Summary Report on 'Mindfulness for Depression' Training Program Submitted to Canadian Mental Health Association— Newfoundland and Labrador

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Training Program Structure and Content

A mindfulness training program for people with depression was piloted, starting in the early days of the COVID-19 pandemic. There was an introductory session at the end of March and 10 –1.5- hour weekly training sessions were presented between April and June 2020. The program was delivered on the Zoom for Healthcare platform.

The initiative was undertaken through a partnership between Canadian Mental Health Association—Newfoundland and Labrador and Safer Mindfulness Inc., and with funding support from the Department of Health and Community Services, Government of Newfoundland and Labrador and Pennecon Limited. Andrew Safer, Mindfulness-Awareness Meditation Instructor and Trainer and Founder of Safer Mindfulness Inc., developed the program, delivered the training, and provided the mindfulness instruction.

Participant Summary

Forty-four people registered for the workshop series, 27 (23 females, 4 males) attended the first session, and an average of 19 attended each week. Due to the online delivery, participants from all over Newfoundland and Labrador had access to the training.

The Zoom platform enabled participants to join the workshops from their own homes from diverse locations including: St. John's and surrounding areas; Conception Harbour; Kippens; Stephenville; another location on the west coast (undisclosed); Glovertown; and Dartmouth, Nova Scotia.

Three seasoned mindfulness practitioners with lived experience of depression - two of whom are mindfulness meditation instructors - attended the sessions in rotation, speaking experientially on the session topics. A community support worker was also present and available to the participants during the online training sessions. These individuals also made themselves available to participants outside of the sessions. Two books were given to each participant, and readings were assigned: *The Mindful Way Through Depression* by Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn; and *Anxiety, Stress & Mindfulness* by Andrew Safer.

There was no clinician involvement during the sessions. Outside of the sessions, Andrew Safer consulted with Curt Hillier, Psychologist, H. Khalili PhD & Associates, on any questions that arose during the program.

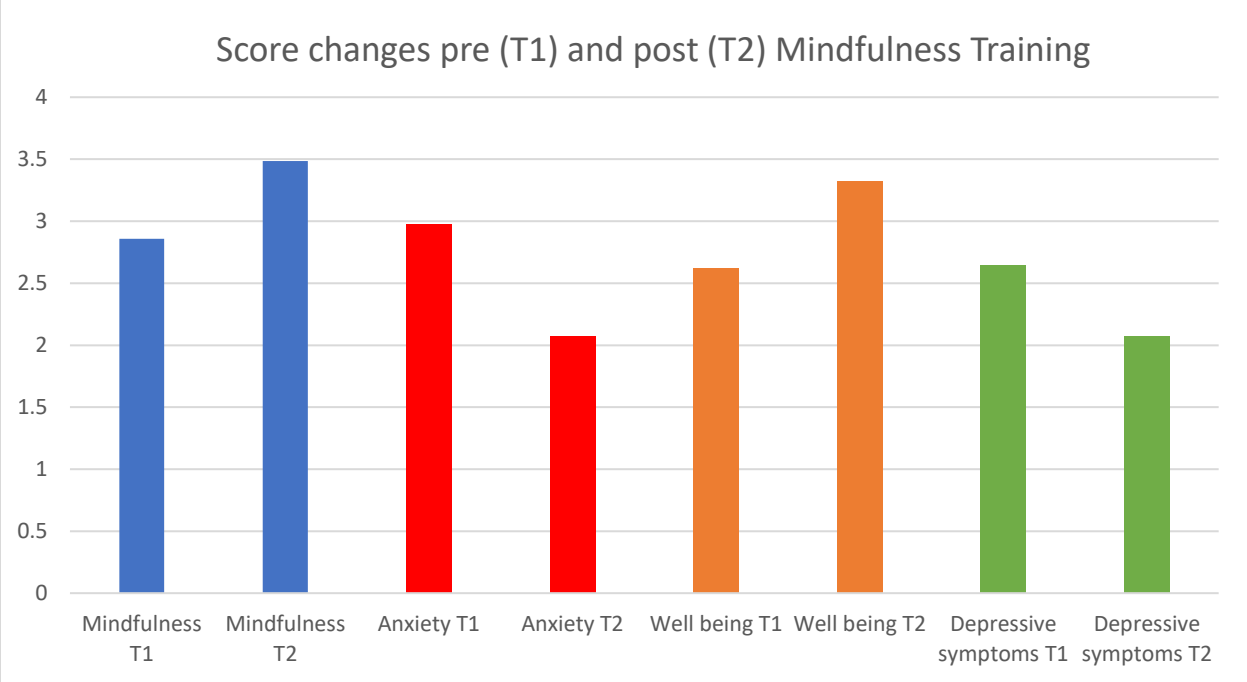
Quantitative Evaluation

Design The questionnaire was developed using scales that have been validated in past research, including (1) mindfulness, (2) depressive symptoms, (3) anxiety symptoms, and (4) psychological well-being (see Appendix A). Participant responses were anonymized using personal codes to link the pre and post-training data. A total of 17 participants completed pre- and post-training assessments; those who did not are not included in this quantitative analysis. A team of researchers affiliated with Memorial University of NL (MUN) and University of Saskatchewan (U of S) analyzed the pre- and post-evaluation questionnaires distributed by Andrew Safer.

Analysis To assess change during the training period, paired t-tests were performed. T-tests are a type of inferential statistic that allows us to assess whether changes in participants' scores on each variable from pre to post training are likely to be meaningful or are simply due to chance. All changes were statistically significant and in the expected directions. Results illustrate that **participants demonstrated significantly lower levels of anxiety and depression symptoms, and significantly higher levels of mindfulness and psychological well-being from the beginning to the end of the program.** Regarding the p-values column (below), the lower this number, the more confident one can be that the observed changes are meaningful. The generally accepted cut-off value for p-values in t-testing is < .05.

Results Table 1: Pre- and post-training evaluation summary

Variable	**Pre-training mean value**	**Post-training mean value**	**Difference (Post-pre)**	**p-value**
Mindfulness	2.86	3.49	+ 0.63	.002
Anxiety symptoms	2.97	2.08	- 0.89	.000
Psychological well-being	2.62	3.32	+ 0.70	.000
Depressive symptoms	2.65	2.07	- 0.58	.000



Qualitative Evaluation

Following is a thematic summary of responses to open-ended questions.
What does mindfulness mean to you? Participants viewed mindfulness as a tool, technique or coping mechanism that helped them deal with depression and to relieve stress (e.g., *"relaxing", "peace", "a break for my mind"*). Most participants described mindfuless as a state of being focused on the present moment and situation in a non-judgmental way.

When asked what mindfulness meditation had to do with everyday life, many participants described it as a way to slow down, pause or *"take a step back".* Through meditation and breathing, participants viewed mindfulness as a part of their daily routines that helped them to separate thoughts from their sense of self-worth or self-esteem. This has helped them deal with daily challenges, reduce negative self-talk, and develop their ability to think positively. One participant said, *"I beat myself up much less now".*

Mindfulness and depression

Participants reported that regularly practicing mindfulness meditation had helped them to become more accepting of illness-related thoughts. A prevalent theme was that participants felt better equipped to deal with depression after having completed the mindfulness training because it had given them a tool to manage their illness and its symptoms (e.g., sadness, anxiety, sleeplessness, self-loathing, reactivity). Participants felt empowered that this tool could be accessed from any time or place *("any time of day or night*"). Specific techniques such as breathing, self-compassion, practicing gratitude, and head and shoulders (pausing) practice were mentioned as being particularly helpful.

Participants reported an improvement in their ability to identify an onset of depression earlier because practicing mindfulness had given them heightened awareness of their own thought patterns that were indicative of the onset of such an episode. One participant's increased sense of efficacy was reflected in the following statement, *"It's like a heavy blanket has lifted off me. I feel competent to help myself"*. Earlier recognition of oncoming depressive episodes was accompanied by reports of expedited recovery times when a depressive episode did occur. Similarly, participants reported that they had mitigated the seriousness of various symptoms or episodes when they were regularly practicing mindfulness. It also helped some participants better manage their illness on a daily basis in instrumental ways; for example, improved regularity of taking daily medications. "*The practice is a thing I do every day; order and structure helps me with my depression and keeps me on track with other things that when I neglect (such as daily medications) only make my depression worse."*

COVID-19 Specific

Asked if mindfulness training has helped them deal with Covid-19, 16 replied "Yes" (84%) and 3 replied "No" (16%). Public health measures gave participants more time to ruminate *("more time than usual to sit with my thoughts", "a lot of down time"*), but the tools and techniques acquired at the mindfulness training helped them cope with this difficult time. Over the course of the training program, many participants reported developing a regular meditation practice despite not having practiced mindfulness meditation before. Additionally, they reported that mindfulness increased their ability to accept that environmental circumstances were outside of their control, such as Covid-19.

Next steps

In the final evaluation, all 19 respondents indicated they thought that other people with depression could benefit from "Mindfulness for Depression". The main reason for this positive recommendation was that participants felt others with depression could benefit from learning and being able to access this "tool", which encompasses a wide variety of techniques. The range and variety of mindfulness techniques covered in the course could help others to increase positive thinking, improve their focus, and better manage their symptoms.

Participants noted that conducting the mindfulness in a group setting allowed them to feel more connected to others who were experiencing similar challenges.

Appendix A – Measurement scales

Mindfulness was measured using the Five Factor Mindfulness Questionnaire (Baer et al., 2008). Participants were asked to rate from 1 (never or rarely true) to 5 (very often or always true) how well each item reflected their own opinion of what is generally true for them. Sample items: "I do jobs or tasks automatically without being aware of what I'm doing" and "When I have distressing thoughts or images I am able to just notice them without reacting."

Anxiety symptoms were measured using 7 items from the Generalized Anxiety Disorder (GAD-7) scale (Spitzer et al., 2006). Participants were asked to rate from 1 (not at all) to 4 (nearly every day) how often they had experienced each symptom. Sample items: "Feeling nervous, anxious or on edge," "Trouble relaxing," and "Worrying too much about different things."

Psychological well-being was measured using 5 items from WHO (Five) Well-Being Index. Participants rated from 1 (never) to 5 (all of the time) how frequently they experienced each item during the last two months. Sample items: "I have felt active and vigorous," "I have felt cheerful and in good spirits" and "I woke up feeling fresh and rested."

Depressive symptoms were measured using 11 items from the Center for Epidemiological Studies – Depression Symptoms Index (Kahout et al., 1993). Participants were asked to rate from 1 (Rarely or none of the time) to 4 (most or all of the time) how frequently they experienced each feeling within the last two months. Sample items: "I felt depressed," "I felt everything I did was an effort," and "I could not get 'going.'"

References

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