

# Mindfulness for Mental Health and Well-being

Dr Paramabandhu Groves

Consultant Psychiatrist

Islington Specialist Alcohol Treatment Service

Clinical Director, Breathing Space

London Buddhist Centre

**Your partner in care & improvement**



# What is mindfulness?

- Translation of ancient Pali word “sati” - “awareness”
  - direct, open-hearted “knowing”
- Traditionally cultivated by meditation practices
  - Learning to pay attention
    - Moment by moment
    - Intentionally
    - With curiosity and compassion

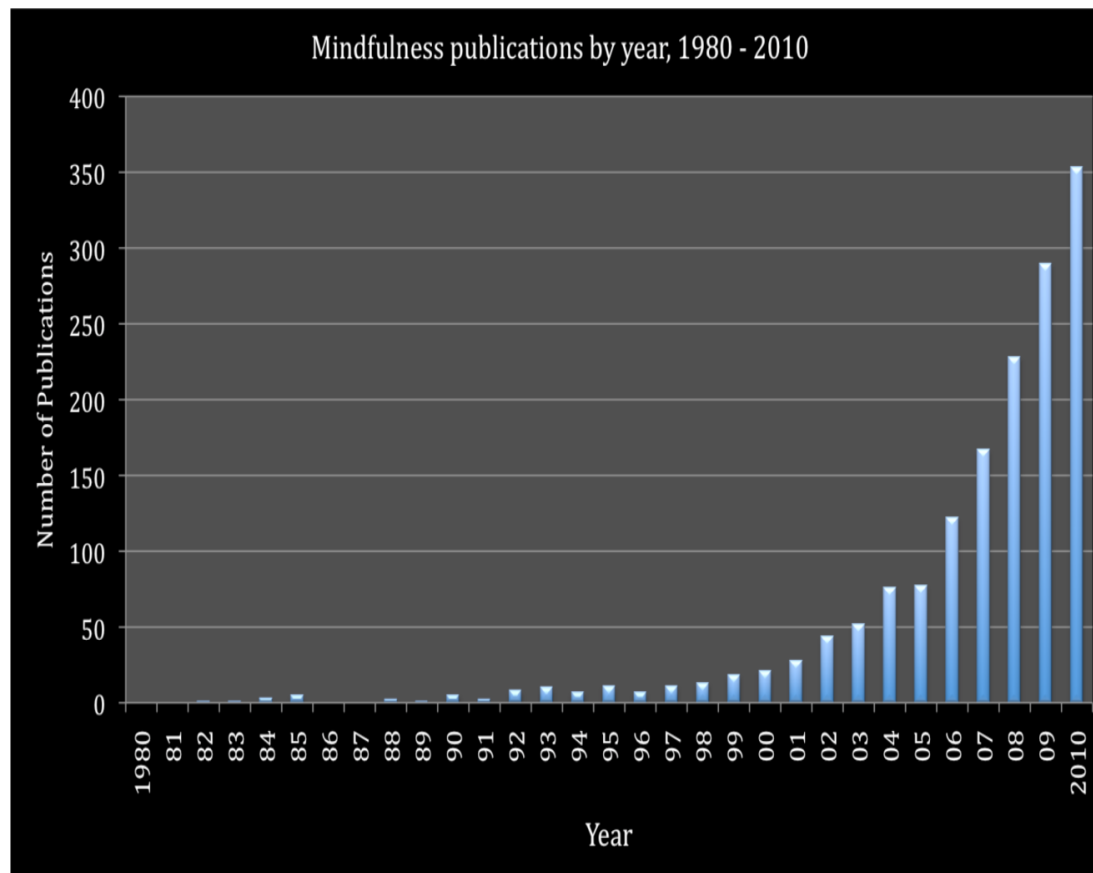


# Mindfulness in 100 words

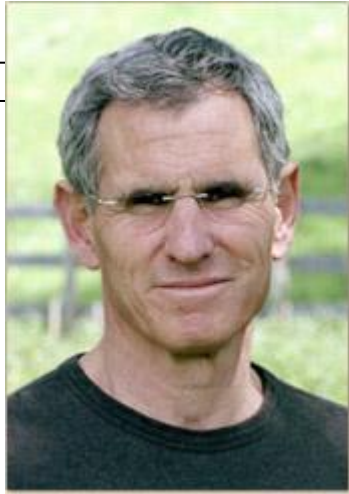
The term mindfulness signals a focus on mind rather than behaviour. As explicated in Buddhism, mindfulness is enhanced attention to, and emotionally detached awareness of, current experience, requiring openness to sensation without judgement. It is not restricted to any object or function. One can be mindful of a flower, or one's breathing or of another's behaviour. Practising mindfulness improves depression and emotional regulation through detachment, changing not thoughts and feelings but the person's relationship to them. We all need to be mindful in our everyday work. The psychiatrist, of both his and his patient's mind; but then he is mentalising.

Anthony Bateman (BJP 12)

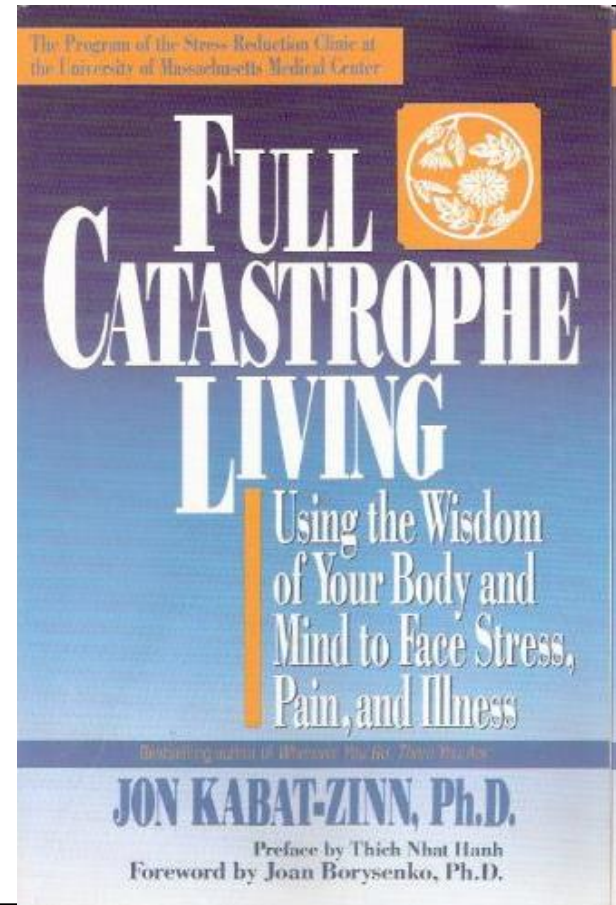
# Mindfulness



# MBSR



- Chronic pain
- Stress, anxiety
- Immune function
- Empathy, self-esteem





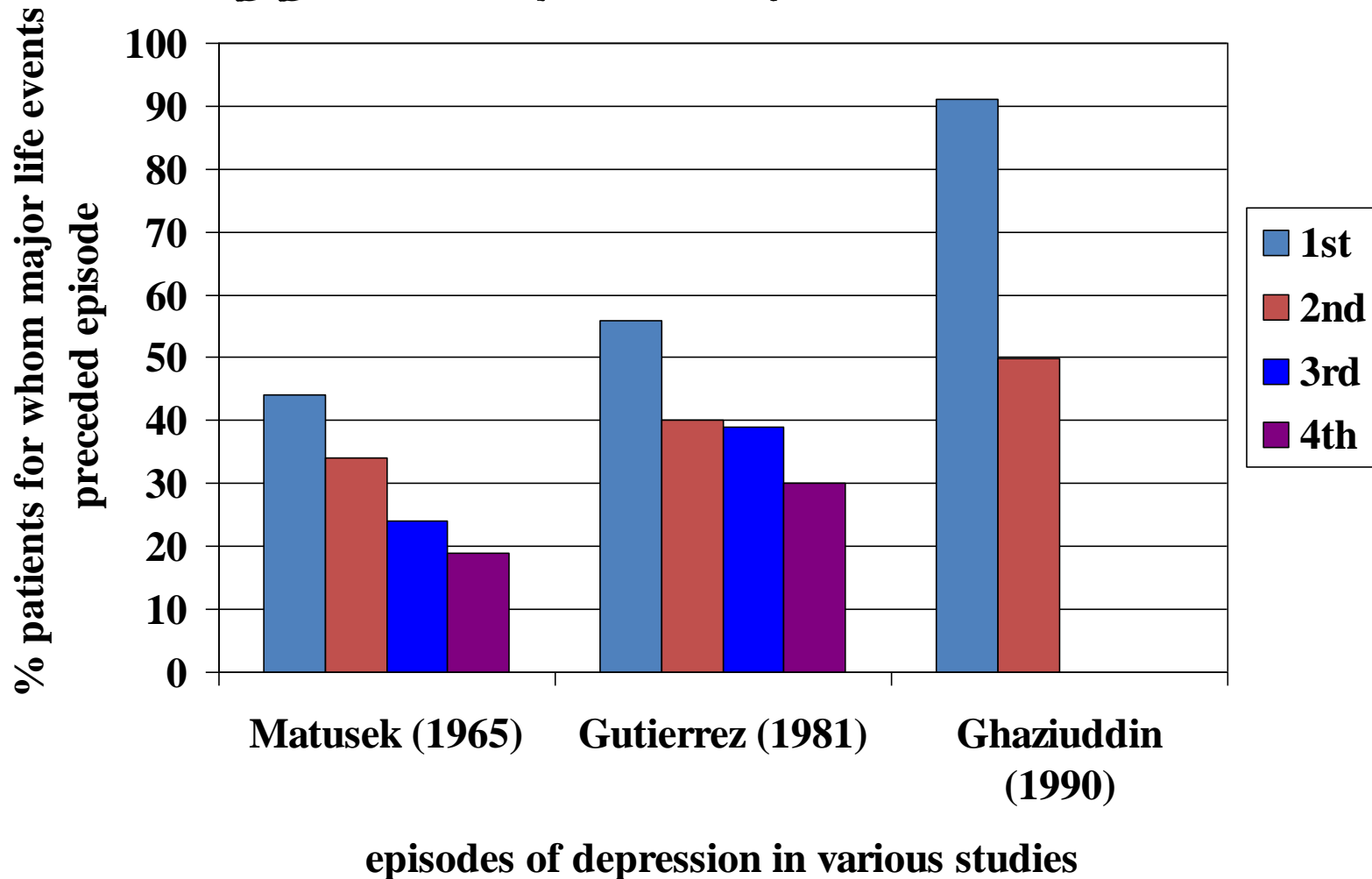
# Mindfulness- Based Cognitive Therapy for Depression

*A New Approach to  
Preventing Relapse*

Zindel V. Segal  
J. Mark G. Williams  
John D. Teasdale

MBCT

# Each recurrence is less likely to be triggered by a major life event









situation	emotion	automatic thoughts
John didn't phone me	Sad, rejected, lonely	no one likes me, I am a failure

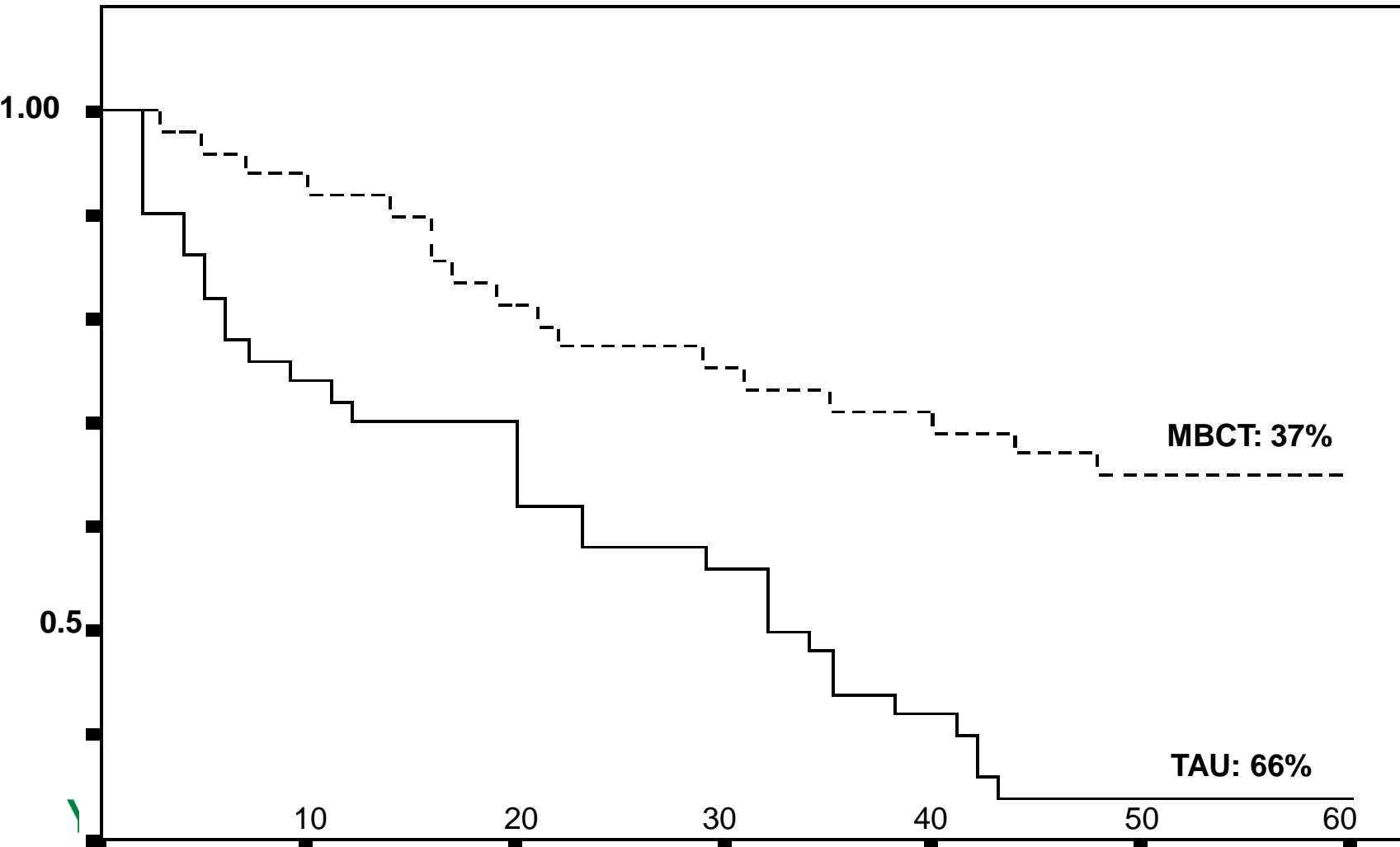
MBCT starts as a CBT course and ends as a mindfulness course



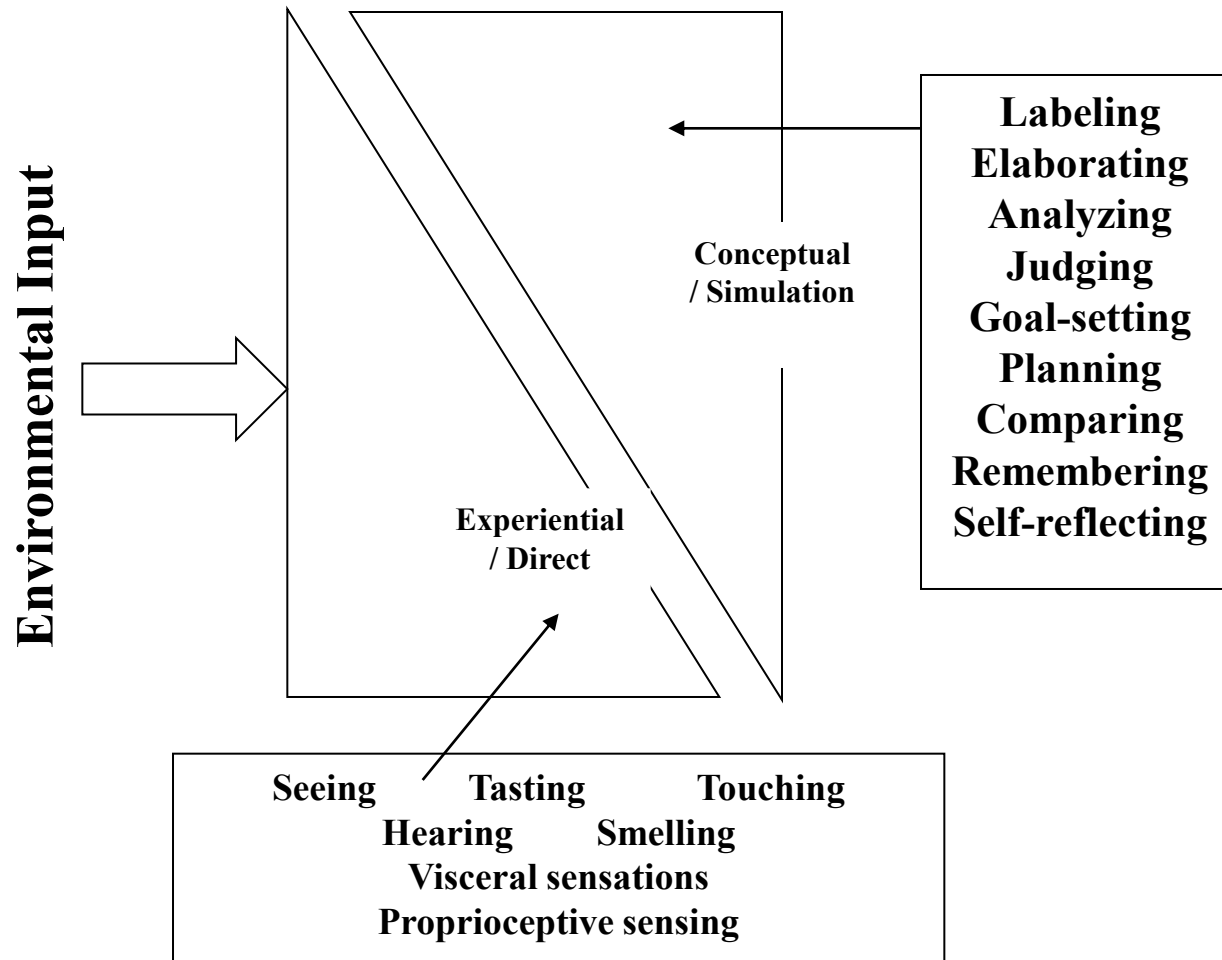
MBCT trial showed a reduction in relapse rate by about half (66% to 37% at one year) in those with 3 or more previous episodes of depression (77% of total sample)

## Depression: management of depression in primary and secondary care

# Teasdale, Segal & Williams, et al., 2000 Survival Curve (for patients with 3 or more previous episodes - 60 weeks)



# Two Modes of Self-focus: Conceptual and Experiential





- Conceptual mode useful
  - To complete meanings
  - To complete tasks
- But when it becomes over-used
  - Preoccupied by meaning
  - Planning (even when not wanted)

# Consequences of conceptual mode

(from the Mindful Attention and Awareness Scale;  
Brown & Ryan, 2003)

- I find it difficult to stay focused on what's happening in the present.
- I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.
- It seems I am “running on automatic” without much awareness of what I'm doing.
- I rush through activities without being really attentive to them.
- I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there.
- I find myself preoccupied with the future or the past.

# A major problem is...

PERSISTENT OVER-USE OF CONCEPTUAL MODE

*“Adhesive pre-occupation”*

(rumination)

&

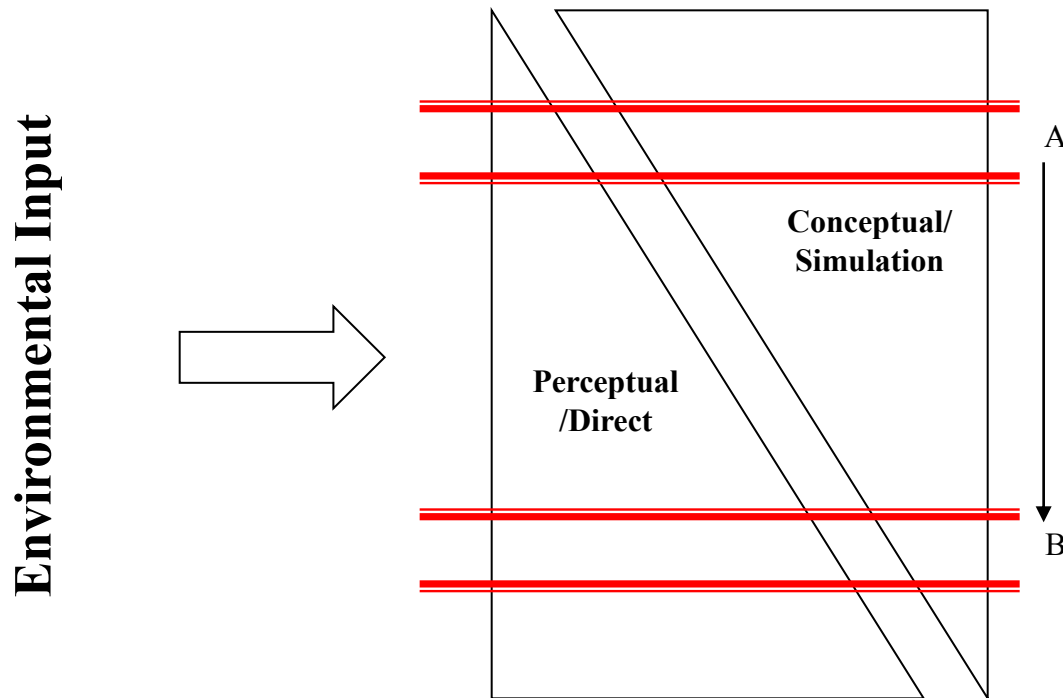
Attempts to stop it

(avoidance)

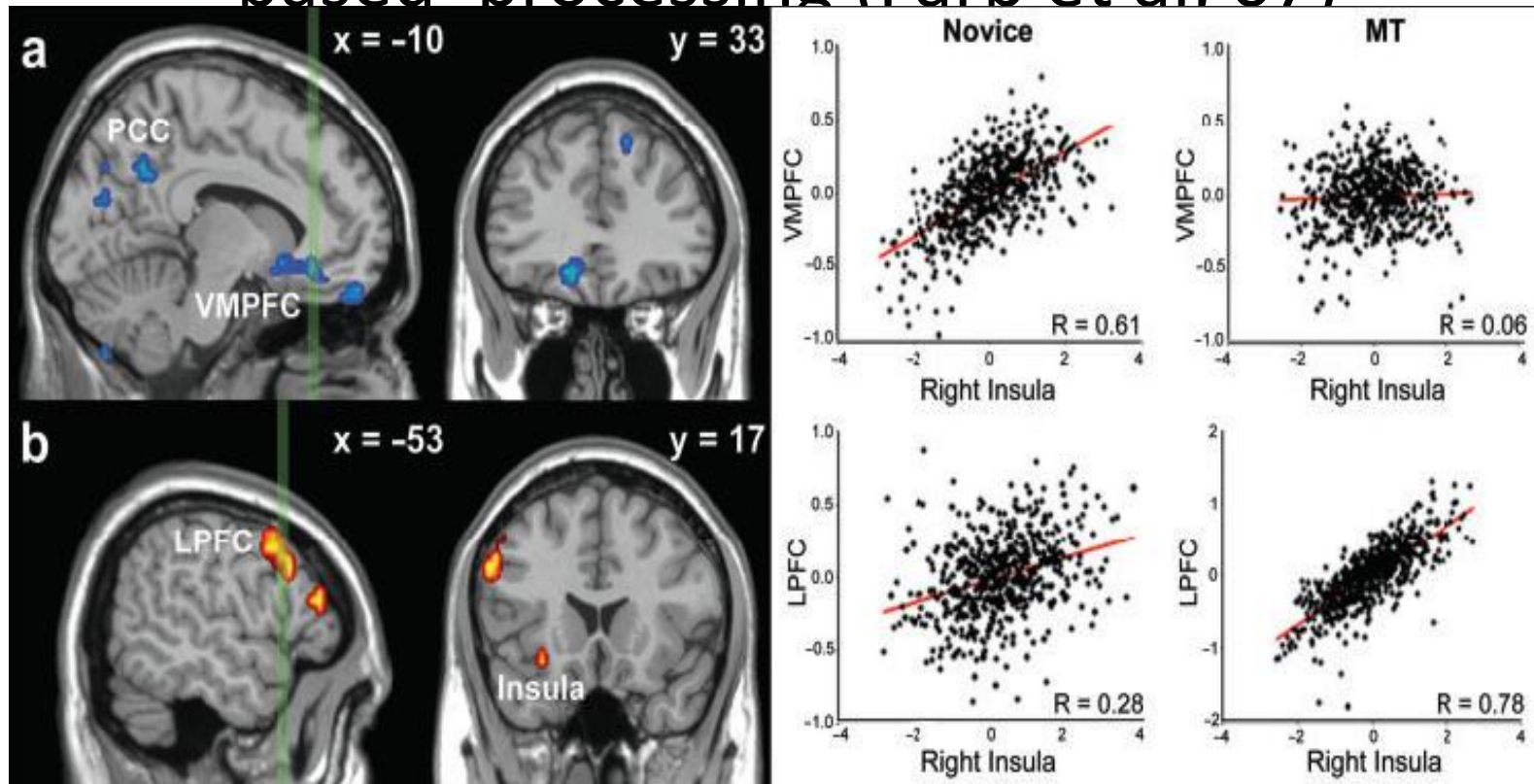
» lack of interest in anything else

# Mindfulness training: Shifting mode of self-focus

- from *conceptual* to *experiential*



# Mindfulness training increases 'viscero-somatic' processing and uncouples 'narrative-based' processing (Farb et al. 07)



Farb, N., Segal, Z.V., Mayberg, H., Bean, J., McKeon, D., Fatima, Z., & Anderson, A. (2007).  
Attending to the present: Mindfulness meditation reveals distinct neural modes of self-reference.

*Soc Cogn Aff Neurosci*, 2, 313-322.



# ABC of Mindfulness-Based Approaches

- Develop Awareness
- Learn to Be with experience
- Making skilful Choices



# Mindfulness-based therapy: a comprehensive meta-analysis (2013) Khoury et al

209 studies

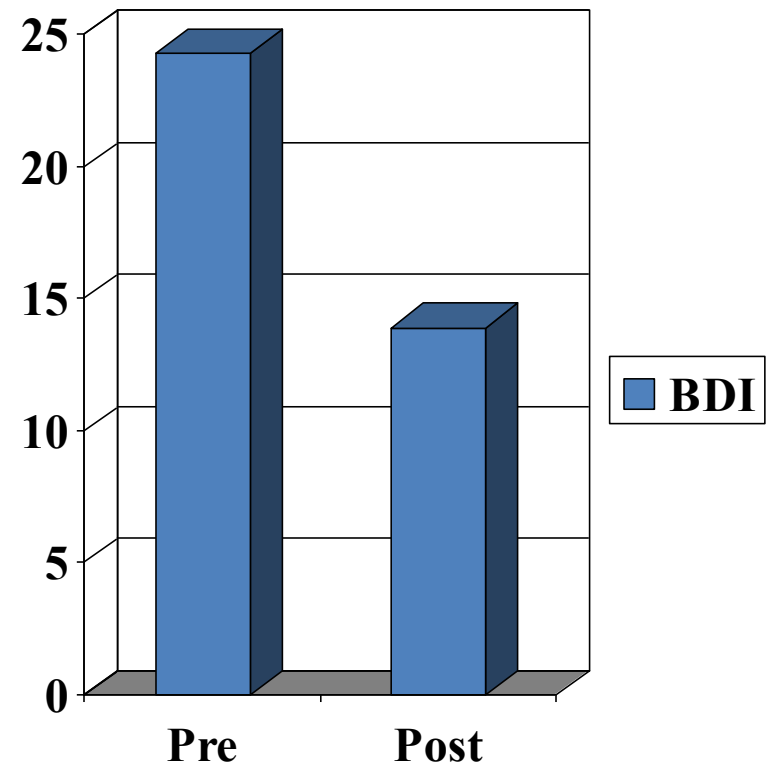
Effect-size estimates suggest MBT is moderately effective

- pre-post comparisons (n=72)
- Waitlist controls (n=67)
- Compared with other active treatments (n=35)

# Mindfulness in treatment resistant depression

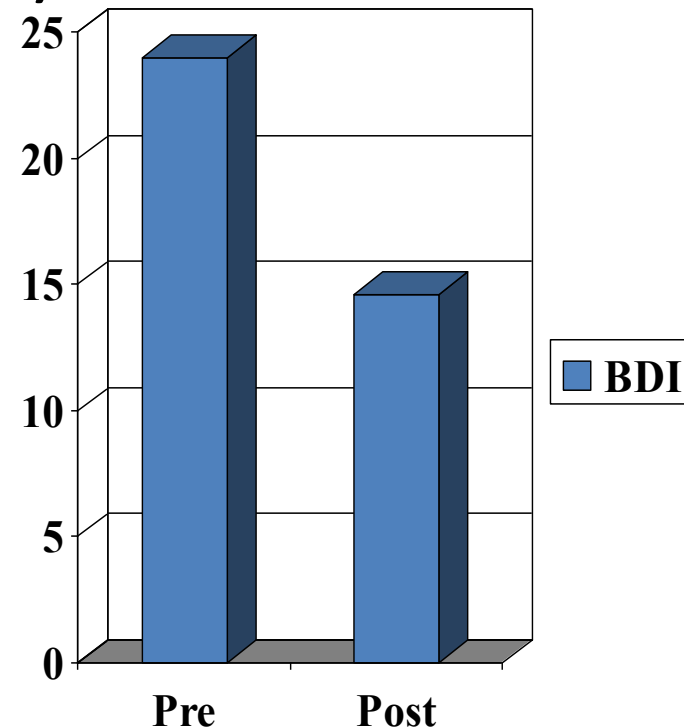
Kenny & Williams (*Beh. Res. Ther.* 2007)

- All symptomatic, despite ADM (74%) and CBT (68%)
- N = 50 (49 completers)
- 43% in remission at end (<10 on BDI)



# Eisendraeth, Delucci, Bitner, Fenimore, Smit & McLane (*Psychoth. Psychosom.*, 2008)

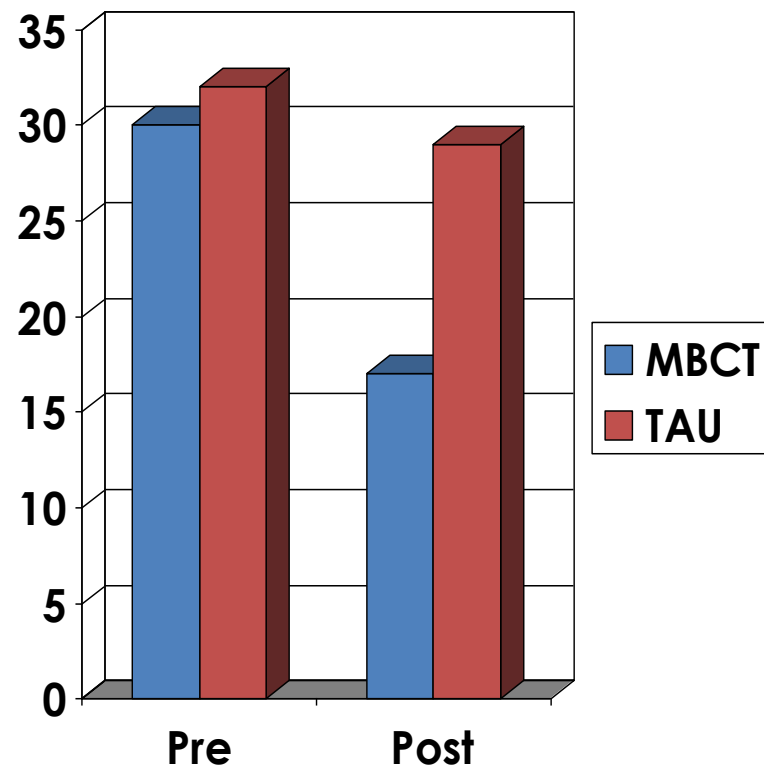
- TRD - failure to remit with 2 adequate doses of ADMs
- N = 55 (51 completers)
- 29% in remission at end  
(BDI < 10)





## MBCT for currently depressed & suicidal (Barnhofer, Crane et al, *Behav Res Ther.* 2009)

- Three or more prior episodes or chronic depression
- Currently depressed or residual symptoms
- Randomly allocated to
  - MBCT + TAU
  - TAU alone



# Bipolar disorder

Feasibility studies suggest

MBCT is acceptable & subjective benefits reported

Reduces anxiety and depressive symptoms between episodes

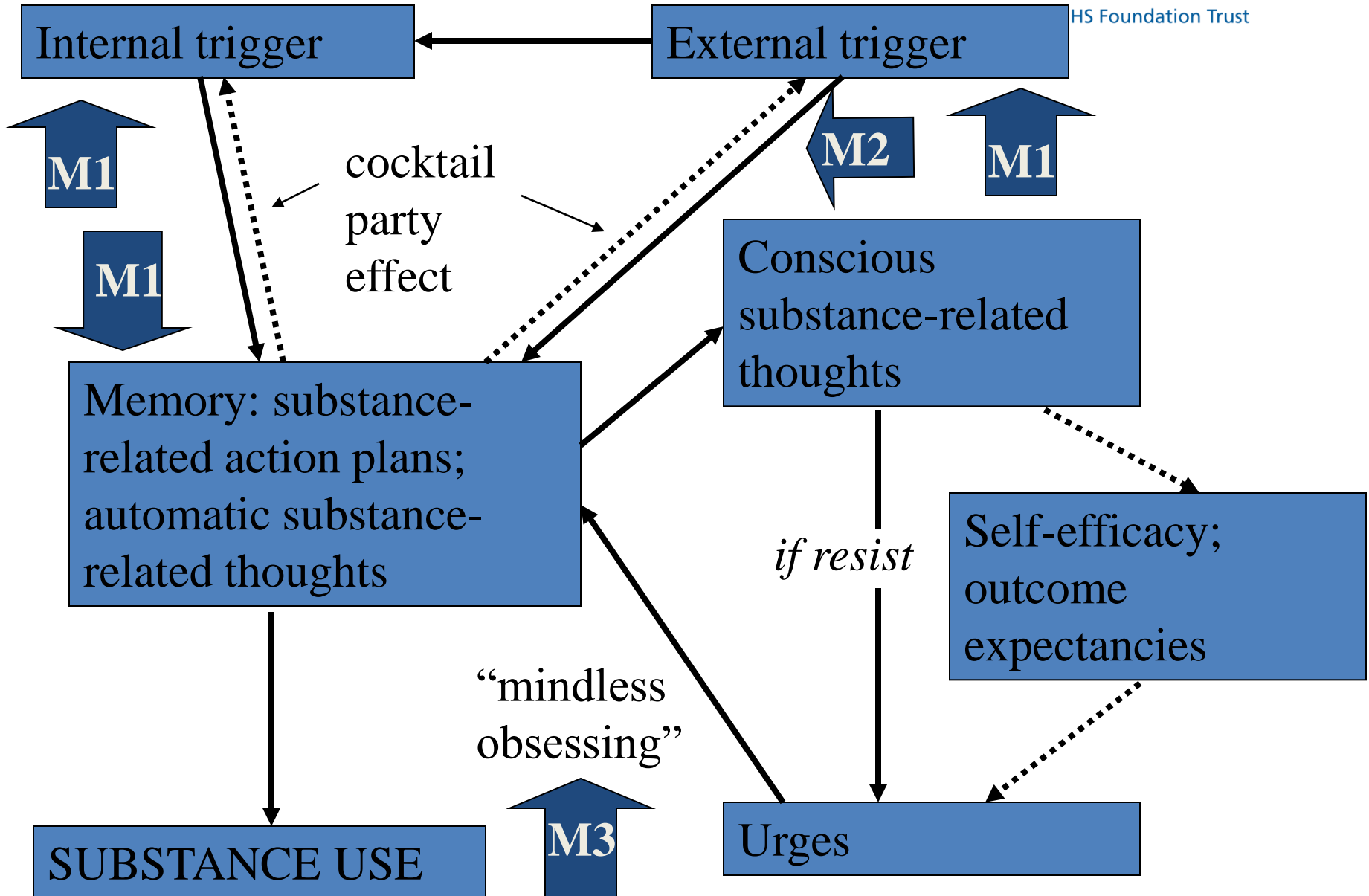
One RCT showed no reduction in time to relapse; reduction in anxiety symptoms (Perich et al, 2013)

# Adults with autism-spectrum disorders (Spek et al, 2013)

- RCT with waiting list control
- Reduction in depression, anxiety and rumination

# Argentine tango dance compared to mindfulness meditation and a waiting list control: a randomised trial for treating depression (Pinniger et al, 2012)







# Research Evidence

- Review by Zgierska (2009)
- 7 RCTs: 5 showed improved substance use, 2 similar to control
- High patient satisfaction
- Between half and 80% continued to practise mindfulness after the programme had finished

# Pilot efficacy trial

- Aftercare following intensive substance misuse treatment
- Reduced substance use & craving (especially in response to depression)
- Increased acceptance
- Bowen et al (2009), Witkiewitz et al (2010)

# Parents under Pressure

- RCT 64 methadone maintained patients
- Parenting intervention including mindfulness v conventional parenting programme v tau
- Improved parenting, child behaviour and dose of methadone
- Dawe et al (2007)

# Mindfulness for dual diagnosis?

- Mindfulness appears to help depression, anxiety, stress, poor emotional regulation & avoidance coping
- Helps cope with risk factors to relapse (e.g. depression)
- Commonality of rumination & stress vulnerability

# MBRP – course content

- Based closely on the MBCT course
- High risk situations and relapse patterns
- Thoughts about addiction and cravings belief questionnaires
- Relapse prevention plans
- 6 - 8 week course

# Mindfulness- Based Relapse Prevention for Addiction



# Psychosis - rationale

Mindfulness may promote:

- Acceptance of psychotic phenomena
- Increased capacity to disengage

Without need to question content of experience



# Psychosis - practical

- Short practices (10 minutes)
- Frequent guidance (every 30-60s)
- Refer explicitly to psychotic phenomena (to normalize)

# Mindfulness for Clinicians

## Mindfulness and the Therapeutic Alliance



# Mindfulness for Clinicians

- (Razzaque, Woods, Okoro 2012) 76 Clinicians given 2 questionnaires; Working Alliance Inventory & Freiburg Mindfulness Scale
- 30% consultants : 30% junior doctors : 30% nurses : 10% psychologists, OTs, others
- Strong correlation between mindfulness scores and a strong therapeutic relationship ( $p < 0.0001$ )
- Regression analysis shows that a clinician's mindfulness is a significant predictor of his/her therapeutic relationships

# Improving empathy and well-being

Shapiro et al. 1989: 78 medical students.

Significant increase in empathy levels.

Rosenzweig et al 2003: 140 medical students.

Reduced mood disturbance & more effective in dealing with stress.

Hassed et al 2009: 148 medical students.

Improved well-being during pre-exam period.

# Mindfulness and compassion

Self compassion: “Extending compassion to one's self in instances of perceived inadequacy, failure, or general suffering”

Shapiro & Brown 2007: meditating students found to have increased levels of self-compassion. This correlated to increase in levels of compassion for others too!

# Future directions



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