future.”

Other themes included the importance of having quarantined time to contemplate and the guidance on meditative/contemplative methods.

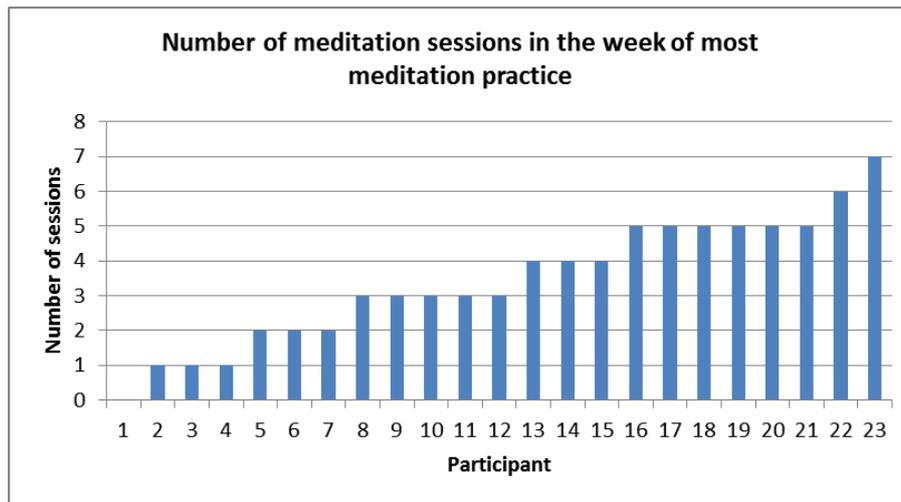
Which sessions were the most useful/least useful?

The earlier sessions were reported to be slightly more useful than the later sessions. The earlier sessions were more focused on the method and practice of contemplation/meditation whereas the later sessions were designed to be more challenging and explored specific issues within the contemplative space. One respondent reported that more time was required on these later sessions – this is probably very good advice.

Practice outside the sessions

Since commencing this program - in the week that you did the most meditation practice - how many practice sessions did you do in that week, and what was the average duration of a practice session in minutes?

Twenty-two of twenty three participants reported practicing meditation outside of the weekly practice sessions at work. Participants reported a mean of 3.4 sessions, with a range of 0 to 7 in the week of peak personal practice frequency. The sessions in their peak week ranged from 5 to 30 minutes duration with a mean of 10 minutes.



Suggestions for future sessions

Participants' suggestions for ideal group size for future sessions ranged from 8 to 16 participants with a mean of 13. There was a preference for sessions to include active contemplation of issues rather than resting meditation. Many participants suggested that the more complex themes be repeated or covered over multiple sessions.

The participants made suggestions for changes in the balance and content of the weekly course (Table 1). The responses mostly affirmed the current content of the course, however, there was support, by 20% or more of respondents, for more:

- active contemplation of issues/challenges
- compassion practice
- Eastern/Buddhist philosophy
- Facilitator discussing practice and theory

Table 2. 23 responses to: "To help us plan a **future 10 week course** - based on your experience of the typical weekly sessions just completed, do you recommend future sessions should include **less, as now, or more** of the following activities. Responses suggesting a 20% or more increase or decrease are highlighted by red arrows.

	<i>Do a lot less</i>	<i>Do a little less</i>	<i>As now</i>	<i>Do a bit more</i>	<i>Do a lot more</i>
Just sitting meditation not contemplating anything	0% (0)	21.74% (5)	52.17% (12)	26.09% (6)	0% (0)
Actively contemplating issues/challenges	4.35% (1)	4.35% (1)	39.13% (9)	47.83% (11)	4.35% (1)
Compassion practice	0% (0)	8.7% (2)	52.17% (12)	30.43% (7)	8.7% (2)
Eastern/Buddhist philosophy	0% (0)	13.04% (3)	52.17% (12)	26.09% (6)	8.7% (2)
Western (Greco-Roman) philosophy	4.35% (1)	13.04% (3)	65.22% (15)	17.39% (4)	0% (0)
Facilitator discussing theory	0% (0)	4.35% (1)	56.52% (13)	39.13% (9)	0% (0)
Facilitator discussing practice	0% (0)	4.35% (1)	56.52% (13)	39.13% (9)	0% (0)
Participants discussing experience and insights	0% (0)	17.39% (4)	73.91% (17)	8.7% (2)	0% (0)

Conclusion

The program was attended by a reasonably large group on a voluntary basis. The attendees reported important insights from the practices that impacted on their interpersonal relationships with colleagues and encouraged them to actively reflect on their public health practice. It is particularly reassuring that participants expressed a desire for even greater emphasis on active contemplation of issues rather than passive meditation to “relax”. This suggests they were aligned with the focus on getting in touch with “reality not relaxation”.

Participants reported practicing outside of the work place sessions and most rated the sessions highly and desire to continue them in 2012 with between eight and 19 expressing an interest in a two-day intensive workshop to consolidate the practice. While a two day workshop might seem an unusual step, it is difficult to make a breakthrough in contemplative practice in an hour per week and a 2 day intensive is likely worth more than 6 months of weekly practice.

It appears that the later sessions dealing with more challenging issues may have required more time for participants to contemplate and could perhaps be conducted over two weeks. Some participants found that new attendees impacted on the group because of the need to repeatedly explain the basics of the practices, however, there may be a benefit to this repetition that goes unrecognised.

While there was significant support for the facilitator discussing more theory and practice, I think this would be difficult given the desire and need for more time on contemplative practice, this suggestion may be met by extending the program.

The use of Buddhist and other eastern philosophical material in a western setting is often questioned, however, the respondents appear to support even more of this content in future sessions and this is consistent with the focus of the Association for Contemplative Mind in Higher Education in North America.

From a facilitators perspective, and outside of the bounds of the survey, I was struck by the range of feedback I received from participants – some describing the opportunity to revisit their initial motivation to enter public health practice as a unique and emotional experience, others related how they had used insights from the practice to examine their emotions and thoughts in resolving conflicts in their family or personal lives, and others described how the practices had allowed them to reassess their perception of their workplace and decrease their sense of “burnout”. I was impressed by the depth of insight that arose from a relatively short program of contemplative practice. This insight must be attributed to the participant’s great motivation and their own search for clarity in their life and work - the program only providing an opportunity, time and space, for this to arise.

Contemplation forms the basis of ethical enquiry, systems thinking, compassionate action and emotional intelligence – all important skills in a public health professional and important capacities for a public health organisation (box). Further contemplative sessions are likely to be of benefit to the organisation reaching beyond the participants themselves.

Potential Organisational and Personal Benefits of Contemplative Practice

- Decreased interpersonal conflict
- Increased collaboration
- Increased ethical reflection
- Decreased stress and burnout
- Supports cultural respect initiatives
- Promotes systems perspective

Recommendations

Based on this evaluation and the evaluation of the introduction session, the following recommendations are made:

1. Offer a time limited weekly program in 2012 for 45-60 minutes each week.
2. Offer several “catch up sessions” for people who miss the beginning of the program.
3. Extend the program to 14 weeks to allow extra time on the more challenging themes.
4. Increase the focus on active contemplation of challenging issues
5. Offer a 2 day intensive workshop off-site to assist participants deepen their understanding and practices.

Future directions for this program – systems and complexity theory

The motto for our program is "reality not relaxation". The goal is not relaxation which is a common misunderstanding of the purpose of meditation in the west-- the goal is improving our ability to interpret a complex world accurately-- ie get "in touch with reality". The contemplative practices provide a strong foundation for inquiring into systems theory and the integration of values into complex systems – essential for the future of public health.

It is easy to read about complex systems and become comfortable with the jargon of “emergence”, “adaptive systems”, “feedback loops”, and “chaos”, however these are just words unless we recognise that much of the complexity we face is introduced by the self-referential nature of scientific enquiry. We create isolated models and systems that have limitations and therefore add to the complexity we are trying to “control”.

One of the main insights provided by systems thinking is that in many areas the range of interconnections and feedback makes it impossible to predict, in advance, the detailed consequences of interventions. Indeed, the consequences are often counter-intuitive. The challenges facing public health in the 21st century and beyond, such as inequality, obesity, urban development, and depression relate to complex interconnected systems. To navigate this complexity we need clarity, self-mastery, and a willingness to constantly reassess our mental models of the world. The altruistic aspiration that brought us to public health may be our most reliable compass.

It is my hope that in future years I will further develop this course to integrate contemplation with systems dynamics and complexity theory using course work from MIT compiled by Jay Forrester including resources developed by Peter Senge and Donella Meadows.

Background resources

The Association for Contemplative Mind in Higher Education <http://www.acmhe.org/>

Center for Contemplative Mind in Society <http://www.contemplativemind.org/>

Contemplative modes of inquiry in liberal arts education:

<http://www.wabash.edu/news/docs/Jun07ContemplativeModes1.pdf>

Tom Eide. Mindfulness - An Important Part Of What We Want To Bring Across In Ethics Training. Allea International Horizon Scanning Workshop Norwegian Academy Of Science And Letters, Oslo, 16 February 2010

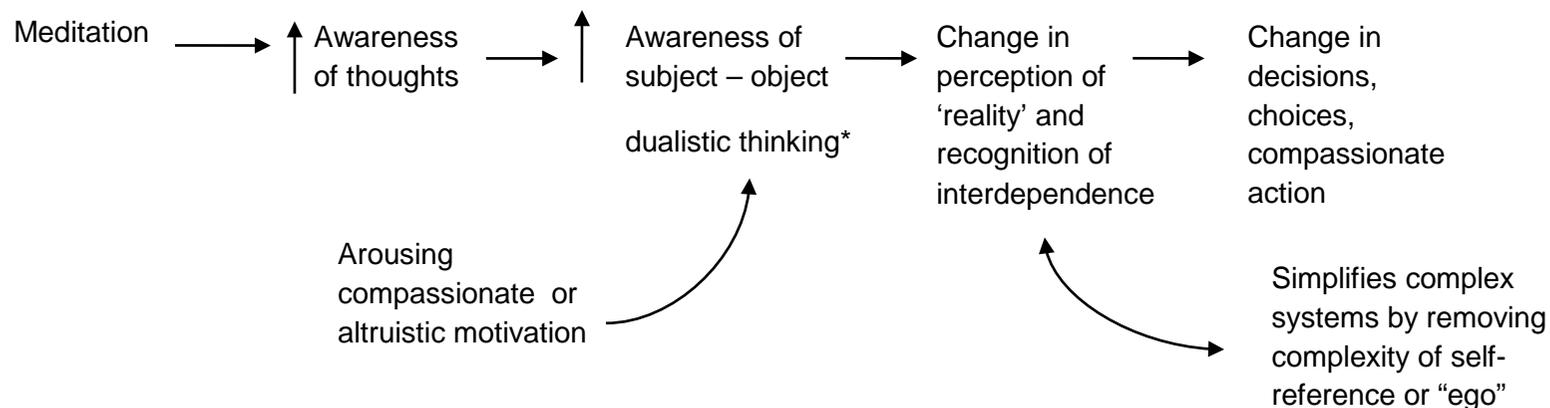
Hadot P. *Philosophy as a Way of Life: Spiritual Exercises from Socrates to Foucault*. Davidson A, ed, Chase M, trans. Boston: Blackwell; 1995.

Sterman JD. Learning from Evidence in a Complex World. *American Journal of Public Health*: March 2006, Vol. 96, No. 3, pp. 505-514
<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2005.066043>

Please contact craig.dalton@hnehealth.nsw.gov.au for more references on contemplative practice.

Appendix 1. How contemplative practices work.

Contemplation increase awareness of our thoughts, decreases 'dualistic' thinking leading to changes in our perception of reality and brings compassionate insight and action into complexity.



* **Subject-object dualistic thinking** = a mental relationship we construct between the “I” or “subject” that perceives and the “object” that is perceived. The subject-object relationship is dualistic in that it is based on a separateness but at the same time an attachment between the subject and the object (my car, my job, my partner, my project, my flower). The ego maintains the relationship to define itself.

Appendix 2. May 12th Introductory Session Feedback

Feedback on Contemplation in Public Health Session

May 12th, 2011

(this session was held as an introduction and prior to the 9 week pilot)

Background

A one hour session comprising theory and a practical contemplative session was conducted on May 12th, 2011 at Hunter New England Population Health. The session was based upon contemplative practice used in both western and eastern philosophical traditions that will be used in an AusAID project in Bhutan to support the Bhutanese Gross National Happiness Development policy.

In brief, the theoretical session focused on the neuroscience of contemplative practice and its historical roots in ancient Greek and Roman philosophical schools and eastern philosophical traditions. It reviewed the move from the right brained (contextual/holistic) to the increasingly left brained (disembodied/rational) way of thinking that characterises western modernity and the role of contemplative /reflective/meditative practice in enhancing decision-making and ethical clarity. The increasing integration of contemplative practice in higher education in the United States was highlighted and resource links to this initiative were provided.

The practical session involved a 20 minute contemplation in which participants chose an issue to contemplate (ethically challenging, difficult, an issue associated with confusion or discomfort). The participants were guided first in a mindfulness meditation practice for a few minutes, followed by an analytical contemplation (analysing the issue or “problem”) and then the analytical component of the contemplation was “dropped” and the participants were guided to sit in an open “spaciousness” not following after thoughts or concepts.

Evaluation

Fourteen participants (50/50 health protection/capacity building - predominantly program managers and nurses) attended the session and 6 days after the session an online survey was distributed to which 12 (86%) responded. The responses were overwhelmingly positive (tables appended), however, 2 people did not respond and it cannot be assumed that they had an equally positive experience. It is interesting that even in this short session

participants reported valuing contemplation as a path to critically reflect on public health practice and felt a sense of peace from the meditative aspect of the session. Several responses valued the opportunity and time provided by the session to reflect on practice. There was strong support for regular sessions in the future including (perhaps surprisingly after only a single session) a 2 day contemplative intensive workshop. The complete transcript of the questions and responses are appended to the end of the document.

Future steps

Approximately 26 HNEPH staff have requested to be kept updated on progress on this initiative via an email group and there appeared to be genuine excitement about the prospect of future sessions.

Based on this initial positive feedback, it is proposed that an 8 week program of 40 minute lunchtime sessions be trialled and evaluated. A 2 day intensive workshop could also be offered, perhaps after evaluation of an initial 8 week program. The 2 day intensive workshop would focus on deepening personal contemplative practice and exercises focused on ethical issues in daily life and public health practice including cross-cultural issues.

(Note the above proposal formed the basis for the 9 week program which is the subject of the evaluation in the front of this document)

.

The complete transcript of responses to **the first session** feedback survey is included below:

What did you find most useful about the session (if anything)?

One person did not nominate any of the activities above but responded: "hearing from other people"

Being able to work on clearing my mind.
Both the insight into the theory of contemplative practice and the meditation session.
<ol style="list-style-type: none"> 1. Reminder to let things go, recognise discomfort or unease with an issue then let it go & reflect on this at another time not constant focus on the issue. 2. Setting the scene before commencing contemplative practice. 3. Although only quick practice at end of session I returned to work calmer & felt like I'd taken a big deep breath, ready to face the rest of the day!
Changing my perspective on viewing problems, so that they can be unanswered. I believe the most beneficial aspect was the guided mindfulness meditation.
The opportunity to reflect on why I thought I wanted to attend.
The guided practice. i.e. the process of meditating on a question/topic
<p>It was all useful- thought the meditation itself was great- and felt energised going back to work (and so did xxx and xxx in xxx team- from their emails. i could have asked them to do anything and they would have said- "no problem"!! Yep it was that good.</p> <p>i also found the theory useful- a bit hard to follow and grasp in the one session. HOWEVER- I have even found myself challenging myself to "contemplate" other peoples comments/actions,(on a basic level, when I have remembered), and tried not to rush in with my responses- where I have remembered to keep my mouth shut!</p>
Provided an opportunity to consider how such approaches can be used for personal well being and also in options regarding barriers at work. the short meditation provided a sense of peace that was maintained for the rest of the day.
The meditation time. Also the information.
our meditation at the end- it helped centre and focus and calm my mind. I felt far more productive upon returning to work
Learning that other people in the unit have similar questions regarding assumptions underlying the way we do business and that there are other ways of thinking about public health issues.
Non-judgemental (??) listening. Meditation techniques and practice

Can you describe any insight or benefit you derived from the contemplative /meditation practice session (if any).

Feeling refreshed afterwards
The idea that contemplative meditation can be used to explore problems and allow time for focussed thought on these. I have done some meditation before, but it has not explored the contemplation of problems.
Previous frustration with attempting meditation & my mind will not settle & be quiet. Reassuringly I learnt that this is normal & may take some time to do so!
Being calm and collected immediately afterwards. Made the rest of the day flow much more easily.
From listening to you, I realised that this practice can benefit anyone and doesn't have to be any more than an opportunity to reflect.
Thought about part of my project in a different way I hadn't considered before - although this insight has not stayed with me (no consciously that is, so hopefully on some level). I entered the meeting I had after the session with positive, clearer and quieter mind, it seemed much more beneficial than rushing into the meeting from any other meeting.
I was also suprised by just how effective the session of mediatation, especially the first one ("going in blind")could actually have such a good effect- and I am not alone in that thinking!!
It is OK to aknowledge that there are issues that require your current attention without necessarily having to do more than consider options at the current point in time, waiting and thinking is action in itself
I think it's good to consider our 'public health' work in terms of the impacts we might be having on a range of communities. Also good to think critically about our the way we work as a unit. Also good just to have some time to reflect - and to acknolege that this is an important part of the process of our work. It's great that this is supported in such a busy environment
Being able to spend some time reflecting on our practices
That it's OK and beneficial to just let problems sit with you for a while.

If there were to be future sessions what would you hope to get out of them?

An increased sense of peace
To further explore the use of meditation/contemplative practice to help me be more mindful and have broader thoughts about issues that arise in work and home life. Especially at work, not just to accept the status quo but extend my thoughts.
A beginners top 10 tips to start your contemplative practice, realising that those tips may not necessarily work for you or may not work immediately. Build on beginners lessons as the year progresses.
Learn to practice mindfull meditation by myself without the aid of someone. (Realise this is very difficult, takes a

lot of time)
improvement in meditation practice, opportunity to wind down during a busy week chance to contemplate something that I may not feel I have time for in a normal week
How to incorporate contemplative practice to benefit work. That is beyond a daily practice, is there a way to incorporate so that project questions/strategic decisions etc could be given productive time and contemplation that they require.
Anything really. More meditation, Consolidate theory, or just try and grasp what you have already said!!! Personal examples (just a couple) of the last week- "did you use any of this in your week/fortnight/month" etc etc!! I would relish the opportunity for a retreat, be it one or two days. That would be a challenge for someone- keeping me quiet and reflective and contemplative for two days!!!
Perhaps be directed to some prior reading to have some rudimentary exposure to some of the philosophies. Having a retreat that enabled travel time on Day 1 and return travel on Day 2 would assist people from sites other than Newcastle to attend
A more considered and thoughtful approach to the way we work with our community - taking in information which may be outside the scientific/medical/western model. This is important because most of the people who we target (the disadvantaged in terms of health) may not particularly relate to this approach. Also - healthy workers means better work. I think it's a great step towards a healthier, more open and collaborative workplace.
developing a peaceful mind to allow better work practices
I would hope to be able to engage with some other people who have experience/knowledge relevant to contemplative practice
Time for personal reflection and mediation

Would you be interested in participating in any of the following activities:

Activity	Number
Regular weekly contemplative practice session of 30 minutes	8/11
Regular monthly contemplative practice session of 45 minutes	8/11
A 2 day "retreat" with expert invited facilitators on contemplative practice	9/11