

Chapter 1

Online Mindfulness Interventions: A Systematic Review

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ABSTRACT

The current chapter systematically reviewed literature on online mindfulness interventions. Electronic databases were searched from 2005 to July 2016. The aim was to examine the nature of online mindfulness interventions, design features, and their effectiveness in improving symptoms of depression, anxiety, and stress. The review of selected studies shows that online delivery of mindfulness psycho-education and practice is an area in its infancy. There is evidence that online mindfulness interventions can have a positive impact on mental health in terms of stress, depression, and anxiety; however, large sample studies are needed in order to have conclusive results. Moreover, the extension of online mindfulness interventions beyond the individual level to include a community dimension, such as virtual community features, and a focus on the social determinants of health, needs to be explored in future. The online mindfulness intervention could be a cost-effective way to scale up the promotion of mental wellbeing.

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INTRODUCTION

Mood and anxiety disorders are on the rise globally as the world population grows and more people reach an age when these disorders are common (World Health Organization, 2017). Estimates show that over 322 million individuals suffer from depression and 264 million suffer from anxiety, worldwide (World Health Organization, 2017). Although the rates are high in low- and -income countries, the situation is not less drastic for developed countries, such as the United States and Canada. The Behavioural Risk Factor Surveillance System (BRFSS) survey of 2008, conducted in the United States, shows that a lifetime diagnosis of depression was experienced by 16% of the population and anxiety disorders by 12% (Centers for Disease Control and Prevention, 2010). In Canada, self-reported diagnosis of mood and anxiety disorders was estimated by 300 million individuals in 2013 (Pearson, Janz, & Ali, 2013). These conditions lead to a poor quality of life and a loss of productivity for the individuals experiencing them, culminating in multiple social and economic consequences for families and societies.

Despite the availability of effective medications and psychological counselling (Arroll et al., 2009; Butler, Chapman, Forman, & Beck, 2006; Hunot, Churchill, Teixeira, & Silva de Lima, 2007; Kapczinski, dos Santos Souza, Batista Miralha da Cunha, & Schmitt, 2003), people experiencing depression and anxiety remain undertreated (Cheung, O'Donnell, Madi, & Goldner, 2017; Mojtabai & Olfson, 2006). Access to care for depression, anxiety, and other mental illnesses is often hampered by social stigma and traditional brick-and-mortar delivery of care, along with cost and affordability. This is of a particular concern for vulnerable populations, including youth. Students of post-secondary education are known to experience multiple personal, familial, and social stressors during transition years (Beiter et al., 2015; Cairns, Massfeller, & Deeth, 2010; American College Health Association, 2013). In 2008, a national survey of university students in the US found that more than half of the students perceived that, within the previous year, academics had “been traumatic or very difficult to handle.” Other issues that were at the top included: finances (36.8%), intimate relationships (31.9%), sleep difficulties (31.9%), and career-related issues (30.9%).

In another Canadian study, the counselling services provided to students at a large university were most frequently related to concerns over relationship, anxiety, stress, depression, grief, academics, and career issues (Cairns et al., 2010). Given the growing use of digital technologies, counselling could be delivered remotely. Such Internet-based delivery of cognitive behaviour therapy has been found effective for treating common mental disorders (Zhou, Li, Pei, Gao, & Kong, 2016), but the cost of individualized, one-on-one treatment is still a deterrent for many. In this

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