Enhancing Student Well-being: the Impact of a Mindfulness-Based Program (Mind7+) on Stress, Anxiety, Sleep Quality, and Social Interactions in a sample of Portuguese University Students.

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Why Mindfulnessbased programs to promote mental health?

Mental health has intrinsic and instrumental value, helping us to connect, function, cope and thrive



BUT...

Mental Disorders are a big concern in our society

The global prevalence of mental disorders in 2019



WHO, 2022. World mental health report: Transforming mental health for all (https://www.who.int/publications/i/item/9789240049338)

Top ten leading causes of global years lived with disability (YLDs), 2019



WHO, 2022. World mental health report: Transforming mental health for all (https://www.who.int/publications/i/item/9789240049338)

Suicide is the fourth leading cause of death among 15-29year-olds







WHO, Health Topics (<u>https://www.who.int/health-topics/mental-health#tab=tab_1</u>; accessed October 10, 2023)

University Students are affected by mental disorders

 The prevalence of depression (13,790 participants) was 25% and the pooled prevalence of suiciderelated outcomes (2,586 participants) was 14%.



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Review article

Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis

Why Mindfulness?

What is Mindfulness?



I am here and now



Some scientific evidence

Sverre, 2023	Meta-analysis of RCTs Adults with depression	8 sessions (15h) of Mindfulness based therapy or Cognitive Behaviour therapy	\downarrow Depression with both types of therapy
Bamber 2022	Systematic review; university students	4 to 15 weeks with Mindfulness practices	 ↓ Depression ↓ Anxiety ↑ Emotional regulation ↑ Focus ↑ Tranquility
Chuntana, 2022	Meta-analysis of RCTs, young adults 20-26 years	8 weeks; sessions once a week with daily practices	\downarrow Depression; results related to time of practice

Bamber, M.D. & Schneider, J. K. College students' perceptions of mindfulness-based interventions: A narrative review of the qualitative research Curr Psychol (2022) 41:667–680 https://doi.org/10.1007/s12144-019-00592-4

Chuntana Reangsing, Christina Lauderman, and Joanne Kraenzle Schneider. Effects of Mindfulness Meditation Intervention on Depressive Symptoms in Emerging Adults: A Systematic Review and Meta-Analysis. Journal of Integrative and Complementary Medicine. Jan 2022.6-24. http://doi.org/10.1089/jicm.2021.0036

Sverre, K. T., Nissen, E. R., Farver-Vestergaard, I., Johannsen, M., & Zachariae, R. (2023). Comparing the efficacy of mindfulness-based therapy and cognitive-behavioral therapy for depression in head-to-head randomized controlled trials: A systematic review and meta-analysis of equivalence. Clinical psychology review, 100, 102234. https://doi.org/10.1016/j.cpr.2022.102234



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The program 8 sessions, October – December 2022

- 1. Concept of Mindfulness; formal and non-formal practices, diaphragmatic breathing;
- 2. Mindfulness attitudes; body scan;
- 3. Dealing with stress and anxiety; scientific evidence of mindfulness effects; guided meditation;
- 4. Flipping limiting thoughts to empowering thoughts; 10 Yoga movements and relaxing the body; guided meditation;
- 5. Goal setting; anchoring tranquility and focus; walking meditation
- 6. Yoga class; sitting meditation; values;
- 7. Neurologic levels; loving-kindness meditation;
- 8. Personal impact statement; mindfulness state meditation. Sessions 3 and 6 were online; all other sessions were presential.

Results: Flow of participants



Characteristics of the initial sample

Gender (% Female)	84.6	
Age (mean \pm SD)	22.8 ± 6.1	
BMI		
(% normal weight; BMI < 25 kg/m ²	61.6	
Smoker (%)	19	
Diagnosed pathology (%)	26.9	
Physical Activity		
(mean MET-min/week \pm SD)	2197 ± 1850	
Adherence to MD		
(mean MEDAS \pm SD)	$\textbf{6.3} \pm \textbf{1.6}$	

Results: Adherence to the program

- Attendance to sessions: 70% attended from 5 to 8 sessions
- Frequency of home practices: half the participants (50%) reported that they practiced sometimes but not every week, 40% reported practices 3 to 4 times per week; the other 10% divided themselves between practices once or twice a week (5%) or no practices (5%).
- **Duration of practices**: most participants reported practicing 5 to 10 minutes (70%) and 30% reported spending 15 to 30 min in their practices.
- Favorite practices included focus on breathing, guided meditations, and yoga exercises.

Results: Primary Outcomes

Values before (Pre) and after (Pos) the intervention for depression, anxiety, stress and sleep quality.

Domain (scale)	Pre	Pos	P-value	Effect
Items of each domain	(mean ±	(mean ±	a,b	size ^{a,b}
	sd)	sd)		
Depression (EADS)	1.1 ± 0.8	$\textbf{0.9}\pm\textbf{0.9}$	0.198 ª	0.307 ª
Anxiety (EADS)	1.1 ± 0.8	$\textbf{0.6} \pm \textbf{1.3}$	0.031ª	0.589ª
Stress (EADS)	1.6 ± 0.7	1.1 ± 0.8	0.014 ^b	0.646 ^b
Sleep Quality (PSQI)	$\textbf{4.9} \pm \textbf{3.5}$	3.0 ± 2.1	0.027 ^b	0.611 ^b

EADS (Scale of Anxiety, Depression and Stress), scale from 0 (best condition) to 3 (worst condition); PSQI (Pittsburg Sleep Quality Index), scale from 0 (best condition) to 15 (worst condition). Differences between pre and post intervention were tested by parametric paired t-tests for normal variables, with Cohen's D effect size (a), and non-parametric related samples Wilcoxon Signed Rank Tests for non-normal variables with acceptable skewness (-1 to 1 values) and effect sizes calculated by Z values divided by the square root of N (b); N=18. Significant differences in bold (p-values< 0.05). Effect sizes: no effect <0.2; small effect 0.2 to 0.5; moderate effect 0.5 to 0.8; large effect >0.8.

Results: Secondary Outcomes

Values before (Pre) and after (Pos) the intervention for Mediterranean Diet Adherence (MEDAS score), Physical Activity, frequency of contact with nature and with friends).

MEDAS, Mediterranean Diet Adherence Screener, score from 0 (worse) to 14 (best) [11]. MET-min per week calculated according to IPAQ (International Physical Activity Questionnaire) [8]. a) Differences between pre and post intervention were tested non-parametric related samples Wilcoxon Signed Rank Tests for non-normal variables with acceptable skewness (-1 to 1 values) and effect sizes calculated by Z values divided by the square root of N. Significant differences in bold (p-values< 0.05). Effect sizes: no effect <0.2; small effect 0.2 to 0.5; moderate effect 0.5 to 0.8; large effect >0.8.

Variable	Pre	Pos	P-value ^a	Effect size ^a
Mediterranen Diet			0.025	0.02
Adherence (MFDAS: mean + sd)	6.3 ± 1.6	6.4 ± 1.9	0.935	0.02
Physical Activity				
(MET-min/week; mean ±	1.1 ± 0.8	0.6 ± 1.3	0.609	0.123
sd)				
Frequency of contact with				
nature (%)				
Never	0.0	15.0		
Occasionally	37.5	20.0	0.218	0.275
Sometimes	41.7	20.0		
Frequently	20.8	40.0		
Most of the times	0.0	5.0		
Frequency of contact with				
friends (%)				
) Never	0.0	0.0		
	29.2	5.0	0.008	0.590
^a Sometimes	45.8	45.0		
^Z Frequently	12.5	30.0		
ⁱ Most of the times	12.5	20.0		

Results: correlation

A significant correlation was observed for sleep quality and frequency of practices (Pearson pvalue=0.039), with a moderate positive association (Pearson r=0.538).



Main Message

• Mind7+ program positively influenced stress levels, anxiety, sleep quality and social interactions among university students.

Future Perspectives

• Will an adaptation to a mobile App be efficient?



Some recent evidence



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<u>J Med Internet Res.</u> 2023; 25: e39128.

Published online 2023 Jan 3. doi: 10.2196/39128

PMCID: PMC9856434 PMID: <u>36596239</u>

Effects of Mobile Mindfulness Meditation on the Mental Health of University Students: Systematic Review and Meta-analysis

958 university students; mobile mindfulness meditation vs control ↓ Stress ↓ Anxiety ↔ Depression ↑ Well-being



Thank you and be mindfulness

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