

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

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Conflict of interest

- I declare no conflict of interest.

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The problem



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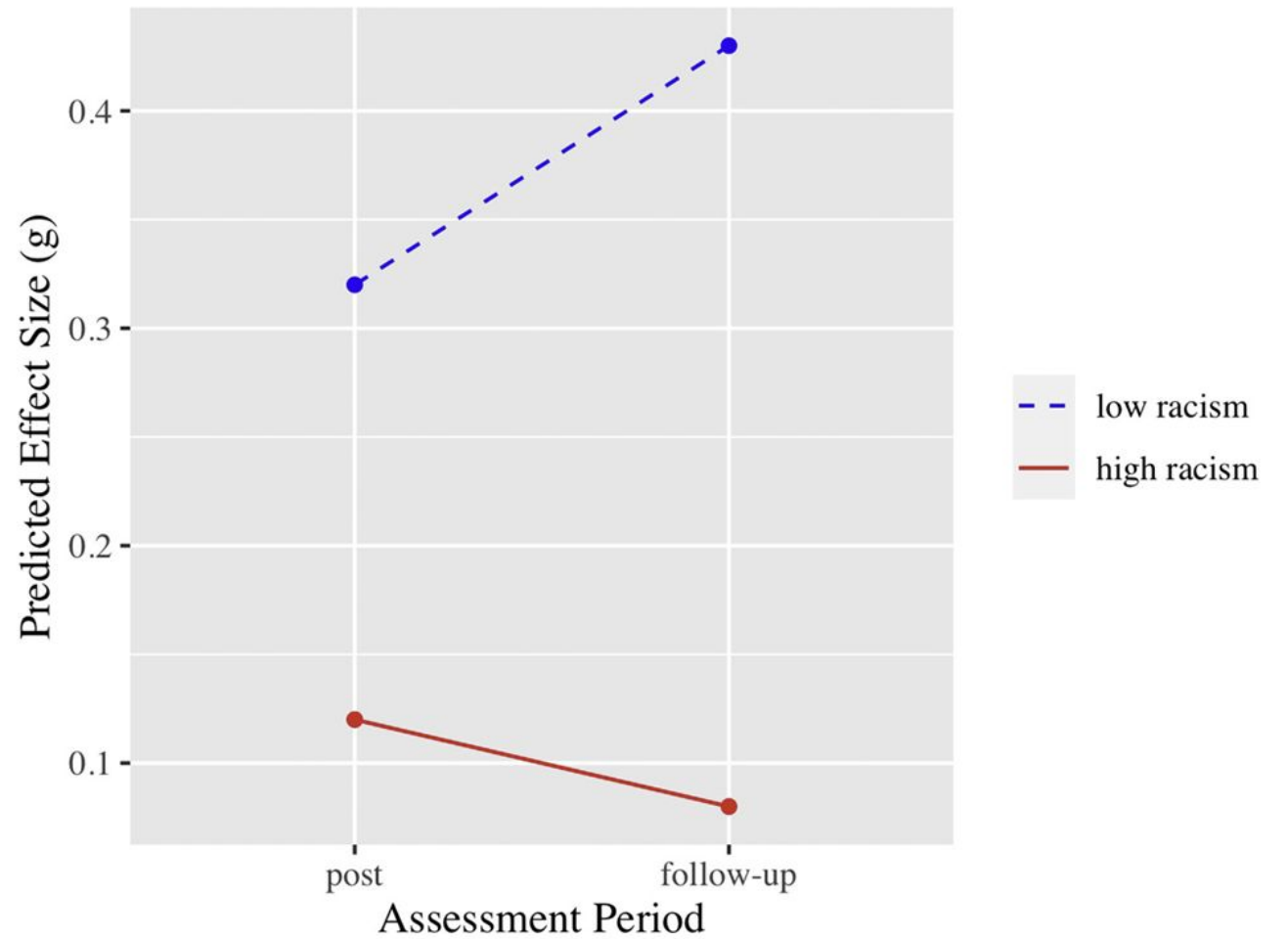
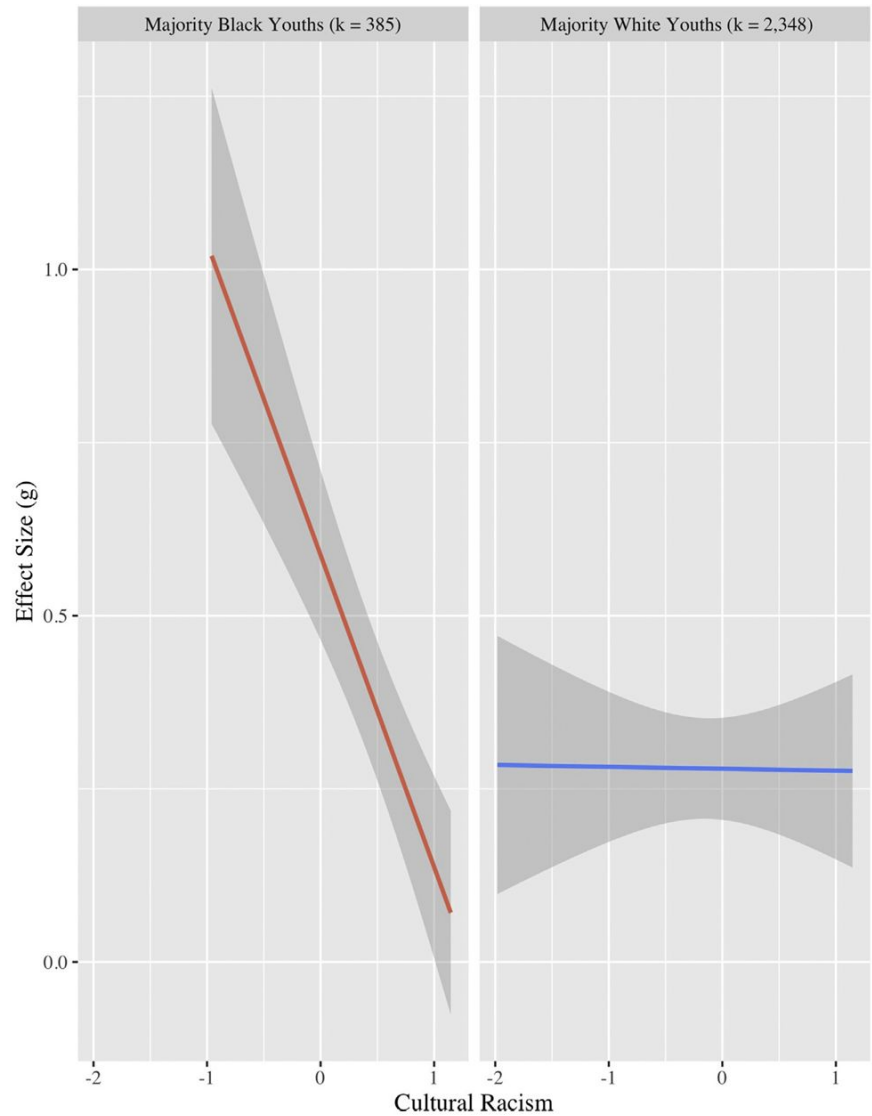
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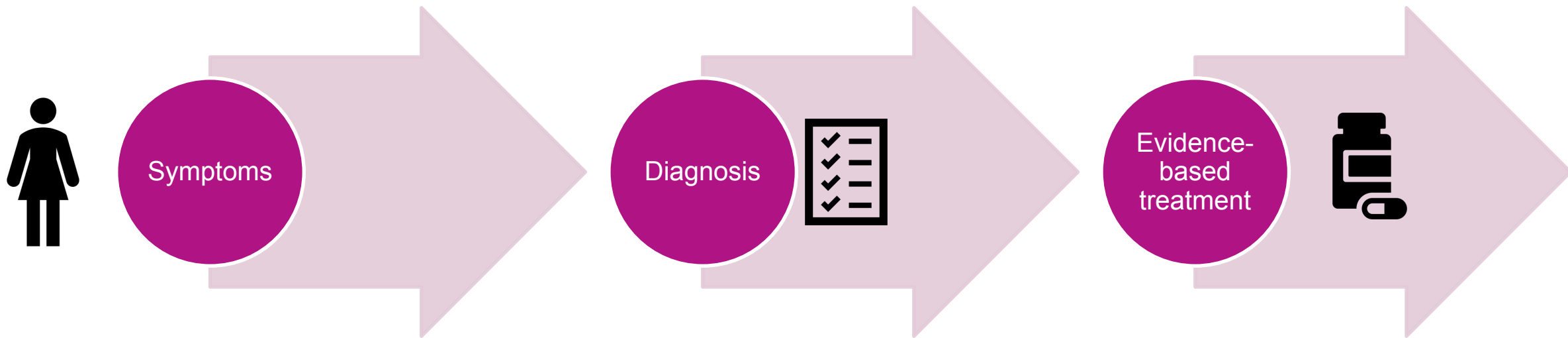
Meta-analysis

Meta-analysis: Are Psychotherapies Less Effective for Black Youth in Communities With Higher Levels of Anti-Black Racism?

Maggi A. Price PhD^{b a}  , John R. Weisz PhD^b, Sarah McKetta MSc^c,
Nathan L. Hollinsaid BS^b, Micah R. Lattanner PhD^b, Allecia E. Reid PhD^d,
Mark L. Hatzenbuehler PhD^b



However, historically, mental health interventions have not been context-responsive



**Meanwhile, we gained knowledge
about the role of structural forces of
oppression and stigma on mental
health and health disparities**

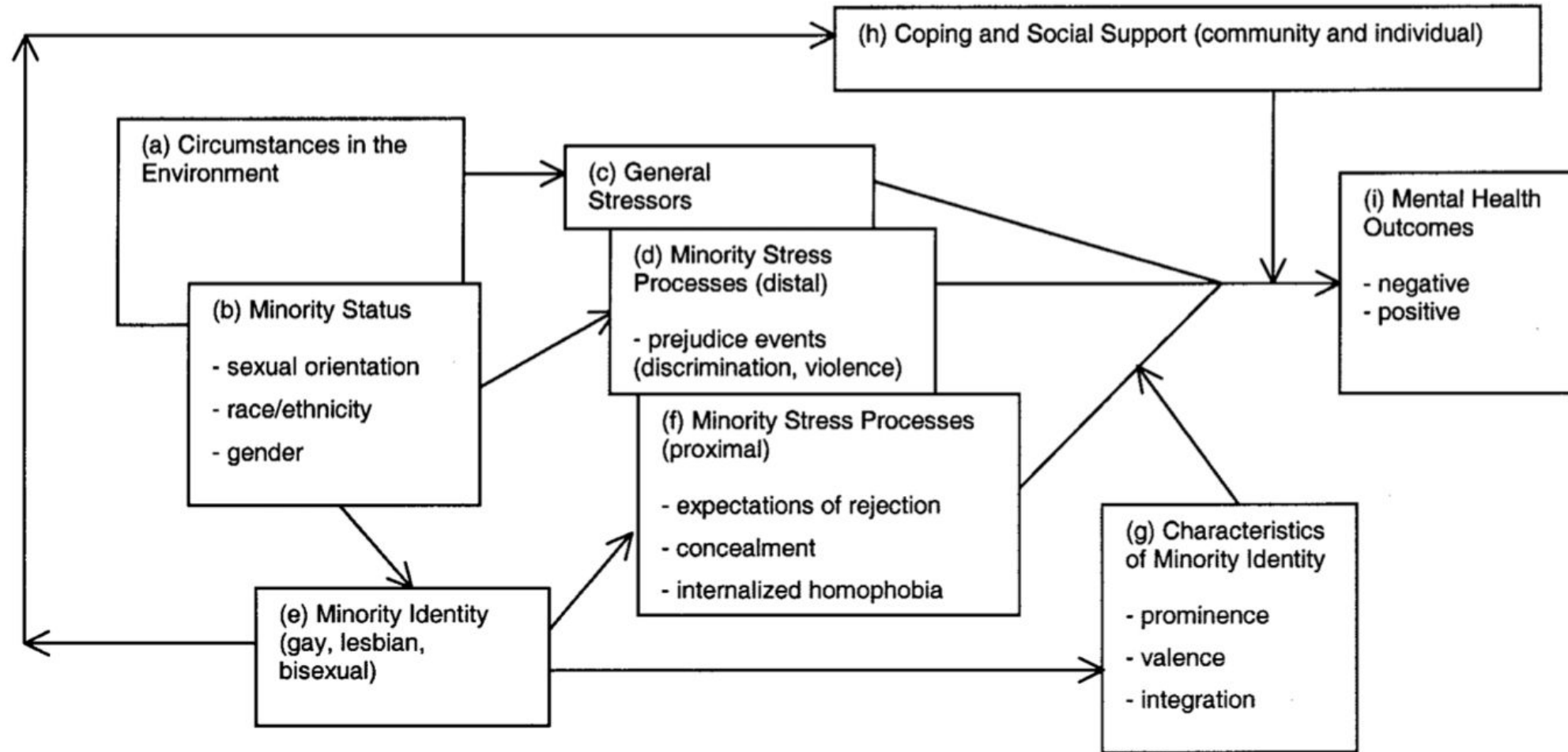
Some manifestations of structural oppression and health

- 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**).

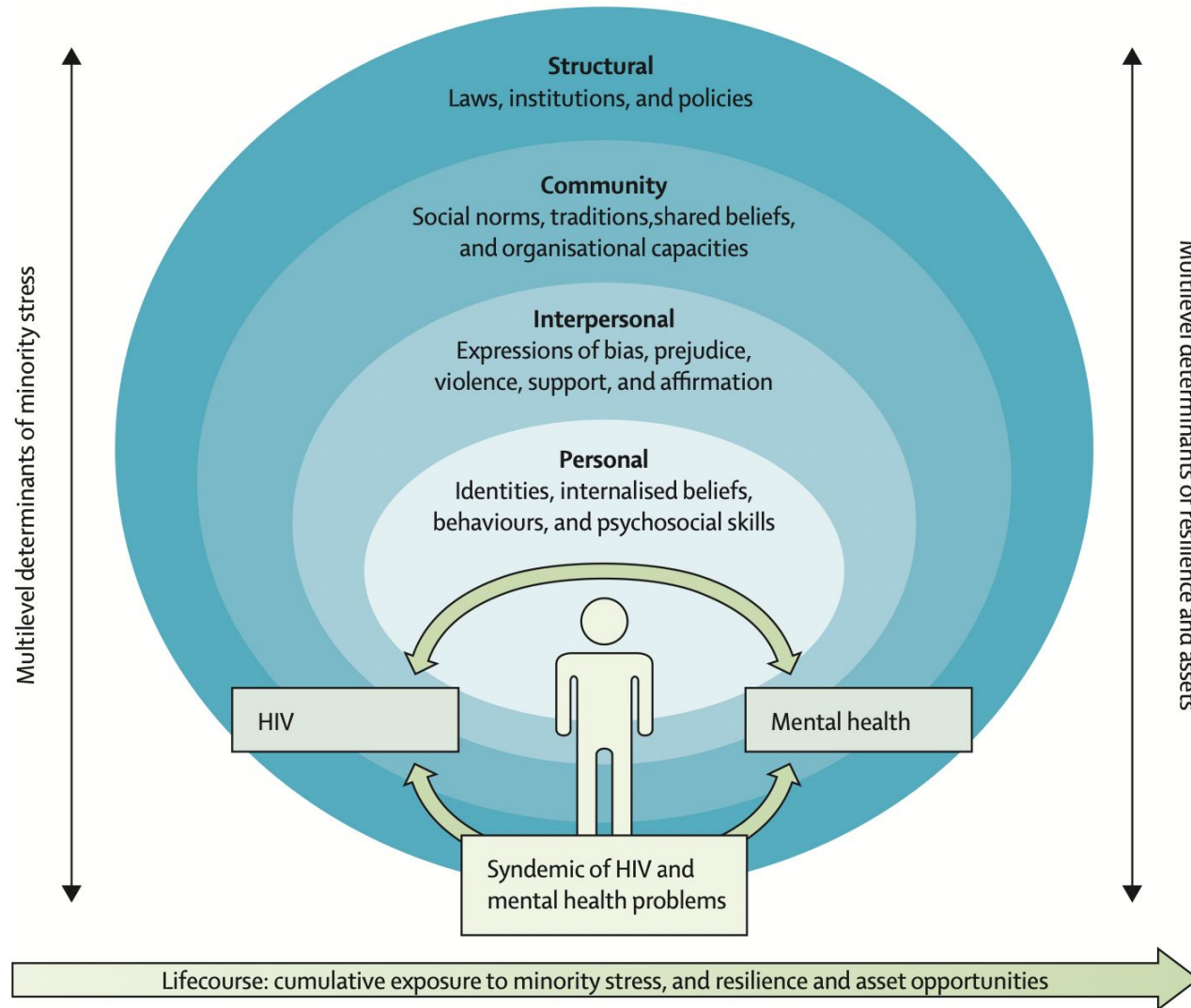
The minority stress theory (Meyer, 2003; Hendricks & Testa, 2012)



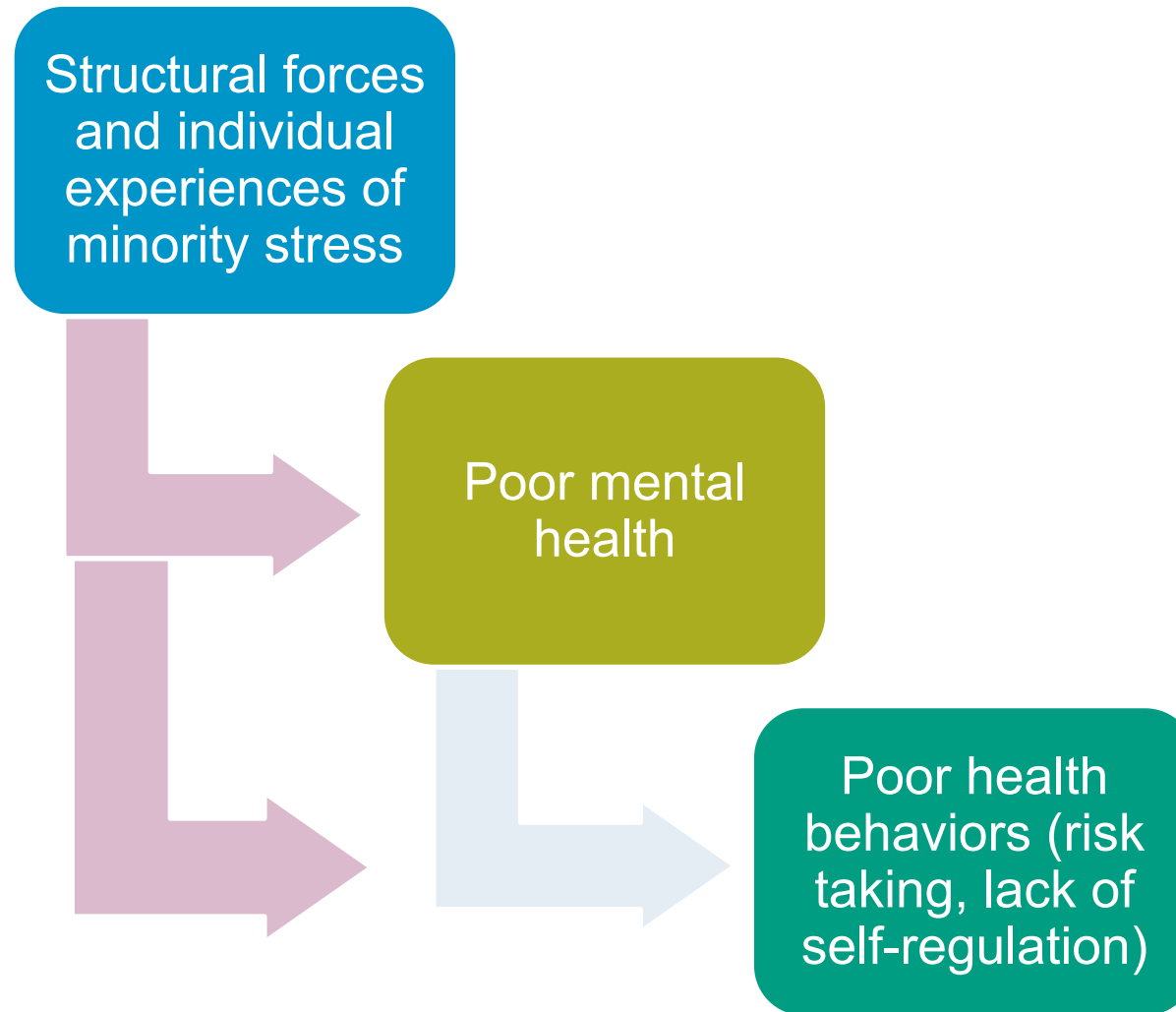
The Minority Stress Model (Meyer, 2003)



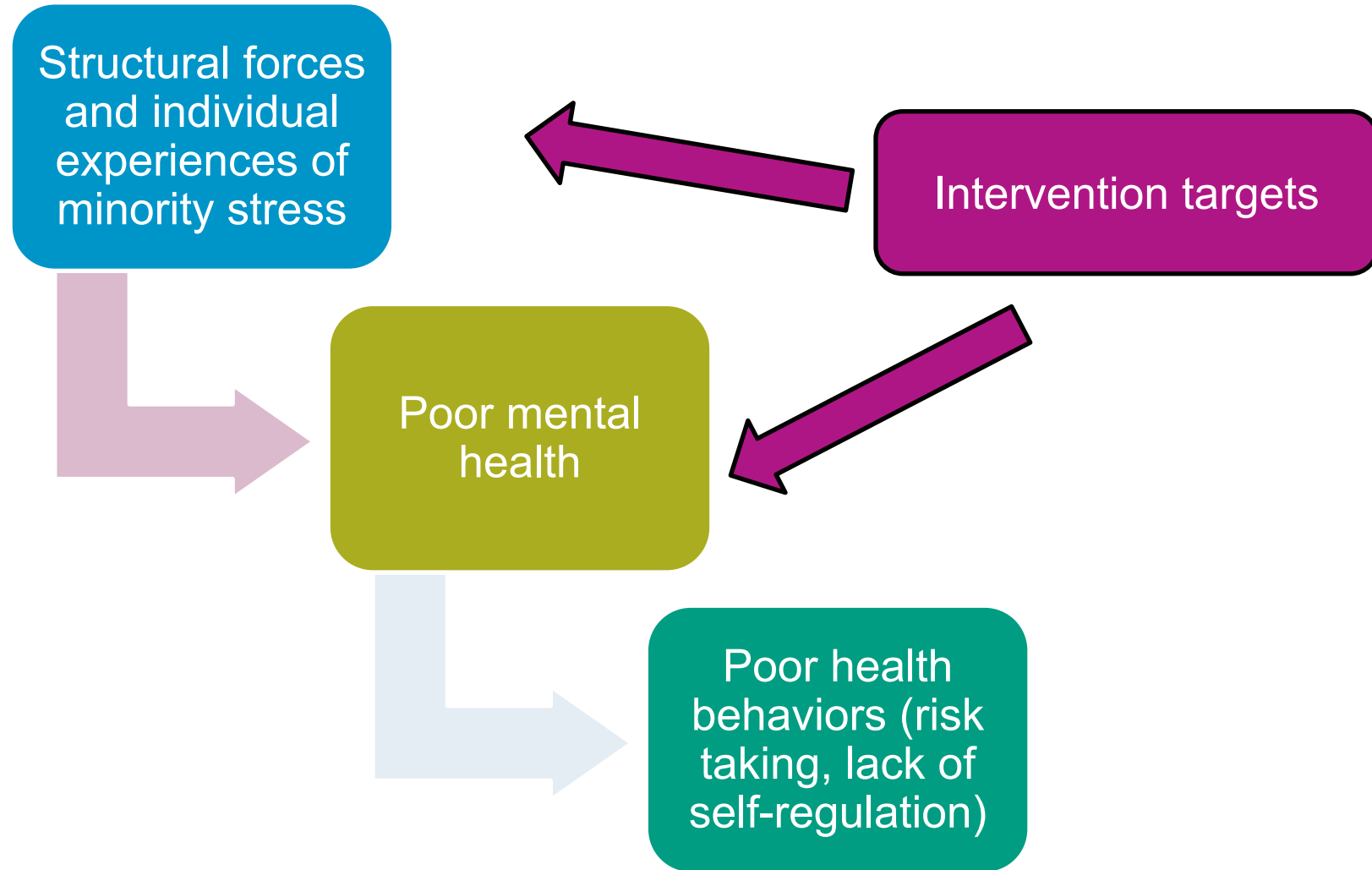
An ecological perspective (Operario, Sun et al., 2022)



Health disparities are downstream effects of stigma and poor mental health



Interventions can address stigma, stigma coping, and mental health to enhance health outcomes



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

Attention gathering

Body scan

Awareness of
thoughts/emotions

Open awareness

Befriending/kindness
practices

Informal practices

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?

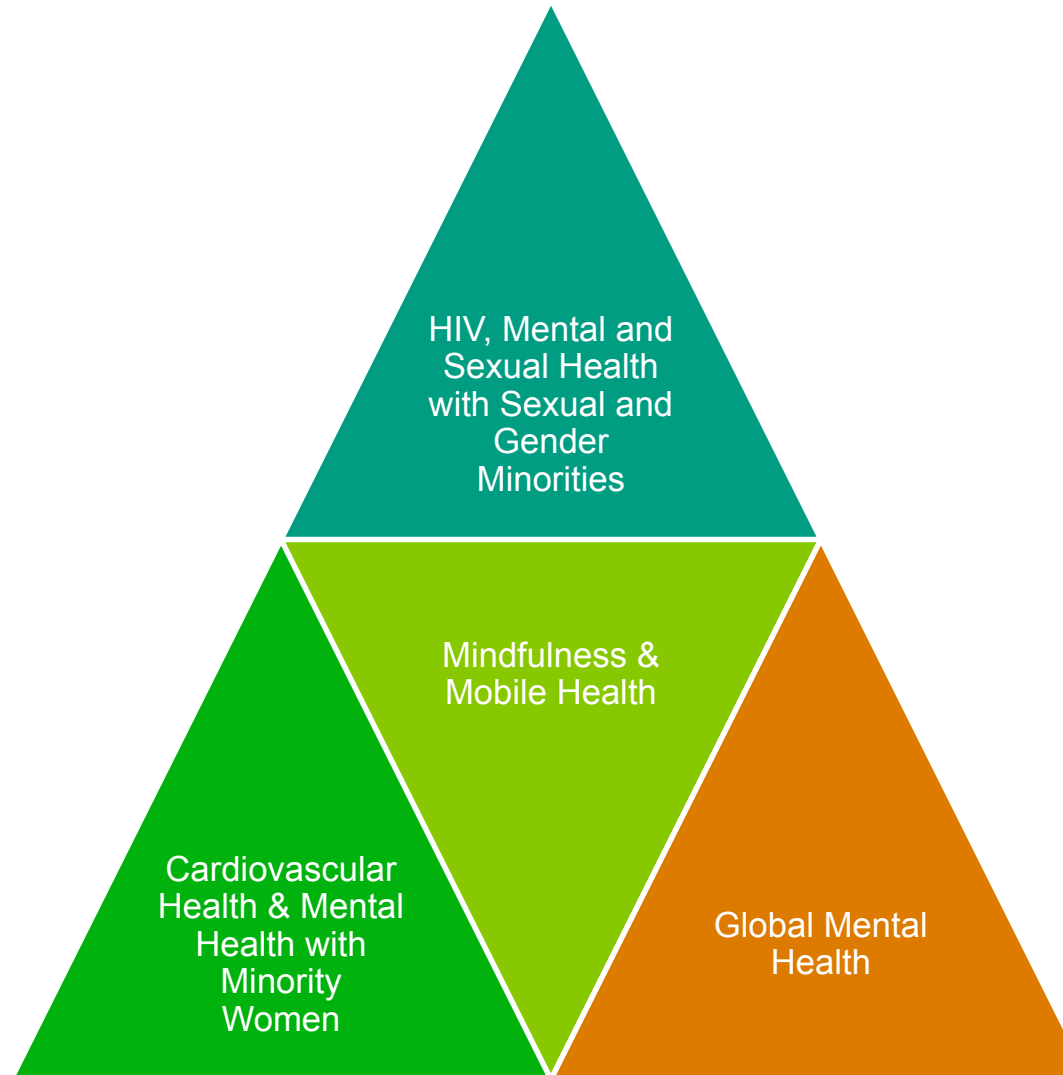
Acceptance-based approach

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



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**

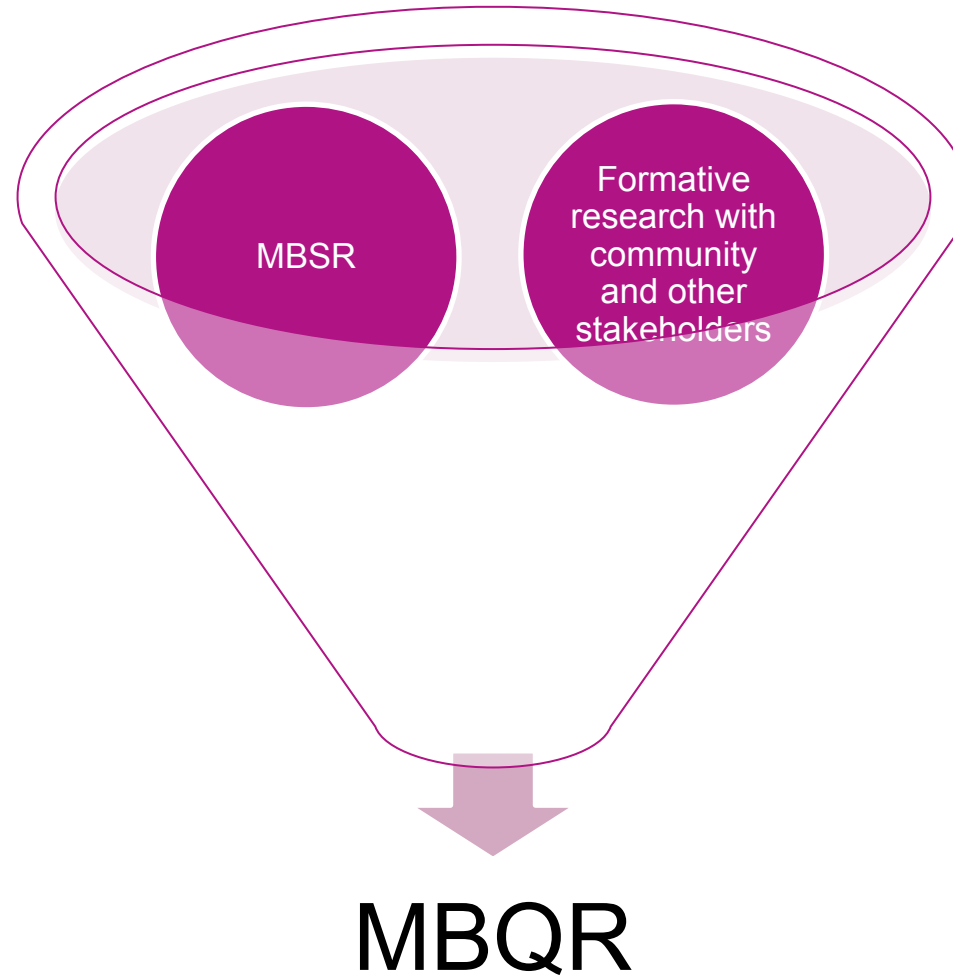


Addressing two gaps in literature (we don't live in silos)

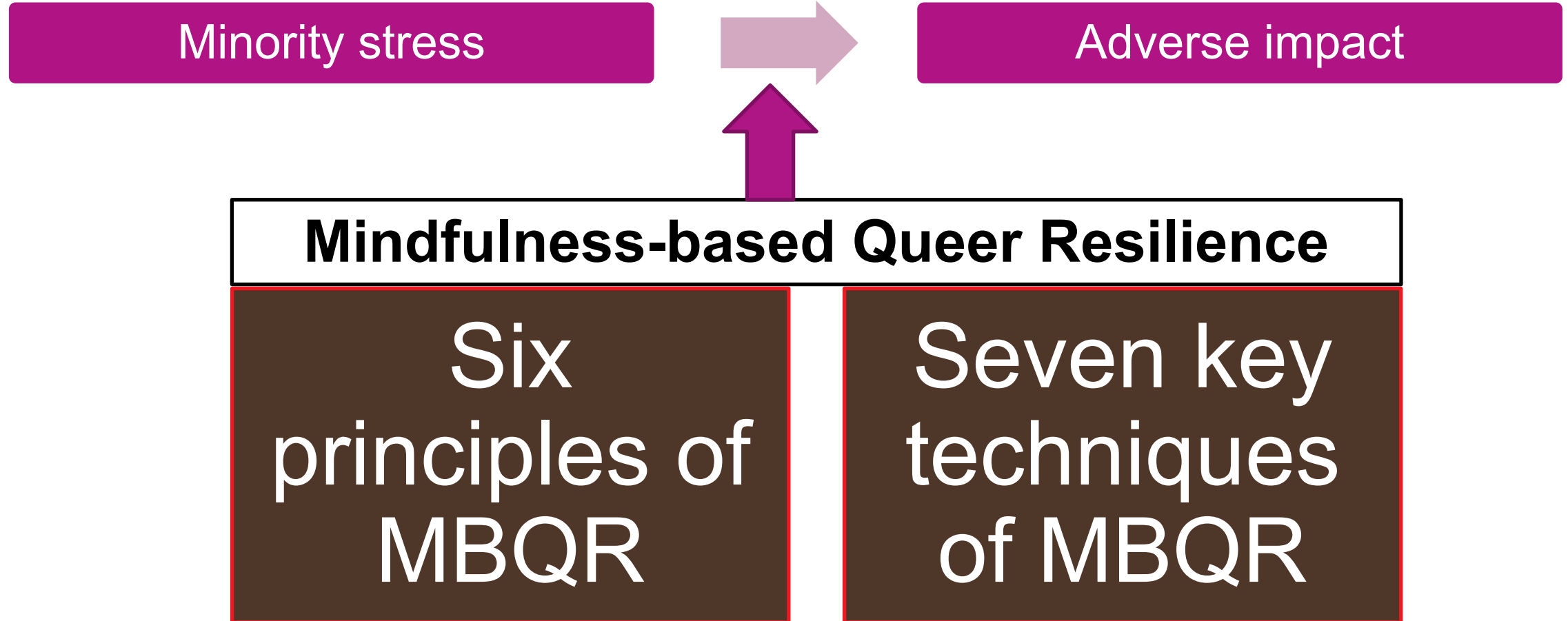
Effective, tailored mental health program for LGBTQ+ people

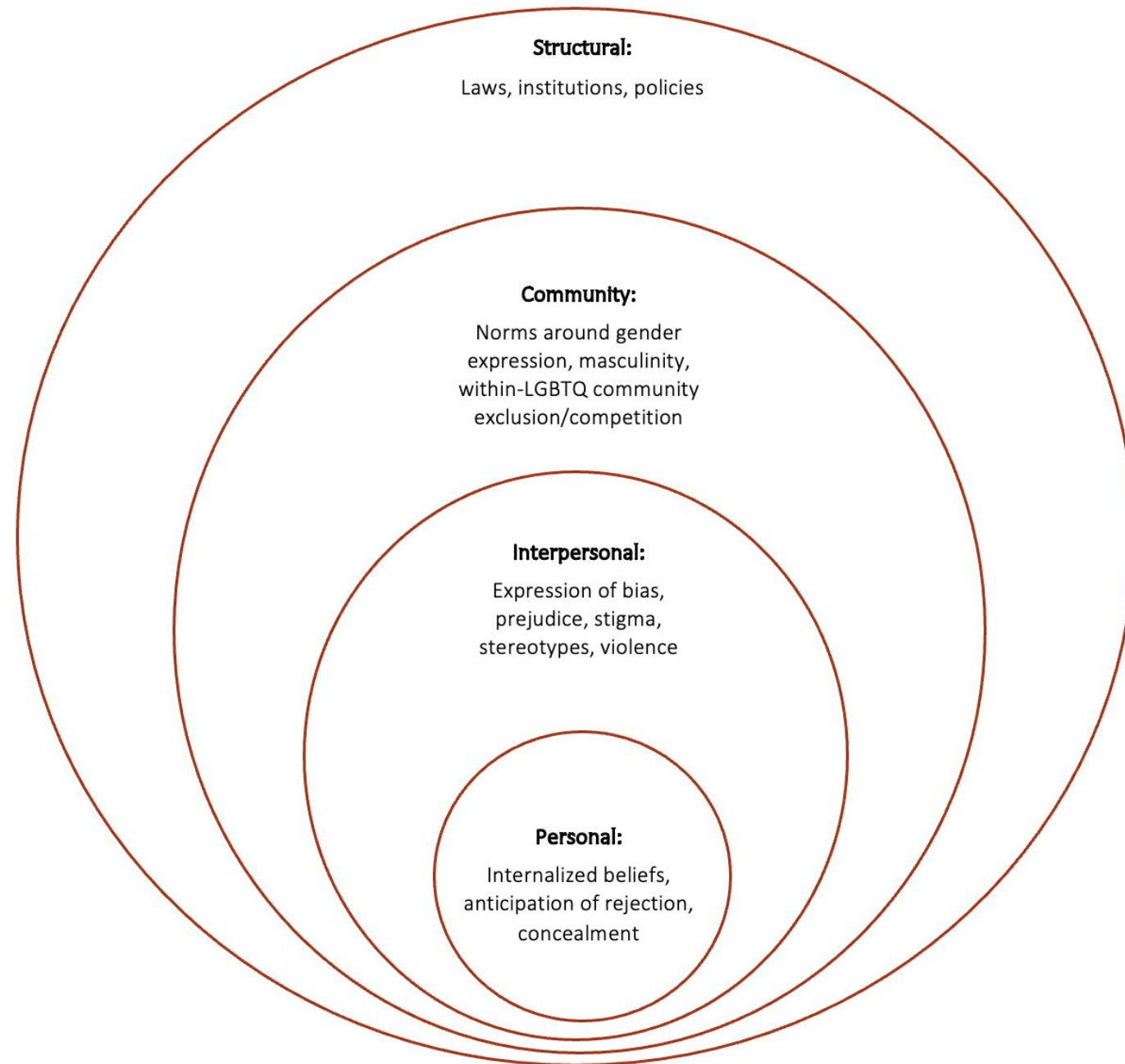
Integrated HIV/STI prevention program that addresses mental health for sexual and gender minorities

Development of MBQR



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





Adaptation example 1

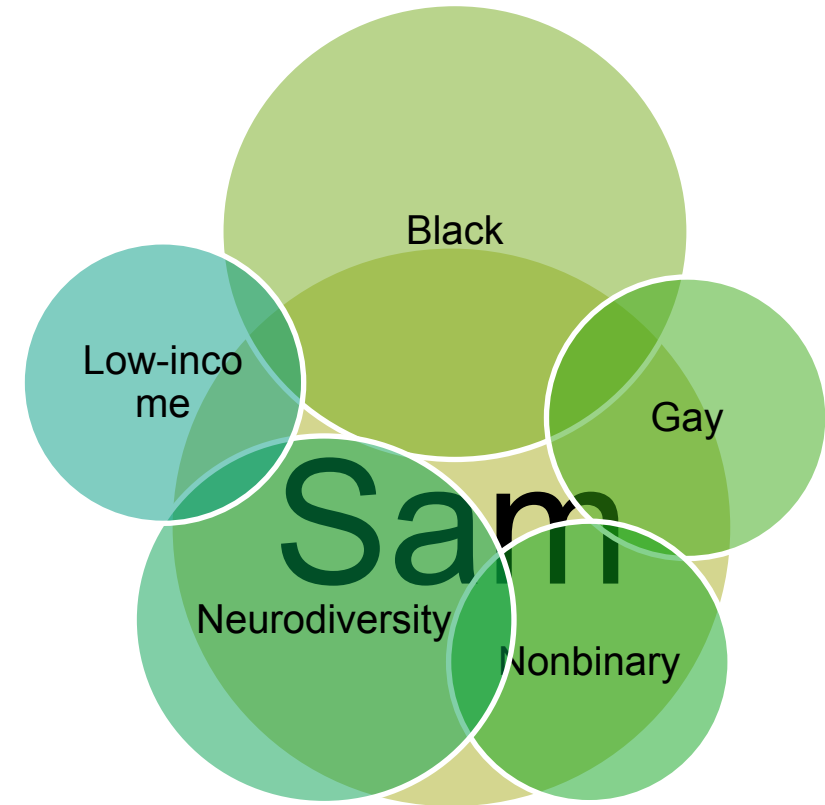
- Principle 1. **Minority stress have powerful effect, but we can stop or reduce its impact.**

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



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



9% COMPLETE 4/43 Steps

< Previous Lesson

Mark Complete

Mindfulness-Based Queer Resilience (MBQR) Program

QR Orientation

1 Topics

Session 1: Our Inner Resources & The Ability for Well-Being

7 Topics

1.1 – Welcome and Overview

2 – MBQR Community Guidelines

3 – Zones of Experience/Arousal

4 – Choices for Self-Care

5 – Five Finger Breathing

6 – The 9-Dots

7 – This Week's Mindfulness Practices

Session 2: Perception and Creative Journaling

1 Topics

Session 3: The Power of Being Present

1 Topics

Session 4: Minority Stress & Reactivity

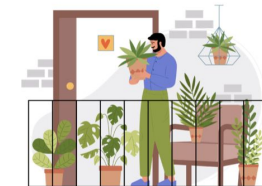
1 Topics

Session 5: Mindfulness for Minority Stressed Habit Change

1.1 – Welcome and Overview

Mindfulness-Based Queer Resilience (MBQR) Program > Session 1: Our Inner Resources & Th...

IN PROGRESS



Welcome to your session 1 with the MBQR program! We are glad to see you. Your showing up is a testimony of your courage and commitment to your well-being.

In this session, we explored individually and as a group, “what brought us here”. You might have noticed the shared experiences in the program, such as, perhaps painful experiences in the past about exclusion, suffering in mental and relational forms, feelings of inferiority, as well as the desire for better well-being and a space of belonging. **You are not alone.** You might have also noticed how strong and capable each one of us are. It can be helpful to be reminded that you have overcome a lot of challenges and you are resilient. Mary Oliver puts it this way:

There are many ways to perish, to flourish.

Peer teachers



Justin T. Gibson, Ph.D.

MBQR TEACHER *(he/they)*

Dr. Gibson is a Licensed Clinical Psychologist in California and has spent over 15 years of providing a wide range of services in student counseling, community mental health, behavioral health, and neuropsychological rehabilitation settings.



Matthew Henninger

MBQR TEACHER *(he/him)*

I am a Counseling Psychology PhD Candidate at the University at Buffalo currently completing my pre-doctoral internship at the VA Palo Alto Health Care System in Palo Alto, CA. With a background in rehabilitation psychology, I specialize in supporting individuals as they navigate adjusting to injury, illness, or disability and rebuilding their lives with purpose and joy. My work is grounded in

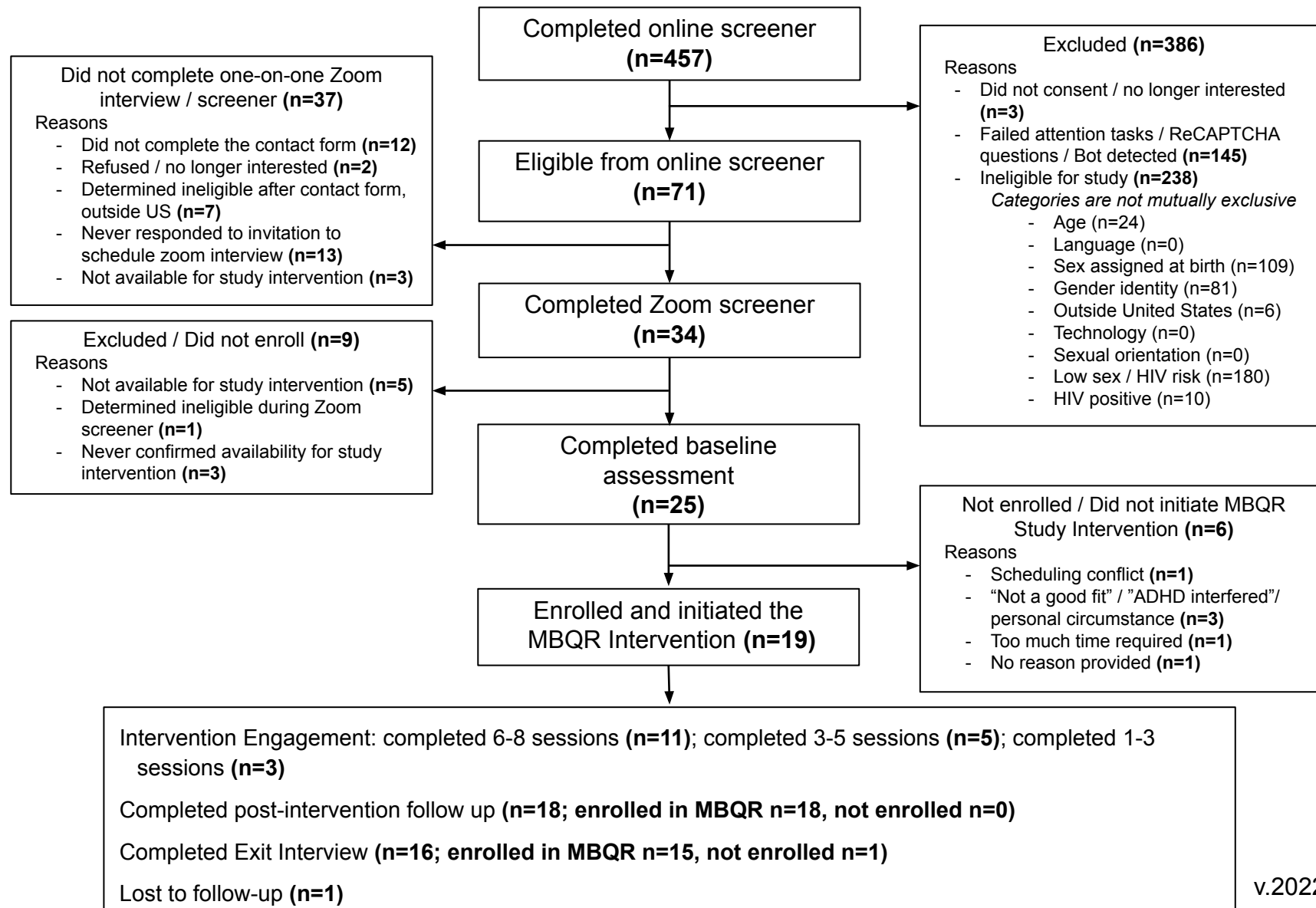


Teague O'Malley

MBQR TEACHER *(he/tig)*

Teague is a meditation teacher and contemplative artist, weaving evidence-based methodology with his creativity and open heart. He is qualified by the Center for Mindfulness at UMass Medical School to teach Mindfulness-Based Stress Reduction (MBSR) and certified to teach Cultivating Emotional Balance (CEB) and The Breathing Class programs.

Figure 1. CONSORT flow diagram for Mindfulness-Based Queer Resilience (MBQR) Open Pilot Trial – Fall 2022



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 wise 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 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)*

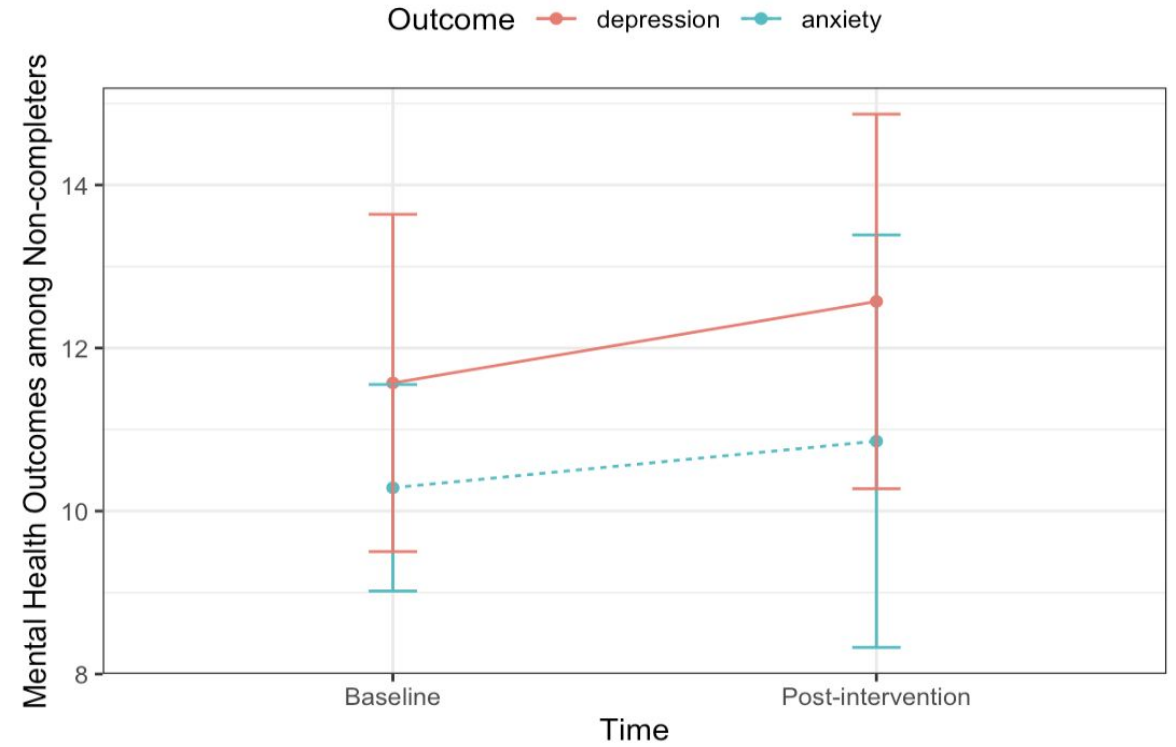
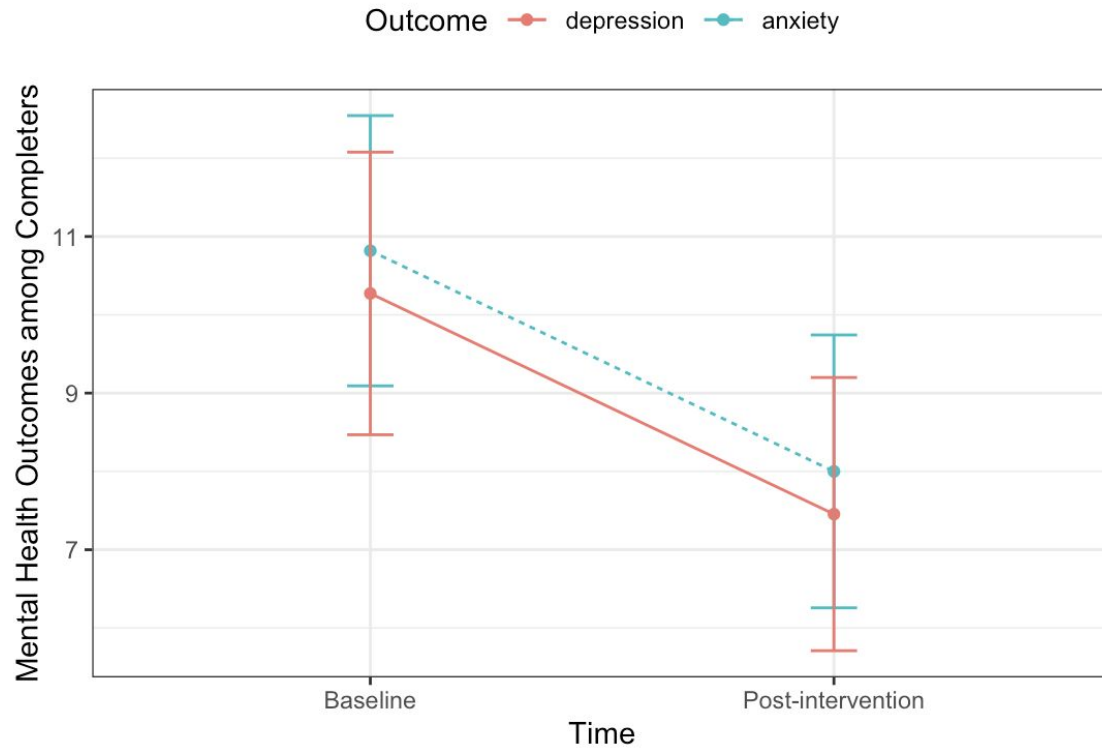
The impact of the program

- 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



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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