

Implementation of a mindfulness-based intervention to decrease loneliness and depression in the community setting



SCHOOL of NURSING

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Background

- Loneliness and social isolation have been identified as a public health risk, that affects individuals of all ages.
- The health risks associated with both social isolation and loneliness are comparable to obesity, smoking 15 cigarettes a day, and substance use.
- All-cause mortality rates are increased by 29% for those experiencing loneliness.
- Social isolation and loneliness are associated with increased healthcare costs through the increased use of primary care, emergency room visits and longer hospitalizations.

Purpose

- The purpose of this project was to implement an evidence-based mindfulness intervention in community-dwelling, low-income adults experiencing loneliness and depression and to evaluate the outcomes of the mindfulness based intervention (MBI) on feelings of loneliness.

Literature Review

- A systematic review of the literature, with Level I and II (JHNEBP) supports the use of MBI to decrease loneliness and depression
- There are currently no existing guidelines or standards of care for the use of MBI

Implementation

Population

- Community dwelling adults who met criteria for and were enrolled in services at a community clinic, who were reporting loneliness on the UCLA 3 item Loneliness scale

Inclusion Criteria

- Adults (18+), either English or Spanish speaking with a positive response on UCLA 3 item Loneliness Scale

Intervention:

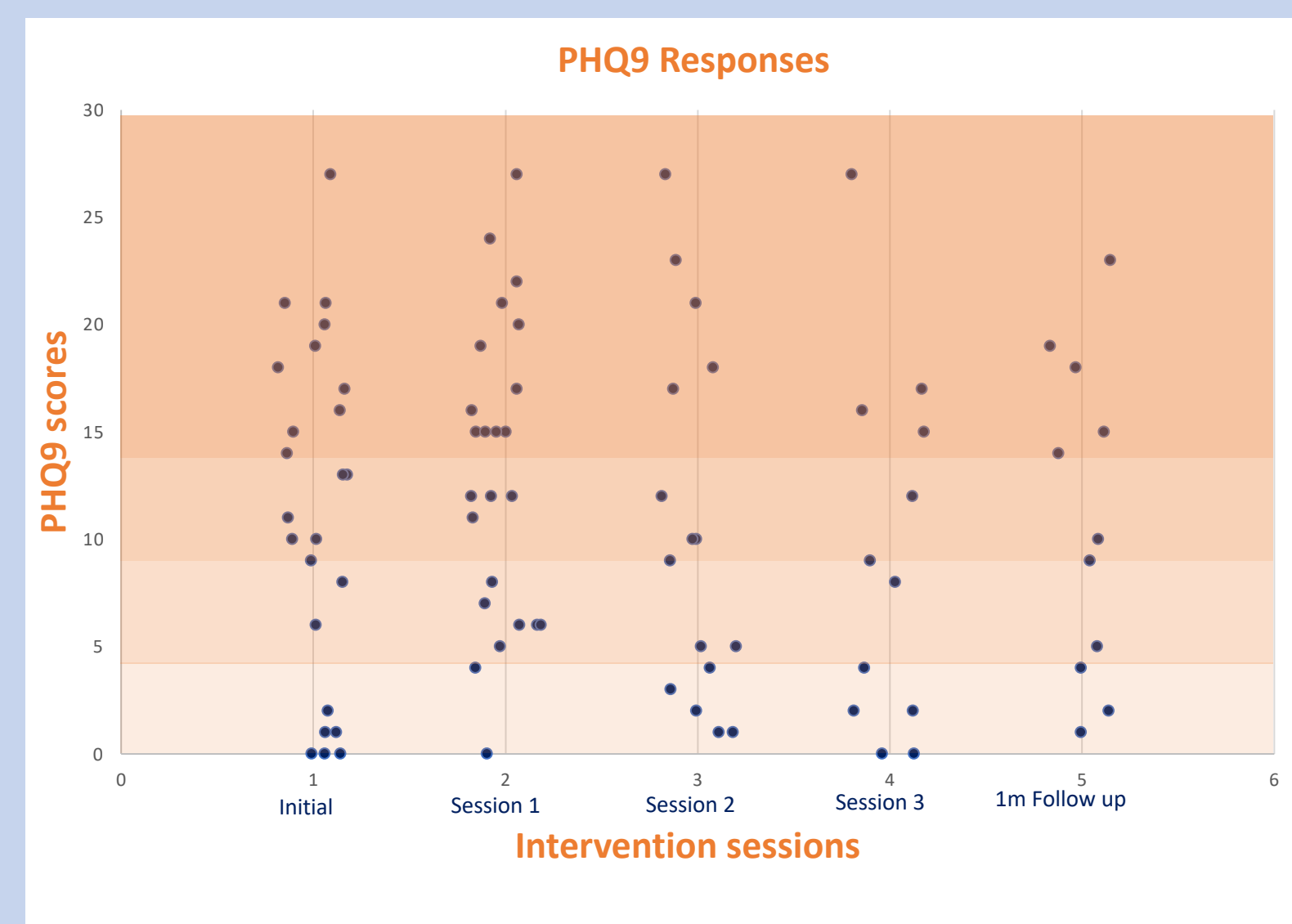
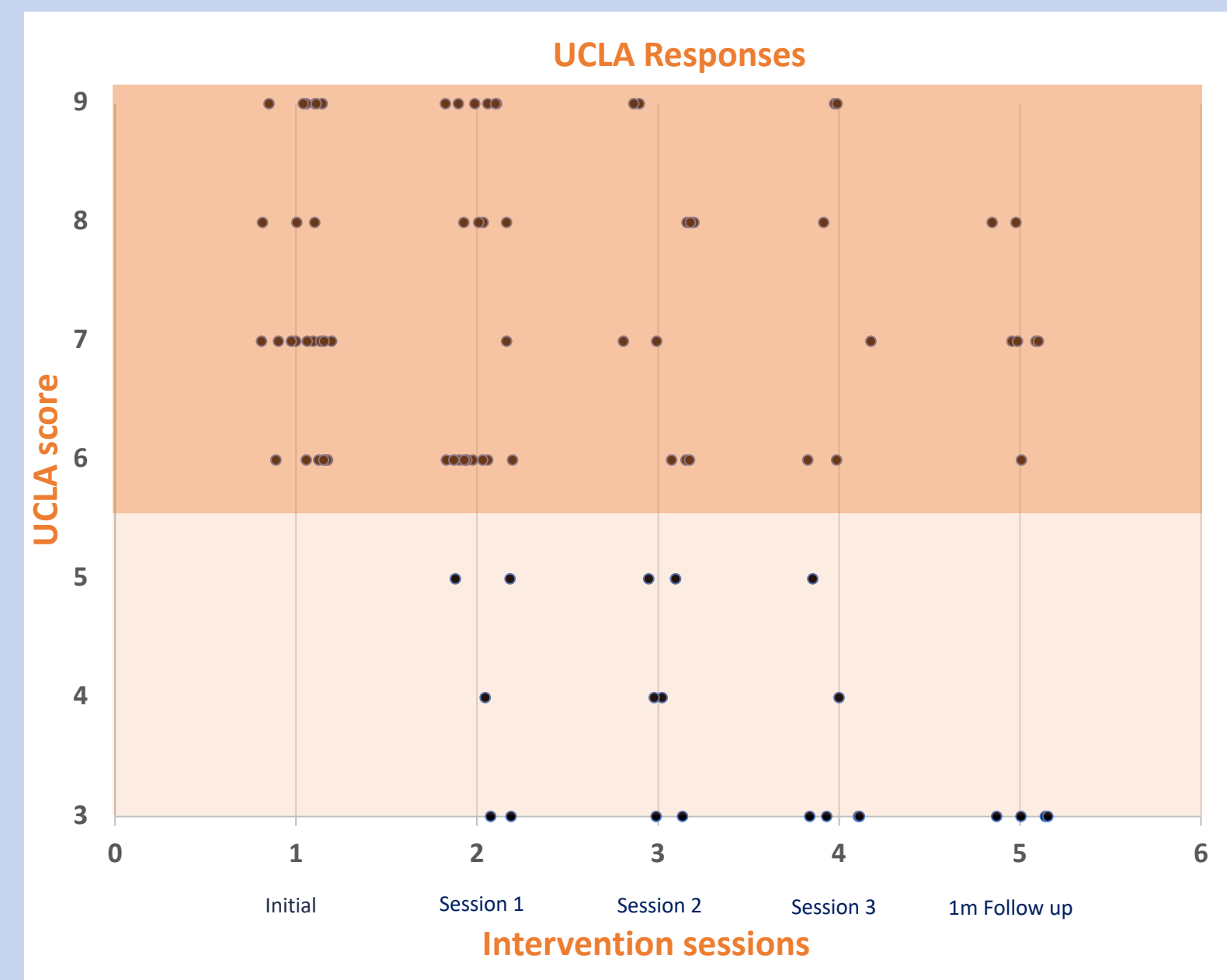
- Two computer based, publicly available MBI created by the UCLA Mindful Awareness Research Center (MARC)
 - 1 – 7 minutes in duration and focuses on kindness to oneself
 - 2 – 9 minutes in duration and utilizes loving kindness meditation to increase social connectedness
- The two MBI ran consecutively
- The intervention was planned to be viewed once weekly for three consecutive weeks

Measurement variables:

- UCLA three item Loneliness scale
- PHQ 9

UCLA Three Item Loneliness Scale	
Answer Scale: Hardly Ever =1 point Some of the Time = 2 points Often = 3 points	Point(s)
How often do you feel that you lack companionship?	
How often do you feel left out?	
How often do you feel isolated from others?	
Total points = Loneliness Rate (9 = most lonely/3 = least lonely)	

Results



PARTICIPANTS	N	%	M	RANGE
TOTAL SCREENED	231			
NEGATIVE	179	77.4		
POSITIVE	52	22.5		
PARTICIPATED	25	10.8		
UCLA 3 ITEM SCALE				
INITIAL	25	100	7.4	6-9
SESSION 1	25	100	6.2	3-9
SESSION 2	16	64	6.1	3-9
SESSION 3	12	48	5.5	3-9
FINAL	11	44	5.6	3-9
PHQ-9 SCREENING				
INITIAL	25	100	11.3	0-27
SESSION 1	25	100	13.1	0-27
SESSION 2	16	64	10.5	1-27
SESSION 3	12	48	9.3	0-27
FINAL	11	44	10.9	1-23

- 50% of participants reported scores of “not lonely” following the intervention
- PHQ-9 scoring indicates improvement from “moderate depression” to “mild depression”
- Data collection took place in Fall/Winter potentially impacting outcomes

Conclusions

- Attrition rates and improvement are consistent with current literature
- Most frequent drop out responses were time commitment and travel distance
- Future planning to improve attritions rates include diversifying delivery mode to include virtual and frequency of viewing. Expanding to include other community organizations.

References

