

Mindfulness Therapy For Adolescent Depression: An Evidence From Clinical Trial

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Abstract

Introduction: Adolescent depression is influenced by a variety of factors, and there is a need to develop more effective care and rehabilitation plans. Being an important component, mindfulness can play a major role in mental health in adolescents.

Objective: The purpose of the study is to check the effect of mindfulness therapy on depression levels in adolescents.

Methodology: Adolescents studying in Dehradun's private and public schools participated in this pre-posttest study. Written consents were obtained, and 100 study participants who met the inclusion and exclusion criteria were chosen from stratified data. Four groups were formed, including 10 male and 10 female adolescents in each group. While 12 adolescents were excluded and 8 were kept on the waiting list, a total of 22 adolescents dropped the therapy. The Beck depression inventory was utilised to gather data on depression. A total of 15 mindfulness sessions were employed for each group to control depression. A t-test was applied for statistical analysis.

Findings: The initial depression level of adolescents was 47.66 in the extremely severe category. After 15 mindfulness sessions, the subject's depression degree was reduced to 15.5.

Conclusion: This investigation is a diagnostic study, which is aimed at managing the level of depression in adolescents. The study discovered that adolescents' depression was reduced significantly following mindfulness. In general, it is found that mindfulness is useful in the management of adolescents' depression.

Keywords: adolescents, gender, depression, mindfulness.

1.0 Introduction

Adolescent depression is becoming the leading mental health issue worldwide. "Poor social problem-solving, cognitive distortions, and family conflict, as well as alienation from parents and peers, a helpless attribution style, gender, and perceived criticism from teachers, are the root causes of this (Arehart, T.J., 2002).

Depression is the most common as well as the most difficult mental health issue to treat. Up to 80% of those who have had a significant depressive episode will relapse. Drugs' effectiveness may wane over time. The worst thing is that medicines may not be successful in all patients. Perhaps it is time to leverage the potential of mindfulness as a depression cure. A new meta-analysis found that mindfulness-based cognitive therapy (MBCT) is beneficial in lowering the likelihood of relapse in patients with recurrent depression, particularly in those with the most severe residual symptoms. MBCT teaches people how to separate from the deeply dysfunctional thoughts that are frequent in depression. Surprisingly, it has been revealed that MBCT may be especially useful for people suffering from severe depression. To put it another way, the higher the risk of refractory depression, the higher the apparent benefit of MBCT.

2.0 Review of literature

According to Kabat Zeinn (2003), recent studies have indicated that the practice of mindfulness can be beneficial in treating a wide variety of diseases, including stress, depression, and anxiety. The practices of mindfulness have been shown to be helpful in alleviating physical tensions and anxieties, in addition to mental anguish and stress. In his research,

Kabat Zeinn suggested that mindfulness-based interventions are clinically efficacious but that better-designed studies are now needed to substantiate the field and place it on a firm foundation for future growth. Her review, coupled with other lines of evidence, suggests that interest in incorporating mindfulness into clinical interventions in medicine and psychology is growing. It is thus important that professionals coming to this field understand some of the unique factors associated with the delivery of mindfulness-based interventions and the potential conceptual and practical pitfalls of not recognising the features of this broadly unfamiliar landscape. This commentary contextualises mindfulness, its origins, its introduction into medicine and healthcare, cross-cultural sensitivity, teaching practices, and professional training opportunities in mindfulness and clinical applications.

According to **Sample et al. (2005)**, the primary mechanism of mindfulness is the ability to exercise self-control over one's attention. This is because the practice of repeatedly concentrating on a neutral stimulus, like one's breathing, generates an environment that has significance. In addition to this, it frees the mind of worrying thoughts and eliminates concerns about how one will perform on tests and examinations.

According to the findings of **Miller et al. (1995)**, mindfulness meditation may be a useful alternative to more traditional psychological treatments for anxiety disorders. This may be especially true for individuals who do not wish to participate in conventional treatment sessions or who do not respond to the treatment. He suggested that having a good general emotional intelligence level and a higher total emotional quotient are associated with having a good mindfulness competence level. In his study of 22 medical patients with DSM-III-R-defined anxiety disorders, he found clinically and statistically significant improvements in subjective and objective symptoms of anxiety and panic following an 8-week outpatient physician-referred group stress reduction intervention based on mindfulness meditation. Twenty subjects demonstrated significant reductions in Hamilton and Beck anxiety and depression scores postintervention and at 3-month follow-up. In this study, 3-year follow-up data were obtained and analysed for 18 of the original 22 subjects to probe long-term effects. Repeated measures analysis showed maintenance of the gains obtained in the original study on the Hamilton anxiety scales as well as on their respective depression scales, on the Hamilton panic score, the number and severity of panic attacks, and on the Mobility Index-Accompanied and the Fear Survey. A 3-year follow-up comparison of this cohort with a larger group of subjects from the intervention who had met criteria for screening for the original study suggests generalisability of the results obtained with the smaller, more intensively studied cohort. Ongoing compliance with the meditation practice was also demonstrated in the majority of subjects at 3 years. It is concluded that an intensive but time-limited group stress reduction intervention based on mindfulness meditation can have long-term beneficial effects in the treatment of people diagnosed with anxiety disorders.

Mindfulness-based interventions (MBIs) are increasingly being delivered via the internet, and there is emerging evidence on the effectiveness of these online MBIs in reducing stress and promoting mental health both in the general population and in a wide range of clinical populations (**Chiesa & Serretti, 2011; Goldberg et al., 2022**). In a meta-analysis, **Spijkerman et al. (2016)** assessed the overall effects of online MBIs on mental health. Fifteen randomised controlled trials were included in their study. A random effects model was used to compute pre-post between-group effect sizes, and the study quality of each of the included trials was rated. Results showed that online MBIs had a small but significant beneficial impact on depression ($g = 0.29$), anxiety ($g = 0.22$), well-being ($g = 0.23$), and mindfulness ($g = 0.32$), and a significant and moderate effect size for stress ($g = 0.51$). Specifically, in relation to online MBIs for university students, some previous studies have found that this kind of training can reduce anxiety and depression (**El Morr et al., 2020**). **González-García et al. (2021)** assessed the feasibility of a brief (16-day) online mindfulness-based intervention to improve mental health among first-year university students during COVID-19 home confinement. Their study showed that after the intervention, stress and anxiety levels had decreased significantly. In further support of these findings, a number of recent review studies have also shown that MBIs can improve mental health specifically in undergraduate students (**Chiodelli et al., 2022; Halladay et al., 2019**).

Up until this point, the focus has been on the potential impact of mindfulness techniques and practice on mental wellbeing. However, another aspect of mindfulness that can have a positive impact is that of mindful thinking (or 'dispositional' mindfulness), often referred to as a trait of mindfulness and associated with an individual's frequency of open and receptive attention to and awareness of ongoing events and experiences. Some studies have shown a link between dispositional mindfulness and depression. For example, **Yu-Qin Deng et al. (2014)** examined the relationship between wandering mind, depression, and mindfulness. Their results revealed that the wandering mind was not only positively associated with depression but also negatively related to dispositional mindfulness. Notably, they also found that depression was negatively related to dispositional mindfulness. **Ayhan and Kavak Budak (2021)**, in a sample of 151 patients with depression, found a statistically negative strong correlation between mindfulness and negative automatic thoughts of patients with depression. However, not all research has shown this association. **Van Dam et al. (2011)** compared the ability of the Self-Compassion Scale (SCS) and the Mindful Attention Awareness Scale (MAAS) to predict anxiety, depression, worry, and quality of life in a large ($N = 504$) community sample seeking self-help for anxious distress. They found that self-compassion was a robust and significant predictor of symptom severity and quality of life, whereas dispositional mindfulness was not.

There are only a handful of studies that specifically focus on the relationship between dispositional mindfulness and depression within a student cohort, and often these have mixed findings. **Schut and Boelen (2017)** assessed dispositional mindfulness and depression in a sample of 208 Dutch students at two time points 12 months apart. At timepoint one, they found that dispositional mindfulness was not associated with depression, while at timepoint two it suggested only a tenuous or mutable link between the two. **Song (2011)** demonstrated that in a small cohort of Korean nursing students, dispositional mindfulness was significantly negatively correlated with depression ($r = -.73$). **Masuda and Tully (2012)** investigated whether dispositional mindfulness and psychological flexibility uniquely and separately accounted for variability in depression. Their sample was an ethnically diverse, nonclinical sample of American college undergraduates ($N = 494$, 76% female). They found that psychological flexibility and mindfulness were positively associated with each other, and tested separately, both variables were negatively associated with depression. Furthermore, their results also revealed that psychological flexibility and mindfulness accounted for unique variance within depression. The current study aims to assess the distinct impact of dispositional mindfulness and mindfulness practice on depression. Dehradun-based student sample during their transition to university, and to the authors' knowledge is the first study to do so.

3.0 Research methodology

3.1 Objective of the study: To study the effect of mindfulness therapy on the degree of depression in adolescents.

3.2 Hypothesis:

1. There will be a significant reduction in the degree of depression in adolescents through mindfulness therapy.
2. There will be a significant reduction in the degree of depression in male adolescents through mindfulness therapy.
3. There will be a significant reduction in the degree of depression in female adolescents through mindfulness therapy.

3.3 Samples and Sampling Techniques

The random method selected 100 adolescents, including 50 male and 50 female adolescents of 16 to 18 years of age who were studying in classes 11 and 12 in Dehradun. A total of 12 adolescents were excluded due to medical and preexisting psychological treatment, and a total of 8 male and female adolescents were allocated to the waiting list. A total of four groups were formed including 10 male and 10 female adolescents. A total of 22 adolescents dropped therapy midway. Thus, a total of 58 adolescents completed the therapy.

3.4 Plan of Mindfulness Therapy

For the management of anxiety, a total of 15 sessions of mindfulness therapy were provided to each subgroup. After each session of mindfulness therapy, a 3-day break was observed. For this break, specific tasks were given, which included journaling and noting their own emotions and reactions as per current situations.

3.5 Assessment and Statistical Analysis

The back depression inventory was used for the assessment of depression (**Aaron T. Beck, 1996**).

3.6 Variables

3.6.1 Independent variables: Mindfulness

3.6.2 Dependent variables: depression.

3.6.3 Nominal Variables: Gender

4.0 Results and Discussion

4.1 Management of Depression Among Adolescents Through Mindfulness Therapy

Table 1.0 Mindfulness Therapy Scores for Depression Management

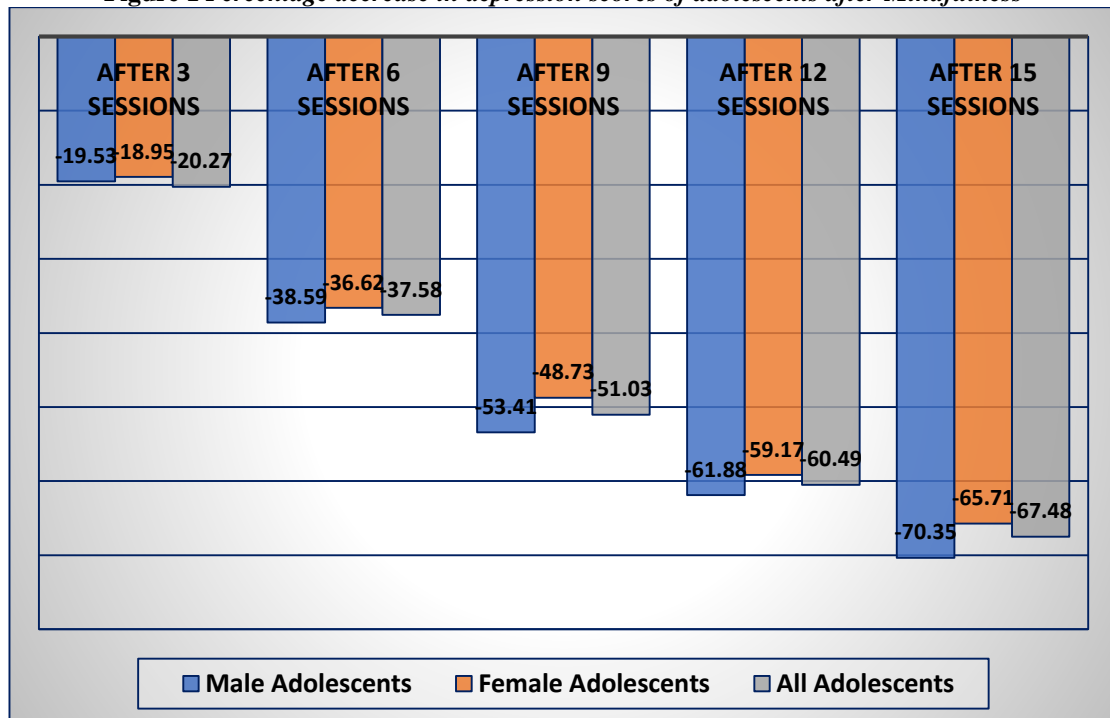
Adolescents	Depression Pretest-Data			Depressions Posttest Data Score (Mean) & (% Decrease)				
	N	Mean	SD	After 3 Sessions	After 6 Sessions	After 9 Sessions	After 12 Sessions	After 15 Sessions
Male	30	47.22	7.6162	38 (-19.53)	29 (-38.59)	22 (-53.41)	18 (-61.88)	14 (-70.35)
Female	28	48.12	4.1616	39 (-18.95)	30.5 (-36.62)	24.67 (-48.73)	19.65 (-59.17)	16.5 (-65.71)
Total	58	47.66	5.8889	38 (-20.27)	29.75 (-37.58)	23.34 (-51.03)	18.83 (-60.49)	15.5 (-67.48)

After three sessions, the mean depression score of male adolescents reduced from 47.22 to 38; after six sessions, it decreased to 29; and after nine sessions, it decreased to 22, with a decrease of 19.53%, 38.59%, and 53.41%, respectively. After 12 sessions, it decreased to 18, and after 15 sessions, the depression score of male adolescents decreased by 70.35%. It is clear that sharp decreases were observed after 3rd to 9th sessions, while after 12th and 15th sessions, a gradual decrease is observed with lesser differences.

In the case of female adolescents, after 3 sessions, the mean depression score reduced from 48.12 to 39; after 6 sessions, it reduced to 30.5; and after 9 sessions, it reduced to 24.67, with a decrease of 18.95%, 36.62%, and 48.73%, respectively. After 12 sessions, the mean depression score of female adolescents decreased to 19.65, and after 15 sessions, it decreased to 16.5. It is clear that in the case of female adolescents, a gradual decrease is observed in the depression score through mindfulness therapy.

When data is analysed for all 58 adolescents, mindfulness therapy is found to be effective for the management of depression in adolescents. The initial mean score of depression was 47.66, which reduced to 38 after 3 sessions; after 6 sessions, it reduced to 29.75; and after 9 sessions, it reduced to 23.34, with a decrease of 20.27%, 37.58%, and 51.03%, respectively (Figure 1). After 12 sessions, it reduced to 18.83, which is under the borderline. Finally, after 15 sessions, it was reduced to mild mood disturbance with a mean score of 15.5 with an overall decrease of 67.48%. It is clear that initially adolescents were in the category of extremely severe depression and after 15 sessions of mindfulness they entered in the mild level of depression. (Table 1.0, Figure 1).

Figure 1 Percentage decrease in depression scores of adolescents after Mindfulness



4.2 Alternate Hypothesis Ha1: there will be a significant reduction in the degree of depression in adolescents through mindfulness therapy.

Table 2.0 t-values for Depression Scores of Adolescents After Mindfulness Therapy

Mindfulness Therapy	Adolescents (N = 58)				
	Mean	SD	t- Value	SED	Inference
Pretest Score	47.66	3.3231	58.5731	0.500	Significant
Post test Score	15.5	2.5381			

*Significant at 0.05

After 15 sessions of mindfulness therapy, the initial depression score of adolescents was reduced from 47.66 to 15.5, for which the t-value is 58.5731, which is found to be extremely significant at the 95% level of significance. Hence, the first hypothesis is accepted, and it is concluded that there is a significant reduction in the degree of depression in adolescents after mindfulness therapy (Table 2.0).

4.3 Alternate Hypothesis Ha2: there will be a significant reduction in the degree of depression in male adolescents through mindfulness therapy.

Table 3.0 t-values for Depression Scores of Male Adolescents After Mindfulness Therapy

Yoga Therapy	Male Adolescents (N = 30)				
	Mean	SD	t- Value	SED	Inference
Pretest Score	47.22	3.3201
Post test Score	14	2.6898	42.5826	0.697	Significant

*Significant at 0.05

After 15 sessions of mindfulness therapy, the initial depression score of male adolescents reduced from 47.22 to 14, for which the t-value is 42.5826, which is found to be extremely significant at the 95% level of significance. Therefore, second hypothesis is accepted, and it is concluded that mindfulness therapy significantly reduces the degree of depression in male adolescents (Table 3.0).

4.4 Alternate Hypothesis Ha3: there will be a significant reduction in the degree of depression in female adolescents through mindfulness therapy.

Table 4.0 t-values for Depression Scores of Female Adolescents After Mindfulness Therapy

Yoga Therapy	Female Adolescents (N = 34)				
	Mean	SD	t- Value	SED	Inference
Pretest Score	48.12	3.1311	42.3003	0.678	Significant
Post test Score	16.5	2.4170			

*Significant at 0.05

After 15 sessions of mindfulness therapy, the initial depression score of female adolescents reduced from 48.12 to 16.5, for which the t-value is 42.3003, which is found to be extremely significant at the 95% level of significance. Hence, the third hypothesis is accepted, and it is concluded that there is a significant reduction in the degree of depression in female adolescents through mindfulness therapy (Table 4.0).

5.0 Discussion

Alternate hypothesis Ha1, which expected a significant reduction in depression in adolescents through mindfulness therapy, was accepted. From Table 2.0, a significant reduction is observed in the depression scores of adolescents after 15 sessions of mindfulness therapy. **Chuntana Reangsing et al. (2021)**, in their research, found a similar impact of mindfulness therapy on the depression level of adolescents.

Alternate hypothesis Ha2, expecting a significant reduction in depression in male adolescents through mindfulness therapy, was accepted. From Table 3.0, a significant reduction is observed in the depression scores of male adolescents after 15 sessions of mindfulness therapy. **Chuntana Reangsing et al. (2021)**, in their research, found a similar impact of mindfulness therapy on the depression level of male adolescents.

Alternate hypothesis Ha3, expecting a significant reduction in depression in female adolescents after mindfulness therapy, was accepted. From Table 4.0, a significant reduction is observed in the depression scores of female adolescents after 15 sessions of mindfulness therapy. **Ames, C. S. et al. (2014)**, in their research, found a similar impact of mindfulness therapy on the depression level of female adolescents.

6.0 Conclusion

This study found that mindfulness therapy is highly useful in the management of depression among adolescents. It is recommended that mindfulness therapy be used for the management of mental health-related issues among adolescents.

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8.0 Conflict of Interest: The authors have declared that no competing interest exists.

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