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Meditation for Depression and Anxiety

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Mindfulness Meditation for Depression and Anxiety

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Flight Group F, 2019

Problem Identification

- 21 % of Chittenden adults suffer with depression¹
- 432 anxiety-related ED visits in 2017¹
- Barriers reported in community survey focus on lack of access¹
 - 72.8% report poor access to services
 - 61% access to stress and anxiety resources
 - 45.5% access to wellness opportunities

Cost Considerations

- \$766,000 on mental health & other govt services (2016)
- Human cost¹
 - 12 suicides per 100,000 in Chittenden (2017)
 - 17 per 100,000 in Vermont overall (2017)
 - 14 per 100,000 in USA (2017)
- Major depression associated with ~5% of all missed work days attributable to illness⁴

Perspective on Issue

- William McPheters, Shambhala Meditation Center
 - Small, active meditation communities exist in Chittenden County
 - Many questions arise when starting meditation. Referral to nearby centers gives social support
- BB, Patient
 - Meditation is fairly mainstream now, but helpful to have more definitive information
 - Receiving information from a provider does a lot to inspire patient confidence

Intervention and Methodology

- A pamphlet was developed in coordination with providers and community members
- Focused on delivering information empowering patients to begin a meditation practice on their own
- Encourages patients to seek out other resources as desired
- Format is accessible and easily distributed by providers with any level of psychiatry training

Intervention and Methodology



Meditation is an effective treatment for many mental health conditions. This pamphlet contains some basic information to help you start a mindfulness practice. There are many active meditation communities in Chittenden County. Check online if you want community support.

FOR MORE INFORMATION

To find health information, or for convenient and secure access to your medical record through MyHealth Online, please visit UVMHealth.org or call us at (802) 847-0000.

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DEPARTMENT OF FAMILY MEDICINE



Meditation

Evidence-based Treatment for Depression and Anxiety



THE
University of Vermont
HEALTH NETWORK
Medical Group



Why Meditate?

WHY MEDITATION?

Mental health was the top priority identified in UVM Medical Center's 2019 Community Health Needs Assessment. Depression affects 22% of Vermonters; 432 emergency department visits in 2017 were for anxiety symptoms. If you've been struggling with your mental health, you're not alone. This pamphlet is a starting point on incorporating mindfulness meditation into your life.

Mindfulness meditation is an evidence based treatment for anxiety, depression, and even chronic pain. Some evidence suggests that it can reduce blood pressure and blood sugar in patients with type 2 diabetes. It offers these benefits with no side effects, with as little as 10 minutes a day.

This pamphlet is not a substitute for talking to your doctor. Medication and psychiatric care may be a part of your care plan as well.

BEGINNER EXERCISE

Body scan:

1. Sit comfortably. Your position should be relaxed, but alert. Set a timer if you like.
2. Take a few deep breaths. Allow the eyes to close. Notice whatever sounds are coming to you. Notice smells. Notice the feeling of your weight pressing against your seat.
3. Gently focus on the top of your head. Notice any sensations you have there. Slowly scan down, noticing your eyes, ears, nose, jaw. The order is less important than moving slowly and deliberately.
4. Continue scanning downward through the rest of your body. When you find yourself distracted, return to wherever you left off.
5. When you're ready to move on, take a few deep breaths and notice how you feel.

FOLLOW UP

Want more? Try ending with either of these exercises:

- Imagine a warm, gentle light shining onto the back of your neck. While using your breath to help you stay present, watch as the light slowly fills you, driving stress out of your muscles.
- Focus on the breath. When a distraction comes, take note of whether you've been distracted by a thought or a feeling. Don't analyze deeply, just label and move back to the breath.

ADVICE

There are many ways to meditate. There are two key components of mindfulness meditation: anchoring focus in the current moment, and cultivation of a non-judgmental mindset.

- It's normal to get distracted. When you realize you're distracted, simply move your focus back to the breath or your exercise. Don't linger on it or get frustrated.
- Find a community. Especially while starting, it can be helpful to have other people around to help guide meditation. Look online for communities in your area.
- All of the techniques here are guidelines, not rules. As you get more comfortable, feel free to adapt these exercises or find other resources on meditation.

References:

Goyal M, Singh S, Sibinga EMS, et al. Meditation Programs for Psychological Stress and Well-being: A Systematic Review and Meta-analysis. *JAMA Intern Med.* 2014

Lee SH et al. Brain education-based meditation for patients with hypertension and/or type 2 diabetes: A pilot randomized controlled trial. *MEDLINE* 2019

Photo credits: Saltydharma.com, mindchip.wordpress.com, Dean Sliwyler

Response

- Providers appreciated pamphlet, easily integrated into workflow
 - Useful niche for patients with reservations on pharmacotherapy or time constraints preventing psychotherapy
- Still working with marketing for printing

Evaluation of effectiveness and limitations

- Evaluation
 - Assess PHQ-9 scores of patients pre- and post- implementation
 - Qualitative evaluation via interviews
- Limitations
 - Patients treated with multiple modalities may make it hard to determine impact
 - Fewer interactions to monitor compliance

Future interventions

- Distribute pamphlet to other interested providers
- Gather feedback from users and update appropriately

References

1. UVMMC Community Health Needs Assessment 2019
2. Hilton, L., Maher, A. R., Colaiaco, B., Apaydin, E., Sorbero, M. E., Booth, M., . . . Hempel, S. (2017). Meditation for posttraumatic stress: Systematic review and meta-analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(4), 453-460. doi:10.1037/tra0000180
3. Kessler, R. C. (2012). The Costs of Depression. *Psychiatric Clinics of North America*, *35*(1), 1-14. doi:10.1016/j.psc.2011.11.005
4. Lee, S., Hwang, S., Kang, D., & Yang, H. (2019). Brain education-based meditation for patients with hypertension and/or type 2 diabetes. *Medicine*, *98*(19). doi:10.1097/md.00000000000015574