# Summary Report on 'Mindfulness for Depression' Training Program

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**Executive Summary**

This report offers an evaluation of "Mindfulness for Depression", a training program for people with depression. This 10-week program was offered through a partnership between Canadian Mental Health Association—Newfoundland and Labrador (CMHA-NL) and Safer Mindfulness Inc. The training was offered online once per week from April 14th to June 16th, 2020, which coincided with the onset of the COVID-19 pandemic in Newfoundland and Labrador. Forty-four people registered for the course, 27 attended the first session, and, on average, 19 trainees attended each session.

A team of researchers affiliated with Memorial University of Newfoundland (MUN) and the University of Saskatchewan (U of S) were engaged to complete an independent evaluation of the training program. This report was prepared collaboratively by Andrew Safer and the research team; it describes the structure and content of the training program, provides a participant summary, highlights key quantitative and qualitative findings, and outlines next steps.

The key takeaways of this report are as follows:

- Evidence suggests the 10-week mindfulness training program was highly effective.
- Training participants demonstrated significantly lower levels of anxiety and depression symptoms from pre to post training.
- Training participants demonstrated significantly higher levels of mindfulness and psychological well-being from pre to post training.
- Anonymized quotes are included in this report to illustrate participants' reflections on the training program.

Mindfulness for Depression
Program Evaluation

## 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 training sessions ran from April 14th to June 16th, 2020 for 1.5 hours every Tuesday evening. The weekly sessions were conducted on the Zoom for Healthcare platform, which ensured physical distancing, ease of access for participants, and safety and security of communications.

The initiative was undertaken through a partnership between CMHA-NL and Safer Mindfulness Inc., and with funding support from the Department of Health and Community Services, Government of Newfoundland and Labrador and Pennecon Limited. All materials for the training program were compiled, prepared, and delivered by Andrew Safer, mindfulness-awareness meditation instructor and trainer, and founder of Safer Mindfulness Inc. Andrew Safer also provided the mindfulness instruction. Two books were given to each participant: *The Mindful Way Through Depression* by Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn; and *Anxiety, Stress & Mindfulness* by Andrew Safer.

An outline of the training curriculum follows:

Table 1: 10-week training program curriculum

| Week | Main Topic |
|---|---|
| 1 | Mindfulness and Depression: What's It All About? |
| 2 | Where the Rubber Meets the Road: Grounding and Mindfulness-Awareness |
| 3 | Being Present & Mindfulness in Everyday Life |
| 4 | Rumination & Disengaging From Thoughts |
| 5 | Feeling Your Feelings Instead of Avoiding Them |
| 6 | Stress and Anxiety & the Power of Pausing |
| 7 | Birthright of Goodness: Discovering Inner Resources |
| 8 | Self-Judgment vs. Kindness & Making Friends with Yourself |
| 9 | Impacts of Digital Distraction: Cell Phones & Social Media |
| 10 | Fear and Fearlessness |

**Participant Summary**

Twenty-seven participants (23 females, 4 males) started the program, and an average of 19 participants 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, and from diverse locations including: St. John's, Mt. Pearl, Bauline, Conception Bay South, Paradise, Kippens; Stephenville; another location on the west coast (undisclosed); Glovertown; Conception Harbour; and Dartmouth, Nova Scotia.

Andrew Safer developed and presented the "Mindfulness for Depression" program. Three seasoned mindfulness practitioners with lived experience of depression - two of whom were 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.

CMHA-NL and Andrew Safer shared the planning and promotional duties. CMHA-NL organized the registration and provided strategic guidance, as well as the Zoom for Healthcare platform. There was no clinician involvement during the sessions. Outside the sessions, Andrew Safer consulted with Curt Hillier, Psychologist, H. Khalili PhD & Associates, on any questions that arose during the program.

## Quantitative Evaluation

*Design*

An evaluation questionnaire was administered when mindfulness training began (at the first session) and at the end of the mindfulness training (last session). The questionnaire was developed using scales that have been validated in past research, including mindfulness, depressive symptoms, anxiety symptoms, and psychological well-being. Please see Appendix A for descriptions of each scale. 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; participants who did not complete both assessments 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. In the table and figure below, the group's mean (average) scores pre and post training are outlined. 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.

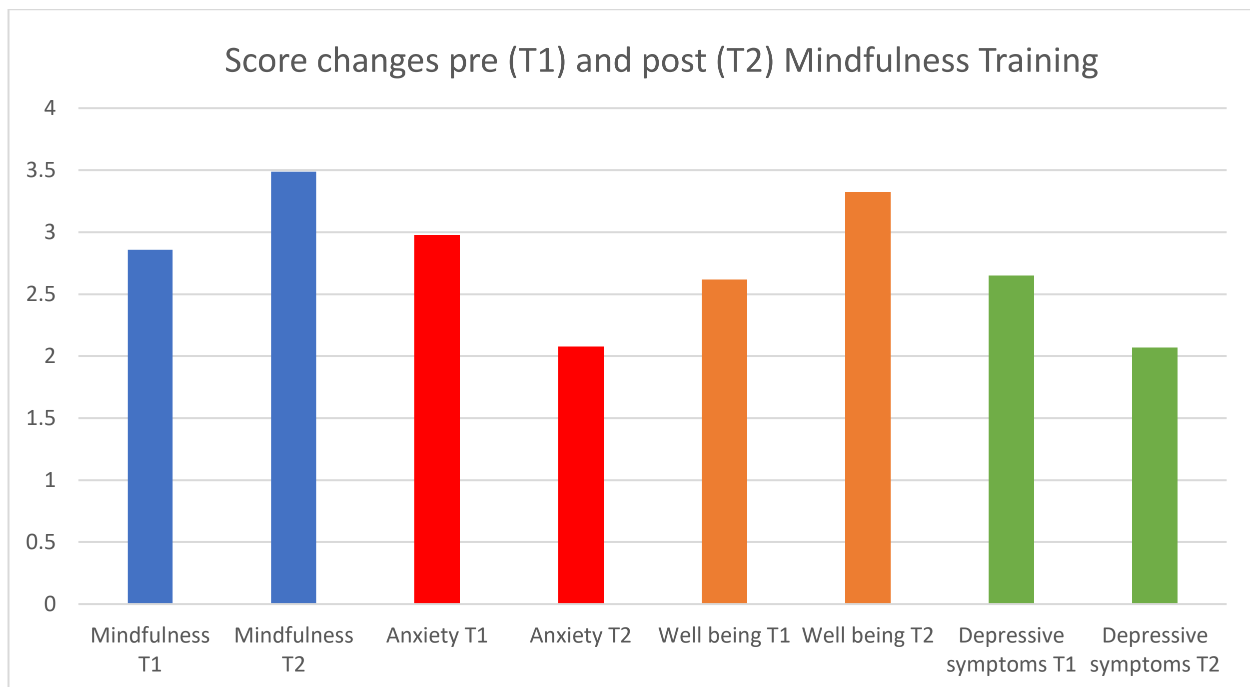
*Results*

Table 2: 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 |

- Note: p-values included in this table represent the probability that there is no meaningful difference between pre and post training values. 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.

Figure 1: Pre and post training data visualization



## Qualitative Evaluation

The questionnaire included open-ended questions that allowed participants to type answers and provide insights that complemented the quantitative component of the evaluation. This section presents 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*

The majority of participants indicated that mindfulness training had helped them deal with the COVID-19 pandemic.

Those who responded 'yes' (16 participants) to this question acknowledged a linkage between an increase in their levels of stress and anxiety with required public health guidelines that were implemented during the pandemic advising citizens of Newfoundland and Labrador to 'stay at home', 'socially distance' and 'isolate'. This 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. Participants especially liked the weekly course structure as it gave them something to look forward to and helped them create routines. They felt connected to a group of similar others with whom they could share.

**Next steps**

Participants said they would recommend Andrew Safer's mindfulness training to others experiencing depression. 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. The virtual Zoom platform was well-received.

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’m good at finding words to describe my feelings,” “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**

Baer, R. A., Smith, G. T., Lykins, E., Button, D.,Krietemeyer, J., Sauer, S., Walsh, E., Duggan, D. &Williams, J. M. G. (2008). Construct validity of the Five Facet Mindfulness Questionnaire in meditating and nonmeditating samples. *Assessmen*t, 15, 329–342.

Kabat-Zinn, J. (1994). Wherever you go, there you are: Mindfulness meditation in everyday life. New York, NY: Hyperion.

Kahout, F. J., Berkman, L. F., Evans, D. A., & Cornono-Huntley, J. (1993). Two shorter forms of the CES-D depression symptoms index. *Journal of Aging and Health*, 5, 179–193.

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine, 166*(10), 1092-1097.

WHO (Five) Well-Being Index (1998). Psychiatric Research Unit, WHO Collaborating Center for Mental Health. Accessed: https://www.psykiatri-regionh.dk/who-5/Documents/WHO5_English.pdf