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DOCTORAL THESIS

Towards a Genuine Mindful Compassionate Practice: Development of a Mindfulness-Based Intervention for People in Mental Health Recovery in Hong Kong

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Date of Award:
2021

Link to publication

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ABSTRACT

In the mental health recovery journey, people encounter sufferings and challenges in their daily lives. Mindfulness and self-compassion trainings have been shown to enhance holistic well-being and to cease suffering. Mindfulness-based interventions (MBIs) consist of these trainings that are known to be secular, while embodying the essence of the traditional conceptualisations and practices of mindfulness and self-compassion. The current thesis aimed to apply the concept and practice of mindfulness and self-compassion to mental health recovery in Hong Kong. Based on this aim, a series of studies were included to progressively develop and evaluate the MBI, known as the REMIND programme. The current thesis consists of three empirical studies.

In Study 1, in order to effectively evaluate the MBIs, the short version of Kentucky Inventory of Mindfulness Skills (KIMS-Short) (Baer, Smith, & Allen, 2004; Höfling, Ströhle, Michalak, & Heidenreich, 2011) was translated to Chinese language, culturally adapted and validated among a sample of community mental health service users (N= 434). Results supported the Chinese version of KIMS-Short (KIMS-17-C) as a valid and reliable multi-dimensional measure of trait mindfulness for all users regardless of experience in mindfulness or meditation.

Study 2 and 3 employed mixed methods randomised controlled trials (RCTs) to examine the MBIs among community mental health service users. Quantitative approach was to assess primary (recovery, mindfulness, self-compassion, resilience) and secondary (psychological, quality of life) outcomes, at baseline (T0), after intervention (T1) and at one month follow-up (T2). Qualitative approach was to explore the experiences and perceptions of MBI participants.

Study 2 was a pre-pilot study (*N*= 20) with inactive treatment-as-usual (TAU) controls to assess the MBI followed contemporary protocols (REMIND 1.0). The MBI group showed improvements on all outcomes at T1, but deteriorated at T2 except mindfulness, positive mood and perceived health, and overall improvements from T0 to T2 on all outcomes except quality of life compared to TAU. Findings provided insights and information for the subsequent development of the tailored MBI in Study 3.

Study 3 was a pilot study (*N*= 28) with active relaxation (RT) controls to assess the developed MBI (REMIND 2.0), specifically tailored for local Hong Kong mental health service users. The MBI group showed improvements on all outcomes at T1 except anxiety and perceived health, maintained the beneficial effects on all outcomes and even with further improvements on depression and perceived health, except decreased in positive mood, but no difference in stress and anxiety at T2, and overall improvements from T0 to T2 on all outcomes except stress and anxiety compared to RT.

Overall, explanations and implications of the findings from the study series are discussed. The tailored MBI (REMIND 2.0) for local Hong Kong mental health service users has been shown to be feasible, acceptable, and potentially effective in the pilot phase that warrant a scaled-up, fully powered RCT.

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