Harnessing the potential of mindfulness for community health and health equity: Lessons learned from clinical research with historically marginalized communities

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• I declare no conflict of interest.
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The problem
Meta-analysis: Are Psychotherapies Less Effective for Black Youth in Communities With Higher Levels of Anti-Black Racism?

Maggi A. Price PhD, John R. Weisz PhD, Sarah McKetta MSc, Nathan L. Hollinsaid BS, Micah R. Lattanner PhD, Allecia E. Reid PhD, Mark L. Hatzenbuehler PhD
However, historically, mental health interventions have not been context-responsive
Symptoms → Diagnosis → Evidence-based treatment
Meanwhile, we gained knowledge about the role of structural forces of oppression and stigma on mental health and health disparities.
Some manifestations of structural oppression and health

- Sexual and gender minorities, including youth and young people, are disproportionately affected by mental health concerns and suicide (Russell & Fish, 2016; Valentine & Shipherd, 2018).

- Racial/ethnic minorities are less likely to seek professional mental health support, more likely to prematurely withdraw when they do, and more likely to experience persistent symptoms (Sun et al., 2016; Lappan, Brown, & Hendricks, 2020).
The minority stress theory \cite{Meyer2003, Hendricks2012}
The Minority Stress Model (Meyer, 2003)

(a) Circumstances in the Environment
(b) Minority Status
   - sexual orientation
   - race/ethnicity
   - gender
(c) General Stressors
(d) Minority Stress Processes (distal)
   - prejudice events
     (discrimination, violence)
(f) Minority Stress Processes (proximal)
   - expectations of rejection
   - concealment
   - internalized homophobia
(e) Minority Identity
   (gay, lesbian, bisexual)
(g) Characteristics of Minority Identity
   - prominence
   - valence
   - integration
(h) Coping and Social Support (community and individual)
(i) Mental Health Outcomes
   - negative
   - positive
An ecological perspective (Operario, Sun et al., 2022)
Health disparities are downstream effects of stigma and poor mental health

Structural forces and individual experiences of minority stress

Poor mental health

Poor health behaviors (risk taking, lack of self-regulation)
Interventions can address stigma, stigma coping, and mental health to enhance health outcomes.

Structural forces and individual experiences of minority stress

Poorest mental health

Poor health behaviors (risk taking, lack of self-regulation)

Intervention targets
Can we develop interventions that are context-responsive?
To best serve communities affected by marginalization and stigma, interventions shouldn’t be context-void

- Acknowledging that mental health experiences are responses to experiences of discrimination, stigma, and adversity
- Community-centered research methodology
- Multi-level, multi-component interventions
The premise of mindfulness in addressing mental health and health disparities
What is mindfulness?
Some definitions

- “Awareness that arises through paying attention, on purpose, in the present moment, nonjudgmentally.” – Jon Kabat-Zinn, founder of Mindfulness-based Stress Reduction program
- “Being aware of what is happening inside and around you in the present moment.” – Thich Nhat Hanh, Vietnamese monk and mindfulness teacher
Large landscape of mindfulness practices

<table>
<thead>
<tr>
<th>Attention gathering</th>
<th>Body scan</th>
<th>Awareness of thoughts/emotions</th>
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</thead>
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<tr>
<td>Open awareness</td>
<td>Befriending/kindness practices</td>
<td>Informal practices</td>
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Mindfulness for Health Equity Lab (mHEAL)
We asked: What does mindfulness mean to you?

“To reunite yourself with surroundings”

“oneness with the earth and a larger sense of belonging”

“getting to know who you are and loving who you are”

“find peace in oneself and in difficult situations”

“being in touch with oneself”
Why mindfulness?

- Acceptance-based approach
- Certain mindfulness EBIs can be adapted for the minority stress context
- Alternative intervention that could be more accessible than traditional psychotherapy
- Going beyond mental health to include health behaviors and physical health
Examples of our lab’s clinical trial research

- HIV, Mental and Sexual Health with Sexual and Gender Minorities
- Mindfulness & Mobile Health
- Cardiovascular Health & Mental Health with Minority Women
- Global Mental Health
Key strategies to intervention development and evaluation

Community-centered research method to develop tailored intervention

• Why tailored?
  • Address etiology
  • Improve engagement

Emphasize on strengths and resilience

Mixed methods research to elevate community voices, understand efficacy, feasibility and acceptability, including barriers and facilitators

Peer-based delivery

Internet/mobile health to increase accessibility and scalability
Clinical Trial Example: Development and Initial Evaluation of Mindfulness-based Queer Resilience (MBQR) to Promote Mental and Sexual Health among Sexual and Gender Minorities
Addressing two gaps in literature (we don’t live in silos)

- Effective, tailored mental health program for LGBTQ+ people
- Integrated HIV/STI prevention program that addresses mental health for sexual and gender minorities
Development of MBQR

MBSR

Formative research with community and other stakeholders

MBQR
Adaptation: Sun, Guy, Zelaya, & Operario (2022): Principles & techniques of MBQR

Minority stress → Adverse impact

Mindfulness-based Queer Resilience

Six principles of MBQR

Seven key techniques of MBQR
Adaptation example 1

• Principle 1. Minority stress have powerful effect, but we can stop or reduce its impact.
Adaptation example 2

• Principle 2. Identify affirmation and healthy identity development: Mindfulness is about learning, affirming, and loving who you are.
  • Befriending the queer body
  • The possibility of flourishing: queer joy
  • Incorporating formal self-compassion practices
  • Queer and POC poetry throughout the program
Adaptation example 3

• Principle 3. Attending to intersectionality: What’s personal is political in nature
Adaptation example 4

- Principle 5. Being sensitive to individual and community trauma

Hyperarousal/Overwhelm Zone (can’t calm down, stuck on “on”)
Feeling anxious, panic, agitated, out of control, overwhelmed, hyperactive, unable to relax

Growth Zone
Feeling challenged, focused, some discomfort, engaged

Comfort Zone
Feeling familiar, safe, in control, bored

Hypoarousal Zone (shutting down, stuck on “off”)
Body/emotions shut down, feeling numb, exhausted, depressed, shame, disconnected
Adaptation example 5

• Principle 6. Promoting healthy relationships and healthy community
  • Sex-positive program
  • Enhance community building and belonging
Format and delivery adaptation

- Internet-based to increase outreach
Peer teachers
Figure 1. CONSORT flow diagram for Mindfulness-Based Queer Resilience (MBQR) Open Pilot Trial – Fall 2022

Completed online screener (n=457)
- Excluded (n=386)
  - Did not consent / no longer interested (n=3)
  - Failed attention tasks / ReCAPTCHA questions / Bot detected (n=145)
  - Ineligible for study (n=238)

Excluded / Did not enroll (n=9)
- Not available for study intervention (n=5)
- Determined ineligible during Zoom screener (n=1)
- Never confirmed availability for study intervention (n=3)

Completed Zoom screener (n=34)
Eligible from online screener (n=71)
Completed baseline assessment (n=25)
Enrolled and initiated the MBQR Intervention (n=19)

Intervention Engagement: completed 6-8 sessions (n=11); completed 3-5 sessions (n=5); completed 1-3 sessions (n=3)
Completed post-intervention follow up (n=18; enrolled in MBQR n=18, not enrolled n=0)
Completed Exit Interview (n=16; enrolled in MBQR n=15, not enrolled n=1)
Lost to follow-up (n=1)

v.2022.12.15
Key take-aways
In community’s own words
Program Acceptability

- The program was tailored, content was relevant, and mindfulness of minority stress was integral to participants’ self-understanding and to reduce its impact.

- *I guess minority stress is just something I hadn't really heard. It's something that I've experienced my entire life, but hadn't really put a name to, and so that was really profound for me.* (2296)

- *...[T]hrough the program and through the instruction and our discussions, it really helps me understand the unique challenges mental wellness vise that applies to queer people and how and sort of put a name to things that I had been experiencing subconsciously, because otherwise we can't address that and respond to and overcome that because it's a recurring daily experience.*” (7978)
• I found some of the conversations brought new awareness for me, just like getting to relate in a way that was like – Oh, this is actually not an experience that I can take like is inherently mine. It's like a collective universal experience that I can attribute to collective force rather than internalized. (8403)

• ...[I]t was very helpful just to have awareness in the language say, Oh, that's that's a minority stress experience that I experience and then develop a sense of of awareness of the stories I tell myself in order to kind of rewrite the story. (9932)
Program Acceptability

• Formal practices were helpful, and body scan and self-compassion practice can be challenging

  • I really I found the body scan very helpful. I think because as queer people, we often have very complex relationships with our bodies, you know, given sort of the inherent, feelings of a wrongfulness of wanting a particular type of body or wanting to do things with a body in a certain way that are not acceptable, according to just certain moral ideas. And all this pressure of how a body should look and how a body should feel. So I thought it was really valuable to check in with my body and be in tune with that and be grateful for all that my body can do for me and for being in good health and being able to dance and walk and run and do the things that I enjoy doing. So I thought that was very meaningful given the ways in which we approached that. (7978)
• The self-compassion for queer people one was really, really helpful. There was one time where I just like sobbed, I had to turn the recording off and just like cry during the middle of it because it just like, you know, really hit home. (3720)

• Yeah, I absolutely despised the self-compassion one personally because I think the first time we did it in session together, I was like, I don't want to be in self-compassion. I'm feeling lots of shame right now. So like doing like a four minute compassion break. I understand the intention was to be kind to yourself for four minutes, but it brought up so much intense resistance that that was like, I would listen to the audio every once in a while and like, completely disassociate. (8403)
Program Acceptability

• Informal practices were easy to integrate in daily life and helpful to engage in
  • [the most helpful practices were] the informal or the self-compassion. The stuff that really just like came as you were going about your day and you just changed the way you responded to certain things and it’s easier than the body scan (2296)
Program Acceptability

- Community aspect of the intervention is essential for change.
  - “There are tons and tons of people going through the exact same thing I'm going through, but it's hard to really picture that abstractly and … when I'm sharing some things about life issues I've had with my partner, for example, or like past partners, and, how it resonated with others in the group… It's like we all are in community, even if we're like, physically distant.” (3031)
  - I think the instructor, during the all-day, I almost wish the instructor would have shared about his journey earlier on because I think opening up with that vulnerability really allowed me to perceive him in a different way. You know, I think sometimes we assume. And I'll speak for myself as someone who has experienced trauma in life, sometimes I assume that people who present themselves as really put together, it's like, Oh, you've had it easy. It was great hearing how the instructor overcame so much shit and presents, you know, in this sort of way. I think was eye opening, heartwarming. (3031).
The impact of the program

• LGBTQ+ identity and belonging
  
  • *I had a thought the other day: ‘I'm really glad to like to be who I am…I can't imagine being straight. I never would want to be, because this is who I am, and I'm really glad about that.’* And that hasn't necessarily been the case in the past. (7978)
The impact of the program

• Kindness for self and others

  • *I feel like I have more compassion for this community. And sometimes, what feels like a lot of judgey-ness is what pushes me away from some people, from other queer men, assigned male birth, etc.. But I think having a better understanding of why some of us are like that or even being aware of those tendencies in myself, I'm more compassionate to us.* (3299)

  • “I was able to be kinder to myself. And kinder to my partner as well. Shifting blame to understanding. Both for myself and for people around me.” (3031)
The impact of the program

• Impact on sexual communication and interpersonal assertiveness

  • *It helped me put some boundaries with relationships that could have gone really bad emotionally. So just reflecting and listening non-judgementally to what I was thinking or feeling really helped me determine what boundaries I wanted to set with some guys. So that's good.* (5466)

  • *I definitely thought about sex differently, made decisions like condom use or seeking out sex that, I would just make...more haphazardly. If it wasn't for the class.* (2296)
The impact of the program

- Impact on psychological distress
  
  - I feel stronger and better equipped to address mental health challenges that come up. (7978)
  
  - It’s not like my stress has gone away, but I do feel like I'm a little more prepared to face it. (1490)
  
  - It allowed me to reframe how I speak to myself. I think that inner voice, MBQR more explicitly helped change that inner voice into a self-compassionate voice. And it's still a journey, and it's not perfect and it's still messy, but I'm not. But it helped with my growth. (3031)
Lessons from the open pilot

![Graphs showing mental health outcomes among completers and non-completers over time.](image)
Ongoing work and next steps

• Randomized controlled trial (N = 68)
• MBQR for queer communities of color
  • 1 in 2 Black MSM and 1 in 4 Latino MSM will be diagnosed with HIV during their lifetime, compared to 1 in 11 white MSM. (Hess et al., 2017)
• Larger efficacy trial
• Understand through and for whom the program works
• Dissemination of best approaches in mindfulness service for LGBTQ+ people
  • The tension between scientific discovery and community needs
Some final reflections
Final reflections

Psychosocial interventions can and should attend to the experiences of people and community, including the context they live in, and aim to address the consequences of them.

Interventions can move from a deficit model to a strength- and resilience-focused model.

Community-based healing is essential to engagement and impact.

Moving from individual-focused approach to population and multi-level interventions.
Thank You!

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