Mindfulness for Mental Health and Well-being

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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

Mindfulness publications by year, 1980 - 2010
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.
“Decentering”
<table>
<thead>
<tr>
<th>situation</th>
<th>emotion</th>
<th>automatic thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>John didn’t phone me</td>
<td>Sad, rejected,</td>
<td>no one likes me, I am a failure</td>
</tr>
<tr>
<td></td>
<td>lonely</td>
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**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)

- MBCT: 37%
- TAU: 66%
Two Modes of Self-focus: Conceptual and Experiential

Conceptual / Simulation

Experiential / Direct

Labeling
Elaborating
Analyzing
Judging
Goal-setting
Planning
Comparing
Remembering
Self-reflecting

Environmental Input

Seeing
Tasting
Touching
Hearing
Smelling
Visceral sensations
Proprioceptive sensing
• 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)

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


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

- 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)
Internal trigger

Memory: substance-related action plans; automatic substance-related thoughts

External trigger

Conscious substance-related thoughts

"mindless obsessing"

Self-efficacy; outcome expectancies

Urges

if resist

Cocktail party effect

SUBSTANCE USE
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

Parents under Pressure

- RCT 64 methadone maintained patients
- Parenting intervention including mindfulness vs conventional parenting programme vs 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
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.

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