

Investigating the Feasibility and Efficacy of Mindfulness Based Stress Reduction (MBSR) in Enriching Community Well-being within Areas of Socioeconomic Deprivation (SED).

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INTRODUCTION

Socio-economic inequality is directly related to the psychosocial stress and physical and mental well-being of those in poverty.

Only a small evidence base exists regarding the efficacy of Mindfulness Based Interventions (MBIs) on the wellbeing of those in SED communities.

The program adhered to the 2009 Blacker/Kabat-Zinn curriculum with additions from MBCT.

Training was delivered to 2 groups in 2 hour sessions over 9 consecutive weeks (includes primary A & O session).

HYPOTHESES

Mindfulness Training;

- is feasible in SED COMMUNITIES
- increases general wellbeing
- increases mental wellbeing
- increases mindfulness skills

PARTICIPANTS

Recruitment via self referral, local government agencies, etc. in the city of Dundee, Scotland (second highest multiple deprivation).

40 adults participated
50% male/female
Age ranged from 18 to 65
Average age 58 years.

DESIGN/MEASURES

Mixed Method

Quantative - pre/post Wellbeing (WHO 5) Mindfulness (MAAS - 15)

Qualitative - pre/post Researcher designed Diener SWB based Thematic analysis General Wellbeing Mental Wellbeing

T1 - 1 week before A&O cohort 72

Week 1 post A&O Attrition = 25

Up to Week 3 Attrition = 27

Week 9 Completers 4 sessions + = 20

Attrition high: 58%
Reasons similar to previous studies

Quantitative Post study
Significant difference in wellbeing
No significant difference: Mindfulness

T1 - 1 week before A&O cohort 32

Week 1 post A&O Attrition = 12

Up to Week 3 Attrition = 0

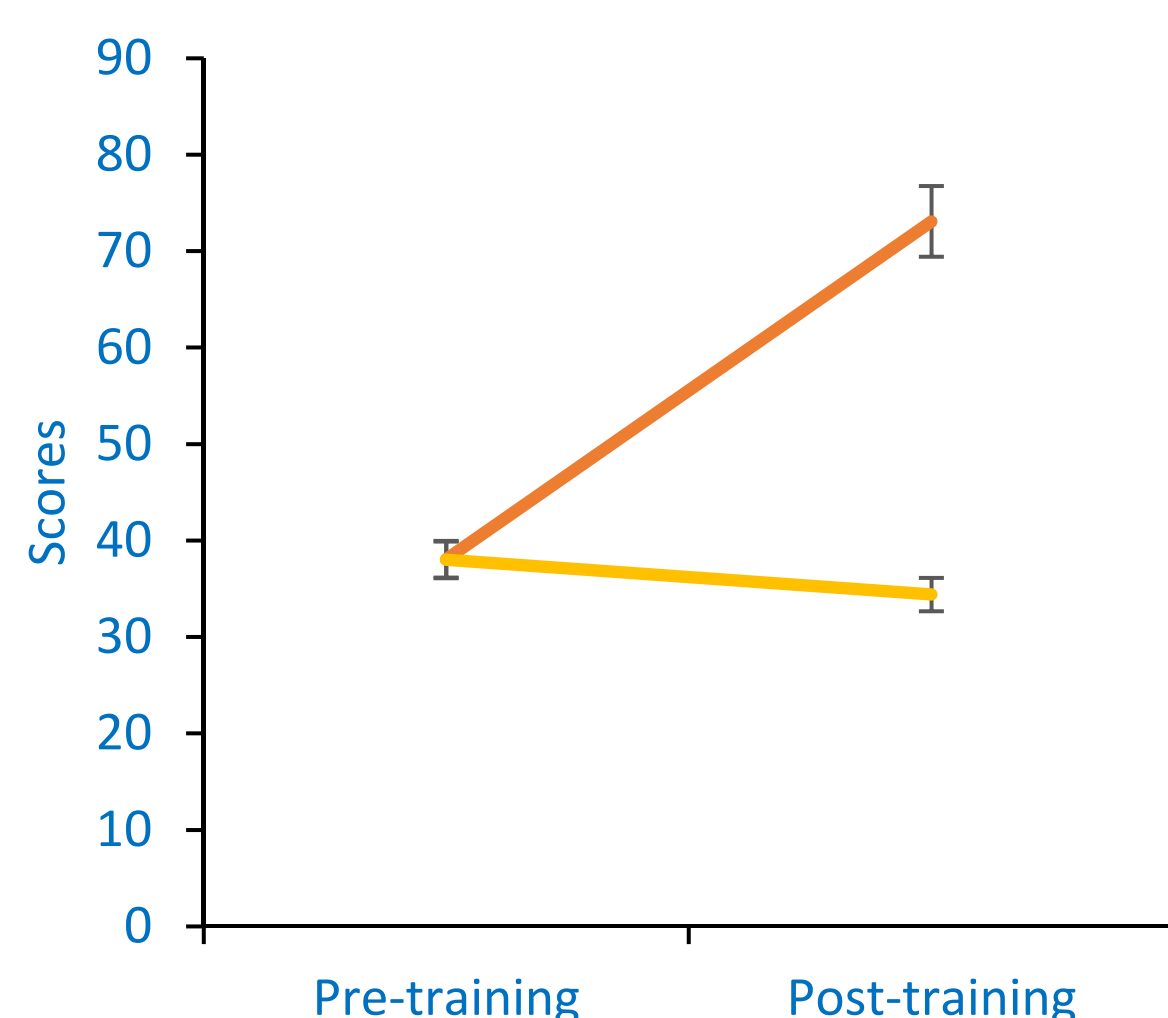
Completers 4 sessions + = 20

Qualitative
Significant differences in wellbeing
Significant differences in Mindfulness

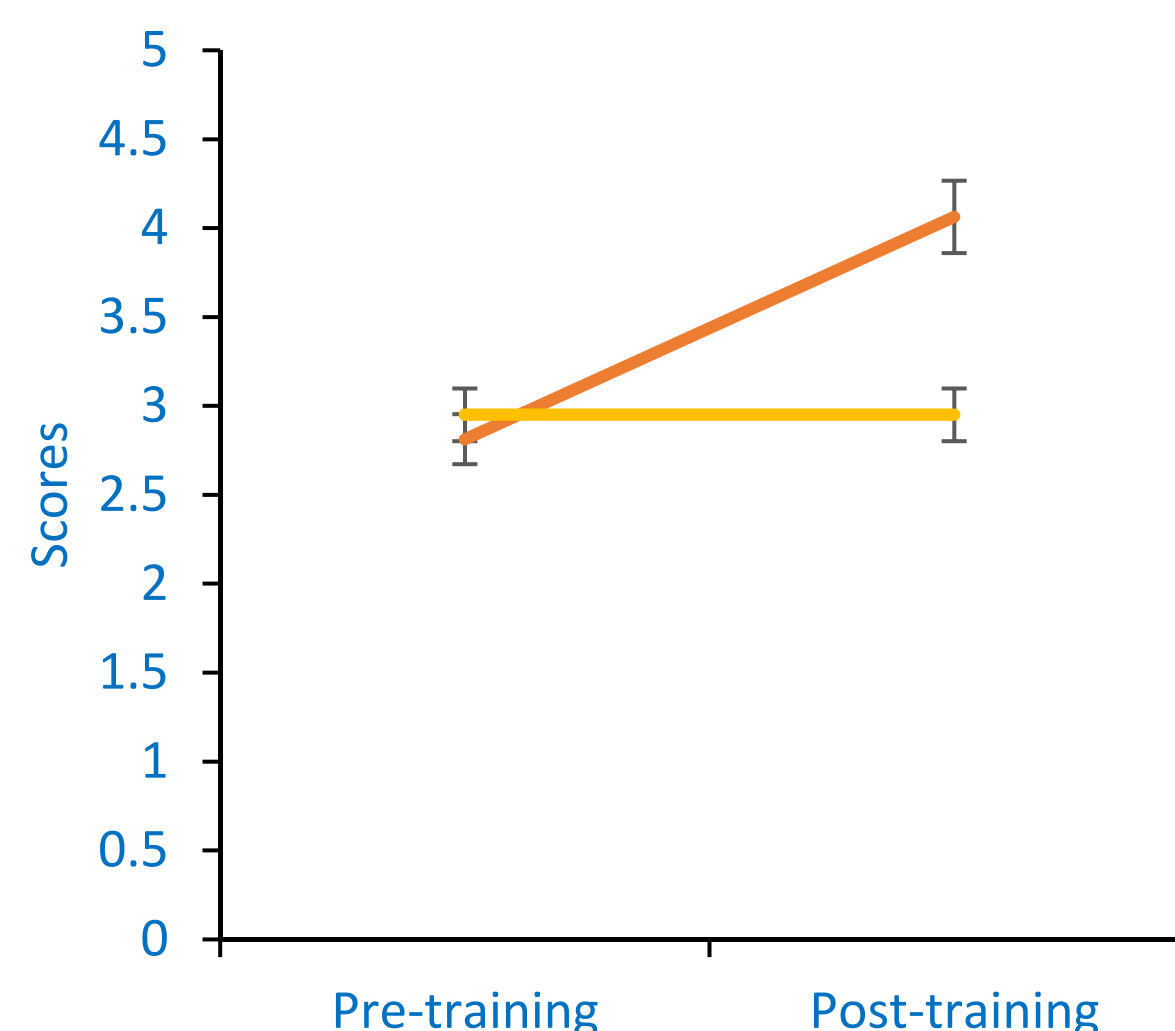
QUANTATATIVE

QUALITATIVE

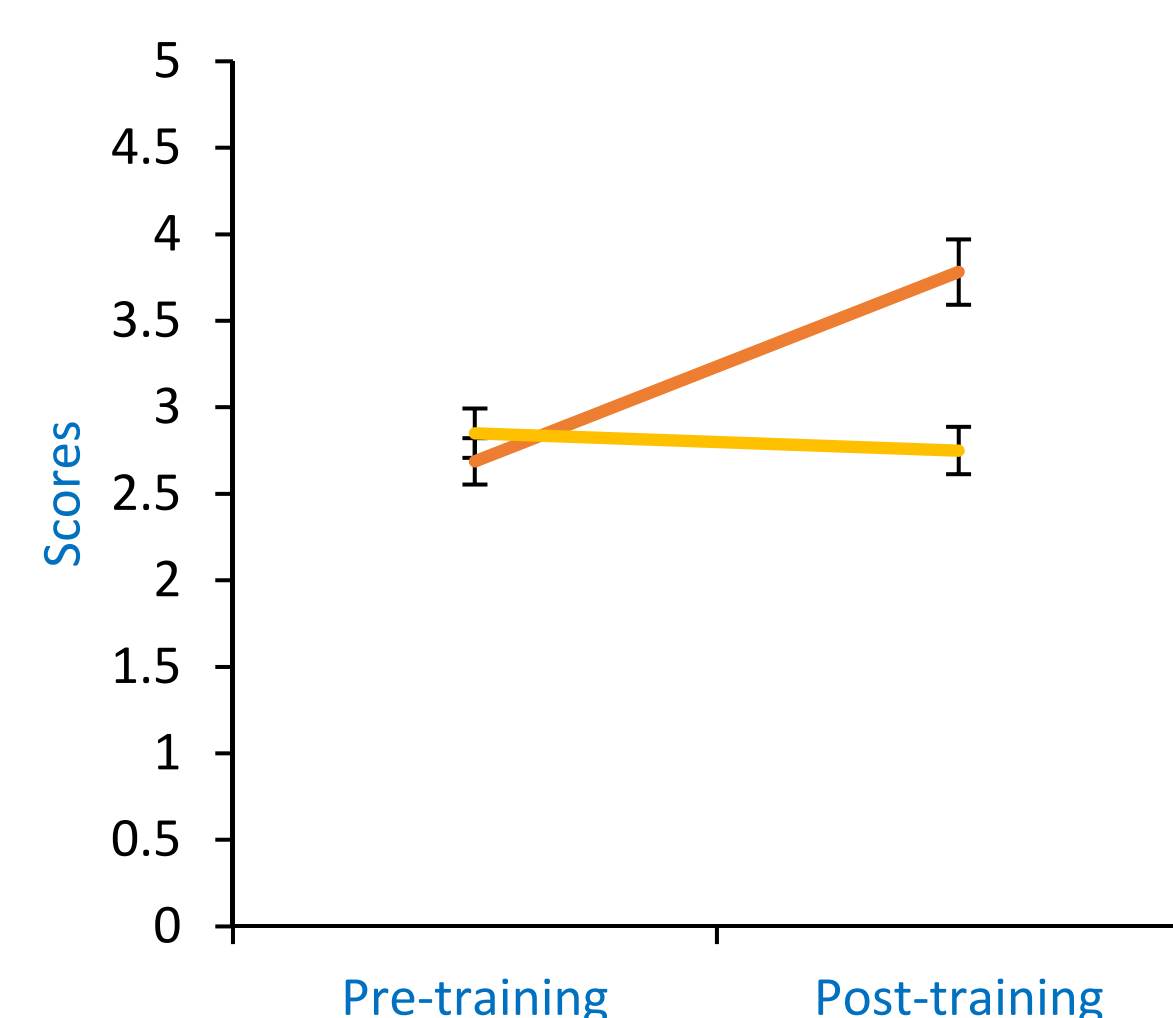
WHO-5



General Well-being



Mental well-being



• The **RESULTS** support our hypothesis regarding Wellbeing. They do not support our hypothesis regarding mindfulness skills and the MAAS.

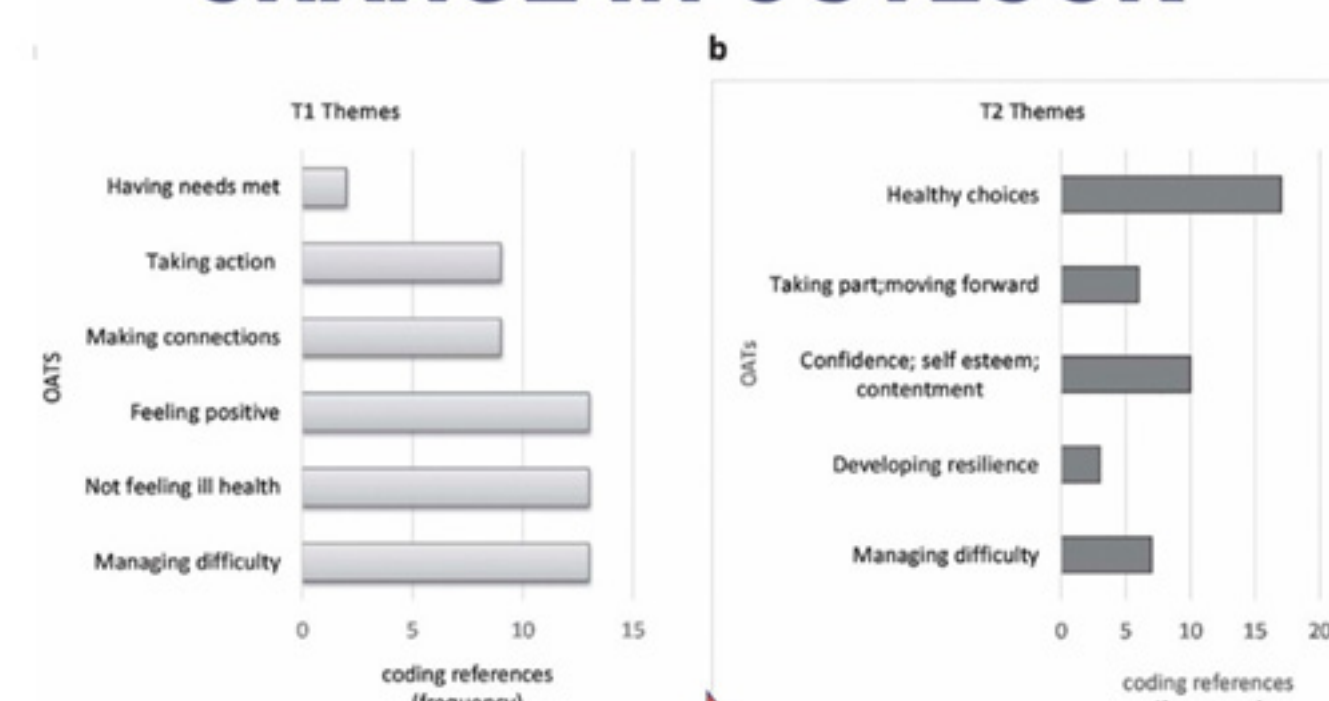
• A significant overall effect was found for all parameters regarding Wellbeing (WHO 5, GENERAL & MENTAL WELLBEING, MIXED ANOVA, FOLLOW UP T TESTS)

• For the MAAS scores, no main effects or interactions were significant.

• Positive correlations were found between WHO 5, General Wellbeing and Mental Wellbeing between groups and General and Mental wellbeing measures and mirrored in the positive changes in outlook (reperception).

		Pre-test		Post-test	
		M	SD	M	SD
MBSR group (n = 16)	Total MAAS	3.36	.49	3.50	.48
	General Well-being	2.81	1.11	4.06	.93
	Mental Well-being	2.69	1.25	3.78	.98
	WHO-5	38.05	18.87	73.08	15.79
Control Group (n = 20)	Total MAAS	3.11	.82	3.17	.84
	General Well-being	2.95	.83	2.95	.94
	Mental Well-being	2.85	.81	2.75	.97
	WHO-5	38.0	19.18	34.40	21.26

CHANGE IN OUTLOOK



CONCLUSION.

Despite the small sample size, the evidence supports course feasibility and positive wellbeing outcomes for SED adults. The findings suggest integration of MBI's into health care programmes could impact government finances positively.