

Abstract

Loneliness has been shown to decrease overall health and to increase overall morbidity and mortality by 30%. Loneliness is associated with higher health care utilization and costs. Mindfulness activities have been shown to be effective in reducing feelings of loneliness and depression. The purpose of this evidence-based practice (EBP) project was to introduce a mindfulness-based intervention into daily clinic flow to reduce feelings of loneliness and depression. Using The Iowa Model: Revised as the project framework, a systematic review of the literature was performed to identify evidence-based interventions to decrease loneliness in a community-based setting. A team was assembled comprised of clinic leadership and bilingual nonmedical clinic staff. Mindfulness interventions were compared for setting, ease of access, and cost. The program consisted of prerecorded training by the UCLA Mindful Awareness Research Center. Uninsured or underinsured adults receiving services at a primary care clinic were screened for loneliness using the UCLA 3 item loneliness scale. Those with positive screenings were offered a weekly mindfulness-based training for three consecutive weeks. Each computer-based module lasted 18 minutes. UCLA 3 item loneliness and PHQ-9 scores were collected at baseline, after each training and 1 month after completion of the last training. A total of 231 patients were screened during the data collection timeframe, 22.5% (52) patients screened positive, 25 patients elected to participate in the pilot. A 50% attrition rate was noted, with the highest attrition occurring after the second intervention session. Overall, 50% of participants reported a score of “not lonely” at the conclusion of the pilot.