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**Suicide Prevention Through Mindfulness Training
Outcomes Summary
May / June 2021**

August 10, 2021

In a partnership between Canadian Mental Health Association—Newfoundland and Labrador and Safer Mindfulness, Inc., 24 participants signed up for the “Suicide Prevention Through Mindfulness Training” pilot program, 13 of whom attended the first session. The 8-session program began on May 12th, and ended on June 30th, with 1.5-hour weekly evening sessions. The ages of participants ranged from 21 to 75. Thirteen females and four males were in attendance.

Three psychiatrists referred five participants, and additional referrals came from a registered psychologist and a peer support group for people with PTSD, while others learned about the program from a VOXM radio news show, a friend, and online.

A community support person with ASIST (Applied Suicide Intervention Skills Training) and two mindfulness-awareness meditation instructors participated in the sessions (with the latter two alternating). There was no clinician involvement with the program delivery. Presenter/Facilitator Andrew Safer consulted outside the sessions with Curt Hillier, Registered Psychologist, H. Khalili, PhD & Associates.

Funding support was generously provided by VOXM Cares Foundation and Pennecon Limited.

The sessions included check-in, mindfulness instruction, coaching and practice (breath awareness, mindfulness-awareness, and walking meditation, as well as practices and exercises to cultivate pausing, kindness, and dealing with difficult emotions), presentation on the day’s topic, Q&A, discussion in pairs and in the group, and homework review.

Eight participants completed evaluations both at the beginning (quantitative), and at the end (quantitative and qualitative) of the workshop series.

The sessions were held in person at The Lantern, 35 Barnes Road, St. John’s, Newfoundland, with an average of 12 people attending and with social distancing for COVID-19.

A copy of the book *Anxiety, Stress & Mindfulness* by Andrew Safer was given to each participant, reading was assigned, and links to relevant magazine articles were also sent between sessions.

The weekly session topics for the “Suicide Prevention Through Mindfulness Training” program included:

1. Mindfulness and Suicide Prevention: What’s It All About?
2. Grounding and Mindfulness-Awareness Practice
3. Being Present & Mindfulness in Everyday Life
4. Birthright of Goodness: Discovering Inner Resources
5. Self-Judgment vs. Kindness / Making Friends with Yourself
6. Stress and Anxiety & the Power of Pausing
7. Rumination & Disengaging from Thoughts
8. A New Way to Relate to Feelings & Emotions

Quantitative Evaluation Questions¹

The evaluation questions were negatively worded (e.g. “I have difficulty dealing with troubling emotions”), and the response scale was 1=Strongly Agree ranging to 5 = Strongly Disagree. Therefore, a higher number (in the post average) indicates greater disagreement with the negative statement, which is a positive response. Thus, the positive percentages below indicate improvement between the beginning and end of the program.

Evaluation statement and percentage change from beginning to end of program:

Pre Average	Post Average	Change (Post-Pre)	% Change
1. When I start thinking of something that concerns me, I can’t get it out of my mind.			
1.5	2.4	0.9	58.3%
2. I am not kind towards myself.			
2.8	3.0	0.3	9.1%
3. I think over and over about things that have already happened.			
1.4	2.3	0.9	63.6%

¹ The quantitative analysis of questions 1-18 was conducted by Dr. Kara Arnold, professor of Organizational Behaviour and Human Resource Management at Memorial University’s Faculty of Business Administration.

Pre Average	Post Average	Change (Post-Pre)	% Change
4. I am worried about the future. 1.6	2.1	0.5	30.8%
5. I have thoughts about suicide often. 2.6	3.4	0.8	28.6%
6. These suicidal thoughts are persuasive; I can see myself acting on them at some point. 3.6	4.3	0.6	17.2%
7. This pattern of not being fully present in my immediate experience is normal for me. 2.3	2.0	-0.3	11.1%
8. I don't believe I can make a difference in my life. 3.1	4.0	0.9	28.0%
9. I don't have confidence in my ability to deal with the stressful things that happen to me. 2.4	3.4	1.0	42.1%
10. Staying in the present hurts so much that I prefer to run away from what is unpleasant. 3.1	3.0	-0.1	-4.0%
11. I feel like I am alone in the world. 2.1	3.5	1.4	64.7%
12. I have difficulty accepting things as they are. 2.5	3.3	0.8	30.0%

Pre Average	Post Average	Change (Post-Pre)	% Change
13. I always have the feeling that there is something I should be doing to get rid of my troubling emotions.			
1.4	2.3	0.9	63.6%
14. I often don't feel grounded in my body.			
2.4	2.5	0.1	5.3%
15. I go around most of the time without paying attention to my surroundings.			
3.3	3.8	0.5	15.4%
16. I feel like I have no control over my thoughts, moods, and feelings.			
2.1	3.0	0.9	41.2%
17. The voice in my head can make me feel anxious and I don't know how to pause or interrupt this pattern.			
1.5	3.5	2.0	133.3%
18. When I have negative thoughts, they overwhelm me and I don't have any tools to deal with it.			
2.3	4.3	2.0	88.9%

Intensity of Suicidal Thoughts

On a scale where 1 is the lowest intensity and 10 is the highest, my suicidal thoughts are (number)_____

4.5	2.6	1.9	-41.7%
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Note: Unlike the other questions, a low number here is positive.

(Cont'd.)

When I have suicidal thoughts, they generally last (complete one...)
 ___minutes/___hours/days___.

Pre	# Participants	Post	# Participants
Hours / 2 hours	2	Hours / 2 Hours, rarely full day	2
Minutes (3x) / 10 minutes	4	Minutes (2 x) / 10 min. / 1 min.—now	4
Days / 4 days	2	Days	0
		No Answer (x2)	2

Note: In the pre-evaluation, above 5 there were one 8 and two 7's marked down; and in the post-evaluation, there was one 6.

Qualitative Evaluation Questions²

1. What are some of the main points about “mindfulness” that resonate for you and your everyday life?

	Number of participants
Acknowledge thought/feeling without getting stuck; aware thoughts are just that - deep breathing, recognizing thoughts alone is positive	3
“Taking care of me”; never done that before, but shall start; not blaming myself; being kinder to myself	3
Freedom, peace exist in the space/the pause, potential of “now” - Be present; aware thoughts are just that -Pausing, trying live in present moment	3
Practice will help me deal with feelings in a healthier way	1
There is a feeling in mindfulness that I exist outside of myself	1
It's new to take a break; not worrying about resolving; no agenda, just a break	1
If continue to practice, will help with	1

² Julie Huntington, B.Sc., B.Ed, transcribed the participants' qualitative evaluations.

anxiety	
Mind will wander; is OK, back to breath	1

2. Which mindfulness-in-everyday-life practices are you finding helpful, and in what way?

	Number of Participants
Head and shoulders (pausing); frequently overwhelmed; reminder of potential for peace and order; helpful At work; probably my fave practice; most helpful	4
Meditation; helps keep me grounded; slows breathing, opens chest	2
Staying aware of my surroundings	1
Being mindful during activity (brush teeth, etc.). Helps mind from wandering, stay focused	1
Pause, sensory awareness; vary tasks, change environment, avoid buildup of intensity of agenda	1
Kinder to myself	1
Recognizing thoughts (and how important thought really is)	1
More skills to practice	1
Walking meditation	1

3. How helpful has this workshop series been for you? (0=not helpful; 10=very helpful) Specifically, how has it helped you deal with suicidal thoughts/ideation?

Rating (by 8 participants)	Average
6	
9	8.0
9	
7	
8	
10	
5	
10	

It's helped more with anxiety than suicidal thoughts	
Don't know; preoccupations are	

elsewhere	
The power of the deep feeling of depression, the hole, the void, has proven to be fleeting ; can be weakened by clear mind	
Has taught me that suicide is not the best option and that I have basic goodness. I can work through these thoughts and not allow them to have control over me	
I came with the notion that what happened in my past attempt does not affect me. Now I feel I have better awareness to prevent ruminating...	
When feel down, upset or even anxious the meditation really helps. I can focus and really calm down.	
Immediately helpful with suicidal thoughts, then very helpful in rumination leading to suicidal thoughts	

4. Have you been able to do some meditation practice at home? ____
 If yes, about how many times a week?

3 times a week for 10 to 15 min.
5 times a week for 20 min.
7 times a week for 10 to 20 min.
Approx. 1 time for 10 min.
6-7 times a week for up to 12 min. (increasing)
7 times a week for 10 to 15 min.
0 – 4 times: varies

5. Do you think other people with suicidal thoughts / ideation could benefit from learning about mindfulness—both meditation and the other practices?

Yes, for some	Yes	Yes	Yes	Yes	Yes	Yes
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6. Do you intend to come to Monday night meditation at least once, to check it out?

Yes	No	Comments
6	1	(when I get a night off work)
		I will come and see if I'm more in synch with the group
		Perhaps increase to 2 hr. per session

7. Do you have any suggestions on how this workshop series can be improved?

Have a handout that each person fills in Monday to Friday on what time of day they should practice mindfulness at home. They might feel more obligated to themselves. Encourage to set a daily alarm.
No, gentle, steady approach is affirming.
Some more insight into where a person who is suicidal is at that dangerous point. There was some great insight but a lived experience perspective might help to fill in some pieces. A minor feedback piece—overall great.
Offer resources from the program online. Hold a Part 2 to the program. Or simply hold the program for more people to learn how to handle their suicidal or anxious thoughts.
Nope. This workshop was perfect in every way. And thank you :)
“Traveling mike” (the onstage one) passed from person to next person speaking

Reflections

Through mindfulness training, participants learned about their relationship to thoughts and some of the characteristics of the thought process. They also learned about feelings and emotions. Instead of being reactive, they are more able to acknowledge their feelings—even the ones that are uncomfortable. They have seen that by having a healthy relationship with their thoughts, feelings and emotions, they can move from an emotionally charged and confusing situation to one where they can make a choice in their lives.

One participant reflected: “Immediately helpful with suicidal thoughts, then very helpful in rumination leading to suicidal thoughts.”

To the extent that participants developed a home mindfulness practice during the workshop series, they are better able to simplify—when they are stressed, overwhelmed, anxious, depressed, or when circumstances become difficult to manage. For example, “When I have negative thoughts, they overwhelm me and I don’t have any tools to deal with it” saw an 88.9% improvement over the course of the workshop series.

Similarly, “The voice in my head can make me feel anxious and I don’t know how to pause or interrupt this pattern,” showed a 133.3% improvement.

Loneliness has been linked to common mental disorders and suicidal behaviour³. Therefore, it is noteworthy that “I feel like I am alone in the world” showed a 64.7% improvement between the beginning and end of the mindfulness training.

The reduction in intensity of suicidal thoughts from the first session to the last, when averages were compared, (- 41.7%) suggests that participants were better able to manage difficulties in their lives. They have preventative measures at their disposal that they can now use to manage feelings, emotions and difficult thoughts.

Participants’ insights showed that they are learning new ways of looking at difficulties: “The power of the deep feeling of depression, the hole, the void, has proven to be fleeting; can be weakened by clear mind,” was one such reflection.

³ Andrew Stickley and Ai Koyanagi, “Loneliness, common mental disorders and suicidal behavior: Findings from a general population survey”, *Journal of Affective Disorders*, 2016 Jun; 197: 81-7.